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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.

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Not Raising Storms

When breastfeeding hits the headlines, more often than not the story is one that can be sensationalized and hotly debated. The items dealing with fascinating research discoveries about mothers’ liquid gold, or new and blatant violations of the World Health Organization’s regulations that were designed to protect infant health, those stories don’t make the front page and are usually relegated to a paragraph or two, if, indeed, they make the news at all.

Commentary following breastfeeding stories in the news is frequently of a highly emotive or judgmental nature. At La Leche League the story is somewhat different. We aren’t here to raise a storm and set mothers one against the other over any different parenting choices. Whether you want to breastfeed your child only the once or for years, then we are here to support you in meeting your individual goals. We provide evidence-based information that will help you make decisions to suit you and your family.

Because motherhood is not a competition, we don’t focus on the length of time any particular mother chooses to breastfeed her baby. I know that new moms, who are struggling to establish breastfeeding, or those who plan to do it only briefly if it works, can be shocked at the sight of a mother nursing a child who can already walk, talk, and eat with a knife and fork. Few mothers set out with the intention of breastfeeding for years. It does happen though, and not so infrequently as the press reports would have us think. So, in this issue in the first three pieces, we are shining a spotlight on “extended” (or as I prefer to call it “sustained”) nursing for what it is, a normal and healthy choice, not a goal to aspire to, but not weird, crunchy, or indecent either.

And we are taking a look at the newsworthy issues behind the baby food industry and how breasts are bad for big business.

Throughout the magazine there are mothers’ stories to inspire and inform, beautiful photos, and a La Leche League worldwide favorite recipe, flapjack!

Barbara
editorbt@llli.org

Photos. Thank you for sharing your photos! If you share your photos for publication, we like them 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 (13) and Amelia (9).

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As my daughter Lisa’s fourth birthday approached, I thought it might be a good time to talk to her about weaning. I was still nursing both Lisa and her little brother (who was 18 months old) and I knew other people had persuaded their children to wean on birthdays or for “weaning parties.”

I knew it could be a touchy subject, as my little girl was very fond of nursing. She even made up songs about it. She told me my milk tasted like melted ice cream, only better.

I figured that if weaning was going to happen, I’d better start talking up the idea. I reminded her that she was going to be four—she’d be a big girl! And look—she was eating and drinking lots of other foods—she really didn’t need to nurse (or have “ninnies” as she called it). We’d have extra treats on her birthday to celebrate that she had weaned.

As the days went by, she seemed to accept the idea. The night before her birthday we snuggled in bed. “This is the last time I’ll have ninnies,” she said, as she got ready to nurse to sleep. I felt a bit sad that this stage was coming to an end.

The birthday morning came. I heard the pitter-patter of her feet as she came down the hall to our bedroom.

“Happy birthday!” her dad and I called out.

“Ninnies now!” she said, smiling.

“But you are four now,” I said. “Remember, last night you said that would be the last time for ninnies?”

“Oh,” she said. “I was only joking.”

She climbed up into the bed and nursed. And she kept on nursing for the next year.

This wasn’t quite how I’d been led to believe weaning happened. When I had my first baby, it seemed like he was barely a few weeks old before people started asking me when I was going to wean him. Clearly weaning was something mothers DID to babies. It seemed obvious to everyone that I would choose an appropriate time for weaning and then breastfeeding would stop. And most people seemed to think that should happen well before my baby turned one.

But when I began attending La Leche League meetings, I heard about a different approach. One of the LLLI concepts of our
philosophy says, “Ideally, the breastfeeding relationship will continue until the baby outgrows the need.” There were two things that surprised me in this: first, that breastfeeding might be a “need” for a baby and, secondly, that the baby might outgrow it. I think I’d previously had the idea that unless the mother did something to actively wean the baby, he’d still be breastfeeding when he went to university.

I began to think about the idea of “outgrowing” the need. What did that mean exactly? I thought about other things I’d seen my children outgrow:

- Clothes. Frankly, they were always outgrowing clothes! But clearly, I didn’t have much to do with it (other than feeding them!). I didn’t decide, “Now is the time for Matthew to outgrow his clothes.” It just happened. He might outgrow them next month, or he might outgrow them four or five months from now. Sometimes he grew faster, sometimes not so fast. And each child was different. My petite little Lisa didn’t start wearing size two clothes until she was past three years old but sturdy Matthew was wearing them soon after his first birthday.

- Naps. Babies nap quite often, but by the time mine were toddlers, naps were on the way out. Lisa gave up naps the earliest. This was not something I encouraged! However, I found that even when I set the stage for a nap as carefully as I could (quiet, darkened room, me lying down with her to nurse) she would NOT go to sleep. She had outgrown the need for naps, with no encouragement or help from me.

Could weaning be the same? Could my children outgrow the need to nurse all on their own—just one more developmental stage?

It was hard for me to think that way, since almost everyone I knew saw it quite differently. They believed children needed to be pushed toward independence and that allowing a child to nurse until he or she decided to stop would be a bad approach to parenting. Even Juliet’s wet-nurse (in Shakespeare’s Romeo and Juliet) weaned her young nursling at three years old by putting a bad-tasting cream on her nipples.

What would it be like, I wondered, if I lived in a time and place where nursing older children was accepted? Would I feel so self-conscious about my daughter’s continued love of breastfeeding? Would it be easier to let her determine when to stop?

The article “Breastfeeding in the Land of Genghis Khan” (you can read it here: http://www.drmomma.org/2009/07/breastfeeding-in-land-of-genghis-khan.html) talks about the encouragement and support of breastfeeding mothers in Mongolia. People there say the best wrestlers (and wrestling is Mongolia’s national sport) breastfeed for six years. Nobody is pressured to wean. I love this article!

Certainly, I had support from some of my La Leche League friends to balance the criticism of others. On the days when I doubted myself I would try to imagine that I lived in a culture where people applauded my nursing four-year-old rather than criticizing me for having allowed it to go on for so long.

Over the next year of continued breastfeeding, I saw Lisa grow in many ways. She had been a shy baby and toddler and very slow to warm up to new people. When we went to birthday parties for other children her age, she’d sit on my lap and watch the other kids playing. If her grandparents came to visit (which happened every couple of months) she’d hide behind the furniture (or me) until they left. But between her fourth birthday and her fifth, she began to change. She warmed up a lot faster. She became much more willing to step into new situations, started talking to other people, and was now joining in the games at parties.

So perhaps I shouldn’t have been surprised when I realized that my almost five-year-old hadn’t nursed in a couple of days. It had really dropped to once a day, at bedtime, in the previous few weeks. Then she fell asleep coming home in the car one night and didn’t wake when I carried her up to bed. No nursing that night. The next night, she fell asleep while I was reading her a story—two nights without nursing.

In the morning I said, “You haven’t had ninnies for two days, do you want to nurse now?”

She re-arranged the dolls she was playing with on the table, “Hmm...not now. Maybe later.”

Later never came. Lisa had weaned.

I like that our nursing relationship ended gradually and happily, with a sense of fulfilment. That little girl who seemed velcroed to my body in her early years is now grown now, and has become my world traveler—she recently spent half a year visiting India, Thailand, Bali, and other countries all by herself. And yet we are still close and connected.

This approach won’t work for all families; some parents decide to initiate or impose weaning for a variety of reasons. But if you are considering letting your child take the lead, I can say now, with confidence, that even if you intentionally do nothing at all to encourage it, your children will wean. They will outgrow the need, just like they will outgrow their naps and baby clothes, and just as the Founders of LLL said. I can’t promise you when this will happen—my four were all different—but it will.

Teresa Pitman has been a La Leche League Leader for 35 years. She is one of the co-authors of the LLL books The Womanly Art of Breastfeeding and Sweet Sleep and is the author of 16 other books. She is the mother of four grown children and the grandmother of six.
Breastfeeding “Forever”

Barbara Higham, West Yorkshire, UK

While the prevalent cultural attitude in many countries now is toward weaning babies early, during most periods of history and in most parts of the world babies have been breastfed for years rather than months (Mead & Newton 1967). A breastfed baby depends on his mother for both food and comfort and in societies that place a high value on self-sufficiency, the baby who will not be satisfied with anyone other than his mother may regarded by many as a liability.

The World Health Organization in the Global strategy for infant and young child feeding states:

“As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.”

Children who carry on breastfeeding beyond the age of two years tend not to nurse anywhere near as often or for as long as babies do. As children grow, nursing becomes less of an activity, something increasingly fleeting that just happens, like a hug, rather than your having to make the time for it to take place.

Protection from illness

Breastmilk is a critical source of energy and nutrients during illness and reduces mortality among children who are malnourished. It reduces the risk of a number of acute and chronic diseases in early childhood and has long-term benefits for cardio-vascular health. In the context of HIV, early cessation of breastfeeding after six months is associated with increased serious morbidity, growth faltering, and increased mortality.

At times of sickness, you can expect an increase in the frequency of feedings. Perhaps the poorly child simply seeks comfort in your arms, but by nursing round the clock he boosts milk production temporarily to maximize the antibodies he receives to fight the illness. If you are exposed to any bacteria or viruses, your immune system makes antibodies to fight against them, and these will be in your milk protecting your child whose own immune system will not be fully mature for some years.

Children with allergies may continue to breastfeed for nutrition longer than those who are able to tolerate a wider range of foods, and your milk can help keep the child’s digestive system healthy.

Human milk does not lose its nutritional value.

Mother’s milk is an important source of energy and nutrients, providing one half or more of a child’s energy needs in children 6 to 12 months of age. Between 12 and 24 months, it can supply one third of your child’s energy needs. Human milk is a nourishing food for as long as your child drinks it.

Weaning is a gradual process that starts the moment a baby is introduced to solids and follows a unique timetable. After the first six months, support for sustained breastfeeding, as a mother introduces her baby to solids, is critical. To ensure her baby gets adequate energy and nutrition requires a mother to balance breastfeeding with solids. If she does not breastfeed
frequently enough while increasing the frequency of solid foods she offers, she may risk reducing the baby's total energy and nutrient intake.7

Mothers cannot know the precise amounts of breast milk that their children consume, nor will they be able accurately to measure the energy content of complementary foods. Being responsive to your child's needs is key. Practicing responsive feeding requires sensitivity to children's hunger and satiety cues, patience, and encouragement without force. If children refuse many foods, experiment with different combinations, tastes, textures and methods of encouragement. If the child loses interest easily, minimize distractions during meals. Remember that mealtimes are periods of learning and love.8 It is important not to be overly prescriptive about amounts of foods, recognizing that each child's needs vary. Solid foods are a complement to your milk, not a replacement for it in the first year.

Dewey (2001) found that for children 12–23 months old breastfeeding provided the following percentages of the child’s needs:

- 29% of energy
- 43% of protein
- 36% of calcium
- 75% of Vitamin A
- 76% of folate
- 94% of Vitamin B12
- 60% of Vitamin C*

There doesn’t exist a wealth of research studies into breastfeeding beyond three years of age, but it is unlikely that the nutritional and immunologic qualities conferred by human milk cease at any particular cut-off date.

As a child grows, nursing becomes much less about nutrition and much more about comfort and pleasure in the interaction between mother and child. It is a nice way to relax for both of you, a way to reconnect after separation, to provide reassurance for any worry, to soothe a grazed knee, to calm any turbulence, and especially to ease into sleep. It is a useful box of tricks for any mother—a super power, no less! Instead of viewing sustained nursing as something to question, perhaps the real query should be, "What is there to be gained by abruptly putting an end to the breastfeeding relationship?"

Some worry that continuing to breastfeed will make a child overly dependent on his mother in the future. Many presume that a child won’t grow out of breastfeeding unless he is forced. In reality, it’s a natural process for all children. It may seem as though it is going to go on forever, but in the context of a lifetime it is a very small part of it. Independence, not dependence, is one outstanding trait that breastfed children who self-wean have in common (Ferguson 198710).

A child who weans gradually is able to maintain his emotional attachment to his mother very easily, rather than needing to cuddle an inanimate object such as a soft toy or blanket. Weaning before a child is ready to let go of nursing requires you to find ways to substitute the frequent physical closeness somehow. You cannot spoil a child with affection. Trusting your child to grow out of nursing fosters his self-esteem. It’s another way of telling him his feelings matter. Natural weaning respects differences in children by letting them grow at their own pace. Independence can’t be forced upon a child before he is ready to assume it. It is the child who is pushed to grow up too soon who clings the longer. Meet a need—it is gone!

Human milk is a nourishing food for as long as your child drinks it.

At La Leche League meetings, you can find the support of other mothers who understand that it’s both normal and healthy for children to sustain breastfeeding, but also that a child moves on from breastfeeding and can use his mother’s help to do so.

All mothers and babies are different and there are no prizes to be won for breastfeeding the longest.

References


Today

A Child’s Perspective

Amelia (aged 9)

My daughter wrote this to tell me her thoughts on breastfeeding and she asked me to share it in Breastfeeding Today. I can’t recall her last feed. Nursing was something that tailed off so gradually over three or four years I didn’t even notice it draw to a conclusion (Amelia’s mum).

I was breastfed until I was seven, but I didn’t realize to most people that was weird and I still don’t think it is weird myself. In the world there are probably fewer breastfed children than children who aren’t, which I think is bad. Lots of people don’t even LOOK at their baby when feeding, which is terrible, but the LLL Leaders are helping mothers who don’t know how to look after their babies and small children.

Breastfeeding your child is much better than giving them cow’s milk. Giving your baby a dummy [pacifier] is because you won’t give your breast, which makes them start to suck their thumb, which ruins your teeth. I think breastfeeding is good because you’re spending more time with your baby, which will make them happy. I enjoyed breastfeeding because it meant I got to spend more time with you and breastmilk tastes much better than cow’s milk. Once I had cow’s milk at school and I had to throw up in the bin.

It felt like you cared about me to feed me in your own time. It felt relaxing and would calm me down when I was crying. It was magic Milky. It would help me fall asleep faster because I felt you protected me and didn’t leave me. It made me feel that I was special and looked after properly because you gave me the stuff you knew I needed and not just any old thing you could have that would take less work.

I hope I’ll be a good mummy one day. I feel like I’m different to a lot of people because most people I know were given toys to sleep with rather than mummy.

Further reading

Bumgarner, N.J. Mothering Your Nursing Toddler http://store.lli.org/public/profile/154
Sinnott, A. Breastfeeding Older Children http://store.lli.org/public/profile/427
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Breastfeeding after Reduction Surgery

Tess Jenkin, Melbourne, Victoria, Australia
My daughter Nell turned six months old last week and we began our day as we begin every day—with a breastfeed. While it may sound trivial noting this small milestone, the obvious enjoyment and comfort Nell receives from breastfeeding is one of my proudest achievements. Like many mothers, I have found the experience of breastfeeding to be incredibly challenging, rewarding and, most of all, deeply individual. This is our story.

Living my teens and early twenties with breasts that were disproportionately large for my body significantly inhibited my ability to exercise and find appropriate clothing, caused back pain, and impacted hugely on my self-confidence. At age 24, the decision to have breast reduction surgery was right for me and dramatically improved my quality of life. My surgeon assured me that the surgery wouldn’t reduce my likelihood of being able to breastfeed. He said that only 66% of women with breasts bigger than a ‘DD’ cup could breastfeed anyway and quoted a similar percentage for women who could breastfeed post-reduction surgery. With hindsight, experience, and personal research I now question the accuracy of those statistics!

Seven years later, when I fell pregnant, I was surprised by the intensity of my desire and my husband Alick’s commitment toward the idea of breastfeeding. Throughout the pregnancy, we mentioned my surgery and intention to breastfeed to every health professional we encountered, asking what we could do to maximize my chances of producing milk. The responses were consistent: strive for minimal intervention during the birth in order to establish feeding as soon as possible, think positively about my ability to breastfeed, and, as breastmilk is produced on a supply and demand basis, avoid giving formula as supplementation, which would be sure to decrease my milk supply.

Nell’s arrival was calm and uncomplicated. She was beautiful beyond words. Immediately after the birth, Nell was placed on my chest and crawled toward my breast as I began to leak colostrum. I was ecstatic. Although Nell was constantly at my breast over the next few days, she became increasingly unsettled. By the morning of our hospital discharge she had lost nearly 15% of her birth weight and the midwives reluctantly insisted we supplement with a small amount of formula. I felt I had failed my precious little girl.

Two days later, Nell had gained weight well and we were advised to stop supplementing with formula. This was music to our ears—I could exclusively breastfeed! But, over the next few days, her weight plummeted. So began an emotional rollercoaster and the upset was exacerbated by conflicting advice. Depending on which health professional we spoke to, we were either advised that, because of my reduction surgery, I should give up any hope of breastfeeding, or that my surgery was irrelevant and the only reason I had a low supply was because we had supplemented with formula.

We started and stopped supplementing many times over. Some days we supplemented with donor human milk from my sister and a close friend. However, on the days we needed formula, I heard the messages about its risks ringing in my ears. I felt I was giving my daughter poison, as well as ruining any chance of being able to breastfeed longer term. We were exhausted, devastated, and totally confused.

Help came just before Nell was two weeks old from a lactation consultant, who explained the crucial and often misunderstood differences between low milk supply as a result of reduced glandular tissue from surgery (which commonly requires some level of supplementation) and broader low milk supply issues (where supply can usually be increased solely through more frequent feeding and stimulation). We felt such a sense of relief to comprehend what was happening, as well as anger and astonishment over the incorrect lactation advice we had received.

Our lactation consultant taught us how to supplement Nell through a tube in the corner of her mouth while she was at my breast, which enabled her to gain necessary weight while at the same time stimulating my milk supply. She outlined a range of strategies to increase my milk supply before it stabilized at the 12-week mark. When Alick and I confirmed our commitment to give it our best shot, she helped us draw up a breastfeeding plan.

I was prescribed domperidone* and started taking the maximum dose, as well as beginning a course of both osteopathic and acupuncture treatments. “Galactagogue” became a frequently used addition to our household vocabulary as my diet became centred on foods known to promote lactation and our cupboards filled with every herb, tonic, tea, and yeast we could find that might support our efforts.

Depending on which health professional we spoke to, we were either advised that, because of my reduction surgery, I should give up any hope of breastfeeding, or that my surgery was irrelevant and the only reason I had a low supply was because we had supplemented with formula.

Just after Nell’s birth we had hired a hospital-grade double pump and our breastfeeding plan involved waking Nell for a breastfeed and supplementary “top up” every four hours (which took about an hour), expressing for 15 minutes after each feed and doing a ten-minute “power-pump” between feeds. This feeding and

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*Domperidone is a medication used to increase milk supply in breastfeeding mothers.

Mothers’ Stories
pumping regime was exhausting, seldom allowing me more than 20 minutes’ sleep in any one block and requiring us to push back on almost all visitors. Slowly but surely there were gradual increases in my milk supply and by the time Nell was six weeks old, she had finally returned to her birth weight.

I cut back on one pumping session overnight (as I was in desperate need of a two-hour block of sleep) and one during the day, which allowed me to get out of the house for about an hour each day. I finally summoned up the courage to attend a nursing mothers’ meeting in Brunswick. Until this point I had felt like a fraud at the future meeting on “Mixed Feeding, Mixed Feelings” and sent me an article that captured the shame I had been feeling.

The leader who assured me that all mothers were welcome, regardless of how they are feeding their baby. She scheduled a future meeting on “Mixed Feeding, Mixed Feelings” and sent me an article that captured the shame I had been feeling.

There were three key messages I took away that really helped and have stuck with me ever since:

- You don’t have “half a breastfeeding relationship” with your baby, even if you are partially breastfeeding.
- Think of the breast as being half full!
- Every drop of breastmilk counts. The inclusion of mother’s milk within mixed feeding still provides benefits, even if they are not as pronounced.

I continued with my efforts to increase my milk supply and by the time Nell was 12 weeks old, I could produce 70–80% of Nell’s nutritional needs on any given day. However, my pumping regime and the effects of the high doses of domperidone were not sustainable for the longer term and, as Nell became more active, I was starting to resent the pumping time that took me away from her.

We revised our breastfeeding plan to reduce pumping to six times a day, slowly weaning off domperidone and supplemented Nell through a bottle rather than at the breast. I was sad that these changes saw my supply drop slightly, and I feared this signalled the end of our breastfeeding, though the increased freedom it afforded me gave me more time to enjoy with Nell.

Two months later, I am currently providing about 50% of her nutritional needs with breastmilk. I hope we continue breastfeeding for some time yet, though I will consider our breastfeeding experience a success regardless. I have recently read about breastfeeding promoting the regeneration and growth of glandular tissue removed during surgery, resulting in an increased milk supply for subsequent children. I love the prospect that my breastfeeding Nell may also benefit any future children Alick and I may have.

I have learned so much about the mechanics of breastfeeding after reduction surgery and about strength and endurance.

My experience has instilled in me the understanding that a breastfeeding inclusive society involves recognition of a definition of breastfeeding that is broader than the exclusive provision of breastmilk. It is not prescribed as a galactagogue. Canadian pediatrician Jack Newman has comprehensive information about the safety of domperidone and how it may help milk supply on his website. Maternal side effects may include dry mouth, itching, headache, and abdominal cramps. Rated L1 ‘Safest’ limited data—compatible with breastfeeding by Thomas Hale’s Medications and Mothers’ Milk.

Further reading
Long-Term At Breast Supplementing for the Breastfed Baby Breastfeeding Today Issue 3 http://viewer.zmags.com/publication/2d427022#/2d427022/8

Galactagogues Breastfeeding Today Issue 27 http://viewer.zmags.com/publication/46f5a2ad/#/46f5a2ad/20

West, D. Defining Your Own Success: Breastfeeding after breast reduction surgery http://store.llli.org/public/profile/7
When my first child was born six years ago, I was aware of the benefits of breastfeeding but initially planned to pump exclusively and feed my daughter through a bottle, so that my husband might feed our baby as well.

Shortly after my daughter was born, while still in the hospital, I changed my mind and tried breastfeeding for the first time. From the very beginning we had trouble with positioning and attachment—my baby did not latch on well. After a few visits from the lactation consultant, we were sent home with a pamphlet and several bottles of formula. Every three hours on the dot, I attempted breastfeeding. I always felt as though she was not getting enough milk. I thought, “Am I doing this right?” “Why is she crying still?” “I am sore.” We were both unhappy. And those bottles of formula were looking better and better.

I was uncomfortable nursing out in public spaces, too, so I tried her on her first bottle of formula. On the one hand, I felt guilty but on the other, my daughter took well to a bottle. We were a one-income family and the reality was that formula cost a lot of money that we couldn’t spare, while breastfeeding was free. I carried on my struggle to breastfeed. One day, in tears, I told my mom that I just could not get my daughter to latch correctly. She suggested that I lie down to feed her. That was something I had not tried before and by this point I was willing to try anything. The first time we gave it a go lying down, my baby latched like a champ. She finished one breast. I burped her and moved her to the other breast. Again she latched on right away and then fell asleep with a full belly. This was the turning point for me. As long as I could lie down to breastfeed, both of us were happy. It took a few months before I was comfortable sitting up to feed her. But we soon mastered that too. We both enjoyed breastfeeding for 13 months.

I am so glad we persevered and that changing positions helped us make it work. My husband and I have had three more children since my first daughter was born. And with each child, breastfeeding has become easier and easier.
Breastfeeding was always something I’d planned on doing, yet it’s not something I’d given much thought to before Lola arrived. I had heard from others that it might not be easy and “some people just can’t do it,” but in my mind I was going to breastfeed and that was that. I wanted to give my baby the best start in life, and I believed that breastfeeding was one of the ways I could do this. I also felt it would enable a closeness that Lola and I would share. We got off to a great start. Within minutes of being born, Lola made her way to my breast and started suckling. I couldn’t believe how instinctive this was.

The first night in the hospital was a little tricky as I tried to master the art of a good feeding position, but the nurses were great and all offered me time and support to ensure that I was able to feed comfortably. We left hospital the next morning. It all seemed to be going so well, but I lacked confidence. I contacted Caroline, a peer supporter, who gave up her own time to kindly come round to our home. She watched me feed Lola and gave me some helpful information. I felt great when she left because she really gave me confidence in myself.

The next few months had their challenges. I wasn’t fully prepared for the demands of cluster feeding* every evening, Lola’s fussiness at the breast, my fast let-down, and Lola’s sleeping all night attached to my breast. I took each day as it came and tried to deal with the different issues as they arose. One of the things I found most difficult was feeling trapped on the sofa for hours on end. I usually live my life at 100mph and stopping to sit still was alien to me. What about that huge pile of washing? Who is going to empty the dishwasher? I need to clean the bathroom! Let’s just say I gave my husband plenty of lists and he never complained about being bored. After the time I was compelled to watch “Match of the Day” for the best part of two hours when my husband left the room without warning, I issued strict instructions that he was never to leave the lounge before putting the remote control next to me.

Bedsharing was a lifesaver for nighttime breastfeeding. After a while I was able almost to sleep through feeding. Both my husband and I used slings and wraps to carry Lola, which were fabulous as she loved being close to us and we had our hands free to get those essential jobs done. Going out for walks with Lola in the sling was great exercise when I had to spend so much time sitting down. And wearing Lola helped my husband to bond with her in the early days. She spent many an hour snoozing happily on his chest.

I took each day as it came and tried to deal with the different issues as they arose.

Looking back on my mothering journey so far, I wish I’d relaxed more. Those early months with Lola are a time I shall never get back. They mark the beginning of our special attachment. As the days and months passed, everything became much easier and my confidence grew and grew. The feeds became shorter and the challenges faded, but the closeness between Lola and me remains.

Thinking about my initial goals when choosing to breastfeed, I feel I have definitely achieved those, and for that I am proud. I couldn’t have done it without the help and support of my husband, family, and friends. The La Leche League meetings I attended were very useful and thank you, Sally, for the pep talks late into the night! I shall definitely recommend LLL to any new breastfeeding mothers, whether or not they are experiencing challenges. It’s been lovely to meet such a great group of like-minded people, and the homemade flapjack is amazing!

* Cluster Feeding Breastfeeding Today Issue 25 http://viewer.zmags.com/publication/bfadc42a#/bfadc42a/30
At the age of 19, I gave birth to my first son, Adrian. Though my mother, aunts, and sister-in-laws had never breastfeed, I wanted to do so. My son had difficulty latching on and the nurses recommended supplementing with formula before we’d even left the hospital. Because of a lack of support from health care providers and my family at that time, I missed the opportunity to establish breastfeeding.

Ten years later, I had my second son, Aaden, who is now two months old. I knew I would breastfeed. My husband was encouraging and suggested I check out lactation classes. I found myself still with many questions after the lecture because I’d still not seen anyone actually breastfeeding. How could I have reached 30 with a Bachelor in Science yet still feel so ignorant on the subject? I was desperate to find information. Watching breastfeeding videos on YouTube and reading The Womanly Art of Breastfeeding gave me confidence. But I had so many questions and worries.

Once my baby was born, he latched on right away. I was amazed, each feeding in the hospital went well, and he always seemed satisfied. I felt very accomplished. When I got home, all was still going well.

I became anxious all over again, worrying about how to assemble a breast pump. But it turned out to be quite straightforward. I had more questions: how long do I pump? When do I pump? I remembered that the hospital staff had given me tons of flyers and I had seen one for La Leche League with a Facebook logo on it. Not only did I find the La Leche League page, but I discovered there was a page for my local group. It informed me of monthly meetings and had a great discussion feed. I was able to join the group and ask any questions about breastfeeding. The moms there are so encouraging. The accredited Leaders can answer your questions and moms can share their experiences about what has worked for them. I was welcomed into the LLL community, and if I ever have a question or doubt I know the LLL moms will support me.

When my son was four weeks, I got very discouraged and found it difficult to breastfeed, thinking I was not producing enough milk. I called the local La Leche League number and left a message. LLL Leader Tina called me, listened, and let me vent. I was able to overcome that episode of doubt with her help. Later, I noticed on the Facebook group page how common it was for other moms to be discouraged around the three to four-week mark of breastfeeding and how having this mothering community was just what they needed to help them know they were not alone in their worries and might receive encouragement to continue.

I was concerned about breastfeeding in public spaces and even at my mother’s home, but when I saw other moms post their photos of breastfeeding out and about in parks and restaurants, I felt inspired to feel powerful that I was doing the right thing by my child.

Now, I am comfortable with breastfeeding. Even at my mother’s house, I see that my nieces and nephews know I am breastfeeding so I can give my baby the very best nutrition. Knowing that in the future my daughters, nieces, and cousins will breastfeed because of my example and being able to encourage other moms now, too, makes me proud.
Who Needs WHO?

Global trends in baby milk marketing

Breast is best, right?
Public health messages promote breastfeeding as an unequalled way to provide babies with the ideal food. We know improper feeding can make infants substantially more vulnerable to infectious diseases like diarrhea and pneumonia, the leading causes of infant death worldwide. Contaminated water and food are a major cause of malnutrition and mortality in disadvantaged communities, where improper formula preparation (often over-dilution) is common.¹

Not being breastfed can disrupt optimal growth and development, especially in the first two years, when the key components of the immune system are forming to protect the child for life from chronic illnesses such as diabetes, cancer, and autoimmune diseases. Formula-fed babies are at a higher risk of Sudden Infant Death Syndrome (SIDS), chronic, and non-infectious illnesses. Mothers who have not breastfed their babies have higher rates of heart disease, diabetes, breast, uterine and ovarian cancers.²
Certainly, formula milk can be necessary, especially in places where access to human milk banks is limited, non-existent or prohibitively expensive. When used in the appropriate circumstances, in the correct amount, for the least amount of time needed, formula can even be life-saving. However, too few feedings on days 1–3 and common birth practices, such as induction and cesarean sections, which can interfere with normal lactation and infant feeding behaviors, are still the leading preventable reasons for inappropriate supplementation.²

Yet, despite the published evidence of harm, the global baby food industry is projecting double-digit growth in sales, projected to be over $US 38 billion by 2015.³

This thriving industry is attracting new and loyal customers around the world. Why would a mother who plans to exclusively nurse her newborn in 2015 end up feeding that infant artificial baby milk (ABM) also known as “formula”? Which brand does she choose and why?

Free gifts with hidden costs
Mary, a first-time mom in the Eastern United States was confused when a package arrived in the mail for her from a well-known baby food company. She knew she hadn’t ordered anything or even shared her name and address. She planned to breastfeed her baby. As she wondered about her personal privacy, she pondered what to do with the cans of ABM inside the box: throwing them away seemed wasteful. Donating them to a food pantry might discourage other mothers from breastfeeding. Maybe, she should just put them away in the back of her closet, just in case?

Mary’s story is just one of thousands worldwide. Doctors’ offices, billboards (China, Laos, Vietnam), maternity hospitals (especially those who do not have Baby Friendly status⁴), baby fairs, baby and maternity stores (US), and even “health promotion tables” at local supermarkets (UAE/Middle East) are all popular venues for baby food companies to target mothers, build brand awareness and loyalty, and hand out “donations” or “free gifts.”

Today mothers are just a click away. The fastest growing means of marketing are online in developed nations. Companies target mothers with links to coupons on sites that are supposed to promote breastfeeding education or general postpartum mother and baby support.

Giving bottles of ABM to newborns interferes with the supply and demand nature of lactation. If a mother stops producing milk because she is using ABM, she then has to purchase more milk once her free samples are gone.

Marketing works! But is this type of advertising legal? Is it ethical?

The WHO CODE
The World Health Assembly (WHA) adopted the International Code of Marketing of Breastmilk Substitutes in 1981 as a minimum requirement to protect mothers, such as Mary, from the fiercely aggressive marketing tactics of the companies who sell ABM substitutes, bottles, teats and weaning foods. The WHA comprises the Ministers of Health of the world’s governments and their advisors, eminent experts in health issues.

The Code is an international public health recommendation and member states are supposed to implement it in law in their countries. It does not regulate or limit access to formula milk for which there is a legitimate market, but recognizes that usual marketing practices are unsuitable and have the power perniciously to undermine breastfeeding. Because the Code is open to interpretation, the baby feeding industry continues to use imaginative methods to circumvent some of its provisions.

“Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and improper marketing of breastmilk substitutes and related products can contribute to these major public health problems” WHO Code Preamble.

In countries where formula marketing is not restricted, exclusive breastfeeding rates and breastfeeding education are lower.⁵ In the UK, for example, artificial baby milk companies spend ten times more on advertising than the Department of Health spends on breastfeeding promotion; and the UK formula marketing regulations omit many important provisions of the Code. The UK has some of the lowest breastfeeding rates in the industrialized world. Whereas in Norway, where advertising and promotion are strictly controlled, exclusivity rates at four months are high (roughly 64%). New legislation in 2012 tightening up the rules on marketing has been effective in South Africa.

Some nations openly profit from the lack of regulation of sales of formula, where the
relative cost of decreasing breastfeeding rates may not even be considered. “A kilo of infant formula is worth ten times the value of a kilo of milk powder, so it’s obvious which product New Zealand should be selling.”

The International Baby Food Action Network (IBFAN)
IBFAN comprises international groups that may work on infant feeding issues alone, or they may be mother support groups, consumer associations, development organizations, or citizens’ rights groups. All take action to bring about the implementation of the Code. IBFAN exerts pressure on national authorities to fulfill their obligations under international agreements and human rights treaties.

From January 2011 to December 2013, 813 violations of the WHO Code were documented in 81 countries worldwide.

To learn more about IBFAN visit www.ibfan.org
- National Alliance for Breastfeeding Advocacy is the IBFAN group in the United States of America www.naba-breastfeeding.org.
- INFACT is the IBFAN group for Canada and is the North American coordinator for IBFAN http://www.infactcanada.ca/
- Baby Milk Action is the IBFAN group in the United Kingdom and coordinates the International Nestlé Boycott www.babymilkaction.org.


How formula companies reach you
Today’s patients still rate their “Health Care Provider” as their top choice for health questions and concerns. It follows that access to health care workers via maternity hospitals and doctors’ offices remains marketers’ principal method of product promotion (often via advertising ABM on prescription pads and infant immunization booklets). The tireless efforts of IBFAN are making some progress in shutting down these avenues to unethical promotion of breastmilk substitutes.

Digital direct marketing and social media
More than 90% of mothers born after 1982 are finding answers to their health questions online, but this is also where they are connecting to social support too.

This bodes well for advertisers and makes it easier and cheaper for ABM companies to reach more mothers than ever, wherever they live. Social media sites are now being used to interact with mothers or prospective mothers with promotions, information, free samples, and contests. Sometimes companies have separate, personalized pages for each country where they market. Paid “mommy bloggers” further promote products.

Mother and baby clubs are easy to join and often do not mention feeding methods at first. Some companies send mothers articles about breastfeeding, which include links leading to other feeding choices. They send out timed and personalized sequences of gifts and coupons via email, which have been shown to build brand loyalty and attract new consumers even before the baby is born. The subtle creation of brand loyalty is developed prior to the baby’s arrival: there’s been an upsurge in nutritional drinks for moms-to-be during pregnancy with names and logos to match the artificial baby milks, as well as an increase in thickening agents to add to breastmilk, the efficacy of which is questionable.

Apps such as Similac’s (Abbott) “StrongMoms” offer all kinds of general information about nutritional guidelines during pregnancy and beyond, but the tagline reveals their ultimate goal, “Motherhood is tough, Similac can help.” The company sponsored a campaign designed to empower moms to “stop judging one another’s choices.” Who can argue with this statement? Yet, by framing the use of ABM as just another “lifestyle choice” for which some mothers are wrongly judged, we seriously obscure the risks of choosing not to breastfeed. In fact, it seems that Similac confuses the concept of mothers supporting and respecting one another, a practice much favored by our own LLLI, with the idea that feeding choices have equal consequences.

Bribery
In 2013, a company named Dumex (owned by Danone) was exposed for bribing 116 doctors and nurses in 85 medical institutions in just one Chinese city alone. In the same year, six companies were fined $US 108 million for price-fixing of formula (escalating the price when demand for imported products exceeds supply). Also in China, state-owned Chinese hospital officials were bribed to recommend Wyeth’s products and to provide access to records of new births to be used for marketing purposes (a well-known industry practice).

Upselling “premium” products
Since the superiority of breastmilk is widely appreciated, formula companies now advertise their newest products as “closer than ever to breast milk.” The Nestlé owned company, Wyeth, launched a new product line called Illuma, a “human affinity formula.” Their ads praise the virtues of human milk but focus on how years of research inspired a mixture that includes just a few key synthetic nutrients, present naturally in breastmilk, like DHA, ARA, prebiotics and probiotics. Often, these key additions make the product “premium,” which means they can command higher prices. Brands like “Gold” and “Premium” have set new trends with lofty and unsubstantiated claims for newborn health and achievement, such as increased intelligence, musical ability.
and even better eyesight. Meanwhile, mothers may wrongly assume their own milk is lacking something crucial, which only leads to more mixed feeding and eventually early weaning.

More mixed feeds
A study in the US in 2011 calculated a $US 13 billion annual cost saving if exclusive breastfeeding could be increased to 90% for the first six months of life.12

Even though initiation rates are increasing globally, exclusivity rates are declining (in East Asia the drop was from 45% in 2006 to 29% in 2012).

Formula companies have brazenly proposed to mothers they may both formula feed and breastfeed at the same time, enjoying the “convenience” and “freedom” of bottles of ABM without sacrificing giving baby the best at home. Many working and busy mothers find such a proposition tempting and are not well informed about the real risks to their milk supply if they cut out milk removal in favor of formula supplementation. Abbot’s newest formula “Similac for Supplementation” even claims to improve long-term breastfeeding rates. There are reasons a mother may need to supplement her baby with formula, either for a brief period of time or indefinitely, but presenting mixed feeds as just another “lifestyle choice” without long-term consequences is not evidenced-based.13

Growing-up/Follow-On /Toddler Milks
GUMS (growing-up milks) are projected to have one of the largest international growth rates among formula products. Having similar brand names and logos as regular infant formula they promote the use of early milks in the range too. Companies claim such a marketing strategy is not a violation, though these toddler milks (and complementary foods) come within the scope of the Code if they are marketed as replacements for that part of a child’s diet which is best fulfilled by breastmilk. Companies dispute this interpretation and attempt to limit the scope of the Code to infant formula alone. Meanwhile more mothers give up breastfeeding as a result.

Tigers are fighting
Using modern technology and tactics to get their message across, WHO Code supporters are busy online, especially in Facebook groups “Friends of the WHO Code” and the group for LLL Leaders “WHO Code for LLL.”

In the Fall of 2014, a new movie Tigers was released to standing ovation and critical acclaim. It is a true story of a courageous Pakistani whistle-blower Syed Aamir Raza, who uncovers just how far baby food companies can go in their pursuit of profits: http://www.ibfan-icccl.org/index.php/news/general-2 and here for viewings http://www.babymilkaction.org/tigers.


While the baby food industry has its own profits at heart, as breastfeeding mothers and advocates, we can work together locally and globally to protect mothers’ rights to receive unbiased and evidence-based information about infant feeding.

Elizabeth Myler, BS, BSN, RN, IBCLC, LLL is a Registered Nurse, International Board Certified Lactation Consultant, and writer with a background in reproductive biology, psychology and maternal/child health. She is the owner of a busy private lactation practice and breastfeeding center, Mahala Lactation and Perinatal Services, LLC, in Northern New Jersey, USA where she lives with her husband and three sons.
MOTHER’S SITUATION

BONDING WITH DADDY

My husband was initially quite supportive about the idea of my breastfeeding our baby, agreeing that it was the healthy choice, but since our son’s birth, two and a half months ago, he has had a change of heart. He seems to resent the time I spend breastfeeding and appears frustrated and jealous that he is unable to calm the baby as easily as I can. Breastfeeding is going quite well but, of course, takes up so much time that my husband perhaps feels excluded. He keeps telling me I should introduce a bottle and that I need to get back to “normal.” I want to continue exclusively breastfeeding until six months and don’t want any one else (not even my husband) to feed my baby. Am I being selfish? How do other fathers of breastfed babies behave in the early months? How can I help him bond with our baby and carry on breastfeeding without causing a rift between us?

Response

I think it’s important for everyone to realize and accept that a mama-baby nursing dyad is not really two independent beings yet. Nobody questions that a pregnant woman and her fetus are intricately connected, but there’s this idea in our culture that the moment of birth signifies a separation. Baby and mama continue to be intricately connected for as long as they are breastfeeding, and no other method of infant feeding can replicate that. When I hear about a dad being jealous of the nursing relationship, I wonder, was he jealous of the pregnancy too? Or did he understand that gestating a baby was the work of his partner, and that his work was to help keep her comfortable, fed, and loved? Could he come to understand that that is still his main job, while nursing is the mama’s job?

That being said, sometimes our partners really need some extra empathy, and past baggage, such as not having been breastfed themselves, or trauma around their relationship with their own mother, comes up really strongly for them when they see their child lovingly cradled and nursed in mama’s arms. Is he really jealous of the baby? Or is he witnessing something he missed out on, and doesn’t know how to talk about (or even formulate) his feelings and needs?

Some families have found that bed sharing has really helped with dad-baby bonding, and some have family cuddles when it’s time to nurse: dad leaning back, mom leaning against him, baby at her breast. Then everyone can feel loved and nurtured together (and get the oxytocin flowing!) With a little understanding, perseverance, and, yes, firmly standing your ground (this is a decision YOU get to make), it just may be possible to breastfeed for as long as you want to and get your partner on your side again.

Rosemary Roberts, McMinnville, OR, USA

Response

I think it’s easy to overlook the challenges dad experiences and it’s wise to allow time for him to develop his confidence too. It can be hard for fathers when they expect to be involved, and want to be,
then to realize that in the early days theirs is initially a supporting role. Tell him how vital he is to you and your wellbeing and try to encourage physical closeness.

In the evening my baby would get very fussy and want to feed often, only settling briefly before waking in tears, bringing her little knees up with the pain from trapped gas. In The Womanly Art of Breastfeeding (page 117), I read how a “magic hold” can be very soothing and it turned out only dad could manage to make it work (see a great illustration here: http://viewer.zmags.com/publication/33d8f1e8#/33d8f1e8/15)

This really helped him to feel more capable and, after that, things just developed easily. When our second baby arrived, his relationship with our first became stronger still, and he took over her bedtimes. They’d often go on trips to the park and library, leaving me and the “boring” baby at home.

Daddies are often also best at the rough and tumble games toddlers love and that mothers are often too worn out to play. Their deeper voices are well suited to bedtime stories and their flatter chests can be a good spot for baby to take a nap.

Jane Plankerton, North West London, UK

**Response**

You are not being selfish by wanting to breastfeed your baby. You are doing what’s instinctively right. Don’t feel pressured into introducing a bottle: there are many ways your husband can bond with your baby.

We live with my parents and grandpa bonds with my four-month-old by greeting him every morning and evening with a hug (which my baby expects) before heading off to work and after he gets home. My son misses grandpa so much when he goes off for the weekend that I have to put on my dad’s aftershave! Another way to bond is by giving massages and my mother likes to do that to get close to my son. Other bonding times with baby for dads or other family members are baths, diaper changes (we like to talk about the mobile dangling above the changing table), music time, talking time, dress up like daddy time, any play time. There’s an endless list. Try some and one at least will work for your husband. Trust your instincts.

Renee Orie, Montana, USA

**Response**

When your husband sees your baby smiling in a warm bath, or gazing up at him from the changing mat, he’ll find that so rewarding he might feel happier about the separation of your roles.

Encourage dad to use a baby wrap or carrier. They work wonders calming and lulling babies to sleep.

Dad and baby can have some skin-to-skin time, too. The hormones released when he smells the top of the baby’s head will help them bond and dad will become more sensitive to hearing baby’s cry. Your baby will develop a love for dad’s smell, similar to how he loves the smell of mommy’s milk.

Natalie Miles, Largo, Maryland, USA

**Further reading**

Too Tired For Love Breastfeeding Today Issue 13 http://viewer.zmags.com/publication/d5ee8f6f#/d5ee8f6f/16

The Fatherly Art of Parenthood Breastfeeding Today Issue 15 http://viewer.zmags.com/publication/d5ee8f6f#/d5ee8f6f/6

**MOTHER’S NEW SITUATION**

**FAMILY TRAVELS**

My husband and I, and our preschooler, and breastfeeding baby are planning to make a vacation in July that will involve a lot of travel, by air, road, and rail. I am really anxious about how best to manage this trip so as to keep my little ones happy, and stress for my husband and me to a minimum. How have other parents met such a challenge? I should love you to share your tips, please!

Please send your responses by March 13th to editorbt@llli.org
A Response to Indignation at Breastfeeding in Public Spaces

Jennifer Ramsey, Glasgow, Scotland, UK

I’m proud of my children and love the relationship they are building with each other, independently of me. Occasionally, however, whether through tiredness, illness, or just bad temper, one will level upon the other the most ludicrous or bizarre insult. When, for instance, one tells the other “you smell of poo,” or that she is an “uncle” not his sister, I feel that it’s best they do not engage directly with the insult but wait until communication can resume on a more sensible level. I’ve never known retaliating to infantile insults to end well and, most importantly, responding only serves to give the insult a legitimacy it doesn’t warrant. Talking about why you want to keep your paint set out of reach of a visiting 18-month-old toddler is a good thing. Answering at all when you’ve been asked why you have an alien head and tail is probably not.

And that’s why I’ve been disappointed by so much of the public reaction to a recent event that took place in a London hotel. A mother was breastfeeding her baby while dining in the hotel when a waiter produced a large cloth napkin and asked her to cover the feeding baby so as not to “cause offence.”

Yet many supposedly intelligent and reasonable people acted as though they were entering into a real debate on breastfeeding in public spaces, as though it were possible a valid argument might exist against a child’s right to be fed.

In all the talk that followed the report, individuals mulled over whether or not they were “for” breastfeeding. As though allowing a baby to eat was on a par with choosing which soccer team to support. Public figures, journalists, and celebrities were all commenting as though this were a serious conundrum with two sides to consider.

The right to food is a fundamental human right protecting the right for people to feed themselves in dignity. Stopping a baby being breastfed or harassing the infant’s mother for nursing is quite simply not allowed, and in the UK there is protection in law under the Equality Act 2010. It is not permissible to try to stop a woman breastfeeding her baby. The law has been clarified so that a business may even be responsible for how other customers treat a breastfeeding mother on its premises.

The law extends to the protection of companions with a breastfeeding mother and makes clear the duty to ensure members of staff are trained about the rights of breastfeeding women.
The right to breastfeed anywhere, anytime is protected by the Canadian Charter of Rights and Freedoms.

In Australian Federal Law breastfeeding is a right, not a privilege.

In Scotland it is an offence in law to stop a child being fed milk (breastmilk or artificial milk) in a public place or on licensed premises.

And perhaps the inclusion of artificial milk and breastfeeding here is an important one. Would a waiter have urged someone feeding a baby a bottle of milk (artificial or human milk) to cover up with a white linen shroud?

You see, the thing about breastfeeding is it isn’t like deciding to have a coffee or a cigarette. Breastfeeding isn’t an activity like yoga or rock climbing or oil painting that some people are passionate about while others don’t give a hoot.

Breastfeeding isn’t so much about the mother, either, as about a mother meeting the needs of her child. It is about the child’s right to food when it is needed. It is about any person being able to enjoy time in public spaces. We should all have the right to eat somewhere clean and safe, to nourishment without fear, anxiety, or harassment.

Breastfeeding is a way to meet an infant’s basic human rights. Breastfeeding provides perfect nutrition, warmth, human contact, interaction, security, and love. Even more than that, it can increase the chance that a child will live at all. Infants who are not breastfed are 15 times more likely to die from pneumonia and 11 times more likely to die of diarrhea than those who are exclusively breastfed for the first six months of life. (Super Food for Babies. How overcoming barriers to breastfeeding will save children’s lives 2013.)

A study in Brazil found that infants who were not breastfed at all had a 14 times greater risk of death than those who were exclusively breastfed. Victora, C G, Smith, P G, Patrick, J, et al., ‘Infant feeding and deaths due to diarrhea: a case-control study’, American Journal of Epidemiology, 1989, 129:1032–41.

Like the right to an education, a nationality, a name, breastfeeding is of serious importance. And that’s why I felt sad about the people who seriously thought there was a debate to be had here. I feel sad about the effect these media storms have. How they serve to make breastfeeding seem like something people could reasonably be offended about. For women like me living in a culture where breastfeeding is not the current norm—I’d never even seen a breastfeeding baby until I was pregnant with my first child at 28—media hype created by stories such as these has an insidious effect. The idea that breastfeeding might not be normal seeps into our subconscious and takes root.

It’s right and decent to stand up and speak out against injustice and wrongdoing. Feeling offended by and challenging racism, sexism or bullying is laudable. Wonderful and positive changes have grown out of those sorts of challenge. But there are other things we have no right to be offended about or, more accurately, no right to expect our offence to be pandered to. If people feel offended by those of us with red hair, they can hardly expect all redheads to cover up or keep out of sight. Bigoted offence just shouldn’t be entertained.

I’ve never known retaliating to infantile insults to end well and, most importantly, responding only serves to give the insult a legitimacy it doesn’t warrant.

And so next time a breastfeeding mother and child are asked to move or cover up, I hope people will simply respond that such a request is an offence in law and due process should follow.

On second thoughts, like the ridiculous insults my children can sometimes throw at each other, I hope we can grow out of and beyond this pettiness, and move up to a new level, one of support and respect, valuing the incredible contribution we can all make to humankind. Especially mothers!

Jennifer Ramsey has been co-Leading La Leche League Glasgow since 2008. She first found LLL in Ireland after the birth of her first child. She now lives in South West Scotland with her husband and home educates her children, Holly (9) and Thomas (4).
**Flapjack**

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

Oats are low in saturated fat, and very low in cholesterol and sodium. They are a good source of dietary fiber, thiamin, magnesium, iron, and phosphorus, and a very good source of manganese.

Importantly flapjacks are one of La Leche League mothers’ favorite snacks to share at LLL meetings.

This recipe is from Johanna Rhys-Davies, an LLL Leader from Silsden, West Yorkshire, UK, who has just traveled to Sydney, Australia, where she is setting up the first LLL group in Australia with Canadian Leader Jenna Richards.

Mix the oats with a handful of dried fruit of your preference (I use sultanas, but you can leave the fruit out altogether) and a very generous shake of cinnamon all over. Set aside.

In a large saucepan melt the butter, brown sugar, and golden syrup until frothing and bubbling around the edges. Stir it all the time otherwise the sugar burns. When it’s foaming, take off the heat, thoroughly mix in the dry ingredients, and then pat the whole thing flat into a lasagna-type tray/dish/pan lined with greaseproof/waxed paper. Bake for about 22 minutes on a moderate setting (I do it at 180 C/350 F in an oven with no fan).

When it smells lovely, goes golden, and the sultanas swell and go a darker brown, it is done. It will not be hard. Don’t be tempted to leave it in too long as the butter sets while cooling. Remove from the oven and leave to cool for about 45 minutes before cutting the flapjack into pieces while it’s still in the dish. Leave to cool for another few hours. Gently lift the whole flapjack from the tray by grasping the sides of the greaseproof paper, and place on a wire rack for another hour or so. It is solidifying for a good while after being in the oven. After it’s been cooling for a long few hours, separate the pieces and try not to eat them all at once! It’s hard not to!

**Flapjack**

**Ingredients**

- 12 oz/340 g rolled oats
- a handful dried fruit (optional)
- a generous shake of cinnamon
- 9 oz/250 g butter
- 4 oz/100 g brown sugar
- 3 tbsp golden syrup

Mix the oats with a handful of dried fruit of your preference (I use sultanas, but you can leave the fruit out altogether) and a very generous shake of cinnamon all over. Set aside.

In a large saucepan melt the butter, brown sugar, and golden syrup until frothing and bubbling around the edges. Stir it all the time otherwise the sugar burns. When it’s foaming, take off the heat, thoroughly mix in the dry ingredients, and then pat the whole thing flat into a lasagna-type tray/dish/pan lined with greaseproof/waxed paper. Bake for about 22 minutes on a moderate setting (I do it at 180 C/350 F in an oven with no fan).

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

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