new Beginnings

The Womanly Art of Breastfeeding
An Excerpt from Chapter Three:
Birth!

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Breastfeeding—Sometimes A Challenge

How many new mothers feel they are prepared for breastfeeding? How many of us wish we had found La Leche League before the birth of our babies? It can make all the difference to our own experience to hear about breastfeeding from other breastfeeding mothers. What better way to start on the journey of motherhood is there than reading *The Womanly Art of Breastfeeding*, the cornerstone book of La Leche League? Read an excerpt on page 4 about birth and breastfeeding from the completely revised new eighth edition of this iconic book.

The mothers’ stories in this issue are personal narratives that illustrate different challenges to the breastfeeding relationship and how these moms have risen to them. Do you have a story you’d like to share? Whether it is about a difficulty or relates to the happy course of breastfeeding, *New Beginnings* would like to hear from you.

In "Staying Home" moms share their thoughts about how they respond when other people’s children misbehave. Working moms In "Making It Work” tell us their ideas for handling nighttime separation from their breastfeeding babies during their employment. And in “Toddler Tips” mothers offer suggestions about what to do when an invitation excludes your breastfeeding child.

This is my last issue of *New Beginnings* as its managing editor. The magazine is going to be produced by LLL USA from now on. I have very much enjoyed being a part of the *New Beginnings* team and I’d like to extend a warm welcome to Amy Nelson, who is joining the team in my place, and thank every one of you who has contributed to the magazine to make it the great support it is to moms and babies. I’ll continue to be an avid reader in the future.

Barbara Higham

Barbara Higham is a La Leche League Leader and editor of *Breastfeeding Today* for LLLI and co-editor of *Breastfeeding Matters* for LLLGB. She lives in the spa town of Ilkley, West Yorkshire in the north of England with Simon and their children, Felix (12), Edgar (8) and Amelia (4).

Dear New Beginnings Friends,

La Leche League and *New Beginnings* have been a part of my life as a mother ever since I became one 11 years ago. I am absolutely thrilled to be part of the transition of *New Beginnings* to LLL USA. Before I became a mother, I worked as a journalist at a daily paper. I look forward to now using these skills in my new role as Managing Editor for *New Beginnings*.

Let me briefly introduce myself. My husband of nearly 13 years, Cory, and I have four delightful children: Accalia (11), Cole (7), Ella (4), and Tylan (2). We live in a small town in South Dakota.

One of the things I’m looking forward to most is connecting with mothers from all over the United States. I hope you’ll feel comfortable in sharing your thoughts and stories. I can be reached at nbeditor@lllusa.org.

Amy Nelson

Amy Nelson | nbeditor@lllusa.org
You might be surprised to see a whole chapter on birth in a breastfeeding book; there’s a trend today away from learning about birth or taking childbirth classes, trusting instead to an obstetrician and an epidural. But becoming a mother isn’t just getting the baby out. A complex hormonal sequence during labor sets us and our babies up to take on our new roles with confidence and enthusiasm, and if that sequence is too disrupted, both early motherhood and breastfeeding can be harder.

We’ve been down this road before. A full half century ago, when La Leche League was getting started, most mothers were actually unconscious during the birth. Mothers woke up from anesthesia to be handed a freshly washed and dressed baby that they had to assume was their own. It wasn’t thrilling, but they were certain it was better than the pain of an unmedicated childbirth.

The women who started La Leche League were interested instead in the unmedicated, partner-attended, often at-home births that the new natural childbirth movement promoted. They discovered that birth can be exhilarating. They also discovered that breastfeeding was a whole lot simpler and, well, natural after a simpler, more natural birth.

But somewhere along the line, we found ourselves back on that “medicated birth road.” Mothers are usually conscious for birth today, but the majority have some medications—such as an epidural anesthetic—that prevents them from feeling labor and birth. Unfortunately, medicalized birth tends to disrupt a mother’s sense of motherhood and impede a baby’s ability to breastfeed easily, just as it did in the 1950s. Can you still breastfeed after any or even all of today’s interventions? ABSOLUTELY!!!

**Moving Forward After a Difficult Birth**

If you feel that what happened during birth is getting in the way of your relationship with your baby, you’re not alone. Most mammal mothers have difficulties if
they didn’t feel labor or birth, or if the experience was unusually traumatic, or if the baby is taken away from them. Many human babies won’t latch after a difficult birth and some mothers aren’t sure they even want them to. This makes a lot of sense biologically—the birth didn’t happen the way it “should” have, so neither of you received the sequence of motions and hormones that helps bonding happen immediately. You and your baby need to connect in a fundamental way. Here are some ideas to speed the process:

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- Make some decisions about him—what he’ll wear, how to hold him, how to comfort him. Taking responsibility for him helps you feel more nurturing toward him.

• If your baby won’t latch, understand that it’s just temporary, and try to be patient rather than panicked or frustrated. Most babies will get there in time.

Owning Your Birth

If absolutely everything you didn’t want happens to you, or even if your birth just isn’t what you hoped, this was still your story and nobody else’s. It’s a story that you will probably want to tell in detail someday to a caring friend or maybe even to your child. At some point—even years later—it can help to write it down. The good parts and the bad parts, what you saw and did, and how you felt. Your story will become precious to you for exactly what it is—the beginning of your life with your child.

There really is life after birth, and it really will be wonderful (most days). No matter how the birth goes, most mothers and babies can go on to breastfeed. In The Womanly Art of Breastfeeding, we’ll show you the basics of keeping your milk supply high, your baby well-fed, and your breast a happy place while you and your baby recover from any birth issues and learn to breastfeed. There are good days ahead.

The co-writers

Diane Wiessinger, MS, IBCLC, has been a La Leche League Leader since 1985 and works as a Lactation Consultant in private practice, in Ithaca, New York. She is the author of many articles about breastfeeding, as well as being a popular speaker. Diane began her studies observing animal behavior over 30 years ago. See her collection of “Common Sense Breastfeeding” handouts http://www.normalfed.com.

Diana West, BA, IBCLC, is an LLL Leader and a co-author with Dr. Elliot Hirsch of Breastfeeding After Breast and Nipple Procedures, with Lisa Marasco of The Breastfeeding Mother’s Guide to Making More Milk and author of the Clinician’s Breastfeeding Triage Tool and Defining Your Own Success: Breastfeeding After Breast Reduction Surgery. She lives with her three sons and husband, Brad, in the picturesque mountains of western New Jersey.

Teresa Pitman has been a La Leche League Leader in Canada for 30 years, and is the mother of four children and the grandmother of four. She’s the author or co-author of 12 published books, including two on breastfeeding (with Dr. Jack Newman). Her new grandson, Keagan, was born in November last year (at home, like two of his three older siblings). He is the fourth child for Teresa’s daughter-in-law Esmaralda, who is also an LLL Leader.
“New Beginnings” asks LLL mothers what they think of “The Womanly Art of Breastfeeding”

Why would you give a copy of The Womanly Art of Breastfeeding to a pregnant friend?

It makes wonderful reading and prepares her for life with her new baby.
*Tania Ruseva, Bulgaria*

I give a copy to pregnant friends because it’s the only childcare book written by mothers, for mothers, about real babies.
*Rachel O’Leary, Cambridge, UK*

When I need a shower gift, I buy one from my La Leche League Group to give to the mom. It benefits the mom and my Group too. It is very easy to send by mail.
*Karen Shaw, Falls, Pennsylvania, USA*

I give the book as a gift because it is concise and touches on all the various aspects of breastfeeding and breastfeeding families— from nutrition to closeness and togetherness, from early baby days to older children.
*Effath Yasmin, Mumbai, India*

I choose to give or lend the book to my pregnant friends because it is a complete childcare manual and covers the whole of La Leche League philosophy, including the role of the father in the breastfeeding family.
*Jilly Clarke, Medway, UK*

It’s got to be the best breastfeeding book around!
*Ginny Eaton, Leatherhead, UK*

A mother once told me that when she had given birth to her baby she had been given pills to dry up her milk without realizing. When she sought help, someone gave her a copy. She got her milk back, and she remembers the book with fondness as the one thing that saved breastfeeding.
*Helen Butler, Berks, UK*

I haven’t given it to a pregnant friend before but I definitely will do because it covers many of the aspects of baby care that mainstream magazines and many books overlook, including the emotional aspects and practical information about discipline, sleeping, family, and breastfeeding problems. I am currently pregnant and a friend of mine is too, both of us for the second time. We agree that The Womanly Art would have been such a boon to us had we come across it in our first pregnancies.
*Amanda King, Buckingham, UK*

The book makes a terrific shower gift, along with a sling! For me it was a lifesaver to find something to sustain my belief in breastfeeding— actually, to create that belief.
*Holly Hollander, West Hills, CA, USA*

How did you come to read The Womanly Art of Breastfeeding?

I read a copy when I had my first baby and would re-read the parts I needed, over and over again, while nursing.
*Rachel O’Leary, Cambridge, UK*
What do you like best about *The Womanly Art of Breastfeeding*?

The simple, yet detailed way all breastfeeding basics and all unusual situations are covered.

**Tania Ruseva, Bulgaria**

The book has a very usable index. I invariably find that I turn to the index first and read the book one topic at a time. It is the only book I own that I seem to routinely read back to front.

**Karen Shaw, Falls, Pennsylvania, USA**

I love the fact that LLL mothers are pioneers in promoting and in studying breastfeeding. This resource has helped so many families achieve their goal of giving babies the only nourishment nature ever intended. It makes me think of the saying that a teacher affects eternity—he can never tell where his influence stops. Congratulations to LLLI on the new edition! We need to have this book sitting on the tables for women to read in the obstetric or pediatric waiting area, instead of magazines that tell them they are too poor, too ugly, too this, or too that.

**Krystal Paulson, Yankton, SD, USA**

It is very readable, not academic or prescriptive, and the style is not dictatorial like some parenting books can be. It is also geared towards empowering mothers to have confidence in their decisions and their instincts, which is incredibly powerful.

**Amanda King, Buckingham, UK**

I have read four editions and I bought and treasure the 50th Anniversary one signed by the Founders. I look forward to seeing how the new edition is different.

**Jilly Clarke, Medway, UK**

One so far, and I’m looking forward to the eighth edition, which is an international version. I cannot wait to read it and see what’s new!

**Tania Ruseva, Bulgaria**

I have every edition since the old blue cover edition. I read each new one to find what has been added and revised and to appreciate changes in the layout. When I’m helping a mom by phone I ask which edition of the book she owns and I can refer her to information on appropriate pages in her edition.

**Karen Shaw, Falls, Pennsylvania, USA**

I have read two editions and each time I read the book I seem to understand more and my personality as a mother grows. This motivates me to help others.

**Effath Yasmin, Mumbai, India**

I look forward to the new edition, to see how mothering through breastfeeding fits into today’s world. We need female wisdom more than ever!

**Rachel O’Leary, Cambridge, UK**

I have read the first and second editions and then I bought and treasure the 50th Anniversary edition signed by the Founders. I look forward to seeing how the new edition is different.

**Jilly Clarke, Medway, UK**

I have read all but one edition, and each time I read the book I seem to understand more and my personality as a mother grows. This motivates me to help others.

**Effath Yasmin, Mumbai, India**

I have read three editions and each time I read the book I seem to understand more and my personality as a mother grows. This motivates me to help others.

**Tania Ruseva, Bulgaria**
My Sister

My sister, Lisa, has been a huge source of support and encouragement to me since we both became moms several years ago. Our first babies were born 11 months apart, and our second children are just three months apart in age. I have enjoyed being able to share experiences and support each other in our values concerning birth, baby wearing, extended breastfeeding, and parenting styles. What an awesome friend she is!

Just two weeks after giving birth to her daughter, Naomi, Lisa received a phone call from her pediatrician’s office. “The Health Department called concerning Naomi’s newborn blood screen. You have to stop nursing immediately and start using soy formula,” she said. That was it. No explanation why. Later that day, Lisa received a phone call from a nurse at the children’s hospital, who set up an appointment for the following day. Naomi’s blood screen was positive for galactosemia, a potentially life threatening condition. What a shock! Galacto-what? Stop nursing? What?! Whoever heard of such a thing?

At the appointment, Lisa learned that galactosemia is a rare metabolic disorder in which there is a deficient amount of the enzyme that breaks down the milk sugar galactose into its useable form. Galactose is found in both human milk and cows’ milk. In an affected person, the galactose builds up and will cause kidney, liver, and brain damage, which can be fatal. There are different types of galactosemia: classic galactosemia is the most severe and Duarte galactosemia is a milder version in which some enzymes that convert sugars are present. Further testing would need to be done to determine if Naomi had classic or Duarte galactosemia, was simply an unaffected carrier, or if the test was a false positive—common in the summer months when Naomi was born.

Lisa and her husband were now faced with the dilemma of what to do while waiting the two to four weeks to get the test results. It seemed as if Naomi was not suffering from classic galactosemia because she appeared to be healthy and thriving. But if she did have one of the forms of galactosemia, continuing to nurse could cause irreversible damage. Lisa very much wanted to nurse Naomi. She wanted to give her the immune support, defense against allergies and asthma, and the perfect source of nourishment that human milk provides. Lisa was also very fearful that if she switched to a bottle for the two to four weeks while awaiting test results, Naomi might not come back to her breast. She did not want to lose the option to nurse. Could Lisa’s milk really cause Naomi harm?

At only two weeks of age, Naomi began receiving soy formula and Lisa began diligently pumping. Every time she fixed a bottle, Lisa would cry tears of confusion, anger, sadness, and helplessness. She desperately wanted to let her baby nurse, but knew possible harm to her baby was not a good option. The test results came back, and Naomi did have Duarte galactosemia.
It should be noted that, although uncommon, classic galactosemia is a very serious and life threatening condition that is incompatible with breastfeeding. www.galactosemia.org is a good resource to learn more about this condition.

While La Leche League fully supports the use of human milk for babies, Leaders will not ever suggest an informal milk-donation arrangement. If a mother wishes to discuss these options, the Leader may provide information about the risks and benefits so that the mother can make her own informed decision based on her situation. See the policy regarding the donation of human milk www.lli.org/Release/milksharing.html

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desire to give Naomi breastmilk. Under the supervision of the hospital dietitian, Naomi was permitted to nurse part time as long as her blood galactose levels were checked every four weeks. A small price to pay, Lisa thought.

To Lisa’s immense relief, Naomi latched right on without difficulty. She was allowed to nurse two times a day and receive soy formula for all her other feedings. Every four weeks, Naomi’s blood levels were checked and when they were within the range the doctor deemed acceptable, she was allowed to nurse once more per day. For many months she could nurse only two or three times a day, but as she grew and was eating less frequently, that meant her ratio of human milk to formula was increasing.

Lisa continued pumping every few hours to maintain her milk supply and soon had a freezer full of pumped milk. She donated a large box full of her pumped milk to a nearby milk bank and then met someone she called her “milk friend.” Lisa was able to provide milk for someone who had not been able to establish breastfeeding but wanted to provide her baby with the benefits of human milk. Lisa supplied her “milk friend” with her expressed breastmilk for nine months. What an awesome gift!

At Naomi’s first birthday, she was released from the doctor’s supervision and told she could carry on with life without dietary restrictions. (It has been suggested that the deficient enzyme matures in some mildly affected patients, making dietary restrictions less or fully unnecessary.) She is now 16 months old and a happily nursing toddler. Pumping, bottles, formula, and the emotional distress of dealing with Duarte galactosemia are a rapidly fading memory.

It would have been so easy for Lisa to give up breastfeeding Naomi, but she did not. I am very proud of her for continuing to breastfeed even though it was not the easy thing to do. She is an inspiration to others, demonstrating that nursing with Duarte galactosemia is possible and worth the effort. I look up to her and admire her for persevering through this situation. She is an awesome example of determination and commitment.

Sara Brown, Troy, Missouri, USA
Breastfeeding with Polycystic Ovary Syndrome (PCOS)

When I got pregnant with my first child, a son, back in 2005, I promised myself I would breastfeed him. I didn’t educate myself or build up a support system, like so many new moms do. I thought breastfeeding would come naturally. After about two weeks of supplementing my son Aidan’s feedings with formula milk, he was no longer interested in breastfeeding, and we bottle-fed from then on. My well-intentioned husband urged me on with praise and told me that I had tried my best. Aidan needed to eat, he wasn’t gaining weight and he was hungry. After many tearful days and nights, and a brief bout of postpartum depression, I found peace, vowing to educate myself and promising myself that my future children would be breastfed.

When my son was almost a year old, I became pregnant again. I called my local La Leche League Leaders and started attending meetings. Even after a miscarriage, I continued attending the meetings. I needed and wanted all the information I could get. I read all the breastfeeding books I could find. The Womanly Art of Breastfeeding proved to be an invaluable resource for me. I got to educate my husband during this time as well and, two years later, armed with knowledge, resources and an unfailing support system, I became pregnant again. My main concerns at first were 1) my recent diagnosis of celiac disease and my prenatal health and 2) my first son. He is a wonderful, happy child, who is very high maintenance due to his autistic disorder. I was also incredibly frightened of miscarrying again. But the pregnancy lasted and the only obstacle was my gestational diabetes.

The hospital staff was helpful and supportive in my decision to breastfeed and room in. They did not supplement my daughter with any formula. And though we were separated for four hours after the birth, Isabella Rose and I shared a 40-minute, blissful first nursing session. The memory is foggy because of the medications I received, but I will remember it forever. She latched on like a pro and I marveled at her perfection.

We nursed round the clock, on demand and exclusively from that moment forward. And though my baby slowly lost a bit of weight, the hospital staff seemed unconcerned as she was passing urine and stools. Three days later we went home. I felt my milk come in on day four. My baby nursed herself to sleep and she seemed content. On the sixth day, my breasts felt empty and on the seventh day the crying started. She was attached to me every minute. Thank goodness for my husband taking some time off to stay home and care for our four-year-old, because I did not have one moment when Isabella was not latched on. She was hungry, she was nursing to sleep, but she was not happy.

We went to an endocrinologist to check my hormone levels. Long story short, I received a diagnosis of Polycystic Ovary Syndrome (PCOS). PCOS is a hormonal disorder similar to diabetes. Mothers, especially those who noted no breast growth during pregnancy, may have inadequate mammary tissue. I began my goat’s rue regimen again, added shatavari (Asparagus racemosus), Motherlove’s More Milk Special Blend and was given a prescription for domperidone.* I drank special teas as well. I got a good pump and began working. My supply has gone up, but only slightly. It’s minimal, but still more than before.

A local LL Leader observed us. The latch was still perfect, but after weighing Isabella a few times after nursing we found that little to no milk was being transferred. She’d lost close to 14 percent of her birth weight. I couldn’t pump a drop, and the fullness I had experienced shortly after birth was gone. Tearfully, reality set in that supplementation was inevitable.

Rule No. 1: feed the baby, by any means necessary. Goat’s rue, fenugreek, Motherlove’s More Milk Plus, lots of water, quinoa—nothing seemed to help me produce more milk. I went to an endocrinologist to check my hormone levels. Long story

I’ve redefined what breastfeeding means to me. It’s personally tailored to each baby. Every nursing relationship is different—no two are

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Mothers’ Stories

Endings and Beginnings

Intuitively that is when my breasts have the least amount of milk in them. I pump instead. Nearly every feeding is followed by a bottle. Nursing is her appetizer and her bottle is her main course—except for the first feeding of the day.

Already sleeping through the night, she wakes to find my breasts full and leaking. She nurses calmly, happily, on both sides, and it’s enough. She nurses herself back to sleep. If she doesn’t empty my breasts, I pump, but that’s not often. I know as she grows, my morning supply may have to be supplemented as well, but for now, it’s enough.

I’ve redefined what breastfeeding means to me. It’s personally tailored to each baby. Every nursing relationship is different—no two are alike. Many are cut short, accompanied by tears, while others go on for years without a hitch. Ours, though supplemented, is continuing. I’m fortunate enough not to have experienced a clogged duct, mastitis, sore or bleeding nipples. My baby’s latch is still as beautiful as it was on day one.

She prefers a bottle at night, but her very last nibble is at the breast. Whether there’s any milk there or not, it brings her the peace she needs to sleep. She’s my dearest little nursling and I’m so grateful for the gift I’m able to give, however small it may be. And even more grateful for the gift it’s given me. This is mothering—doing everything I can to give her what’s best, no matter what.

She’s getting more breastmilk than many babies do at her age. And there’s no end in sight. Until that day, I will keep on taking the extracts, the teas, and the herbs. I will continue to pump after every nursing session until the day that signals the end. What that signal will be we have yet to find out. But for now, this is how it is.

It’s bittersweet and far from perfect, a little sad, but also wonderful.

Thank you La Leche League. I could not have done it without you.

Anna Earley, Bellport, Long Island, NY, USA

*In many countries doctors prescribe domperidone, a drug used to treat gastrointestinal disorders, as a galactagogue. It stimulates milk production by increasing the milk-making hormone prolactin. Domperidone has few side effects, but it is currently not approved by the FDA in the United States. Some physicians, however, may be willing to prescribe it for a mother who needs to increase her milk supply. For more information on domperidone in the USA see http://tinyurl.com/domperidone-safe. LLLI does not recommend the herbs referred to.

Resource
http://www.llli.org/llleaderweb/LV/LVAprMay05p27.html

When I was pregnant with my first child I decided I would breastfeed. I had a background in public health and had read several baby books, so I knew the importance of breastmilk, but never did I imagine what a big part of my life breastfeeding would become.

Going back to work when Owen was three months old was probably the most difficult thing I’ve ever done. It felt so wrong to be separated from my baby.

I had hoped to give birth naturally, but became the victim of a totally medicalized experience. After a long induced labor and delivery, which included an epidural, Owen entered the world. I put him to my breast soon after his arrival, but found he wasn’t very interested in breastfeeding. We could barely wake Owen up to nurse. The hospital
staff was hesitant to release us because no one had seen him nurse and I had refused any supplementation. We were reluctantly released from the hospital and told a nurse would be sent to our home for a follow-up visit in a week’s time.

Those first days at home were very difficult. Breastfeeding was not going well and Owen was not sleeping at night—nobody can prepare first-time parents for the lack of sleep. He would latch onto my breast and attempt to nurse, but he was impatient and easily frustrated. It seemed he was not getting enough milk, as he would suck for a few minutes and then start screaming uncontrollably like he wanted something more. Eventually he refused to nurse altogether and started screaming every time I offered my breast to him. I kept trying, and we would cry together each time. Even with the amazing support of my husband and mother, I felt lost and confused and didn’t know what to do. I’d never imagined breastfeeding could be so challenging and thought I must be doing something wrong. I spoke to a lactation consultant, and although she was comforting, nothing she said helped our situation.

It seemed to take a long time for my milk to “come in.” And during those first few days I considered feeding him formula on multiple occasions. One day I woke from a nap and my husband and mom told me they had fed Owen some formula using a syringe. The formula seemed to satisfy him. Once he latched on and realized he was getting milk and lots of it, he never turned back. He gained weight quickly and by the time he was a week old he was happy and thriving. But that was the longest week of my life.

Going back to work when Owen was three months old was probably the most difficult thing I’ve ever done. It felt so wrong to be separated from my baby. The one thing that helped me get through those days was pumping my milk for him. To be providing him with something no one else could make me feel somehow closer to him, even though I wasn’t with him.

I was on a strict schedule, pumping twice a day at work and going to his daycare center every day at lunchtime to nurse him—I couldn’t imagine any other option. I kept this up until he was 13 months old when he started drinking cows’ milk during the day. But when I was home he continued to breastfeed and those times became special to us both.

My goal had always been to breastfeed for a year, but Owen’s birthday came and went and I never considered ending something that meant so much to both of us. Many of my friends were surprised I was nursing him for so long, but no one was more surprised than me. I never thought I would be “one of those women” nursing a toddler.

Owen nursed less and less. Soon he only asked to nurse in the mornings and evenings, and eventually he quit his morning session. But for months he continued to nurse before bed. Then just a few weeks shy of his second birthday, I realized I couldn’t remember the last time he nursed. This realization saddened me as much as it excited me. I knew my baby was growing up and becoming more independent. But a part of me regretted not having one last nursing experience to savor.

A few weeks later, Owen hurt himself and asked to nurse for the first time in weeks. I agreed and pulled him up into my lap, excited for one last nursing experience with him. But as soon as he latched on, he looked up at me with his big blue eyes, lost in thought, came off my breast for the last time and said, “No, no mama.” He pulled my shirt down but continued to snuggle against my chest. Our breastfeeding relationship had ended, but it was a relationship I was immensely proud of and would treasure forever.

Around this time I discovered I was pregnant with my second child. I wanted a natural birth this time to start my breastfeeding relationship in a more positive way. I am convinced the drugs I received during Owen’s labor and delivery caused most of the breastfeeding problems I had with Owen. So I read natural childbirth books, attended local Birth Network meetings, and even hired a doula. My entire labor and delivery lasted less than three hours and was completely drug-free.

My daughter, Adler, latched onto my breast within minutes of her birth and didn’t let go for about 24 hours. As a result, my milk came in very quickly, and my breasts were extremely full by day two. Adler did not latch on well and my nipples were bleeding by her third day of life.

I didn’t waste any time getting a lactation consultant to assist me. It took us about four weeks to get the hang of breastfeeding and for my nipples to heal entirely. There were days I couldn’t feed her at all and had to pump my milk instead. And there were days when I cried in pain throughout all of the feedings. But again, we made it, and now Adler and I are reaping the benefits. She is a healthy three-month-old, who is still an avid breastfeeding. I look forward to our long breastfeeding relationship.

While breastfeeding Owen I turned my passion for breastfeeding into a career and became the Statewide Breastfeeding Coordinator for Nevada. I have been enjoying my job for over a year now, and feel extreme satisfaction every time I help a new mom learn to breastfeed. I am about to return to work from maternity leave, but this time I get to bring baby Adler with me to the office.

Kelly Langdon, Carson City, Nevada, USA

“Mothers’ Stories” are edited byLLL Leader Brenda Carroll, who lives in Shawnee, Kansas, USA with her husband, Scott, and their three sons, Ian, Noah, and Kyan. She is an International Board Certified Lactation Consultant in private practice.

Please send your stories to nbeditor@lllusa.org

Mothers’ Stories

12 New Beginnings | Issue 3 | 2010
When Children Aren’t Invited

MOTHER’S SITUATION
A good friend of mine has invited my husband and me to her wedding in a few months’ time. The invitation, however, is not extended to my 18-month-old, from whom I have never been separated for more than an hour or two. My little boy is still nursing frequently and I am not at all happy about the thought of leaving him with anyone in order to attend the wedding. I have tried to explain to my friend why I don’t want to leave my toddler but it was clear from her reaction that she didn’t understand—she appeared hurt and offended. I really do value our longstanding friendship but equally cannot contemplate separating from my toddler at this stage. What have other mothers done in similar situations?

Response
This situation occurred for us twice in the time my older daughter was between 18 and 24 months. Like you, I had a frequent nurser and was not happy to leave her for the day with anyone other than her dad, or with granny for a couple of hours. The invitation to my cousin’s wedding was politely refused and I explained that I did not feel ready to leave my daughter. They were surprised and a little offended, but they may (or may not) understand my position if they ever have their own children. Either way it’s not been mentioned since!

The other wedding required careful thought as it was of a very dear friend and a long distance from our home. We came to a happy compromise. We flew up to the wedding, treating it as our summer break and spent a couple of days in the city enjoying ourselves as a family. On the day of the wedding, my husband took my daughter to the zoo for a couple of hours while I went by myself to the ceremony. There were mutual friends there and I had a chance to sit with them and catch up on the gossip before the wedding began. After the wedding ceremony the bride sought me out and we had a lovely chat before I left to join my family. She was thrilled that I had made the effort to see her married—in her view the most important part of the day—and appreciated me being there. I’m sure I missed a great party in the evening but I would not have enjoyed it while worrying about my little one. She, by the way, had a great afternoon with her dad and came away with a fascination for penguins!

Jane Wightman, Coventry, GB

Response
I think what you should do depends on your child. 18 months is a tough age for a baby at a wedding. Has he been in a situation like this before? If he has was he quiet and calm or fussy and bored? Perhaps your friend is nervous that an outburst of crying may interrupt the ceremony or other important parts of the event that are perhaps even being recorded on video. I would say to her, “The idea of his presence seems to concern you. Can we discuss why?” The resulting conversation may give you some room to include him for some parts of the wedding but not others, when you can discreetly remove him.

Is the wedding in or near a hotel? Could you pay a caregiver to watch your child and pop in when needed to nurse him? As he hasn’t been away from you much, perhaps a good friend or family member could watch him? If they are also to attend, could you all take turns enjoying the wedding and caring for him? Or perhaps get him used to a new caregiver by having her over to your home ahead of time and going out somewhere leaving her in charge.

Rebecca Ednie, Mt Albert, Ontario, Canada
Response

Your friend's apparent lack of understanding must be really frustrating! I'm sure it's because she wants the wedding to be perfect! (Didn't we all? Then we remember the flubs and laughed!) You don't mention if the wedding is local or out of town. Either way, perhaps you can hire a sitter and have a room where the event is being held. Then you can pop in and out as needed. How long does your child go between feeds? Most ceremonies last an hour or less. Could you attend the ceremony and skip the reception or vice versa? Maybe your friend has a preference if you can't make both. Have you asked if you can bring your baby to the reception and not the ceremony? If your friend is amenable to that, try to leave the main party if your baby gets fussy as quickly as possible.

If you just can't make the schedule work send her an extra nice gift and make firm plans to get together to look at her pictures and talk about the honeymoon trip as soon as you can. Let her know that you really want to be there and that's why you are asking questions and making scheduling attempts, not because you're trying to have your (wedding) cake and eat it too, so to speak.

Sonia Gasbo, Arizona, USA

Response

I was in a similar situation myself not long ago, though it wasn't a close friend of mine, but my husband's. Our original plan was to bring my sister along and have her watch our sons during the wedding and check in before the reception. In the end, even this situation wasn't going to work out for us. My husband considered going alone before eventually deciding that it wasn't going to work for any of us. The wedding was taking place nine hours away. His friend was disappointed but perhaps when she becomes a mother some day she will understand.

I sympathize with you and the difficult situation you are in. I'm not sure how far away the wedding is or what time of year/temperature it will be, but perhaps having someone watch your 18-month-old nearby (possibly even outside!) could allow you the freedom to check in frequently with your toddler? Even if you miss a lot of the wedding and/or reception, at least your friend will see you made an effort and you won't have to compromise anything with your child.

I wish you the best of luck and am sure you will find a solution that will allow you to meet your child's needs.

Rachel Leon, Rockford, IL, USA

Response

When my baby was young, we were invited to a wedding that was far away, and I did not want to leave my baby for so long. Luckily, I was not the only one, and my friend understood. She asked at the hotel if they would provide us with a “baby room.” We brought our trusted babysitter along with us and she stayed in the special room along with another babysitter or two and our daughter. A few times during the wedding, I slipped out to check on them and breastfeed, and then I was able to return to the wedding to dance, eat, and celebrate my friend’s happiness. Maybe you can ask your friend if the facility has a room you and a trusted babysitter can use? Good luck.

Kari Kobl, White Plains, NY USA

Response

Being a recently married woman as well as breastfeeding mom, I feel that your concerns are very valid. When I prepared the guest list for my wedding I invited a couple without their children. They made it very clear to me that the only way they could attend my wedding was if their children were included. I didn’t give it a second thought. If this person is truly your friend I think that she will see your concern. If she doesn’t perhaps don’t go to the wedding.

Samantha Tascione, Milton, Ontario, Canada

MOTHER'S NEW SITUATION

Does anyone have any tricks to get a child to sleep in until later in the morning? My daughter, who is 30 months old, is waking really early every day after going to bed at a reasonable time and sleeping through the night. It doesn’t matter what time she goes to bed she always wakes too early. Although she is often in bed by seven o’clock, I’m so tired myself after being up so early that I’m ready for bed too and my husband and I aren’t getting any quality time together.

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

Please send responses and new situations to toddler.tips@llusa.org
The Gentle Discipline of Others’ Children

MOTHER’S SITUATION

Being a stay-at-home mom, I often find myself in the company of other people’s children, for instance at organized playgroups or afternoons at the park. Occasionally, I encounter children whose behaviors require gentle discipline. The problem is if I do not know these children or their parents, I am not always sure how to approach them. My standard response is to remove my child from the situation and explain to him why those behaviors are not acceptable. But, it does not feel right to pull my child from play when he was not misbehaving. How do other mothers handle situations such as these?

Response

It can be very difficult to correct other people’s children, especially when you don’t know them. However, I think that needs to be done from time to time. It often feels like there is an unwritten rule of the playground that all eyes be watchful.

I have four children, so it is impossible for me to watch all of them at the same time. I do my best to keep my eye on the younger ones, since I feel they are the ones who would encounter more situations that are difficult. The older two are (I hope) old enough to work through any disputes that may arise.

I have been in a situation where another person’s child manhandled my own. My response was immediate and definite. After checking to make sure that my child was not hurt, I spoke directly to the other child. I got to his level and in a stern, but calm, voice explained that such touching was not allowed. Since his mother was not with him at the time, I had him walk me over to her and I then explained the situation. She did not seem to like the fact that I had intervened. She grudgingly offered an apology and moved to another part of the playground. Not long after, I saw my child playing with her child again. Children are extremely resilient and bounce back from correction quickly. I think the idea is to make sure that the child you are correcting is also being respected.

I tend to align myself with like-minded parents, through La Leche League playgroups, and with moms that I have known for a while, so that I am certain these other parents will be both willing to correct my children if necessary but will also do it lovingly and gently.

I have also found myself in situations where my children have been surrounded by parents who do not practice loving guidance. The best thing I can do in these situations is simply reassure my children that I love and respect them. It may not seem like much, but when they see other children being treated harshly, they get confused and scared.

As for removing my child from a play area when the other children are misbehaving and not being corrected, it depends on the situation. I will intervene with the child once or twice, and then speak to their parent or caregiver, but if that does not change the behavior, or encourage the adult to pay closer attention, I will leave. I don’t see the sense in keeping my children in a situation that is disturbing to them. When we leave, I explain to my children that they were not misbehaving, but that they did not need to be around children who were behaving in a less than desirable way.

I try to shower my children with well-meaning praise when they behave in the way that I expect. They are learning that when their actions are positive, they will be rewarded with attention as well. I also try to praise other people’s children when I see them doing something nice, for example, taking turns on a swing or sharing a toy. I will make a point of telling that child’s parent or caregiver of his good behavior. I usually tell the adult in front of the child, as well.

The bottom line is you must act in the way you are most comfortable. Good luck in finding your own comfort level!

Cathy DeRaleau,
New Castle, PA, USA

Response

When my children were smaller I came across the same situations as you describe. I particularly noticed that most of the other children in play settings would be unsupervised. I used to watch my children closely and, like you, would be very quick to step in if they seemed to be in trouble.

At this point I would pleasantly but firmly explain what was needed for the benefit of
the offending children, for example, “Gently …” or “We can’t throw sand in case it gets in our eyes” or I would verbalize the problem, “You want a turn on the seesaw on your own?” I found this type of vigilance quite exhausting and preferred quieter play dates with a single child and an equally watchful parent. Parks and ball pits are often quiet first thing in the morning, which can be an advantage as not only are there fewer children around but the children aren’t yet tired and hungry, which often leads to irritating behavior.

Sometimes I think the only course of action is to remove your child to safety as confrontation with unknown parents or children is undesirable.

Wendy Willow,
North London, GB

Response
It’s so hard to know what the right thing to do is. I try not to remove my children if they aren’t doing anything wrong, but sometimes it’s necessary. The approach that I have always taken when it comes to other children is to separate the behavior into three categories. 1) Behavior that could hurt someone or is unsafe. 2) Behavior that is of a bullying nature and/or fighting. 3) Behavior that I deem unacceptable from my own children.

For the first category I always intervene, regardless of who the child is. I will say something along the lines of “Oh we can’t do that, we could hurt our friends” or “Please pass that to me, it’s not safe to play with.” The way I view it, if a child is hitting another child in the head with a hard toy someone needs to stop it. If the mother doesn’t step in I will. I don’t discipline though. I just stop the behavior. If it’s serious, I will tell the mother so that she can deal with it. Bullying, whether through words or actions, is such a hard thing to deal with. Do you let the child figure it out for himself? Or do you stop it? I think it depends on the age and development of the child. We all want our children to learn independence and I think giving them the tools when they are young will help foster that.

For my own child, he was about three or four before he was able to tell another child, “I don’t like it when you do that.” Once we got to that point I tried to sit back a little more and let him use his own words to solve his problems. Before that, I helped mediate by saying things like “Why don’t we each take a turn? You had it first so you get to take the first turn, and then you can pass it to your friend” or “We don’t use our hands for hitting. We use them for helping.” Again, hoping the mother of the child would intervene first, but not waiting too long for that to happen.

For behaviors I don’t want to see in my own children, I tend to explain that “we” don’t do that. “Timmy’s mom may let him do that, but we don’t do it because of xyz.” As mothers we need to come together. The saying “it takes a village” is so true. I expect other mothers to step in if I’m not available and stop any unsafe or hurtful behavior that my children are displaying.

Jenn, NL, Canada

Response
Although in our society it’s assumed that parents will deal with their own children’s behavioral issues, that’s not always possible. I think it’s vital that children experience different kinds of communication with different people. We are as diverse as the sticky situations they get themselves into and surely the term “society” suggests that it should work as a whole.

I gently discipline other people’s children as I do my own, knowing that their parents may or may not intervene. I expect the same from other people, and am ready to stick up for either child if necessary. Generally it works very well, because it’s clear that I’m being fair, not taking sides and I’m setting a good example for children who are learning to resolve their own disputes respectfully in the future. The book How to Talk so Kids Will Listen and Listen so Kids Will Talk by Adele Faber and Elaine Mazlish http://tinyurl.com/26nogbx/ is excellent for ideas of what to say.

Sara Simon, Cheshire, GB

Response
When other children misbehave around my kids, the way I handle it depends on where the behavior is directed. If a child does something to my child, I will gently tell him not to. I don’t do it for the benefit of the other parent (if s/he is even listening) I’m doing it so that child knows his behavior is not nice.

If another child is doing something I don’t permit my own kids to do, I generally don’t say anything to the others. Instead, I’ll say something to my child if he tries to mimic the action. If he repeatedly tries to mimic the action, that’s when I may guide him to another play, toy, or place.

I figure it’s not my job to apply my own rules to someone else’s children, unless and until the other child’s behavior directly impacts my kids.

Beth DeVivo,
West Pittsburg, PA, USA

MOTHER’S NEW SITUATION
My family has recently changed our eating habits to a healthier, almost completely vegetarian, lifestyle. It has been a difficult adjustment for all of us, but especially for the children. They are doing very well with the changes, but every time we get together with my best friend and her children, she brings the children fast food lunches to eat. When I talk to her about the dietary changes we have made, she insists that “one fast food meal” is not going to undo everything. She gets angry and accuses me of suggesting that she is not “as good a mother” as I am because she feeds her children fast food meals. How can I make her understand and respect my family’s new diet?

“Staying Home” is edited by Cathy DeRelaeu, who lives in New Castle, PA, USA with her husband and four children.

Please send responses and new situations to staying.home@illusa.org
Nighttime Separation

MOTHER'S SITUATION
My new job will require a little travel and I shall have to spend one night a month away from my seven-month-old baby. While he is used to my being away from him during the day for seven hours, four days a week, he nurses a lot in the evening, nurses to sleep at bedtime, and nurses during the night. I am worried about how my husband will manage to comfort him and get him to sleep. I am also concerned about whether I’ll need to pump more while I’m away overnight. Please can other traveling moms share how they have coped with nighttime separation?

Response
I had a friend who was in a similar situation and she decided to bring the baby along. She took her baby with her on business trips so that her nursing routine would not be interrupted. It worked really well for the first year and then some time after that she gently encouraged her husband to establish a nighttime routine for when she was gone so that the baby could stay home with him at night (and be happy) when she had to stay over on business.

Some people might argue that it would be deeply unsettling for a baby to be away from home and out of her normal routine but my friend believed that she was her baby’s routine and wherever she was her baby would be settled if they were together. The baby loved the extra time with mommy and my friend was able to keep her mind on her work knowing that her baby was geographically close to her. She brought her nanny with her and was able to negotiate for the company to pay the plane ticket by arguing that her baby’s nighttime needs for her presence were as important as the company’s need for her talent!

Something that I’ve learned over the years is to believe in my greatness. That is, my talent is valuable and it is okay to ask for things that will help me balance motherhood and working. Most companies want to oblige and if it gives them the reassurance that you will stay with them longer and will be happier they usually are able to back it up with monetary support.

Best of luck.
Georgia Raphael, West London, GB

Response
I can empathize with your situation, as I was in a similar position a few years ago. My job involved staying away overnight every few weeks and I did find it hard at first.

First, the milk. Does your son accept expressed milk from whoever usually looks after him when you’re at work? If he’s reasonably happy taking a bottle or cup in the day, this will help during the night. If your baby waits to drink until you return, you (or preferably your husband) may want to work on encouraging him to take milk in another way. Doidy cups are great as they don’t cover the baby’s face when tipped back. * I found I needed to express quite frequently to avoid engorgement while staying away—at least every three hours day and night when my son was little. Your need to express will depend on your individual body, but do keep an eye out for blocked ducts and engorgement and don’t delay too long if you need to express. It can be more difficult to clear blocked ducts with a pump, and even hand expression, than with a well latched-on baby.

You might get away with some longer periods without expressing at night, but consider taking some breast pads if you leak when you get engorged, even if you don’t use them normally. Take it as a golden opportunity to get a few more hours’ uninterrupted sleep than normal! If you take an insulated bag and freezer packs, you should be able to keep your bags/bottles of expressed milk fresh enough to use when you get back if you need to. I have also made use of hotel minibars and staff fridges to store milk. If you ask, most hotels, workplaces, and conference venues will give you access to a fridge if you explain what it’s for. You’ll get a few funny looks, but I’ve never had worse than this.

You don’t say what sort of traveling you’ll be doing, but if you travel by airplane bear in mind the...
Your baby best!

Beforehand! Continue listening to Kudos to you for looking for ideas and on nurturing your baby. Good luck!

Jo Whistler, Skipton, N Yorkshire, GB

Response

Spending time away from a baby is hard for many working mothers. Kudos to you for looking for ideas beforehand! Continue listening to your own mommy voice as you gather different ideas. You know your baby best!

You mention your son nurses more when you are home in the evening and during the night. This tends to be the natural way many breastfed babies use as a way to “reconnect” with their mothers. And for many mothers night nursing helps them “reconnect” as well. As you know, breastfeeding can be so much more than just nutrition.

Is it possible for your husband, a family member, or friend to come along with you on your once-a-month travel days? This way, you might be able to continue nursing your son at night and not worry about pumping?

Might it be possible to discuss with your employer the possibility of postponing your overnight stays for just a few more months? Many are surprised to find their employer very supportive of breastfeeding. But, if a solo, one-night stay is unavoidable, there are certainly ways to help make this time positive, loving, and less stressful for everyone. Perhaps try to schedule your travel day close to the weekend. Having the weekend to reconnect and focus on both your baby and yourself, get more rest to recuperate from being away, and possibly have your husband’s or someone else’s help over the weekend could prove to be helpful.

Most babies about your son’s age naturally begin feeling separation anxiety when away from their mother. You might begin by including your husband in your son’s nighttime routines so a positive association can be formed between the two and your baby learns to associate feelings of safety and love at night with both parents. In the same way, some fathers find frequently holding their baby in a carrier for short walks to be really helpful.

Most fathers can feel helpless with a crying baby. Anticipating the situation and preparing may help you both. Reassure your husband of the importance of holding and comforting your crying baby and especially that crying during these situations is developmentally appropriate for babies of your son’s age.

Since you are currently nursing at bedtime and during the night, you may want to express or pump once in the night so you don’t become overly engorged. A warm shower before expressing or pumping is helpful for many mothers. Some mothers find a particular hand expression technique is helpful, the Marmet Technique, to have as a backup should something unexpectedly come up and they are not able to use their pump. An informational sheet is available from http://store.llli.org/public/product/294 or from your local La Leche League Leader.

Most of all, try to be flexible. The ideas and support from LLL meetings can be a wonderful resource, as well as LLL’s message boards http://forums.llli.org/index.php. And, don’t hesitate to call your local Leader for help and support while away, too!

Carla Bosman, Dunwoody, GA, USA

Response

My daughter was also seven months old when I first spent any time away from her. I borrowed a hands free pumping bra and an electric double pump. This combination was useful as it left both hands free to flick through photos of my baby to help get the milk flowing. As soon as the milk was flowing, I was able to read or watch TV, while just occasionally adjusting the dial on the pump to vary the rhythm. I didn’t need to pump very much, just enough to make myself comfortable. As long as you are not increasing your supply by pumping just before you go away, then I think you should be fine.

I also used to nurse my girl to sleep, so to help my husband while I was away, I changed our routine and started to wake her slightly after she had finished feeding. This meant she learned to settle herself to sleep. My baby slept really well for her dad, hours more than she would for me. I think the change of being with just him instead, and perhaps having to drink her milk from a Doidy cup, (she wouldn’t take a bottle), meant she was worn out. Best of luck!

Janet Foot, Rochester, GB

* Editor’s Note

The Doidy Cup is a UK design to teach your child to drink from a rim. The two-handled cup slants so that children can see the contents without thrusting their heads forward and downward.

Mother’s New Situation

I have been pumping a couple of times a day at work for almost a year. I am fortunate that my employer supports my decision to breastfeed and provides a suitable room for me to pump while I’m at work. However, I am tired of pumping. I miss having lunch with friends or just getting out of the office environment for a walk. If I do stop pumping at work will my baby wean? Do other working moms stop pumping and still continue to nurse their toddlers?

Please send responses and new situations for “Making It Work” to making.it.work@llliusa.org
Oregano is another ubiquitous and versatile herb. It is most frequently found dried and crushed, but fresh herbs are best for flavor. Use oregano in any tomato dishes and try with a variety of vegetables and salads.

Rosemary goes well in lamb, chicken, and tomato dishes. You can take the leaves off a sprig of rosemary holding it between your thumb and forefinger and tugging the sprig in the opposite direction to the needles. For wonderful roast chicken, use a combination of rosemary leaves with other chopped herbs under the skin and put a sprig of rosemary and a lemon, cut in half in the cavity.

Sage is used traditionally in stuffings for poultry and goes well with sausage meat.

Chilli peppers and chilli powder give plenty of spice to your cooking. There are many varieties of chilli peppers. As a rough guide, the smaller the pepper, the hotter they are. Be careful when chopping fresh chillies. Always remember to wash your hands thoroughly before touching your eyes, nose or mouth! Cayenne peppers (slim and red) are popular for a spicy heat. Other varieties to look for are jalapenos, chipotles and—very hot—habanero peppers. Chillies and chilli powder are important ingredients in hot curries, as well as in Mexican dishes.

Cinnamon is not just for apple pie. It can be used in everything from pickling spice mixes to flavorings for coffee and warm spiced wine. Don't forget its savory uses. Cinnamon sticks can be added to curries, soups, and rice dishes.

Coriander seed and ground coriander have a completely different flavor from the leaves of the coriander plant. These are great in soups and curries.

Cumin seed and ground cumin have a delicious nutty flavor. Roasted cumin seeds make a great addition to spicy, yogurt-based dips and ground cumin is useful for curries.

Ginger is a versatile spice. Its major uses include pickling mixtures, cookies, spice cakes, and meat and poultry dishes, but I love to use it in soups, particularly with carrots, butternut squash, or sweet potatoes.

Nutmeg is good in both sweet and savory dishes. It is great with pumpkin, in both soups and pies. Try it to give a kick to a spinach quiche.

The cilantro plant. These are great in soups and curries.

Cilantro (coriander) is my absolute favorite. It is wonderfully versatile and shows up in Mexican, Chinese, Indian, Egyptian, and Mediterranean cuisines. Cilantro makes a great addition to root vegetable and squash soups. Combining chopped cilantro with garlic, fresh chillies, ground cumin, lime juice, and lots of fresh diced tomatoes makes a great salsa.

Dill is good for more than just pickles. It is great in sauces with salmon. You can make a great cold sauce for smoked salmon with dill, yogurt, mayonnaise, lemon juice, and capers.

Basil is a terrific enhancement for pasta dishes. Try pesto made from chopped basil leaves, pine nuts, grated parmesan cheese, blended together with extra virgin olive oil. Toss cooked pasta in pesto or use it in salad dressings. Basil, garlic, and tomatoes are a fabulous combination. Sprinkle some basil leaves as a garnish over tomato soup made with garlic and a little chopped basil.

Bay leaves are excellent in tomato dishes, stews, as an addition to pickling spices, fish dishes, chowders, sauces, and stocks. Discard leaves after cooking.

Chives are a member of the wild onion family and are easy to grow in your garden. Chives are a multipurpose flavor enhancer. Try some chopped chives in mashed potatoes, scrambled eggs, or dips.

Spinach Salad with Pesto
Ingredients
Prepared pesto—basil leaves, grated parmesan cheese, pine nuts, ground black pepper blended with extra virgin oil

Fresh baby spinach leaves
Fresh raw (or frozen, thawed, but not cooked) peas
Fresh raw (or frozen, thawed, but not cooked) fava beans or lima beans
Extra pine nuts
Extra fresh grated parmesan cheese

Toss all ingredients together until well coated with pesto.

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“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.
Exciting New Way for Any Member to Support La Leche League and Local Groups

Pat Johnston, WBWC Team

Have you ever wished for an easy way to raise funds for your LLL Group, the Helpline, or another LLL entity? Have you read about large World Breastfeeding Week Celebration events, but realized the woman power was not available this year for your Group? Do you no longer attend a Group, but would like to fundraise for the Helpline or donate money to your former Group? Do you wish it were easier for members to participate in WBWC?

Thanks to the WBWC Elite Platinum Sponsors, a slick professional donation brochure is available for free for you to give to family and friends, local healthcare professionals, or business contacts. There is space to add an address label, or donors can make a secure online donation and credit you and/or a Group. As an added bonus, WBWC sponsors have provided prizes for individuals raising $250 or more, including the new edition of The Womanly Art of Breastfeeding, and Visa gift cards. And 90 percent of the funds raised can go to the LLL entity of your choice. The remaining ten percent is split between the WBWC Grants program and administrative costs. See the WBWC FAQs for all the details.

A big thanks to Paul Torgus, son of Leader Judy Torgus, for the graphic design and to our Elite Platinum Sponsors, Motherlove Herbal Company, Mothering magazine, and Sleepy Wrap, Inc.

WBWC runs until September 30th so there is plenty of time. If your local Group is registered for WBWC, the Leaders will take care of the paperwork and mail the donation checks to the Area WBWC Coordinator. Members who are fundraising independently can mail checks to the WBWC Registrar: Pam Dunne, 7295 Highland Estates Place, Falls Church, VA 22043. Additional materials (including accounting and prize eligibility forms) and details can be found at our Web site www.llusa.org/wbw/

To receive your free donation brochures, send your name and mailing address to Pat at pbjoh@hotmail.com. Leaders need to register their Groups; members can opt to fundraise individually even if their Group is not holding a WBWC event.

THANK YOU TO THE WORLD BREASTFEEDING WEEK CELEBRATIONS 2010 PRIZE SPONSORS!

PLATINUM Dual Elite LEVEL ($5,000+)
Mothering magazine
Motherlove Herbal Company
Sleepy Wrap/Boba

PLATINUM LEVEL ($4,000+)
Mother’s Milk Tea
by Traditional Medicinals

AMYTHER LEVEL ($2500+)
ERGO Baby Carrier, Inc.

SILVER LEVEL (200+)
Platypus Media
Science Naturally!

BRONZE LEVEL (Cottage Industry)
Fresh Baby
Mommy Necklaces
Over the Shoulder Baby Holder
The Umbilical Card
Wrapsody
To Honor

Lorraine Garrison
Thank you, Lorraine, for your guidance and your wisdom “back in the day”. I’m not sure I could have done nearly as well as I did without your help. Thank you. You have made a difference. From Suzanne Yost, Gainesville, GA

Liza Burlingame
I am so proud of you and your dedication to helping mothers breastfeed. Love, Mom, Scottsdale, PA

Ann Marie Lindquist
“My son was born 8 weeks premature, and Ann Marie helped me every step of the way from building supply, beginning to feed with nipple shields, transition to breast, dealing with too much supply, traveling for work and so much more. My son will be 10 months this week and he successfully continues to breastfeed thanks to Ann Marie’s continuous support and dedication. She was inspirational at every difficult step and provided natural and healthy solutions for overcoming breast feeding issues to young working mother. She is the best, and the whole family thanks you! The Patel Family, Lexington, MA

To Remember

Kathy Baker
I originally met Kathy through my friendship with her daughter when we were kids. She became a friend when I began my journey of motherhood and sought her advice through LLL. She always loved to see my kids, and answered my questions about raising a large family. In addition to being an ardent supporter of breastfeeding, she always made whoever she spoke to feel special. This remarkable lady will be missed greatly. From Sheri Blome, Round Lake Beach, IL

In memory of Kathy Baker. From Nanette Morales, Chicago, IL

In memory of Kathy Baker. From your Sonnenschein Family: Heather Justus; Shannon Mahoney; Sue McGreevy; Angela Pastor; Robin Degeare; Andre Ball; Becky Barbalace; Brian Maguire; Daryl Harris; Rose Marie Joyce; Mary Anne Barbato; Phil Nevins; Tracey Rhys; and Lynn Smith, Chicago, IL

Mrs. Estelle Weinstein
Dear Lois and Family. We are sorry for the passing of your mother and grandmother. We thought it would be nice to honor her very long life with a gift towards support for a new life and love. Love, Nina and Howard, Southfield, MI

NEW TRIBUTE SUBMISSION GUIDELINES!

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 USA (LLL USA) 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 LLL USA further its mission to help mothers breastfeed.

For a minimum gift of $50, New Beginnings will publish your special message of congratulations, encouragement, appreciation, or condolences; limit tributes to 20 words. Please keep in mind that La Leche League 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 the tributes, this column is not intended for social commentaries outside the focus of La Leche League International.

To submit a tribute gift, please send a check and the tribute wording to LLL USA, 957 N. Plum Grove Road, Schaumburg, IL 60173.