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Mother and Baby Attachment

Before I had my first baby I wondered whether I would know how to be a mother, whether I would in fact feel motherly toward my baby. It seems very odd to recall feeling like that. Now with three children, when I consider my identity, I certainly feel first and foremost a mother. After my son was born, my instincts just took over and I spent many blissful hours holding and nursing him, marveling at this tiny person, and forming the bond between us that will last a lifetime.

In “The Chemistry of Bonding” Linda Folden Palmer examines the science behind our nurturing instincts and how we naturally form such strong attachments with our babies with the help of hormonal and neural interactions. Leader Sarah Barnard looks at baby wearing, how to choose a sling, and why carrying our infants is such a positive way to mother and form strong attachments.

When the birth of a baby doesn’t go as planned, the trauma can leave a mother feeling resentful or indifferent toward her baby. In “Giving Birth” mother Kate Rayner shares her painful birth story. We look at how the physical contact of breastfeeding and the time it requires mother and baby to spend touching and holding can be comforting after a difficult birth and how it can help in establishing a loving relationship.

Mothers share tips on coping constructively with tantrums in the “Toddler Tips” column and in “Staying Home” they share ideas for juggling the differing needs of family members when dad cannot be around much. In “Making It Work” mothers discuss how they deal with the practicalities of home life when what they want most of all is to be able to reconnect with their little ones after a day spent apart.

Please keep sending in your stories, photos and letters because mother-to-mother sharing is what La Leche League does best.
**The Chemistry of Bonding**

Human babies are born helpless, needing to be entirely cared for and protected. Luckily, they are born with all the necessary tools and “instructions” to attain such care for themselves and to become a loved and loving part of their family and society. The neural and hormonal interactions provided for parent and child to assist them in this process are among the most powerful in nature. The hormonal cues are clear and compelling and our instincts can provide us with all the appropriate responses. If they don’t make great efforts to avoid and ignore such urges, parents will naturally follow the advice of their neurons and hormones, nurturing their babies and maintaining physical closeness with them.

Once born, a baby’s hormonal control systems and brain synapses begin to permanently organize according to the human interactions he or she experiences. Unneeded brain receptors and neural pathways are disposed of, while those appropriate to the given environment are enhanced.

**Oxytocin: a bonding hormone**

Oxytocin is a chemical messenger released in the brain chiefly in response to social contact, but its release is especially pronounced with skin-to-skin contact. In addition to providing health benefits, oxytocin promotes bonding patterns and creates desire for further contact with the individuals inciting its release.

When the process is uninterrupted, oxytocin is one of nature’s chief tools for creating a mother. Roused by the high levels of estrogen (“female hormone”) during pregnancy, the number of oxytocin receptors in the expectant mother’s brain multiplies dramatically near the end of her pregnancy. This makes the new mother highly responsive to the presence of oxytocin. These receptors increase in the part of her brain that promotes maternal behaviors. (1)

Oxytocin’s first important surge is during labor. If a cesarean birth is necessary, allowing labor to occur first provides some of this bonding hormone surge (and helps ensure a final burst of antibodies for the baby through the placenta). Passage through the birth canal further heightens oxytocin levels in both mother and baby. Oxytocin release following birth is what makes the uterus contract.

High oxytocin causes a mother to become familiar with the unique odor of her newborn infant and, once attracted to it, to prefer her own baby’s odor above all others. Baby is similarly imprinted on mother, associating feelings of calmness and pain reduction with being with mom. When the infant is born, he is already imprinted on the odor of his amniotic fluid. This odor imprint helps him find mother’s breast, which has a similar but slightly different odor. In the days following birth, the infant can be comforted by the odor of this fluid. (2) Gradually over the next days, a baby continues imprinting upon his mother. Formula-fed infants are more attracted (in laboratory tests) to their mother’s breast odor than to that of their formula, even two weeks after birth. (3)

By influencing maternal behavior and stimulating milk “let-down” (allowing milk to flow) during nursing, oxytocin helps make these first attempts at breastfeeding feel natural. Attempts at nursing during the initial hour after birth cause oxytocin to surge to exceptional levels in both mother and baby. Mothers who postpone nursing lose part of the ultimate hormone high of giving birth. Powerful initial imprinting for mother and baby makes it possible for mother and baby to be able to find and recognize each other in the hours and days after birth.

Yet a lifetime of bonding and love is not lost if this initial window is missed. Beyond birth, mother continues to produce elevated levels of oxytocin as a consequence of nursing and holding her infant and the levels are based on the amount of such contact. This hormonal condition provides a sense of calm and well-being. Oxytocin levels are higher in mothers who exclusively breastfeed than in those who use supplementary bottles. (4) Under the early influence of oxytocin, with all of its powers, oxytocin is but one of a list of many chemicals that nature uses to ensure that baby finds the love and care he needs.

As long as contact with the infant continues, oxytocin causes mother to be more caring, to be more eager to please others, to become more sensitive to others’ feelings, and to recognize nonverbal cues more readily. Continued nursing enhances this effect. With high oxytocin levels, mother’s priorities become altered and her brain no longer signals her to groom and adorn herself in order to obtain a mate and thus a pregnancy.
Now that the child has already been created, mom’s grooming habits are directed toward her baby. High oxytocin in the female has also been shown to promote preference for whichever male is present during its surges—one good reason for dad to hang around during and after the birth. Prolonged high oxytocin in mother, father, or baby also promotes lower blood pressure and reduced heart rate as well as certain kinds of artery repair, actually reducing the lifelong risk of heart disease. (5)

Although a baby makes her own oxytocin in response to nursing, a mother also transfers it to the infant in her milk. This provision serves to promote continuous relaxation and closeness for both mother and baby. A more variable release of oxytocin is seen in bottle-fed infants, but is definitely higher in an infant who is “bottle-nursed” in the parents’ arms rather than with a propped bottle.

Persistent regular body contact and other nurturing acts by parents produce a constant, elevated level of oxytocin in the infant, which in turn provides a valuable reduction in the infant’s stress-hormone responses. Multiple studies have demonstrated that, depending on the practices of the parents, the resulting high or low level of oxytocin will control the permanent organization of the stress-handling portion of the baby’s brain—promoting lasting “securely attached” or “insecure” characteristics in the adolescent and adult. Such insecure characteristics include anti-social behavior, aggression, difficulty forming lasting bonds with a mate, mental illness, and poor handling of stress.

When an infant does not receive regular oxytocin-producing responsive care, the resultant stress responses cause elevated levels of the stress hormone cortisol. Chronic cortisol elevations in infants and the hormonal and functional adjustments that go along with them are shown in biochemical studies to be associated with permanent brain changes that lead to elevated responses to stress throughout life, such as higher blood pressure and heart rate. Mothers can also benefit from the stress-reducing effects of oxytocin—women who breastfeed produce significantly less stress hormone than those who bottle-feed. (6)

Nor are fathers left out of the oxytocin equation. It has been shown that a live-in father’s oxytocin levels rise toward the end of his mate’s pregnancy. When the father spends significant amounts of time in contact with his infant, oxytocin encourages him to become more involved in the ongoing care in a self-perpetuating cycle. Oxytocin in the father also increases his interest in physical (not necessarily sexual) contact with the mother. Nature now provides a way for father to become more interested in being a devoted and satisfied part of the family picture through his involvement with the baby.

Vasopressin & protection

With all of its powers, oxytocin is but one of a list of many chemicals that nature uses to ensure that baby finds the love and care he needs.

Although present and active during bonding in the mother and infant, vasopressin plays a much bigger role in the father. This hormone promotes brain reorganization that supports paternal behaviors when the male is cohabitating with the pregnant mother. The father becomes more dedicated to his mate and expresses behaviors of protection.

Released in response to nearness and touch, vasopressin promotes bonding between the father and mother, helps the father recognize and bond to his baby, and makes him want to be part of the family, rather than alone. It has gained a reputation as the “monogamy hormone.” Dr. Theresa Crenshaw, author of The Alchemy of Love and Lust, says, “Testosterone wants to prowl, vasopressin wants to stay home.” She also describes vasopressin as tempering the man’s sexual drive. Vasopressin reinforces the father’s
threats, whereas childless males do not. On the other hand, nursing mothers do not release prolactin in response to loud noise, whereas childless females do. In children and non-parents, prolactin surges are related to stress levels, so it is generally considered a stress hormone. In parents, it serves as a parenting hormone.

**Opioids & rewards**

Opioids (pleasure hormones) are natural morphine-like chemicals created in our bodies. They reduce pain awareness and create feelings of elation. Social contacts, particularly touch—especially between parent and child—induce opioid release, creating good feelings that will enhance bonding. Odor, taste, activity, and even place preferences can develop as the result of opioid release during pleasant contacts, and eventually the sight of a loved one’s face stimulates surges. Opioid released in a child’s brain as a conditioned response to a parent’s warm hugs and kisses can be effective for helping reduce the pain from a tumble or a disappointment.

Parents “learn” to enjoy beneficial activities such as breastfeeding and holding, and infants “learn” to enjoy contact such as being held, carried, and rocked, all as a response to opioid release.

Babies need milk, and opioids are nature’s reward to them for obtaining it, especially during the initial attempts.

Prolactin & behavior

Prolactin is released in all healthy people during sleep, helping to maintain reproductive organs and immune function. In the mother, prolactin is released in response to suckling, promoting milk production as well as maternal behaviors. Prolactin relaxes mother, and in the early months, creates a bit of fatigue during a nursing session so she has no strong desire to hop up and do other things.

Prolactin promotes caregiving behaviors and, over time, directs brain reorganization to favor these behaviors. Father’s prolactin levels begin to elevate during mother’s pregnancy, but most of the rise in the male occurs after many days of cohabitation with the infant.

As a result of hormonally orchestrated brain reorganization during parenthood, prolactin release patterns are altered. It has been shown that fathers release prolactin in response to intruder testosterone-promoted protective inclination regarding his mate and child, but tempers his aggression, making him more reasonable and less extreme. By promoting more rational and less capricious thinking, this hormone induces a sensible paternal role, providing stability as well as vigilance.

**Babies need milk, and opioids are nature’s reward to them for obtaining it, especially during the initial attempts.**

Prolonged elevation of prolactin in the attached parent stimulates the opioid system, heightening the rewards for intimate, loving family relationships, possibly above all else. Just as with codeine and morphine, tolerance to natural opioids can occur, which reduces the reward level for various activities over time. But this is not a problem for attached infants and parents, because higher levels of oxytocin, especially when created through frequent or prolonged bodily contact, actually inhibit opioid tolerance, protecting the rewards for maintaining close family relationships. On the other hand, consuming artificial opioid drugs replaces the brain’s need for maintaining family contacts.

Once a strong opioid bonding has occurred, separation can become emotionally upsetting and, in the infant, possibly even physically uncomfortable when opioid levels decrease in the brain, much like the withdrawal symptoms from cocaine or heroin. When opioid levels become low, one might feel like going home to hold the baby or like crying for a parent’s warm embrace, depending on your point of view. Sometimes alternate behaviors are helpful. For instance, thumb-sucking can provide some relief from partial or total withdrawal from a human or rubber nipple and can even provide opioid-produced reminiscences for a time.

**Pheromones & basic instincts**

How does the man’s body know to initiate hormonal changes when he is living with a pregnant
Frequent proximity and touch between baby and parents can create powerful family bonding with many long-term benefits.

Female? How can an infant accurately interpret mother’s “odors” that adults often can barely detect? The answer is pheromones. Among other things, pheromones are steroid hormones that are made in our skin. Our bodies are instinctually programmed to react accordingly when we detect these pheromones around us.

Newborns are much more sensitive to pheromones than adults. Unable to respond to verbal or many other cues, they apparently depend on this primitive sense that controls much of the behavior of lower animals. Part of an infant’s distress over separation may be caused by the lost parental cues about the safety of her environment. Of course the other basic sensation an infant responds to well is touch and, coincidentally, body odors and pheromones can only be sensed when people are physically very near each other.

What the world needs now
Universally infants cry when laid down alone. If we allow ourselves to listen, our neurons and hormones encourage us in the appropriate response. Babies are designed to be fed frequently in a fashion that requires skin-to-skin contact, holding, and available facial cues. Beneficial, permanent brain changes result in both parent and infant from just such actions. Contented maternal behaviors grow when cues are followed. The enhancement of fatherhood is strongly provided for as well. A father’s participation encourages his further involvement and creates accord between father and mother. Frequent proximity and touch between baby and parents can create powerful family bonding—with many long-term benefits.

Sadly, over the last century parents have been encouraged by “experts” to ignore their every instinct to respond to their baby’s powerful parenting lessons. Psychologists, neurologists, and biochemists have now confirmed what many of us have instinctually suspected: that many of the rewards of parenthood have been missed along the way, and that generations of children may have missed out on important lifelong advantages.

* Hormones are substances produced in the body’s tissues and conveyed by the bloodstream to effect physiological activity, such as growth or metabolism. The human brain contains billions of nerve cells, or neurons. Each neuron is connected to other neurons through many thousands of synapses. The brain’s network of neurons forms our information processing system.

References

Dr. Linda Folden Palmer consults and lectures on the science behind natural infant health choices and optimal child nutrition. After running a successful chiropractic practice focused on nutrition and women’s health for more than a decade, Linda’s research into her infant son’s health challenges led her to write Baby Matters: What Your Doctor May Not Tell You About Caring for Your Baby. She has recently embellished and updated her book to be re-released as The Baby Bond, The New Science Behind What’s Really Important When Caring for Your Baby. www.TheBabyBond.com
A Challenging First Month

I was lucky enough—if you can call it luck—to be informed in advance of my second son’s birth that we would be off to a rough start. We found out at 19 weeks gestation that he would be born with an omphalocele (a birth defect in which the infant’s intestine or other abdominal organs stick out of the belly button). The defect was small and could potentially be repaired in one surgery. We scheduled a cesarean section so there would be little to no damage done to the organ at birth. I was extremely nervous to have this surgery as I had had an easy vaginal birth with my first son.

When my beautiful son, Bennett, was born his doctor said that the defect was much smaller than anticipated, only a few loops of his bowel, and it could be repaired a few days later. He would not be allowed to eat before his surgery and he was strictly on IV fluids. I was fortunate enough to have nursed my first son for 20 months, when he self-weaned. So I was educated about breastfeeding and was determined to be successful nursing Ben. Right after my baby was born, it was hard not having that initial bonding that breastfeeding provides. Each time I visited him in the NICU the two days before his surgery, he would root towards my breast. That gave me hope that he would be able to breastfeed without much problem.

I was pumping around the clock, but my milk had not come in by the time he was “allowed” to breastfeed, which was the evening after his surgery. He needed to eat to stimulate a bowel movement, which would determine if the surgery had been a success. I gave the nurses what little milk I was able to pump, but this was supplemented with formula, as much as it broke my heart. I knew it was important that Bennett learned to breastfeed, gain weight, and have an adequate number of wet and dirty diapers. I offered the breast at every feeding while I was in the NICU (I was there for eight to ten hours a day), but he just wasn’t getting the hang of it. After five days, I was discharged, but my baby wasn’t. That was one of the hardest days of my life.

I was fortunate enough to be able to stay nearby, since my own home was over an hour away. That day, my milk finally came in. Right before I left the hospital, Bennett latched on! I cried. He had a perfect latch and was nursing as though he had been doing it the whole time. He did so well.

He was in the hospital another three days, taking bottles, but nursing well when I was with him. When he was discharged from the NICU, it was recommended that I continue supplementing, whether it was pumped milk or formula—though he had not had formula once since my milk had come in. I had faith that he was gaining well as he was having plenty of wet and dirty diapers.

Once we got home I was determined to nurse him exclusively. He must have known that he was home and in good hands because he took to nursing every two hours right away and needed no further supplemental bottles. We have had a great nursing relationship ever since. I feel so blessed to have a healthy, beautiful baby and to be able to breastfeed him is a dream come true. I’m so grateful to my family and my husband who were by my side, encouraging me the whole time.

I am especially grateful to my La Leche League family, the mothers whom I call my friends and whom I met on the LLL mother-to-mother forums. (Log on and visit http://forums.llli.org) They talked me through all of my problems and anxiety during our NICU stay. I’ve been a member of the LLL forums for two and a half years, and I’m thankful every day for those women, without them it’s likely I would not have continued breastfeeding.

Heather Stevens, Defiance, Ohio, USA
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Nursing and Nurturing Two Babies under Three

Gabe was a little over a year when we decided to try to conceive our second baby. He was still nursing all day and all night and not very interested in eating other foods. I offered him the foods my husband and I were eating. I was breastfed for several years myself and his lack of interest in table food was normal to me. I knew he would eventually eat more foods, but I was very concerned that if I got pregnant and my milk supply decreased or disappeared, he would starve. Although I wanted to wait until Gabe was at least two to get pregnant again, with my husband Ryan’s future military deployments and frequent moves to plan around, we decided it would work out better to have a baby sooner.

I conceived again when Gabe was 18 months old. I really wanted Gabe to have as much milk as he wanted until he was two. I planned to continue nursing throughout my pregnancy and then to tandem nurse. My milk supply gradually decreased and Gabe slowly started eating other foods. My milk supply had dwindled by the time I was 18 weeks pregnant, but Gabe, 21 months old at the time, was still very keen on nursing. And he didn’t starve himself! He didn’t even appear to notice the drop in my milk supply. He just nursed as normal and ate food to make up for not getting nutrition from nursing. He was not a picky eater. He ate what the rest of the family ate. For this I am very thankful.

Nursing during pregnancy was not painful, although it was uncomfortable from time to time. I believed Gabe deserved to nurse and decided I was not going to wean. This mindset helped me get through the uncomfortable times. Nursing also made it easier to rest with a busy toddler. He was still waking often at night to nurse, which did make me more tired, but it was manageable. By the end of my pregnancy, Gabe was 27 months old and not nursing a lot. He was sleeping through the night and nursing in the morning.
and at nap and bedtime. I knew I was going into labor when I nursed Gabe to sleep one evening, which made my still irregular contractions stronger. By the time he awoke the next morning, I was having regular contractions and had been in contact with my midwife. My husband took Gabe to my mom’s house across the street so that he would not want to nurse while I was having contractions.

My daughter, Susanna, was born at home that afternoon. My mom and Gabe came over shortly after the birth and the first thing Gabe said was, “I want milk.” I was nursing Susanna at that time, but I let him latch on and I nursed them together.

During those first few days before my milk came in, my mom and Ryan tried to spend a lot of time with Gabe. I did not want him to nurse all the time, although I let him nurse as often as he had prior to Susanna’s birth.

Unlike Gabe, who nursed every couple hours as a newborn, Susanna nursed continuously. I quickly reacquainted myself with nursing a baby in a sling! I later learned to nurse Gabe on the other side with Susanna in a sling. I learned how to do pretty much everything—cooking, helping Gabe use the bathroom, playing with Gabe, laundry—with Susanna nursing in the sling. I cannot think of another way to manage with a newborn and a toddler!

We sleep in a family bed. We have a king-size futon and a twin futon on our bedroom floor. Gabe had been sleeping on the twin but moved himself back near me after Susanna’s birth, booting my husband to the twin. My husband doesn’t mind. I think he’s just glad that he gets to sleep all night, without waking to go get a baby who needs to nurse or to have to go comfort a toddler in another room. When the babies wake, they just nurse right there, not disturbing anyone. It can be a problem when Gabe wakes while Susanna is nursing because he has to wait. He accepts waiting but whines a little bit about it. Sometimes I wake up nursing one of them with the other one whimpering and I’m not sure who is nursing and who is whimpering! Gabe started night waking again after Susanna was born, but by the time she was six weeks old, his night waking was minimal.

Gabe has shown only positive feelings toward Susanna. I know this is because he does not feel like he was replaced, and because his needs have been met. When she cries, her needs always come first and he seems to understand this. He is capable of carrying on a conversation and will say, “Susanna’s fussing, Susanna needs milk.” By seeing me tend to her immediately when she fusses, Gabe is learning how to take care of a baby. I suspect that he knows anyway but now he is seeing it from the outside instead of always being the one taken care of.

We talked a lot about having a baby before she was born and he was accustomed to seeing babies and toddlers nurse at La Leche League meetings. I had a family member staying with me full time until Susanna was one month old. We staggered the grandmas’ visits and my husband taking time off work so that someone would always be here with me but the house would never be full of people. This worked out very well and I don’t know how I could have managed without someone to help me that first month! My helper primarily played with Gabe, which he loved.

I think it would be much more challenging to have a weaned two-year-old and a newborn. Like any mom with two so young, I am always busy but in a positive way. I spend my time nursing and playing with my babies, as well as accomplishing basic household tasks. With Gabe’s needs met, I haven’t had to spend time preventing him from hitting the baby or managing temper tantrums. I have prioritized my household tasks and only set out to do the most important ones: grocery shopping, cooking nutritious meals, and laundry. My husband does the dishes and anything else that must be done.

Gabe did start eating less and nursing more after Susanna’s birth, especially after the first month when I was alone with the children at home all day. He gradually started eating more as time went on. My mom tandem nursed my sister and me and has always told me it is very normal for a toddler to nurse more after the birth of a sibling.

I do tell Gabe “no” sometimes when he wants to nurse. He usually accepts this or waits without much of a fuss.

If I could have spaced the gap between my children however I wanted, not having to worry about other factors, I would have waited to get pregnant until my youngest was at least two. However, it is no bad thing having two under-threes—it is just very, very busy! I sleep when they sleep and I am not exhausted. I am happy to spend all my time with my two healthy, thriving children.

Michelle Stille, Milton, FL, USA

*Flowert H. Adventures in Tandem Nursing: Breastfeeding During Pregnancy and Beyond. LLLI, 2003 combines research with personal stories.*

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“The Mini Just 20” x 34” of floor space Newborn to 23 lbs.
Mothers’ Stories

I’m Breastfeeding My Premature Twins

I struggled to breastfeed my premature twin boys. Feeding two can be tricky and prematurity adds to the challenge. I wasn’t able to start breastfeeding until they came home at one month old.

At 31 weeks gestation I was admitted to hospital due to high blood pressure. I was showing signs of premature labor and sent to a hospital an hour away from my home that had a better equipped NICU than my local hospital. I was diagnosed with pre-eclampsia, which quickly became severe. I was there for three days before I delivered via cesarean section. I was not able to visit my babies for a whole day and was extremely fatigued due to all the medicines and the sickness at the end of my pregnancy.

I started pumping my milk. At first it was only about four times a day, then I was able to build up to six times a day. The boys weighed 3lb 7oz and 3lb 10oz. They were started on naso-gastric feedings at a few days old and on bottles about a week later. They tore through my limited supply of breastmilk very quickly and received formula milk several times to supplement it. It was frustrating because I never seemed to be able to get hold of a doctor and the nurses said they were afraid that nursing would tire my babies out too quickly. I only did kangaroo care twice for each boy the whole month they were there.

Finally my babies came home after 26 and 28 days in the NICU. By this time they were used to bottles. Ian attempted nursing the night before coming home and Eli didn’t attempt it until he was home. I struggled to pump in between trying to get them to nurse and feeding them bottles. It was almost too much to bear.

Then Eli discovered that he loved nursing and was able to latch on to the breast really well. I was able to nurse him almost every feeding while giving Ian bottles. And then it clicked for Ian as well. Soon every feeding was done mostly by breast.

Now my boys are five months old. Ian is now over 10lb and Eli is almost 10lb. They are exclusively breastfed. We will be starting solids in a month or two.

I hope this story encourages mothers out there who feel they can’t cope with trying to breastfeed when they experience problems. It felt that way for me too. I kept with it and succeeded and you can too.

Cinda Vickery, Madisonville, KY, USA
Making My Breastfeeding Journey

My breastfeeding journey has been a rocky one, full of disappointment and heartache, but oh what a happy ending! I’ve been a baby nurse for 12 years now and I can’t tell you how many women I’ve encouraged and helped to breastfeed! In my career breastfeeding has always been best. Imagine my shock and disappointment when I had breastfeeding complications with my first child.

From the first moment she nursed, my nipples were cracked and bleeding. I worked diligently with the lactation consultants to try to improve her latch. I tried various creams, gel pads, and nipple shields for the first week or two but then I was stuck with a terrible bout of mastitis. Knowing that this is extremely common, I forged ahead after seeking advice from my midwife and lactation consultant. I was treated with antibiotics, rest, and fluids. But, the mastitis never improved … in fact, it got worse.

The fever didn’t stop and the pain was considerable, as the infection spread to both sides. I was started on a different antibiotic and began pumping when nursing was too painful. By about five weeks, I was on my third antibiotic and still very sick. I was terribly engorged and the fevers continued to rage, but I persisted, determined to get through this. At my fourth trip to the doctor, he told me that enough was enough and I needed to stop. After ruling out a candidal infection, he said that this was the worst case of recurrent mastitis that he had seen. I was sent for milk cultures and an ultrasound because he suspected an abscess. He even prescribed Parlodel to me, an old drug used in the past to stop lactation.

I was so disappointed! How could this be? I’m a nurse for goodness sake … I had to breastfeed! But, I unhappily took the drug and stopped nursing. I bound my breasts (not advisable) and used cabbage leaves to dry up my milk. I was put on a different antibiotic to treat the resistant strain of bacteria I had developed. Slowly I improved and after several weeks was feeling better … physically. But utterly devastated emotionally.

My next child was born four years later. I was ready this time. After ruling out a candidal infection, I decided (I very reluctantly) that at the first sign of mastitis, I would stop nursing. My milk came in on the third day postpartum and by the fifth day I was sick. The fevers, chills, and headache started along with the telltale red streak. My daughter tried to nurse, but couldn’t get any milk. I tried to pump and was unsuccessful, despite the fact that I was hugely engorged. I used cabbage leaves to relieve the engorgement and started antibiotics. As agreed, I stopped nursing on day six.

How could this be? Weren’t women made to breastfeed? Why wasn’t this working for me? I felt like a disappointment as a mother and a woman. Why couldn’t I give my baby what was best for her?

Four years later, when we decided to have another child, I met with the lactation consultant immediately. Was there something I was missing? Could the first mastitis have caused scar tissue that was blocking the outlet of milk? I met with a breast surgeon who did an ultrasound. She did indeed see some scar tissue, but said it was worth another shot. So, my midwife, lactation consultant, and I began researching severe recurrent mastitis. We developed a plan for prevention, hoping that maybe it would buy me at least a month or two of breastfeeding.

When my daughter was born, I started taking a very low dose of prophylactic antibiotics. The plan was to continue this for about two months. Upon discharge I was told that three things were not optional right now, sleep, nutrition, and plenty of fluids. Those were the things I had control over—the rest was left to faith. In addition, I met with the lactation consultants frequently to assess my baby’s latch-on and prevent nipple breakdown. I began taking the supplement lecithin daily to prevent clogged ducts.

The first four weeks were rough. I was so paranoid about getting sick that at the first sign of night sweats, chills, or engagement I would call the LC for encouragement. I should have put her number on my speed dial I called her so often! I analyzed my breasts every time I fed my baby, looking for any sign of redness, but it never came!

Imagine my shock and excitement when one month came, then two, then three! Each time I nursed my daughter I thanked God for this wonderful opportunity. I can honestly say that there was not a feeding that went by (even those 3 am ones) that I didn’t look into her sweet little face and think I was the luckiest mommy in the world to be blessed by so much.

If you are struggling with breastfeeding, keep trying! There will be ups and downs; that’s why we talk about a “journey.” It’s true that each baby and each breastfeeding experience is different. For me, the third time was the charm! That, along with the support of my family, a wonderful group of lactation consultants, and a lot of prayer! Now my daughter is a year old and my breastfeeding journey continues. And what a blessing it has been!

Wendy McDowell, East Berlin, Pennsylvania, USA
A Juggling Act

MOTHER’S SITUATION

Recently, my husband has been expected to work longer hours, which helps financially but means he is unable to do anything much to help in the home. We are expecting our second child and I am worried that I will struggle without his help to take care of a toddler and a newborn, as well as do all the household chores and cooking. I am happy that I am able to stay home to raise our children, but I am panicking at the prospect of having to manage everything on my own. How have other mothers coped in similar situations?

Response

Take care of the children’s needs first. If some dishes need to be left in the sink, who cares? Regular household chores will get done when there is time. If funds allow, hire a cleaning service.

Prepare your toddler as much as possible for the new baby’s arrival. Read books to him on the subject and talk about it. When the new baby arrives, wear him in a sling or a carrier as much as possible so you can keep your hands free to accomplish those household chores. Wearing the baby also allows you to spend time with your older child.

Make sure your husband is aware of your concerns. Including him in the planning and problem solving will keep you from feeling as if you are alone in the matter. You might find that he has been worrying about it as well, and has come up with some potential solutions or suggestions.

Most of all, remember to give yourself a break. Adjusting to a newborn takes time, even if you have a lot of help in the house. Allow yourself the chance to fall into a routine with the new baby and the toddler. The house and all of its chores will still be there when you are ready for it.

Good luck!

Karli Offutt, New Wilmington, PA, USA

Response

When I had my second baby, I was a stay-at-home mom and my husband was working full time, and also taking two courses at a college 30 minutes away. We had his mother stay at our house for the first week and my mother the second week. A couple of friends came over to help me with the housework once or twice. They helpfully suggested that we eat on paper plates, use paper cups, and even sometimes use disposable plastic utensils. We did that for several months, which was wonderful!

During that time, two responsible teenage sisters, whom we knew and trusted, would come to our apartment after high school a couple of afternoons a week to play with our babies while I took a shower, took the kitchen trash to the dumpster behind our building, and started cooking supper. Their mom would pick them up on her way home from work. One or the other of them continued to come at least once a week for a few months. They were glad to do it free of charge because they were in an achievement program that required them to get service hours in order to receive awards.
Although I eventually had to face having two children and managing my home all by myself, that transition time while I recovered from pregnancy and birth was a lifesaver for me!

Annette Avery, Johnstown, Colorado, USA

Response
I too am a full-time stay-at-home mom and have been facing a similar situation. I have a 14-month-old son and I am 15 weeks pregnant. My husband has been gone for nearly six months: he is in the Army National Guard and is training in Baltimore, while we live in St Louis. We have been to visit him twice.

I suggest you start by getting organized and having a fairly set schedule. We eat basic meals that can be planned on a set schedule. It might get a little boring, but if you always know what you are going to eat and know what you need to have on hand it helps. I make three weeks of menus and have them rotate. The grocery list I use is also set and perhaps, like me, you can cut grocery shopping to a once a week activity.

I do a small load of laundry every single day and have a small basket for my son and one for me. Each day I wash one basket load and have my son help with the folding by playing with his basket—he pushes it around, or puts his stuffed animals in it.

I attend a mom and baby exercise class three times a week and find that time to be very important to me. The friendships with the other moms and the stress relief of getting exercise and getting out of the house on a regular set schedule is so important. There are great double strollers available and you don’t have to spend a fortune on one. I find great baby stuff on Craigslist and Freecycle.

For me the biggest thing that I have learned is how to put things into perspective. While I too worry about when the new baby comes and about dealing with a toddler, a newborn, and an entire household, I know what is important and what can wait.

I don’t want to sound like I am complaining but I would be so happy to have my husband be home even for just an hour a day. I have learned through this experience to count my blessings first.

Good luck.

Jamie Smith-Rickly, USA

Response
I can empathize with your situation and can tell you honestly that it will be difficult in the beginning, but this too shall pass. I know that isn’t consoling as you face this mountain, but in the bigger picture I would say celebrate the small victories, and stay focused on the small steps you are making.

I had two small children one year apart and when our second child was born, my husband had a new job and could not take any time off. He also attended graduate school three times a week, which meant I was home alone with the children. With the birth of our third child (three years after our second), we had moved and he started another new job. He works long hours and the household tasks are left up to me to handle.

When you have a newborn, everyone in the house has to adjust to the new baby. You will likely feel pulled in every direction. Give yourself time to adjust, even as much as three to six months to settle in to a routine. Only then can you start to prioritize a routine for yourself and your children. I strongly recommend soliciting the help of family and friends whenever possible, especially in the early months.

I had an emergency c-section with our second child and I wasn’t permitted to pick up my one-year-old. I needed friends and family to help me with the most mundane tasks. Overall, I think friends enjoyed being able to spend time with my little ones and me. In return, I was humbled and in awe of their loving support.

It can be very easy to become isolated, so it is important to get out as often as you can. Getting involved in local mothers groups can be a big help.

Try to become more relaxed with regards to household chores and cooking. Having two small children forces you to be flexible with your priorities. Toys out, dishes in the sink, and laundry in the hamper waiting to be folded was (and still is) a daily sight at my house. I tackle what I can when I can.

Be patient with yourself and allow yourself some time to adjust. Know that you aren’t alone and you are doing the best you can and that is all anyone can ask of you!

Bianca Hennager, Roseville, California, USA

Response
Congratulations on the upcoming birth of your new baby! I can relate to your concerns about handling the needs of two children on your own while your husband is working long hours. I have four children and my husband works a military night-check (3 pm to 1 am Sunday to Thursday). He is home and awake from about 10:30 am to 2:30 pm. Our two oldest children are in elementary school, one is in preschool and I have a six-month-old. Most days I have the baby with me, a four-year-old boy whom I watch, and my own three-year-old after 11:30 am. My two older kids get home around 2:45 (not long after daddy has just left for work). During the busiest times of the day, getting everyone out the door to get to school in the morning and homework, supper and bedtime routines in the evening, I am on my own. I am a morning person so getting five people out the door isn’t too bad for the most part.

The after school routine is where I struggle. I am not an evening person! I have found that the biggest hurdle in my evening is getting food on the table. Housework is sometimes a hurdle if I get behind. However, because my husband is at home and awake in the middle of the day, I do have help either with the children or with the work itself. I do all my cooking on the weekend when my husband is home all day. Since he tries to spend quality time with the kids on the weekend, I can get a lot
done. I prepare all our hot meals on Saturday (or sometimes Friday although that is usually errand day). I also do things like bake muffins and bread, and make and freeze pizza dough. During the week, we reheat the food and use frozen vegetables, which I thaw/heat in the microwave because it’s faster. I admit that at least once a week we have cheese pizza. I keep tinned tomatoes in the pantry, the dough will thaw in about six hours and I just have to grate some cheese (which I can do before my husband goes to work).

Figure out easy recipes that are nutritious and make two or three batches if you’ve got a deep freeze. I often assemble things like lasagne and freeze it uncooked. Then I can thaw it out during the day or overnight and bake it for supper. A freshly baked meal that only requires me to transfer a dish from the freezer to the fridge and the fridge to the oven is great.

I tackle the housework a room or two at a time over the course of a week rather than trying to do it all at once. I use a modified “FlyLady” routine by dividing my home into zones for each day, except Sunday. I can get one or two rooms cleaned properly in a day. It’s amazing what you can accomplish in 10 or 15 minutes if you break up the tasks over the course of the day.

With a new baby I found out something very important: friends want to help! If someone offers help take it. People do not offer help that they are not prepared to provide. If your LLL Group or friends offer you meals accept them! If someone asks if you need anything at the store, ask him to pick up that gallon of milk you were going to try to get out for later. If someone offers to come and play with your toddler while you take a nap with the new baby, say “yes!” Allow those who have anticipated or seen your need to meet it.

You may have to let the housework slip a little because of the needs of the children—either to spend time with your toddler while your baby is sleeping, or because if you’re tandem nursing, you may be spending a lot of time sitting in your nursing chair. Use the time your husband is home to do a little catching up and remember that while he’s been at work, he’s missed time with you so don’t spend all the precious time you have with your husband at home cleaning and cooking.

I had some tough days in the first ten weeks with my fourth baby. She was a fussy baby—I think she had reflux—and I spent a lot of time from 4 pm onwards having to walk with her in the sling, crying most of the time. It made getting food on the table a real challenge even when it was just warming something up in the microwave. But things settled down and now we’re in a nice smooth routine.

I found that each time a new baby arrived, it was challenging at first and then within a couple of months, we had adjusted to our new routine with the extra person’s needs worked into our routine. It can be so hard sometimes when you’re exhausted and the baby still needs you and you’ve got no one to hand the baby off to so you can just go to the bathroom. However, it’s also rewarding. I hope your husband won’t be working overtime forever and you’ll have him home more in the future to be a helping hand.

Good luck with everything! It might take a bit of trial and error, but I’m confident you’ll find a way to make things work for your household just as I did for mine.

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THERE ARE EMOTIONAL, PHYSICAL, AND PRACTICAL REASONS WHY WEARING A BABY IN A SLING IS A GOOD IDEA.

Human babies are born significantly less mature than babies of other species that, like us, give birth to single infants or small multiples. The human infant is born “prematurely” to allow its head to pass through the birth canal before it gets too big and it completes the gestational period outside the womb. The human brain quadruples in size after birth.

HOW MAMMALS CARE FOR THEIR YOUNG

Depending on how they care for their young, mammals can be divided into four different groups. There is an interplay between the baby’s immaturity and the differences in mother’s milk.

• Cache mammals. These include the deer and rabbit. Their mothers hide their young in a safe place and return to them every 12 hours. Consistent with this behavior, the milk of cache animals is high in protein and fat. It sustains the young animals for a long time because babies are fed infrequently.

• Follow mammals. The giraffe and cow are follow mammals. They follow their mothers wherever they go. Since the baby can be near the mother throughout the day and feed often, the milk of the follow mammal is lower in protein and fat than that of a cache mammal.

• Nest mammals. These include the dog and cat. Nest mammals are less mature at birth than cache or follow mammals. They need the nest for warmth and remain with the other young from the litter. The mother returns to feed her young several times a day. The milk of nest mammals has less protein and fat than cache mammals but more than that of follow mammals, which need to feed more frequently.

• Carry mammals. This group includes the apes—including humans—and marsupials, such as the kangaroo. The carry mammals are the most immature at birth, need the warmth of the mother’s body, and are carried constantly. Their milk has low levels of fat and protein, and they are fed often, around the clock. Human milk has the lowest fat and protein content of all mammalian milks. That and our immaturity at birth mean human infants need to feed often and are meant to be carried and held.

Feature article

Baby Wearing

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Human babies are as vulnerable and dependent outside the womb as they are inside. Our babies need the same 24-hour nurturing and care that they had in utero. In the mother’s womb, the baby never feels hunger, is never lonely or cold, experiences all sounds and sensations through the mother’s body, which cushions and softens them. After the journey of birth, it seems natural that a baby would expect that same quality of 24-hour nurturing. Babies cannot get up and follow us on their own until about a year after birth. They cannot, like ape and monkey babies, cling to their mothers, although the strong grip reflex with which babies are born is thought to be a remnant of a time in our evolutionary journey when they could.

So we find ways to keep our babies close, using our large brains rather than our body hair. Primate mothers tend to take their infants with them as they go—the infants following or clinging to their mother.

Keep them close
Recent research confirms that being close to an adult caregiver guarantees more than safety and convenience.

Crying
Babies in skin-to-skin contact have more stable heart and breathing rates, better blood sugar levels, significantly lower levels of circulating stress hormones, and warmer body temperatures. Studies show that carried babies cry less. (1) The crying pattern of normal infants in industrialized societies is characterized by an overall increase until six weeks of age followed by a decline until four months of age with a preponderance of evening crying. Hunziker and Barr hypothesized that this “normal” crying could be reduced by supplemental carrying, that is, increased carrying throughout the day in addition to that which occurs during feeding and in response to crying. In a randomized controlled trial, 99 mother-infant pairs were assigned to an increased carrying or control group. At the time of peak crying (six weeks of age), infants who received supplemental carrying cried and fussed 43% less overall, and 51% less during the evening hours (4 pm to midnight). Similar but smaller decreases occurred at 4, 8, and 12 weeks of age. Decreased crying and fussing were associated with increased contentment and feeding frequency but no change in feeding duration or sleep. They concluded that supplemental carrying modifies “normal” crying by reducing the duration and altering the typical pattern of crying and fussing in the first three months of life. The relative lack of carrying in our society may predispose to crying and colic in normal infants (Hunziker and Barr 1986).

Where baby wearing is the norm, babies demonstrate a strong attachment to parents and caregivers, and show greater social awareness. Happy babies make happy mothers, too.

Passive involvement
One of parents’ tasks is to show their child what it means to be a member of a family, community, and country. It is not too difficult to achieve when your baby is not kept at a distance. He can be passively involved in all you do while you hold him securely against your warm comforting body—he knows and trusts you. Jean Liedloff, author of The Continuum Concept, wrote, “The baby passively participates in the bearer’s running, walking, laughing, talking, working, and playing. The particular activities, the pace, the inflections of the language, the variety of sights, night and day, the range of temperatures, wetness and dryness, and the sounds of community life form a basis for the active participation that will begin at six or eight months of age with creeping, crawling, and then walking.” (2) You provide your baby with the security he needs to be able to look outwards and explore the world.

Flat head syndrome
In recent years there has been an increase in the number of babies with plagiocephaly or flat head syndrome, a malformation of the head marked by an oblique slant to the main axis of the skull or a persistent flattened spot on the back or side of the head. Wendy S. Biggs (3) describes how the length of time babies in Western society spend supine has increased the likelihood of suffering from this malformation. She directly attributes this to the infant spending “more time reclining with his or her head on a hard surface such as in a car seat or swing.” Babies who spend less time in seats and more time being carried in a sling are less at risk of developing this deformation. It seems logical that if your baby is often upright against your body, his head supported not by rigid plastic but by soft fabric or by your arms, he is less likely to suffer from flat head syndrome.

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Those evenings in the early weeks when your baby cluster feeds for hours are not so stressful if you are not obliged to stay in the same place. If you wear your baby in a sling you can keep her at the breast and still get up, eat dinner, or go to the bathroom. If you have older children who also need your attention and your hands to cuddle or help them, a sling allows you to meet their needs as well as most of the baby’s needs more easily.

So which kind of sling do you need?

There is a bewildering array of slings available. Of course you can, and many baby wearers do, have a different style of sling for every occasion, from an easy pouch, an everyday wrap, a silk ring sling for glamour, or a structured soft carrier for life in the great outdoors.

Wrap slings are basically a long piece of fabric that you tie around yourself. They can look daunting to the sling novice but the basic positions are easily learned and are well worth the effort. The spread of fabric across your back, particularly in a basic cross over tie, gives good weight distribution. The weight of the baby is spread all over the back and then tied round the hips, meaning that the pelvis rather than the lower back carries the bulk of the weight. A stretchy wrap with a proportion of Lycra or Spandex in the fabric is often a good place to start, particularly if the idea of tying yourself up in five meters of cloth is frightening. A stretchy one can easily be tied into position while the baby is safely elsewhere, and worn as long as desired, allowing you to take your baby in and out as necessary. Many offer a good variety of carrying positions, cradle hold for newborns (and ideal for breastfeeding), front, hip, and back.

Woven wraps, especially in a long length, give even more variety and once you master the art of tying in the back carrying positions, a wrap that offers such a possibility will allow you to use the same sling from birth till the moment your child has no further need to be carried. There are even varieties that work like a wrap sling but have the tying done for you.

Pouches and ring slings are easy to use, simply put one arm through and slip over the head. It is important to get the size that fits you comfortably to ensure the safety and comfort of your baby. Others are adjustable and offer more flexibility if more than one adult will be using the same carrier. It is easy to slip this type of carrier off with the baby fast asleep in it and lay the baby down. It’s great for a quick transfer from car seat to sling when you are out and about. Mesh slings such as the Tonga, designed to be worn in the shower or swimming pool, are a useful addition to your sling collection if you have a baby who likes to be close to you everywhere you go.

Carrying is practical

When you have a new baby, while your hormones do all sorts of wonderful things such as helping you to make milk and promoting feelings of love and attachment to your baby, they do not, unfortunately, grow you a spare pair of hands! A sling, however, can act as an extra pair of hands—gentle, warm, snugly hands that hold your baby close to you while you are able to do other things.

Chief among the things I wish I had known when my daughter was born is that a sling should be on everyone’s Essential Newborn Accessories list, rather than being considered just as a nice optional extra. Even if you only have practical concerns there are a multitude of reasons to use one. I somehow managed without one, partly through extreme laziness—“I can’t do that at the moment, the baby needs cuddling!”—and having a lot of support with things that required more than one hand. For months I held my baby in my arms, instinctively knowing that in my arms was the best place for her to be, but it did make it challenging to get things done!
Asian-style or Mai-tei carriers have the advantage of great simplicity and often come in the most gorgeous designs. They offer front and back carrying positions. They are not the easiest to breastfeed in, although women have done so. (Slings that offer a cradle position are the easiest for nursing.) Structured soft carriers are also easy to use as they are more likely to have buckles and more shaped fabric. They are often popular with dads.

It is hard to overestimate the importance of touch to the well-being and development of a new baby. Wearing your baby is good for both of you. In a society that urges new mothers to “get their life back” following childbirth, a sling enables you as a mother to redefine that life and to broaden your horizons to include rather than exclude your baby. With access to the security that your body represents, your baby can learn what it means to be human.

Sarah Barnard is the mother of a much-carried daughter, co-owner of The Carrying Kind, and an LLLI Leader in London, UK.

References


Photos
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Temper Tantrums

Mother’s Situation

My three-year-old has temper tantrums of frightening intensity. Everyone tells me that she’ll grow out of this, but I am finding it very difficult to cope with, especially when we are in public. Yesterday she had a big tantrum in a store and lay on the floor kicking and screaming. I hadn’t even started my shopping and wasn’t able to do it. Lots of people stared at me, making me feel angry, flustered, and embarrassed. I feel confused about how to deal with her outbursts. How do others deal with tantrums?

Response

My daughter had challenges with certain situations when she was three. Even now that she’s six, we still find there are times when her resources are tapped and she just can’t organize her behavior to cope with a situation. One thing my husband and I say is that she sees and experiences life in Technicolor, while the rest of us see in shades of gray. Knowing that she’s experiencing the world with an intensity far greater than our own helps us understand her, and with that understanding comes more patience and empathy.

For me, the simplest coping methods worked the best. I kept trips short and focused. We went on a full stomach and well rested. I discussed with her my expectations ahead of time. I tried to reserve a portion of the list for her alone, giving her the responsibility for picking out the juiciest apples, for example. If she started to lose it, I’d get down on her level and make eye contact, focusing on her for a moment. It’s easy to forget to do that when you’re rushing through the store or tending to other young ones. That little bit of connection helped her to re-center, though, and was well worth the short delay in our shopping trip.

I also had to recognize there were certain times or situations (such as the big holiday grocery trip before visitors arrived) that were beyond her ability to handle. I would make other arrangements, sometimes even doing the grocery shopping at night while daddy put the kids to bed at home!

Know that these days do not last forever, and that an intense child at three often develops exceptional skills as she grows. At six now, my daughter’s teacher often comments on her fantastic memory and her great attention span. While the intensity was a significant challenge in her toddler years, I can see how it can help

Karen Goetze, Geneva, IL, USA
Response

My heart goes out to you! While parenting a high need youngster, I found he could not take a sudden change of plans or even a disappointment. I began to brainstorm with him ahead of time. I learned the hard way that there were several things I could not do without warning. I had to tell him several days in advance that an appointment, unpleasant procedure, or a night out with my husband was coming up. He would have a huge meltdown the first time I told him, but each day it got better and by the day of the event, we could go without incident. This was also not a child who could be told, “If you behave at the grocery store, you can ride the merry-go-round.” He did much better if you let him ride the merry-go-round when you passed it. If you did not have time to ride it, or if you were going to buy a toy for a cousin’s birthday (and not for him), you had to tell him long before you got to the store.

I got many useful tips from How To Talk So Kids Will Listen And Listen So Kids Will Talk by Adele Faber and Elaine Mazlish. The one I still use with my second graders is to identify the child’s unpleasant feeling, give it a name, and even commiserate with the child.

If tantrums continue to be a problem I would suggest The Explosive Child by Ross Greene. It is a refreshing read for struggling parents.

Theresa Kinzly, Peachtree City, GA, USA

Response

I remember days when my children had those intense toddler tantrums. Figuring out what to do at home is much different than deciding the best course of action in public. Sometimes you can be proactive about things at home before a tantrum starts by offering a snack, cutting a play date short, or snuggling in for a nap.

I found that aborting the shopping trip was for me almost always the best way to handle it. Most grocery stores have a large cooler where they can store your full shopping cart until you return later in the day to finish up. I spent a lot of time sitting in the back seat of the car with my child while he screamed and cried. And sometimes I cried right along with him. When your child has calmed down—perhaps after breastfeeding, you may be able to complete your to-do list.

Keep in mind that tantrums are scary for our children and sometimes for us, too. Those big, bad feelings take over and our little ones don’t yet have the coping skills they need to move past the hurt that caused them to lose all self-control. Yes, some people will stare. You may even be asked to relocate. So long as you respect your child’s need to vent in a safe way that isn’t obtrusive to others you’ll make it through another day with your growing toddler.

We are the key to safety, both physical and emotional. A child hearing from his mother or father that it’s okay to feel sad, mad, frustrated, whatever, and that crying is okay is more likely to grow into an emotionally mature adult.

Wendy Cohen, Savannah, GA, USA

Response

Accept that toddler tantrums do not mean you have failed as a mother. Decide now that for the next tantrum you will not feel embarrassed, angry, or flustered. Remember that your child does not feel that she has any other way to communicate with you. She is letting you know that she wants to exert control over her life. This is a good thing in that she is trying to become more independent.

It is bad because she is doing it inappropriately.

Mother’s New Situation

Yesterday, my 12-month-old, who has a good number of teeth now, bit me. I was so startled that I pulled him off and screamed. This upset him and he would not go back to the breast until bedtime, when he had a sleepy feeding. I am really anxious that he might do it again. How have other mothers prevented their little ones from biting?

“Toddler Tips” is edited by LLL Leader Karen Smith in St. Charles, IL, USA. She and her husband, John, have two children, Liam (8), and Anastasia (6). Karen speaks and writes on parenting topics as well as writing fiction.

Please send responses and new situations to toddler.tips@llli.org

There are many ways to cope with tantrums. If she is getting frustrated, stop what you are doing, get down on her level and talk to her. If you find out what she wants you can offer options and alternatives. Talk pleasantly and do not be in a hurry. Life is going to continue and you only have a few months of time when this will be a problem. Teach your daughter that you are there for her.

Carol Oswald, Augusta, Georgia, USA
Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.

“Giving Birth” features stories about how birth affects breastfeeding. Please send stories that describe the impact of your birth experience on breastfeeding. Articles focused on specific issues relating to birth and lactation are also welcome.

Sometimes, in spite of our intentions or expectations, birth does not go according to plan. Although many of our prior decisions can shape the way that labor and birth unfold, the unexpected can and does happen, and the impact can be far-reaching. In the following story, Kate describes how her hopes for a gentle birth were ended by a potential medical emergency and how it affected her feelings for her baby afterwards.

Kate’s Story
When birth doesn’t go as planned

With my fourth pregnancy, I planned a home birth. I hoped to have my baby handed to me immediately when she emerged and then to breastfeed her within minutes of the birth, as had happened with my other three babies. I expected to have an easy birth because my last two babies’ births had been very short—indeed one involved only two pushes!

When I was pregnant with Caitlin, I had experienced symphysis pubis displacement, a slight separation of the soft joint between the two pubic bones in the pelvis. This is a common problem in pregnancy. It was painful for me to walk. So, when I experienced dragging pains in my abdomen during the last month of pregnancy and tests showed no clear reason for them, we assumed these were ligament pains.

Around my due date, I started to bleed and went by ambulance to hospital with stomach pains. I became exhausted and hysterical, whereas during my previous labors I had remained calm and somehow above the pain. I could not feel Caitlin moving forward in the birth canal.

The appearance of meconium in the amniotic fluid brought a team of pediatricians into the room. When my baby’s head crowned but her shoulders could not come out, there was a flurry of activity in which the medical team manipulated my legs into very strange positions to help her out. They did this so forcefully that I was still experiencing back pain 13 months later. We soon saw what the problem was. The cord was wrapped around my baby’s neck several times, then around her shoulders, body, and legs. As she engaged, and was then expelled, the cord was tugging on both of us. They did this so forcefully that I was still experiencing back pain 13 months later. We soon saw what the problem was. The cord was wrapped around my baby’s neck several times, then around her shoulders, body, and legs.

When I did see her an hour later, she was clean, dressed in a diaper, and lying in an incubator with a tube down her nose. It didn’t seem like she was my baby at all. I cried because I pitied her for having such a hard time, but I felt no love for her. I believe now that she should have been given to me as soon as her breathing was established, but hospital procedure got in the way. She did not need to be tube fed immediately, but that is what was deemed necessary. I said that I wanted to breastfeed, but the hospital staff kept tube feeding her “to get her blood sugar level up.” Although some nurses said, “Of course you can pick her up, she is
Breastfeeding has the advantage that physical contact is inevitable, and time spent touching and holding the baby can be comforting and will help mother and baby establish their relationship.

How traumatic birth makes us feel

When birth is traumatic, it’s not surprising that mothers may feel indifferent or even resentful toward their babies. Mothers may be recovering from unexpected surgery if they had an emergency cesarean section, or perhaps the event was frightening and a mother felt out of control. It is this lack of control that often affects women the most. Sheila Kitzinger, the British birth author and activist, notes that women will perceive their birth experience as a negative one if they are unhappy with the setting in which they gave birth and by the way they were treated. Rules, restrictions, rigid protocols, personal neglect, bossiness, unkindness, shift changes, and the appearance of nameless strangers, are all cited as reasons why women may feel their birth was traumatic (Kitzinger, 2006; 11). And if a new mother feels inherently uncared for, she may not muster up enough energy and enthusiasm to care for her new baby. Indeed, she may even blame the baby for the awful experience. And it is made harder by the fact that everyone is likely to be fussing around the new baby and telling the mother how lucky she is to have such a beautiful child. Somewhere deep inside the mother knows this, but it may take a while for her to feel attached and loving toward her baby. Many mothers describe the early days as simply going through the motions—acting like a mother, but not really feeling like one. Kitzinger uses the term “robot” to describe the traumatized new mother who is unable to respond in an emotionally positive and spontaneous way (Kitzinger, 2006; 122).

When birth goes well—and this usually means a gentle, intervention-free birth—then a mother’s body will produce a range of hormones that will make her feel good. As the baby is born she will experience a surge of endorphins that make her feel euphoric. This happy, confident state will make her very receptive to welcoming and nurturing her baby (Robertson, 2004; 44). When a traumatic birth gets in the way of this boost of confidence and euphoria, it’s hardly surprising that mothers may not be particularly responsive to their babies immediately after the trials of labor.

The good news is that feelings can and do change, over time. Bonding is a gradual process.

Breastfeeding has the advantage that physical contact is inevitable, and time spent touching and holding the baby can be comforting and will help mother and baby establish their relationship.

Although breastfeeding problems may sometimes seem to exacerbate a mother’s struggles after a traumatic birth, managing to breastfeed successfully may be a very healing process as it helps women to feel in control and empowered as they nurture and nourish their babies.

Kathleen Kendall-Tackett, PhD, IBCLC, LLL Leader, encourages mothers to process their traumatic births. “Talking to someone who has shared similar experiences provides validation of your feelings, just as breastfeeding mothers find validation at La Leche League meetings. Sometimes, just talking about your feelings with a good friend can help you sort things out and calm any fears or anxieties.”

Kendall-Tackett always encourages mothers to get copies of their medical records. “If possible, talk with your health care provider or someone else who can help you understand the events that occurred during your birth. It is also helpful to read books that might put your birth experience in a broader perspective.” See “Making Peace with Your Birth Experience” New Beginnings, issue 5 & 6 2009; 50–55.

By talking about her birth experience and seeking counselling, if necessary, a mother can understand and come to terms with what’s happened and then move on. This will help her connect with her baby and give him the love he needs.

References

That Time of The Day

MOTHER’S SITUATION

The most hectic part of my day is coming home to a messy kitchen sink with breakfast dishes still on the table and no ideas for dinner. How do other employed mothers make the most of this short but important part of the day with their babies when housework and meals demand their time and attention?

Response

I think that it really helps to plan your meals before you do the shopping. Always decide in the morning what you are going to cook for dinner. Perhaps alternate some responsibility with your husband. If you are picking up your child and he is going to be home first can your husband do the dishes? If he has a real aversion to dishes or housework can he cook? If he can do none of those can he go to get your child instead so you can cook? We do all of these. We plan our meals and my husband helps in the kitchen. We also alternate who is going to pick up our son.

Shelly Alvarez, Oakland, CA, USA

Response

Delegate! Delegate! Delegate!

Seriously, one approach you could take is to prioritize tasks and delegate some, just as you might be used to doing at work. And this is where being a breastfeeding mother really pays off—since breastfeeding and reconnecting with your baby must take priority, and you are the only one who can breastfeed, the other tasks will have to be delegated.

I try to remember to put the dishwasher and washing machine on before going to bed and unload both first thing in the morning before breakfast. Being organized about doing the little jobs means that things don’t get unmanageable.

My husband helps by putting out the garbage, picking up groceries on his way home, and putting the children to bed while I nurse our baby. It isn’t easy when there don’t seem to be enough hours in the day, but I find it helps to remind myself that my family comes first and that my children would rather have cuddles and plain food than watch me spend hours in the kitchen or cleaning the house.

Susan Long, Chicago, IL, USA
To make the situation easier on everyone, you could also try the following.

- Getting up a little earlier in the morning to give yourself time to clear the breakfast table before leaving for work.
- Keeping housework to a minimum and once again delegating as much of it as possible—if you have older children, give them set tasks to do in return for pocket money.
- Planning your dinner menus for the week in advance (when you have a quiet moment), so that there is no last-minute panic at a time when you are tired and unlikely to have much inspiration.
- Taking short-cuts with meals, cooking double quantities so that you can freeze a portion for another day; opting for simpler dishes mid-week (soups and stews that just involve throwing everything into one pot, or "no-cook" salads in summer); even the occasional ready meal or "take-away."

Good luck with "making it work" for you!

Gwyneth Little, East Lothian, UK

Response

I am a fairly creative person when it comes to food. I work full time out of the home and I make home-made meals, every single day of the week.

I have made a deal with my husband: he empties the dishwasher and I fill it as I go about my food prep.

When I get home, I will look over what food we have in the house and then I’ll choose a meat, a vegetable, and noodles or rice. If I’m really tired, I will just throw some cooked ground meat or sausage into a pot with a can of mixed vegetables, a can of broth, and one can of water. Depending on flavor, I’ll add a can of diced tomatoes, a can of white beans, or a handful of elbow macaroni. Then I’ll leave it to cook, stir it occasionally and voilà supper with very little effort.

Cyndie, Oklahoma, USA

Response

When I was faced with a similar dilemma, I decided I simply could no longer cope with working outside the home. I was fortunate enough to be able to change my hours and work part time. Now my home is a bit more organized and I have a little more time for my children. This may well not be an option you have. A friend of mine is able to do some of her work from home a few days a week, which frees up the time she would otherwise spend traveling to and from her office.

Other mothers I know have started their own businesses out of their homes in order to spend more time with their families.

Good luck finding your way. There is never one right solution!

Geraldine P., New York, NY, USA
Keeping It Simple

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

I’m always looking for simple nutritious food that I can prepare quickly for my family, my two-year-old daughter with a big and eclectic appetite, my four-year-old son, who can be described politely as “conservative” in his tastes, and my husband, who says he likes his food “substantial and tasty.”

Sometimes I’m organized and manage to make our evening meals during the day. At other times, I have to get a meal on the table as quickly as possible while keeping my daughter from having her five o’clock meltdown and having an in-depth discussion about planes and submarines with my son.

Although this lentil bake is not a meal that can be prepared particularly quickly it’s really tasty and filling. Everyone who tried it liked it! If you wanted you could spice it up a bit with some chili powder.

Lois Rowlands, West Sussex, GB

Nutritional Facts

Lentils

Lentils are pulses and are rich in protein but they do not constitute a complete protein in themselves. When combined with a grain, however, they do form a first class protein, which makes them very suitable for vegetarian cookery. Apart from protein, pulses contain carbohydrates, vitamins (particularly B), and minerals (notably iron). Lentils do not require soaking and cook quickly. You can use them in purees, bakes, burgers, and curries. They can also be sprouted very successfully.

Oats

Oats are a highly nutritious grain. They contain carbohydrates, protein, and fat. They are also a good source of iron, potassium, and Vitamin B.

LLL Leader Kimberley Wells says “This lentil bake was delicious at our La Leche League spring workshop as part of the buffet ‘pot luck’ lunch.”

Lentil Cheese and Oat Bake

by Nicola Crossland, Milton Keynes, GB

Serves 4

Ingredients

- 170g (6 oz) red lentils
- 420 ml (3/4 pint or 1 1/2 cups) water
- 1 tsp oil
- 2 onions, peeled and chopped
- 4 heaped tablespoons porridge oats
- 2 stalks celery, thinly sliced (or one red pepper diced)
- 1 carrot, finely chopped or grated
- 125g (4 1/2 oz) cheese, grated
- 1 tsp dried mixed herbs
- 2 tablespoons tomato puree

Method

Put lentils in a pan with the water. Bring to a boil and simmer for 15–20 minutes until soft and moist. Drain. Heat oil and fry onions until soft. Add oats, celery, cheese, carrot, herbs, tomato puree and drained lentils. Mix well. Put into a lightly greased shallow ovenproof dish or tin, bake in a preheated oven at 350°F/180°C/Gas Mark 4, for about 30 minutes. The bake is soft when warm but firmer when cold and can be eaten hot or cold.

“Eating Wisely” is edited by LLL Leader Lesley Robinson.
She lives in Ottawa, Canada with husband, Mark.
Her three grown children have flown the nest.

Please send stories and photos to eating.wisely@llli.org

Adapted from an article in LLLGB’s Breastfeeding Matters.
World Breastfeeding Week Celebration Winners

Over 10,500 people participated in events across the USA for World Breastfeeding Week Celebrations in 2009, raising almost $52,000. The fundraising efforts will be used to continue to help mothers and babies to know the joys and benefits of breastfeeding.

See the box for the list of prize sponsors. This year’s first prize winner was Susan Vicknair Theall. She raised over $2000 for La Leche League of Jefferson, Louisiana.

LLL of Jefferson held a Baby & Child Expo at a local mall. They were allowed to use the mall and 45 tables for free. Local businesses paid to reserve tables, volunteers gave half-hour talks, teens provided children’s crafts, and snacks and drinks were donated by a health food store. A bag of samples was given to every family who signed in. Items were listed in the program for an eBay auction.

Leader Susan Vicknair Theall commented: “Several of the tables are reserved for our breastfeeding information displays and we hang large breastfeeding posters on the columns around our area. One of our tables has information for parents to take home and we also provide all of the medical professionals with gift bags of free tear-off sheet pads. Our meeting information is also in the program. This is a wonderful way to educate our community about our organization and the resources available to pregnant women and nursing mothers.”

Individual prizes were awarded to 41 people, who raised between $250 and $1999 during their WBWC events. 21 Groups received a total of $2,702.62 in Group rebates. (Rebates were awarded to the Groups who raised over $750.36.) Groups were awarded participation incentive prizes.

To view the entire list of winners, go to www.llusa.org/wbw/ and click on Reports.

Pam Dunne, LLL USA
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To Honor

Sarah Chaikin
With deep appreciation for Sarah’s help upon the birth (and breastfeeding start!) of our daughter Aviva. Without your help, I would not have been able to share the joy of breastfeeding with my daughter. From Cathrin Weinstein, Margate City, NJ

Betsy Belle Eadi
Happy 65th birthday, 45th anniversary and 34th year as an LLL Leader! Thank you for being an amazing Mom and Grandmother. Love, Your Children and Grandchildren

Cindy Garza
Thanks for introducing us to LLL. Happy Mother’s Day. We love you. Elias and Dubraska Wawi, Houston, TX

Jan Kozub
To my dear friend and Wilbraham LLL leader for over 40 years!! - Happy Birthday Jan Kozub. I admire and honor you for helping so many breastfeeding families over the years. Because of your dedication, love, support and clinical expertise so many have succeeded to breastfeed despite huge obstacles. You are the best. Thank you for being my mentor, friend and respected LLL leader. Love, Nancy Aberdale, Venice, FL

Ruri Lane
Ruri is an acquaintance of Sue Counselman. It was through Sue that I heard of Ruri’s predicament. I would like to honor Ruri through my donation to LLLI. From Monica Syler, San Francisco, CA

Evy and Marc Simon
Happy 50th Wedding Anniversary!
Best Wishes and Love, Les Duman, Wyncote, PA

Helena K. Solis
Dear Mom, Thank you for your support in my extended breastfeeding of Finn. Love, Sandra, Woodhaven, NY

To Remember

Molly Orte
Mother, grandmother, sister, friend.
You are loved and missed by so many.
From Christine Smith, Lakeland, FL

Jan Graham Zimmet
In loving memory of Jan Graham Zimmet, devoted wife of Ron Zimmet and mother of Arthur, Ron, and Amy Mae Zimmet Osborne. Larry and Jane Graham, Austin, TX

Please accept this in memory of Jan Zimmet. From Jill and Peyton Quarles, South Daytona, FL

For offering support back in the days when there was none to be had. From Sharon Atack, Flagler Beach, FL

With our deepest sympathy for your loss. From Don and Joy Hevey, Tallahassee, FL

It is an honor to contribute to the League in Jan Zimmet’s memory. Jan was truly a champion of both mothers’ and children’s health. May she rest in peace.

From Randy and Nancy Cray, Daytona Beach,

For significant events in the life of someone you care about, have you considered a tribute gift?

You can make a donation to La Leche League International (LLLI) in the name of a family member or friend to Honor or Remember them. Your tax-deductible donation will show that you care about them while also helping LLLI further its mission to help mothers breastfeed.

For a minimum gift of $25, the Development Department will notify the specified individual(s) with a personalized card indicating that you have made a gift in their name. The gift amount will not be indicated. Please include the complete name and address of the person or persons to be notified.

Because of space constraints, only gifts of $50 or more will be published in New Beginnings detailing your special message of congratulations, encouragement, or condolences; limit tributes to 20 words. Please keep in mind that LLLI is a diverse community whose main focus is helping mothers to breastfeed. While we can respect personal beliefs reflected here because of the nature of tributes, this column is not intended for social commentaries outside the focus of LLLI.

To submit a tribute gift, visit www.llli.org/donate or write to: La Leche League International, Attn: Development Department, 957 N. Plum Grove Road, Schaumburg, IL 60173 USA.

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