Soapy Milk
Breastfeeding for HIV-Positive Mothers
La Leche League Children Always Welcome!
WaterWipes®

The World’s purest baby wipes

Chemical-Free

Suitable for newborn.

Available from supermarkets, pharmacies, health stores and online.
### TABLE OF CONTENTS

- **4** When Stored Milk Smells Soapy or Rancid
- **8** Tribute to LLLI co-Founder Mary Ann Cahill
- **10** Mom To Mom: Staying Home
- **12** Mother’s Stories:
  - “Listening” to My Baby
  - The Mothering Ocean. Or Learning How to Say Hello and Goodbye
  - Nighttimes
- **18** La Leche League: Children Always Welcome!
- **20** Breastfeeding for HIV-Positive Mothers
- **26** What’s Cooking? Alternatives to Cows’ Milk
Our Mission is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

LLLl Annual Supporting Membership
SUPPORTING MEMBERSHIP INCLUDES:
• 10% savings on items purchased in the LLLI online store
• Special offers on LLLI store items.
• Breastfeeding Today, our global online publication with breastfeeding research, articles, resources, and products.
• Advanced notices for new products and materials.

Find breastfeeding help online:

- local groups
- helpful resources
- parenting forums
- online store

for more information call 800-LALECHE
EDITOR’S NOTE

A QUICK LOOK AT WHAT’S INSIDE

When mothers return to work and intend to continue breastfeeding, finding that the milk they have expressed, stored, and frozen smells soapy or rancid can be soul-destroying! Nancy Mohrbacher explains what the problem is likely to be and how to remedy it.

Pamela Morrison addresses the issues around breastfeeding for HIV-positive mothers, and three mothers in South Africa share their stories of living with the condition.

Mothers talk about why it is important to them to stay home or return to work in the “Mom to Mom” letters column. And our Mothers’ Stories in this issue focus on motherhood through breastfeeding at nighttime and with deafness, while Anna’s story of motherhood uses the image of the ocean and the tides to illustrate how life sweeps us along.

Something that is particularly special (and sometimes challenging) about La Leche League meetings is that children are always welcome. When our little ones channel the focus of conversation away from mothers’ discussion, the challenges that can arise often provide opportunities for mothers to support one another as well as practice gentle discipline. LLL mothers give you their perspectives on the presence of children at our meetings.

There are a couple of thirst-quenching recipes in “What’s Cooking?” along with a quick round-up of some of the many alternatives to cows’ milk

Please write to me editorbt@llli.org with your stories, photos, letters, comments, and suggestions. I really look forward to hearing from you.

Barbara
editorbt@llli.org

(Photos for publication need to be well lit, at around 300dpi, and have no photo modifications such as borders/frames, textures, wording or titles, or filters such as sepia tone.)

Barbara Higham has been a La Leche League Leader since 2004 and is the managing editor of Breastfeeding Today. She lives in the spa town of Ilkley, West Yorkshire, in the north of England with Simon and their children, Felix (16), Edgar (12) and Amelia (9).

Visit and “like” us on Facebook: www.facebook.com/BreastfeedingToday and at www.breastfeeding.today
Mothers store their expressed milk for many reasons. All of the mothers quoted here stored their milk in preparation for their return to work. But no matter what your situation, before amassing a huge reserve of frozen milk, as a precaution, it is a good idea to freeze several batches of your milk, thaw them after about a week, and then smell them.
Soapy-Smelling Milk

Some mothers make milk that has higher-than-average levels of the enzyme lipase, which over time breaks down fat in expressed milk (Mohrbacher, 2010). This fat breakdown can cause cooled or frozen milk to develop a soapy smell and taste. Depending on the level of lipase in your milk, this change in smell and/or taste may occur sooner or later. Freezing slows but does not stop lipase from digesting the milk fat.

Safe for babies. This soapy-tasting milk is safe for babies, and many babies will drink this milk without a problem (Lawrence & Lawrence, 2011). Megan B. from Illinois, USA, returned to work full time as a sales operations manager for a travel gear company when her son was three months old. She didn’t realize until later in lactation that her milk was high in lipase, because it didn’t affect her or her baby. “I didn’t really know [my milk] was high lipase until just recently. My son drank the milk fine. It just had a soapy smell.”

When it’s a problem. This becomes a serious issue, though, if the baby will not accept the soapy-tasting milk. Marissa S. from Pennsylvania, USA, describes an experience no mother wants to go through. “I remember crying when I had to throw away my freezer stash three days before returning to work. I was definitely not prepared for it!”

What you can do about it. The purpose of freezing a few batches for a week or more, and testing them for this soapy smell or taste is to avoid the need to discard a huge reserve of frozen milk. (Read on for other alternatives.) If your milk develops this soapy smell or taste and your baby accepts it, no problem. But if your baby doesn’t accept it, what’s next? Once your milk-fat is broken down, this process cannot be reversed.

If you find out in advance that high lipase levels may be an issue for you (mothers report their milk’s lipase levels can vary from baby to baby), one approach is to scald your milk before chilling or freezing it to deactivate the lipase and prevent this fat breakdown from occurring. Heating your milk is not routinely recommended, because it kills live cells in the milk. But if baby will not accept your pumped milk otherwise, this makes it possible for your milk to be used (Jones & Tully, 2011). How should you scald your milk?

• Heat your milk in a pan on the stove until small bubbles form around the edges, but it is not yet at a full boil.

• Cool it quickly.

Jenn G., a full-time special-education teacher from South Carolina, USA, found herself in this situation.

Soon after giving birth, I started pumping, as I was going back to work when my daughter was 18 weeks old. After 14 weeks of pumping and feeding on demand, I had nearly 300 oz. (9000 mL) of breast milk stored. It was around this time that I offered my daughter a frozen bottle of milk. She refused it. I offered a second bottle, and she refused that. I smelled the milk, and it had a very soapy smell to it. I, of course, looked that up right away on Google and read about lipase. I thawed three more bags of milk, they all had that smell, and she refused them. So here I was about four weeks before returning to work with no useable milk, even though I had nearly 275 oz. (8250 mL) in my freezer.

I quickly learned that I would need to scald my milk. I took 5 oz. (150 mL) of freshly pumped milk and put in into five one-ounce bottles. I checked each bottle every five hours to see when my milk started to taste and smell bad. I found out that it was around hour 26. So I knew I could get through my entire school day without having to scald it at school. As soon as I got home each day, I began what my family affectionately called my science-fair experiment. I would scald all my milk. Then I would quickly put it all in glass bottles and cool it.

Not every mother with high milk lipase levels scalds her milk. Serena C. from Montana, USA, structured her day so that she could exclusively breastfeed without using frozen milk at all.

We found ways around it, including breastfeeding on my lunch break and then sending home the earlier pumped milk for later, as well as some reverse cycling [feeding mostly while mother is at home]. I ended up donating my whole freezer stash to a milk bank.

If this extra work concerns you, it may help to know how others have either fit scalding their milk into their busy lives or found ways to reduce the need.

Some mothers with high milk lipase levels scald their milk. Others find ways to avoid it.

If your milk develops this soapy smell or taste and your baby accepts it, no problem. But if your baby doesn’t accept it, what’s next?

When Michelle R. from Wisconsin, USA, a full-time teacher, discovered that her milk was high in lipase and her freezer reserve had gone “bad,” she did some online research and some experiments. She found that in her case it took three days for the change in smell and taste to occur and at first felt overwhelmed. “Didn’t I already have enough to deal with: working full time, pumping, and then being a mama the rest of the time?” But she soldiered on and discovered that she only needed to scald her milk once a week.

I developed a system where I used that day’s fresh milk for the next day’s daycare supply. On Friday, I would collect the milk and scald it in a pot, place the pot on ice just until it cooled, and finally pour it into storage bags. Come Sunday night, I would place those bags in the fridge to

Illi.org 2014 • NOVEMBER • breastfeeding
Today I prepared for Monday at daycare. I felt very fortunate that I only had to do this on Fridays.

The previous mothers who shared their stories either donated their soapy-smelling milk to a milk bank or discarded it. But if you discover your milk has developed a soapy smell, before getting rid of it, know there may be ways to use it even after the fat breakdown has occurred.

Some mothers find that their baby will take soapy-smelling milk if it is mixed with fresh or refrigerated milk. If you decide to use some of this milk, what ratio of soapy milk to fresh milk will make it acceptable to your baby? This varies by lipase level and by baby. To find your best ratio of soapy-smelling milk to refrigerated milk, start with a half-and-half mixture. If baby accepts that, you may want to try two thirds to one third. Keep experimenting until you find the most soapy-tasting milk per container your baby will accept. That will allow you to use your freezer stash rather than pouring it down the drain.

Some sensitive babies even refuse milk that has been scalded. Marissa S., a full-time behavior specialist from Pennsylvania, USA, was extremely stressed when she found out three days before going back to work that her baby refused her stored milk. But by adding it to fresh milk, she found a way around it.

One thing I found out through trial and error was that if my pumped milk was fed within 24 hours, the fats did not break down too much and my daughter would still drink it. When I knew I would need to refrigerate or freeze my milk for more than a day, that night I would scald it before bed, and make sure to label everything clearly so that I could use the oldest first. I found my picky daughter really didn’t like the scalded milk much, so I would freeze them in one ounce stick forms to add an ounce or two to fresh bottles as needed, which she tolerated much better. I was the only person who did the scalding, as it is such a delicate process, and I didn’t want to put the stress on my husband. I knew I would’ve been upset if the milk was over-processed.

These mothers did the scalding themselves. But in some families, the mother’s partner could take on this task.

**Sour or Rancid-Smelling Milk**

If you follow current milk-storage guidelines and it becomes sour or rancid-smelling within its recommended time frames, this change is probably unrelated to spoilage or milk-lipase levels. According to some food-storage experts, the most likely cause is chemical oxidation (Jones & Tully, 2011). One way to know if chemical oxidation is the cause is to scald some batches of your freshly pumped milk before freezing or cooling it. In this case, heating will speed this breakdown, making the smell worse instead of better.

If sour or rancid-smelling milk is an issue for you, you may be able to prevent this change by avoiding free copper or iron ions in your water and polyunsaturated fats in your diet. Here are some specific changes that may help.

- Avoid drinking your local tap water; switch to bottled water for a while
- Stop taking any fish-oil or flaxseed supplements.
- Avoid any foods like anchovies that contain rancid fats.
- Avoid using local tap water while handling your milk and its containers.
- Increase your intake of antioxidants by taking beta carotene and vitamin E supplements.

Expressing milk takes time and effort, and no mother wants her milk to be wasted. Hopefully knowing more about these possibilities will help you make the most of this precious resource.

---

Nancy Mohrbacher, IBCLC, FILCA, has been a La Leche League Leader since 1982 and a board-certified lactation consultant since 1991. She lives in the Chicago area with her husband, Michael. Her three sons (all breastfed) are grown and her three grandchildren (all breastfed) live within walking distance. She is author of the 2014 book, *Working and Breastfeeding Made Simple*, from which this article was excerpted, as well as several other books for parents and breastfeeding specialists. Nancy speaks at events around the world. Her Breastfeeding Solutions smartphone app is available in the App Store, Google Play, and Amazon. Follow Nancy at www.NancyMohrbacher.com.

**References**


Nursing Blend
Breastfeeding Supplement

- Helps increase milk supply
- Provides optimal nutritional support for mom
- Recommended by OB/GYNs and lactation consultants

“Nursing Blend was designed to meet the unique nutritional requirements for breastfeeding women and I would recommend it as the daily vitamin supplement to all nursing moms.” – Dr. Kathleen Marinelli, MD, IBCLC, FABM, FAAP

Use coupon code “BFToday” for 15% off order
Phone: 800.367.2837  info@fairhavenhealth.com
www.mymilkies.com
Tribute to LLLI co-Founder
Mary Ann Cahill

Today’s mothers have lost a friend many of us never knew we had. Mary Ann Cahill, who passed away on October 26, 2014, was one of the Founders of La Leche League, a special woman among seven special women.

Mary Ann was born in 1927. At 21, she married Chuck Cahill after attending college in Chicago. They settled in Franklin Park, Illinois, USA, where she and Chuck raised a family of nine children. She described her years of parenting many little (and big) ones as a wonderfully exciting time of “people building.” Mary Ann was an active member of her church.

In the 1950s, Mary Ann heard Dr. Gregory White say, “A baby’s wants are a baby’s needs.” She realized that his simple statement cut through the contemporary advice to keep babies at arm’s length and confirmed what she knew in her heart to be right—that maternal instinct, not modern medicine, was the true expert on birthing and feeding babies.

“I treasured the stories my mother had told me of having given birth to my brothers and me without anesthesia and how she felt an outpouring of love when her newborn was placed in her arms. It was only years later that I realized the importance of women passing on these good memories from one generation to the next.” (The Revolutionaries Wore Pearls, 2007).

Softly spoken but determined, Mary Ann joined forces with six like-minded mothers, Marian Tompson, Mary White (Dr. Gregory White’s wife), Edwina Froehlich, Viola Lennon, Betty Wagner, and Mary Ann Kerwin. These were kindred spirits who put their trust in Mother Nature, with the support of like-minded doctors. They may have worn pearls, but they were considered radical and anti-establishment in their day. Their efforts to help other breastfeeding mothers soon led them to forming La Leche League in 1956: “This is exactly what I needed with my first babies,” Mary Ann Cahill told us. “Let’s get together and help mothers so they won’t have the problems that I did!”

As the group began holding meetings and corresponding by mail with mothers seeking breastfeeding help, Mary Ann Cahill became known among them as “our unequalled writer.” She was the primary author of the first published version of The Womanly Art of Breastfeeding in 1958, helped create other La Leche League publications, and acted as their first librarian of books and periodicals.

In 1983, Mary Ann wrote The Heart Has Its Own Reasons, a warm and supportive guide for mothers who chose to stay at home with their young children. She served La Leche League in the essential positions of Editor, Director of the Leader Applicant Department, Acting Executive Director, and member of the Funding Development Team. In 2001, she shared the seven Founders’ memories of La Leche League’s beginnings in Seven Voices, One Dream. As the author of the first Womanly Art of Breastfeeding, she brought her writing full circle in 2010 by writing the preface to the eighth and most recent edition.

Mary Ann understood breastfeeding as an act of great consequence not only to the mother herself, her child and her family, but to all of society and the world at large. All of us who have been helped in some way by La Leche League International have received that help in part because of Mary Ann Cahill. In a sense, our own breastfed babies - and theirs to come - are part of this wonderful mother’s legacy. Thank you, Mary Ann. We will miss you.

Diana West, Diane Wiessinger, and Barbara Higham
Throughout her life, LLLI co-Founder Mary Ann Cahill maintained a commitment and dedication to LLLI. You can help continue the important work of helping mothers breastfeed that Mary Ann and her sister co-Founders started with your gift to LLLI today.

**Double the Strength of Your LLLI Contribution**

Now through December 31, 2014, long-time LLLI supporters have agreed to match your donation dollar-for-dollar up to $125,000.

Thank you for the part you play in the health of mothers, babies, and our planet!

**Contribute Today!**

Breastfeeding is an important element in the health of people and the planet.

Pay by credit card using the LLLI online donation form or by PayPal.
MOTHER’S SITUATION

STAYING HOME

My baby is four months old and I am happily breastfeeding him after a tricky start. I have been fortunate to get six months maternity leave from my job but am feeling conflicted about whether or not I want to return to work at all. It had always been my intention to put my baby in a daycare so I could go back to my job, but now that I am a mom, even leaving my baby long enough to go to the bathroom is a struggle!

Breastfeeding is going well, I am finding my feet and really enjoying the slower pace of life, but I cannot make up my mind what is the best thing for me and for my family, whether to return to the office to earn money and improve my future prospects or stay home and take care of my baby.

We can just about manage on my husband’s salary if we economize. I have always pictured myself as a career woman, but the thought of handing over my baby to someone else is not what I want now. How have other mothers who are lucky enough to have a choice made the decision whether to return to their job or remain home with their baby? Please, can moms share some of their experiences of doing either or both to help me decide what I want to do?

Response

Many mothers have faced that same dilemma. I decided to stay home with my children because I realized that work would always be there, but my babies would not. Once those precious years are past, they are gone forever. Today my children are adults and they have told me how much they appreciated having me at home. It helped to forge the close and loving relationships we still have. I liked that those years could be relaxed—no pressure to be up and out of the house at a certain time every day, no need to rush through breakfast to get off to daycare, no need for schedules or careful planning. Yes, I am financially worse off than I might have been, and it’s not always easy getting back into the workforce, but, for me, the memories and experiences of my children growing up are worth a lot.

Teresa Pitman, Ontario, Canada

Response

I find it helpful to think about this as a phase and, right now, my family needs the health insurance my part-time position provides, as well as for me to be home part-time. I try not to think too hard about the impact on my career, but focus on the impact I am having on my children. I can’t handle being away from my children for full-time work. At some point that might change, or my family’s needs might change, so I’m trying to be open to whatever the future brings for us. I feel confident that I can scale my work up or down or sideways into a different field to meet the needs of my family. Best of luck in working out what looks right for your family!

Sarah Lin, Santa Clara, CA, USA

Response

My situation is a little different because I always knew I would stay home when I had children. My mother had to work and it was hard on me as a child. I’m sure some kids enjoy daycare but I wasn’t one of them. I wanted to be there for my children, but it turns out to be a beautiful thing for me too. I don’t miss a minute of their development. They fall asleep cuddling me and I often tear up realizing how lucky I am to be with them, living a slow, peaceful life. I get to be the one reading them stories and holding their chubby hands when we walk outside, watching their first steps and their laughter.

My husband was completely supportive. We saw as a childless married couple how hard it was when we both had job stress. We would frequently resort to takeout food, too. Now that I’m home, I can manage the house and food without the added stress of an outside job.

Of course, being “just a mom” can feel like not enough at times, especially when you have trained for and enjoyed a career. I have found I can utilize my talents through volunteer work or bartering. It’s nice to have flexibility. When I start feeling like I’m...
not doing enough, I focus on the small people I am raising. I can be replaced in any position except my position as their mother. These early years fly by so quickly. There will always be time for work but you can’t get the years with your children back.

I hope you find the answer that feels right to your heart. No one else can determine our path. If the path you choose doesn’t feel like it’s going in the right direction, you can forge a new one.

April Vanco Monroe, TWP NJ USA

---

Response

I was going to miss my job because opportunities were opening up for me. Before we decided to have children, my husband and I talked about my staying home, but he said he would support my decision to go back to work if I decided to do so. After seeing how fast our son was growing week by week, it became an easy decision to stay home. He will grow so quickly that work could never come first. My career will still be there when he’s older. How could I miss his learning to roll over, his laughs, rocking him to sleep and especially nursing? That’s how I became a stay-at-home mom and I have never looked back.

Carmen Last, Newcastle, UK

---

Response

I have been fortunate enough to combine my career as a piano teacher with staying home because I give lessons in my house and at times my husband, mother, or sister are there to take care of my daughter.

Jean Aubin, Toulouse, France

---

Response

I had intended to go back to work after a few months but when my baby was four months old, he was so completely dependent on me (and I on him, to be honest) that I decided to stay home. Instead, we changed our plans, abandoning our ideas to carry out expensive building work and buy new cars.

I found the slower pace of life with a baby relaxing, in contrast to the frantic cut and thrust of business, and after a couple of years, before the birth of my second child, I started to make use of my professional skills in a voluntary capacity. When my children started school, I started to do some work from home and also took a part-time position in a local shop. It can be a juggling act and the jobs I do are not those my first-class education prepared me to expect!

I do feel a little wistful when I see the success and financial rewards of my contemporaries that I have missed out on, but I don’t regret my decision for an instant.

Maribeth C, Houston, TX, USA

---

Response

When my oldest was born, I had no choice; I had to go back to work in order to keep a roof over our heads. It was hard, knowing that someone else would see him learn to sit up and hear his first word.

As fabulous as a daycare may be, as loving as a grandma is, no one can ever love your baby the same way you do.

MOTHER’S NEW SITUATION

LET GO!

My nine-month-old son will only fall asleep if I am breastfeeding him, day and night. For daytime naps, I have to lie down with him, and if I try to get up he immediately awakens and starts to fuss until I lie down with him again. At night it is the same story, and we spend three-quarters of the night in the same bed. Breastfeeding has been going well for us, and he is mostly a happy, healthy boy, but I am exhausted by his constant need for physical contact. How can I ever put my baby down to rest without his needing me to be there? Do other mothers find this problematic? My mother-in-law tells me I have “spoiled” him and that I should let him cry it out, but that is not an option I am prepared to consider. I am feeling “touched out” and would appreciate hearing from other mothers who have dealt with similar feelings.

Please send your responses by November 10th to editorbt@llli.org
Mothers’ Stories

“Listening” to My Baby
Sarah Mason, Henderson, Auckland, New Zealand

The first time Logan latched on to nurse was just ten minutes after his birth and that was the most magical moment for me. I am so grateful for being able to breastfeed and give my baby the best start in life.

Every night is a bit of a challenge because we never know if Logan will sleep through or not. We have a sort of routine now at seven months, starting with a bath. He loves bath time and has such fun splashing. Then we nurse before he goes down to sleep, but, of course, the pattern changes. At the moment, he is feeding every three hours, which I am trying to extend to four. He is usually asleep by 10:30pm. If I’m lucky he will sleep through, but mostly he wakes up around 1am and sometimes again about 4am.

I love breastfeeding my baby in the small hours because he is calmer in the still of the night than during the busy day.

La Leche League has been a huge lifesaver. Since I’m a first-time mom I have so many questions and seeing that other moms have similar concerns makes me feel safer. I use the word “seeing” because I visit the LLL New Zealand Facebook page: it is awesome! Unfortunately, I don’t go to a local group’s meetings because I am Deaf and need an interpreter to follow the chat. An interpreter’s fees are too expensive and not covered by insurance or by the government.

Because I am Deaf I need to rely on my baby’s facial expressions more than a hearing mother might. These visual cues will tell me if he is hungry or uncomfortable or just wants to snuggle. Logan sleeps in his own bed and I have a monitor that is linked to something that vibrates, which is under my pillow, so when he stirs or cries at night the vibration will alert me to his needing me and I’ll pick him up. There are different challenges every day but that’s part and parcel of being a mom. We learn by trying things and seeing what works and what doesn’t.

Logan’s dad is Deaf too. We use both the spoken word and sign language with Logan because we want him to be able to communicate in both ways.

I do know a company that provides such a service if anyone is interested in adapting existing spoken materials to enable Deaf mothers to use them.

Being able to read my baby’s facial expressions came with time and practice. I still don’t always get them right! I have hearing aids and use them sometimes to hear him while reading his face at the same time so the next time he pulls a specific face I know what he is telling me. I think if hearing mothers can just block the noise out and focus on their baby’s face, they may be able to pick up more particular signals. Everything about baby care takes time and attention to pick up. It is the same whether parents can hear or not. I guess that Deaf moms just have more of a visual focus.

La Leche League has been a huge lifesaver. Since I’m a first-time mom I have so many questions, and seeing that other moms have similar concerns makes me feel safer.
I've always loved the sea. I felt fascinated by all its changing colours and moods and I would imagine first dipping my toe into it and then swimming in the waves. For as long as I can remember, being a mother fascinated me too. I imagined what it would be like to have a child to look after. As much as I watched the sea I was never quite prepared for the shock of the cold and the power of the waves. I wasn’t prepared for motherhood either, the shock of feeling totally responsible for another human being, and the power of my love for my child.

Just as the ocean has so many moods so does the mother and child relationship. There are days when all is calm and light sparkles down, filling life with a wonderful happiness. There are days when things feel stormy and rough, days full of boundless energy, and those which turn up an unexpectedly beautiful thing to treasure. Then there are those sudden changes. One minute all is calm and the next, out of nowhere, a storm has erupted. It can look so quiet and peaceful but underneath the surface there is another world.

We feel excitement at the unpredictability and learn respect for the great power of it all. Sometimes it is really quite scary and we are not sure what will happen. Now and then the tide goes out so far we lose our perspective. Then just as suddenly we are swept up in a new momentum. We have moments of great joy and bursts of happiness as a magic moment unfolds before us. We realise that we never stop learning. It’s never still, it’s never dull and it never lets us be complacent.

We always know that the tide will come in and it will go out. So it is with mothering. We grow to know our baby, and then our baby turns into a toddler. We settle into a way of life and before we know it we are waving our child off to school or to play with friends. We think we know exactly where we are, and then everything changes again. The tide comes in and we adapt, the tide goes out and leaves us with something new to find and wonder at. Life with a child is full of hellos and goodbyes as their world flows towards adulthood. We learn to let them go and trust they will come back.

Eventually it may seem as if the tide has gone out a long way, as they go to University or travel the world, but suddenly they are there again, perhaps bringing with them a partner or even a child of their own. We can’t still the ocean, we can’t stop the tide. We watch and wonder as the waves create new patterns in the sand, and we watch and wonder as our precious children create their own lives. It is not for us to wish to control their lives any more than we could control the waves. They will move away from us but just as the moon calls to the waves we hope that our heart will always call to theirs.

I've always loved the sea. I felt fascinated by all its changing colours and moods and I would imagine first dipping my toe into it and then swimming in the waves. For as long as I can remember, being a mother fascinated me too. I imagined what it would be like to have a child to look after. As much as I watched the sea I was never quite prepared for the shock of the cold and the power of the waves. I wasn’t prepared for motherhood either, the shock of feeling totally responsible for another human being, and the power of my love for my child.

Just as the ocean has so many moods so does the mother and child relationship. There are days when all is calm and light sparkles down, filling life with a wonderful happiness. There are days when things feel stormy and rough, days full of boundless energy, and those which turn up an unexpectedly beautiful thing to treasure. Then there are those sudden changes. One minute all is calm and the next, out of nowhere, a storm has erupted. It can look so quiet and peaceful but underneath the surface there is another world.

We feel excitement at the unpredictability and learn respect for the great power of it all. Sometimes it is really quite scary and we are not sure what will happen. Now and then the tide goes out so far we lose our perspective. Then just as suddenly we are swept up in a new momentum. We have moments of great joy and bursts of happiness as a magic moment unfolds before us. We realise that we never stop learning. It’s never still, it’s never dull and it never lets us be complacent.

We always know that the tide will come in and it will go out. So it is with mothering. We grow to know our baby, and then our baby turns into a toddler. We settle into a way of life and before we know it we are waving our child off to school or to play with friends. We think we know exactly where we are, and then everything changes again. The tide comes in and we adapt, the tide goes out and leaves us with something new to find and wonder at. Life with a child is full of hellos and goodbyes as their world flows towards adulthood. We learn to let them go and trust they will come back.

Eventually it may seem as if the tide has gone out a long way, as they go to University or travel the world, but suddenly they are there again, perhaps bringing with them a partner or even a child of their own. We can’t still the ocean, we can’t stop the tide. We watch and wonder as the waves create new patterns in the sand, and we watch and wonder as our precious children create their own lives. It is not for us to wish to control their lives any more than we could control the waves. They will move away from us but just as the moon calls to the waves we hope that our heart will always call to theirs.

I've always loved the sea. I felt fascinated by all its changing colours and moods and I would imagine first dipping my toe into it and then swimming in the waves. For as long as I can remember, being a mother fascinated me too. I imagined what it would be like to have a child to look after. As much as I watched the sea I was never quite prepared for the shock of the cold and the power of the waves. I wasn’t prepared for motherhood either, the shock of feeling totally responsible for another human being, and the power of my love for my child.

Just as the ocean has so many moods so does the mother and child relationship. There are days when all is calm and light sparkles down, filling life with a wonderful happiness. There are days when things feel stormy and rough, days full of boundless energy, and those which turn up an unexpectedly beautiful thing to treasure. Then there are those sudden changes. One minute all is calm and the next, out of nowhere, a storm has erupted. It can look so quiet and peaceful but underneath the surface there is another world.

We feel excitement at the unpredictability and learn respect for the great power of it all. Sometimes it is really quite scary and we are not sure what will happen. Now and then the tide goes out so far we lose our perspective. Then just as suddenly we are swept up in a new momentum. We have moments of great joy and bursts of happiness as a magic moment unfolds before us. We realise that we never stop learning. It’s never still, it’s never dull and it never lets us be complacent.

We always know that the tide will come in and it will go out. So it is with mothering. We grow to know our baby, and then our baby turns into a toddler. We settle into a way of life and before we know it we are waving our child off to school or to play with friends. We think we know exactly where we are, and then everything changes again. The tide comes in and we adapt, the tide goes out and leaves us with something new to find and wonder at. Life with a child is full of hellos and goodbyes as their world flows towards adulthood. We learn to let them go and trust they will come back.

Eventually it may seem as if the tide has gone out a long way, as they go to University or travel the world, but suddenly they are there again, perhaps bringing with them a partner or even a child of their own. We can’t still the ocean, we can’t stop the tide. We watch and wonder as the waves create new patterns in the sand, and we watch and wonder as our precious children create their own lives. It is not for us to wish to control their lives any more than we could control the waves. They will move away from us but just as the moon calls to the waves we hope that our heart will always call to theirs.

I've always loved the sea. I felt fascinated by all its changing colours and moods and I would imagine first dipping my toe into it and then swimming in the waves. For as long as I can remember, being a mother fascinated me too. I imagined what it would be like to have a child to look after. As much as I watched the sea I was never quite prepared for the shock of the cold and the power of the waves. I wasn’t prepared for motherhood either, the shock of feeling totally responsible for another human being, and the power of my love for my child.

Just as the ocean has so many moods so does the mother and child relationship. There are days when all is calm and light sparkles down, filling life with a wonderful happiness. There are days when things feel stormy and rough, days full of boundless energy, and those which turn up an unexpectedly beautiful thing to treasure. Then there are those sudden changes. One minute all is calm and the next, out of nowhere, a storm has erupted. It can look so quiet and peaceful but underneath the surface there is another world.

We feel excitement at the unpredictability and learn respect for the great power of it all. Sometimes it is really quite scary and we are not sure what will happen. Now and then the tide goes out so far we lose our perspective. Then just as suddenly we are swept up in a new momentum. We have moments of great joy and bursts of happiness as a magic moment unfolds before us. We realise that we never stop learning. It’s never still, it’s never dull and it never lets us be complacent.

We always know that the tide will come in and it will go out. So it is with mothering. We grow to know our baby, and then our baby turns into a toddler. We settle into a way of life and before we know it we are waving our child off to school or to play with friends. We think we know exactly where we are, and then everything changes again. The tide comes in and we adapt, the tide goes out and leaves us with something new to find and wonder at. Life with a child is full of hellos and goodbyes as their world flows towards adulthood. We learn to let them go and trust they will come back.

Eventually it may seem as if the tide has gone out a long way, as they go to University or travel the world, but suddenly they are there again, perhaps bringing with them a partner or even a child of their own. We can’t still the ocean, we can’t stop the tide. We watch and wonder as the waves create new patterns in the sand, and we watch and wonder as our precious children create their own lives. It is not for us to wish to control their lives any more than we could control the waves. They will move away from us but just as the moon calls to the waves we hope that our heart will always call to theirs.
I'm not quite sure what I was expecting when I was expecting... perhaps a doll, certainly not a wailing, nipple-blistering, scrunched-up little being that I was nevertheless meant to adore. Yet adore him I would. His was a long and traumatic entry into our world, far removed from my idyllic home-birth plan. Our bonding was not automatic.

He latched on almost immediately following his birth, with help from the midwife, though I don’t remember how long he nursed for or really much about it at all. Over the next few days he slept in his plastic bassinet, and I in my narrow hospital bed, and we became strangers. Too much time passed after that first feed and I didn’t know enough (if anything) about the importance of skin-to-skin contact, so separately we lay sleeping and recovering, not yet realizing how essential we were to each other. He realized before I did, and then the crying started.

I was taken aback by how little I felt I knew or loved him, and even more so at how little I felt he knew me. I simply hadn’t been prepared for the fact that we would need to get to know each other. Subconsciously I started distancing myself from him. In hospital I would turn my back on him as he slept next to me in his plastic box. I rarely picked him up unless he needed feeding, more from fear that he would wake and cry than anything else. At home, the Moses basket started off next to me by the bed, but—with the excuse that the cat might use the bed as a platform to get into the basket—I moved it just a bit further away, next to the chest of drawers instead. Then it moved again, near to the foot of the bed. I wasn’t ready to give myself, to give up my independence.

Here’s what I knew about babies:
1. They slept in cots.
2. They traveled in prams.
3. They slept loads, while their moms baked or painted, or something.
4. Every now and again they cried, but only if their diaper needed changing or they were a bit too hot or cold.

Thanks to Noah I now know differently, but it took quite a while before I really ‘got’ it that babies need to be held close, to feel your heart beat, that they need security above all else. They grow thanks to love because as we respond to their needs more brain cell connections are triggered. They begin to flourish physically and emotionally. Slowly, surely, through persistence on Noah’s part and a whole lot of brilliant, down-to-earth support from my local La Leche League Leader, all of this started to sink in.

When I first I heard the term ‘nighttime parenting’ a light bulb went on. Why, when Noah needed to be constantly close to me during the day, would he be happy being alone all night? He started refusing to sleep
As soon as I accepted that this phase wouldn’t last forever and we adapted our evenings so that I spent the time relaxing and reading instead of catching up on chores downstairs, everything just slotted into place and I suddenly wasn’t stressing about sleep patterns any more.

in his crib. At first I fought this, grumbled and grew exhausted, but then I started trusting him. The trust that my baby knew what was best for him was a defining moment in our relationship. We started bringing him into our bed at night, and we all slept better.

When Noah was around six months old, I went to a talk on sleep given by a health professional, where I heard that by breastfeeding during the night I was doing it all wrong, that I should teach my baby to self-soothe. Turning this over and over in my mind was the cause of more sleepless nights than anything Noah was doing! It took a while to get back to trusting my baby and my instincts.

We decided to dismantle the cot and began co-sleeping all night. I would even spend my evenings in bed next to Noah, who was determined not to be parted from me, ever. As soon as I accepted that this phase wouldn’t last forever and we adapted our evenings so that I spent the time relaxing and reading instead of catching up on chores downstairs, everything just slotted into place and I suddenly wasn’t stressing about sleep patterns any more. I had no idea how frequently Noah was waking in the night, least of all the specific times, as neither of us ever woke fully. We bought a bed guard so we could utilize the whole width of our kingsize bed, and we felt a new level of togetherness as a family.

Noah is now a year old and sleeps for longer periods. I can even go downstairs of an evening if I want to, though often prefer to be snuggled next to him. We’ll be co-sleeping until Noah tells us differently. He can communicate so much already. I know that our trust has given him the confidence to know that his wants and needs matter and that he is worthy of being listened to. I’d say that’s a better lesson to learn than ‘soothing’ oneself to sleep any day, or night for that matter!
Sweet Sleep
Nighttime and Naptime Strategies for the Breastfeeding Family

The first and most complete book on nights, naps, and bedsharing for breastfeeding families, written accessibly by the authors of The Womanly Art of Breastfeeding, 8th edition, and backed by the latest research, with the breakthrough “Safe Sleep Seven” concept to greatly reduce bedsharing risks.

Place your order today!

This breakthrough book helps mothers to:

- Sleep better tonight in under ten minutes with the Quick Start guide
- Sleep safer every night with the “Safe Sleep Seven” bedsharing criteria to reduce risk
- Sort out the facts and myths of bedsharing, SIDS, and suffocation
- Learn about normal sleep at every age and stage, from newborn to new parent
- Gentle their baby toward longer sleep when he’s ready
- Tailor their approach to their baby’s temperament
- Uncover the hidden costs of sleep training
- Navigate naps at home and daycare
- Handle concerns from family, friends, and care providers
- Enjoy stories and tips from mothers

Foreword by Mayim Bialik and Preface by Helen Ball
La Leche League Meetings: Children Always Welcome!

Leaders' thoughts on the presence of children at LLL meetings and author Ann Sinnott's impressions

LLL Shanghai meeting

When I became a La Leche League Leader I had a toddler and so did my co-Leader. Leading meetings was usually a challenge as the boys would frequently distract us from the group discussion and at times their behavior was noisy and disruptive. By the end of the morning we were exhausted.

Somehow, though, we managed to struggle through and support the moms who came. At the time, we felt we were not accomplishing enough. With hindsight I can see that we were giving a lot. The mothers who came, came back and made friendships, many of which have lasted down the years. We provided a safe space for tired moms to meet away from their homes. Seeing us struggle but manage, no matter how ragged our ‘performance’ seemed to us, provided a model of sorts, however imperfect, a picture of how we can work together and muddle through. What must have been clear was that we thought breastfeeding and children mattered.

There was companionship, sometimes tears and hugs, always cups of tea (this is England) and usually flapjacks. I got as much as I gave. At the time I did want everyone to find a solution to their individual problems, but I realize now that what those mothers found was freedom to work it out for themselves, a place where they could see other mothers working it out for themselves, different ways of coping and reliable information offered in a friendly, accepting way, where children and their mothers really mattered.

Theresa Weigel, Brookville, Kansas, USA:

Seeing a nursing toddler at my first LLL meeting was an introduction to the idea that this was a normal human behavior. Continued exposure to watching the dynamics between a mother and her older nursling provided me with social behaviors that I would never have otherwise seen.

Along with the subtle message that nursing beyond six months was normal and enjoyable, I observed mothering through breastfeeding at its best. It never crossed my mind that this bond created by the nursing relationship would be so integral to fostering gentle guidance and a heightened awareness of empathy to see me through the challenges of toddlerhood.

Thank you to the mothers modeling these behaviors for helping shape my formative years as a mother.
Megan Bailly, Great Falls, MT, USA:

At meetings I notice mothers relax when they see my two-and-a-half year old and the way in which I handle noise and interruption. We meet in a big room so that the kids have room to run and play. It’s nice for the moms of toddlers to have a break while their child runs around being noisy. When we stop looking at that as a problem, how fun it is to watch the wonder in their eyes as they play!

In Breastfeeding Older Children Ann Sinnott describes what she found at LLL meetings.

“A La Leche League Meeting”

Attendance at a La Leche League (LLL) meeting would be revelatory for those who believe older breastfed children are overly dependent. My daughter was three months old when I first went to a meeting. I was intrigued by how the children behaved, especially the toddlers. While the mothers, some holding babies, sat chatting in a rough circle, the toddlers, some chewing on carrot sticks and other tasty snacks, or swigging from cups, played singly or together in constantly changing formations, with much to-ing and fro-ing between rooms. There was endless movement, chatter and chuckles, but no tears, and in the three or so hours before the meeting broke up there were only very occasional minor disputes, and no tantrums. Every now and again a toddler would approach its mother and be taken up and breastfed, or else would climb onto its mother’s lap and find its own way to her breast. Either way, the child—looking noticeably rosy-cheeked, calm and content—would soon slither back down to recommence their obvious primary interest: playing. Sometimes, a child fell asleep at the breast. Sometimes a mother stopped speaking to connect with her child and the chat would lull, or temporarily shift—to be taken up again when the mother was ready to re-engage. Sometimes a child would be breastfed and a mother wouldn’t even break sentence! It all happened so easily, so organically, and so happily for all concerned. The mothers were contentedly in the background, a mostly-ignored backdrop to which the children would, from time to time, return... These children were patently secure...this—as I came to understand—was a typical LLL meeting.” Pages 36–37.

Drawing on child development theories, neuroscience research, archeological and anthropological findings, Breastfeeding Older Children explores the myths and reality of what to many is a taboo practice.

What do La Leche League meetings mean to you? Write to editorbt@llli.org and share a photo of your local group mothers.

Flower, H. Adventures in Gentle Discipline store.llli.org/public/profile/76
Gonzalez, C. Kiss Me! How to raise children with love store.llli.org/public/profile/782
Breastfeeding for HIV-Positive Mothers
How is the risk of breastfeeding-associated HIV transmission measured?

Firstly, it needs to be remembered that since 1985 breastfeeding in the context of HIV has received very bad press. Fears about early high-risk estimates of HIV transmission persist. But there is a great difference in transmission risk between a mother receiving effective antiretroviral therapy (ART) in 2014 and the unfortunate mother of several decades ago for whom no drug therapy was available and the risk of postnatal transmission through any breastfeeding was estimated to be 15–30% higher than that of no breastfeeding.

The transforming effect of effective antiretroviral therapy (ART)

A growing body of research shows that effective ART can not only improve the health of an infected individual so that he or she can enjoy a normal life-span, but that treatment also constitutes an effective form of prevention between infected and uninfected members of a couple, and between an infected mother and her infant during pregnancy, birth or breastfeeding.

No cases of transmission of HIV were found during two years of follow-up of serodiscordant couples when the HIV-infected partner received and took antiretroviral medications. Up-to-date World Health Organization guidance recommends that all women diagnosed as HIV-infected should receive immediate ART, which should be continued for life. HIV-infected expectant mothers who are diagnosed as HIV-positive during early pregnancy can receive a long enough course of ART to ensure that the number of viral copies in their blood becomes undetectable by their due date, posing a negligible risk of transmission during labor and delivery, and allowing them to have a normal vaginal birth. The duration of treatment is important: a study published in 2011 showed that ART needs to be taken for approximately 13 weeks to reduce the number of viral copies to levels that are no longer detectable on a standard HIV test; mothers who received ART for less than four weeks had a five-fold increased risk of HIV transmission to their babies.

Recommendations from global health authorities endorse exclusive breastfeeding for all babies for the first six months of life and continued partial breastfeeding for up to two years or beyond. Yet it is commonly believed that the one exception to this recommendation is the baby of a mother who has been diagnosed as HIV-infected, due to the fear that the mother may pass the virus to her baby in her milk.

Most HIV-exposed babies are born in places where breastfeeding is the cultural norm and where formula-feeding is particularly unwelcome, unnatural and stigmatizing.

Current World Health Organization guidance on HIV and infant feeding is clear that for most mothers in most countries, exclusive breastfeeding for the first six months, followed by continued partial breastfeeding for at least the first year of life will enhance HIV-free child survival. In other words, recent research suggests that formula-feeding is more risky than breastfeeding with HIV. As more is known, an increasing number of HIV-positive mothers in industrialized countries are questioning whether the risk of HIV transmission through breastfeeding is as high as they have been led to believe and, if it is not, they are asking if they, too, can breastfeed.

What information will help these mothers to make an informed decision about whether breastfeeding will be safe for their babies? What research can they discuss with their doctors and HIV clinicians as they express their ambitions and ask for support?
Exclusive breastfeeding

The importance of exclusive breastfeeding in reducing the risk of postnatal HIV transmission was first established in a South African study published in 1999, and subsequently confirmed amongst Zimbabwean infants in 2005. In the latter study, compared with early mixed feeding (breastmilk and other foods and liquids), exclusive breastfeeding (feeding only breastmilk) reduced transmission by 75% in babies tested at six months. It was hypothesized that too-early feeding with other foods and liquids besides breastmilk may disturb the normal infant gastrointestinal flora. When babies are mixed fed, pathogens and dietary antigens in formula can cause small sites of damage and inflammation to the baby’s intestinal mucosa. Once the integrity of the baby’s gut has been compromised, it is easier for HIV in breastmilk to cross the mucous membranes and to make contact with the baby’s bloodstream. On the other hand, protective components in mother’s milk, for example epidermal growth factor, can help the intestinal epithelial barrier to mature, thus helping to protect against infection with HIV.

When the risk of mother to child transmission of HIV in utero, during birth or during breastfeeding can be reduced to almost nil, as it can today, it is no longer necessary for HIV-positive women to give up all hope of breastfeeding.

Normal mixed feeding after six months

As a result of the findings about the protective effects of exclusive breastfeeding during the first six months, concern was expressed about the possible dangers of HIV-transmission during normal mixed feeding after six months. As a result, HIV-positive mothers who elected to breastfeed were advised to practice what was called “early cessation of breastfeeding,” or premature weaning, as soon as practicable. Subsequent studies have confirmed that after the recommended period of six months’ exclusive breastfeeding, continued partial breastfeeding with the addition of other foods and liquids, as recommended for babies outside the context of HIV, resulted in an extremely low risk of transmission in the 6–12 month period. Further studies from Zambia where maternal ART was initiated in early pregnancy and continued to 12 months postpartum, while infants were exclusively breastfed to six months and continued breastfeeding with complementary feeding from 6–12 months, resulted in postpartum HIV transmission rates of 1–2% at 12 months. Confirmatory results showed that the only postnatal transmissions occurred in one infant at two weeks postpartum (which most likely occurred in utero) or in women who were non-adherent to their medications.

What is the risk of not breastfeeding?

In spite of these excellent results, there remains a common assumption that because mothers living with HIV in industrialized countries such as Europe, North America and Australia have access to clean water and safe infant feeding alternatives, breastfeeding avoidance is free from risk. This may in part stem from misleading reporting of research results but in fact, formula-fed babies experience higher rates of morbidity and mortality than their breastfed counterparts, even in industrialized countries.

Current guidance in developed countries

In the industrialized countries of UK, Europe, Australia and Canada, a high percentage of mothers diagnosed as HIV-positive are immigrants from countries of high HIV-prevalence, particularly those in Eastern and Southern Africa. In recognition that their guidance needed to fit the population it was designed to assist, and following extensive consultation, the British HIV Association (BHIVA) published a revised position paper in 2011 stating that although formula-feeding remains the first recommendation for infant feeding in the context of HIV, when an HIV-positive mother with an undetectable viral load wishes to breastfeed, then she should be supported to do so. BHIVA recommends that mothers who choose this option should practice exclusive breastfeeding for the first six months of life while receiving regular monitoring of maternal viral load and infant HIV status.

A similar relaxation of a formerly absolute prohibition of breastfeeding, and accompanying threats of imposition of child safe-guarding measures against mothers who did not comply, has also occurred in the USA. In early 2013, the American Academy of Pediatrics published revised recommendations to support breastfeeding by HIV-positive mothers when mothers are adherent to ART, achieve an undetectable viral load, and practice exclusive breastfeeding for the first six months, and the health of mother and baby are closely monitored and optimized.

Supporting breastfeeding, even in the context of HIV?

Breastfeeding in the context of HIV is best planned meticulously. Antenatally, HIV-positive mothers need to be in touch with their physicians and HIV clinicians. They should discuss with them what they know of up-to-date research findings, including the risks and benefits of different feeding methods, the importance of ART, the duration of therapy, undetectable viral load and ongoing adherence to their medications. They might also be advised to inform themselves about local and/or national HIV and infant feeding policy and to seek legal representation if there are likely to be any safe-guarding concerns or any threat of coercion to bottle-feed, as is occasionally reported.

If the decision is made to breastfeed, HIV-positive mothers should receive competent and well-informed breastfeeding assistance from a recognized breastfeeding support organization or an International Board Certified Lactation Consultant (IBCLC) before and after birth. Mothers will need practical assistance with latching their baby comfortably to the breast, and ensuring effective breastfeeding. They may need advice and ongoing follow-up to avoid, minimize and quickly resolve any postpartum breast or nipple problems, such as sore nipples, breast engorgement, or symptoms of mastitis. It is important to prevent or treat
these kinds of difficulties promptly should they occur, not only to avoid increasing the risk of transmission of postpartum HIV but also so that exclusive breastfeeding can easily be initiated and maintained for the full first six months of their infant’s life. The baby’s HIV status should be tested at birth, and at monthly intervals until three months after breastfeeding ends.29 30

Finally, it is not possible to overstate the need for breastfeeding counselors or IBCLCs to liaise with and be guided by the mother’s and baby’s primary healthcare providers so that all parties can work together as a team for the best health outcomes for both mother and baby.

Hope for the future
When the risk of mother to child transmission of HIV in utero, during birth or during breastfeeding can be reduced to almost nil, as it can today, it is no longer necessary for HIV-positive women to give up all hope of breastfeeding. Up-to-date evidence-based research suggests that when HIV-positive women receive adequate ART, they can safely embark upon a pregnancy and deliver their children vaginally. Research also shows that improved health outcomes can be achieved with breastfeeding compared to not breastfeeding. There are only two provisos:

1) mothers must be meticulously adherent to their medication, and

2) breastfeeding should be practiced exclusively during the first six months of life.

When these two preconditions are met, the risk of mother-to-child transmission of HIV through breastfeeding can be reduced to negligible levels. The World Health Organization describes these findings as “transforming,” and it follows that there should thus be no need to discourage breastfeeding, both within and outside the context of HIV.

Pamela Morrison is the mother of three formerly breastfed sons, Ian 37 and Bryn and Shaun 32. She was a La Leche League Leader in Zimbabwe from 1987 to 1997. She was certified as an International Board Certified Lactation Consultant (IBCLC) in Zimbabwe in 1990, where she developed a special interest in HIV and breastfeeding. She and her family now live in England.

HIV-Positive Mothers’ Stories

Jacky’s Story
I discovered I had HIV, the dreaded disease, in 2006, when my baby was a year old. It was very hard for me to accept. When I got pregnant in October 2013, my CD4 count was low. CD4 cells or T-cells are the “generals” of the human immune system. These are the cells that send signals to activate your body’s immune response when they detect “intruders” such as viruses or bacteria. Because of the important role these cells play in how your body fights off infections, it’s important to keep their numbers up in the normal ranges to prevent HIV-related complications and opportunistic infections. So at 12 weeks pregnant, I started taking a Fixed Dose Combination (FDC) tablet containing tenofovir, emtricitabine and efavirenz. It wasn’t easy adjusting to the treatment, since I experienced vomiting and hot flushes, but putting the interests of the baby first, I gradually got used to the drugs. I am glad I registered at Discovery Hospital, where at prenatal classes, we learned about diet, how to live positively with our condition, and about the importance of breastfeeding. Initially I had thought I would have to give my baby formula. I worried a lot because I didn’t want to pass the virus on to my baby. Mixed feelings and confusion surrounded my decision-making about how to feed.

I was full of “what ifs?” along with the other pregnant women. I researched the topic on the Internet, and some sites were totally against breastfeeding, which alarmed me. At the clinic we were told that as long as we were on an FDC, the viral load goes down, making the chances of transmission very slim, provided you followed the guidelines of exclusive breastfeeding for six months, did not give your baby water and gave only medicines prescribed by a
healthcare professional. The staff at the hospital is fantastic. They never got tired of answering my questions.

I gave birth safely and was told to give nevarepin to my baby every day. He would throw up, and I would have to repeat the dose if the vomiting had occurred within 30 minutes of his having taken the medication.

My decision to breastfeed came after much consultation with a few friends in my situation and after following Dr. Sindi’s posts on Qooh.me, a social networking platform. I felt encouraged when I read of similar cases and how the babies of those breastfeeding mommies tested negative after following her advice. God bless her, she is one in a million!

I was worried about returning to work while exclusively breastfeeding but learned about expressing milk and how to store it. I used a cup for feeding rather than a bottle, so as not to confuse my baby and because it was easier to keep clean. I’m self-employed and the thought of leaving my baby scares me for now. He’s still only seven weeks. I feel I could stay with him until six months.

Last week my baby was tested for HIV and I’m expecting the results in three weeks. Naturally I am afraid but I have followed all the guidelines and I believe he is okay. I put my trust in God. Only a few people know my status: those I met at prenatal classes who share my condition.

When I tell my mom my baby is crying, she tells me to give him porridge and that he’s not getting enough milk, and I just say OK because she’s far away. I would never risk my child’s life by doing so. I’m the only one who can protect him, so I make sure to do what is right. I thank God my viral load is low, I’m healthy and my baby is growing well.

**Editor’s note:** In South Africa, it is very common to give porridge or other solids from as early as a few weeks. It is considered a sign of extreme disrespect to contradict your elders, so moms battle to breastfeed exclusively if they live with their extended family, which they often do. When an elder says mom must give the baby porridge, she feels she cannot say no. There is very little understanding about why it is unhealthy to give solids before around the middle of the first year.

**Nonhlanhla’s Story**

I did not know I was HIV-positive until I was seven months pregnant. I lived with my cousin who had sores in her mouth. She would use my lip gloss and rub it on her sores. Unknowingly, I used it too for weeks and my cousin turned out to be HIV-positive. When my blood test came back positive, I was shocked and in denial, but I took the medication for the sake of my unborn baby.

I was excited about having a baby, but after she was born I couldn’t even kiss her for fear of passing on the virus. I rejected her for the first six weeks.

I chose to bottle-feed because my family doesn’t know my status. They support me bottle-feeding. They would have had questions about the baby’s medicine and, since I am forgetful, I might sometimes have not remembered to give it to her and put her life at stake. Sometimes it is hard to carry a huge secret inside. Sometimes people ask why I never breastfed my baby and I tell them that it is all about making choices.

This is my first baby, I am very young and have to work. If I had met Dr. Van Zyl earlier, I think I would have given my baby love and comfort from the very first and would have been proud to be a mother without thinking about my baby so negatively.

I have learned that whether you are HIV-positive or not, you can breastfeed your baby, but it’s all about the choices we have. We mothers face a lot of challenges because we are the ones who have to take care of our babies.

**Ng’enda’s Story**

I have been HIV-positive for over six years and I started my medication during pregnancy. I decided to breastfeed when I learned about its importance and the ease of bonding, but before the birth I had second thoughts worrying about infecting him. The moment I laid eyes on my baby, all the fear and doubts disappeared. I have not encountered any problems breastfeeding. He will be four months old soon and his results are negative.

The people I am living with don’t know my status. I told the father of my son, though he didn’t take me seriously so I didn’t say much about it. I am scared I might infect my baby and do worry about this.

My main challenge as an HIV-positive mother is watching my baby every second to make sure no one tries to give him anything to eat, I suppose that’s my fault for not disclosing my status. The people in the house are suggesting I give him some porridge. He is a big baby and they assume he isn’t satisfied by breastmilk. I haven’t had the courage to disclose my status.

Financially, breastfeeding is a good idea since you don’t have to suffer when you no have money for formula. The government here in South Africa provides a child support grant to help us look after our babies.

**Editor’s note:** The Department of Health in South Africa estimates that a mom needs at least R400 a month disposable income to formula feed her baby safely. In 2011, about 44% of the households in South Africa had a combined monthly household income of R1600 or less (Census 2011). This puts into perspective how much of a financial burden formula feeding can be. The child support grant Nonhlanhla mentions is R250 a month, which is included in the above household income figures.

I have learned that whether you are HIV-positive or not, you can breastfeed your baby, but it’s all about the choices we have. We mothers face a lot of challenges because we are the ones who have to take care of our babies.
References


2 Horvath T, Madi BC, Iuppa IM et al. (2009) Interventions for preventing late postnatal mother-to-child transmission of HIV. Cochrane Database of Systematic Reviews (1) doi: 10.1002/14651858.CD006734.pub2


20 Silverman, M. Personal communication, 2 Oct 2011.


What's Cooking?

Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.

Whether you are lactose intolerant, allergic to cows’ milk proteins, vegan, or just do not enjoy the taste of cows’ milk, today’s grocery stores are flooded with alternatives to cows’ milk. Soy, rice and coconut milks can usually be found at the local grocery store, though, for other milk alternatives you may need to visit a specialist health food shop. Or better still, have a go at making your own.

Out of all the alternative milks available on sale, soy milk is probably the most popular, and for a good reason: only soy has comparable amounts of protein to cows’ milk. For every one-cup serving, soy milk ranges from 80–140 calories with 1–5 g fat, depending on whether it is regular or light.

Rice milk is primarily made from brown rice and is usually not sweetened, although flavored rice milks, such as vanilla or chocolate, are becoming more common. Unless it is enriched and fortified, rice milk is very high in carbohydrates and low in protein and nutrients. Those with a milk/soy intolerance or allergy or nut allergy may find this milk a useful alternative. Rice milk contains between 120–140 calories with 2–3 g fat per a one-cup serving.

Almond or hazelnut milks are an excellent addition to coffee and smoothies. Almond milk is becoming easier to find at large commercial grocers, and is often enriched with vitamin D, calcium and other nutrients. Almonds are naturally high in vitamin E, an antioxidant that protects cells from damage caused by free radicals. Almond milk contains healthy fats, but not enough protein (only one gram per cup) to be a complete substitute for cows’ or soy milk. A one-cup serving of unsweetened almond milk has about 50–60 calories with 2–3 g fat; hazelnut milk has 110–120 calories and 3–5 g fat.

A newer milk to the dairy-alternative category, coconut beverages are made from filtered water and coconut cream (the thick non-liquid layer that separates and rises to the top of coconut milk during processing). Some manufacturers add thickeners and emulsifiers to improve the texture. Coconut milk is low in protein but high in fat; one cup has about 5 grams. Coconut milk may still be a good alternative if you are allergic to dairy, soy, or nuts. It is low in calories (80–90 per serving, 5 g fat) and out of all the milk alternatives, it has the most similar texture to cows’ milk.

Some newly popular options out there are oat and hemp milks. Both are relatively high in carbohydrate and a good alternative if you are allergic to dairy, soy, or nuts. Hemp milk is high in omega-3 fatty acids, which may be beneficial to your heart. Oat milk has a small amount of soluble fiber and may help lower LDL (low-density lipoprotein) cholesterol. Oat milk has 120–130 calories and 2–3 g fat; hemp milk has 100–140 calories and 5–6 g fat per serving.

Because plant-based beverages can be nutritionally incomplete, they are NOT a suitable substitute for breastmilk, formula, or cows’ milk for children under the age of two.

These are two of my favorites.
Hazelnut Milk

Ingredients

1 cup of hazelnuts
2 cups of filtered water
2-3 pitted Medjool dates

Method

1. Place the hazelnuts in a large container, fill with water, cover loosely and leave to soak overnight.
2. Drain the water, rinse the hazelnuts, and place them in a high-powered blender. Add the dates.
3. Pour water into the blender and blend on the highest speed until the nuts are completely broken down.
4. Place cheese cloth/nut bag over a colander and place on top of a large bowl. Pour the liquid over the cloth, then pull up on all ends to squeeze out as much liquid as possible.
5. Serve straightaway or store in the refrigerator until you are ready to use for up to five days.
6. The milk might separate a bit while it sits, just give it a quick stir or shake and it is ready.

Vanilla Cinnamon Almond Milk

Ingredients

1 cup raw almonds
3 cups filtered water
3 pitted Medjool dates
1 tsp vanilla extract
¼ teaspoon cinnamon

Method

1. Place almonds in a bowl and cover with water. Soak them overnight in the water.
2. Rinse and drain the almonds and place in a blender along with filtered water, pitted dates, and chopped vanilla bean.
3. Blend on highest speed for a minute or so.
4. Place a nut milk bag over a large bowl and slowly pour the almond milk mixture into the bag. Gently squeeze the bottom of the bag to release the milk.
5. Rinse out blender and pour the milk back in. Add the cinnamon and pinch of sea salt and blend on low to combine.
6. Pour into a container to store in the fridge for up to five days.

For more nutritious recipes visit http://sexyturnip.com/
Find us online or on social media

La Leche League International
http://www.llli.org
http://www.facebook.compages/La-Leche-League-International/121276329602

Area Networks

Canada
http://www.lllc.ca

Europe
http://llleurope.eu/index.php/contact

Great Britain
http://www.laleche.org.uk

International
http://www.llli.org/lll_id_directory

New Zealand
https://www.facebook.com/LLLNZ

Ligue La Leche
https://www.facebook.com/pages/Ligue-La-Leche/15028048727

USA
https://www.facebook.com/LaLecheLeagueUSA

The Womanly Art Of Breastfeeding

From pregnancy to weaning, the one book every nursing mother needs by her side.

A new milestone for our best-selling book:
SOLD 100,000 copies of the 8th edition!

Order in our online store
store.llli.org
Sharing the values of La Leche League with Leaders and mothers

www.HalePublishing.com

Want Kids & Career?
Work at Home

“I’ve breastfed both my kids as I wanted! No pumping, no schedules” - Shawna
www.EmpoweredMommas.com

Breastfeed discreetly with our chic nursing tops, dresses, sleepwear, bras & more.

shop 24/7
www.milknursingwear.com

The freshest nursingwear on the planet!

discover Pinter & Martin

www.pinterandmartin.com

Pinter & Martin

www.llli.org/lll_id_directory
La Leche League
International
Nursing Bras &
Intimate Apparel
by Q-T Intimates™

Made for Moms

As today’s nursing mom leads an active lifestyle, juggling work and family, our collection of functional, yet fashionable nursing bras and intimates will support your changing needs.

available at:
www.lliibras.com

New customers $10 OFF your first purchase of $50. Use code: PN2012

1-888-WE-R-BRAS
(1-888-937-2727)