# Lactation & Breastfeeding

Magazine of the European Lactation Consultants Alliance • www.elacta.eu • ISSN 1614-807x



**2** • 2015 Volume 29

elacta
European
Lactation Consultants
Alliance

IMPRINT

Company Information:
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www.elacta.eu
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ZVR-Nr.: 708420941

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Photos: © as mentioned on the photos;
Coverphoto: iStock

Layout: Christoph Rossmeissl

Production: EinDRUCK

Edition: 2500

Published quaterly at the end of March, June, September and December

Deadline: 15 January, 15 April, 15 July, 15 October

Letters to the editor
Dear readers! We want to know what you think. Please send your letters and comments to the following email address: magazin@elacta.eu

EDITORIAL

# Dear readers,

a coexistence of different ethnic and religious groups and languages is a reality in nearly all countries of the world. Every day we are confronted with new refugee tragedies in the media. People from Syria, Iraq, Pakistan, Afghanistan, Eritrea, Somalia, Nigeria, they all leave their homes for various reasons: war, persecution, natural disasters or out of desire to live a better life. Even family reunification, a globalized world of work or simply the desire to get to know foreign countries require adaption by people who do not understand our language and our culture. Particularly challenging is the consulting and support of pregnant women and young mothers who often face not only language problems but also deal with physical and psychological problems and their own cultural ideas about childbirth, breastfeeding and child care. The consultant requires intercultural competence shown in sensitivity, self-confidence and willingness to empathize with other behaviours and patterns of thoughts. On the other hand, such a situation also requires an ability to communicate one's own point of view in a transparent and understandable way while staying flexible and adaptable, but also bring across a point clearly and precisely where necessary.

Be ready for exciting encounters and interesting articles throughout this issue.

*Andrea Hemmelmayer, IBCLC*
President ELACTA

# Contents

# Cross-cultural breastfeeding counselling

**Breastfeeding counselling of women having another cultural background always allows to look beyond one's own nose. At least it should.** Author: Stefanie Frank, IBCLC; translation: Annika Cramer

Concerning the basics breastfeeding is the same worldwide. However, dietary habits differ immensely, just like supplementary food in the first year. During my consultation hours I meet a lot of women of various cultural circles. Again and again I am surprised about the women's conviction while feeding their babies, including the choice of food, as well as handling and rituals at the dining table.

I always find it difficult to make generalizations. However, I realised that other cultures often consider family as more important than we do. A woman from Kosovo Albania whom I attend immediately received help from her sister as she gave birth to twins. The young woman was still studying and took three months off to assist her sister. During this time she slept in the living room and except for breastfeeding they divided every duty that needed to be done for the two little children. I seldom witness German families moving that close together without questioning.

Old wives' tales exist worldwide of course. A Chinese mother told me she wasn't allowed to wash herself during childbed, because it is perceived as an unclean period. If a woman takes a bath or a shower all the unclean substances would penetrate into the skin and make the woman sick. During childbed all the duties are done by the baby's grandmother. Besides it is up to her to decide on breastfeeding or additional formula feeding.

Already even native German women are confronted with an immense product range of formula. In Germany we have a huge amount of different infant milk products and infant food. This must be much more confusing for a mother who does not speak or hardly speaks German. Additionally the mother might come from a country in which there is not enough food. What might she think in front of all these shelves full of baby food? I can imagine this mother might as a consequence consider breastfeeding as something inferior.


Photo: Eva Bogensperger

I remember a dramatic situation with one of my clients. She was an asylum applicant coming from a Central African State. When I got to know her she believed her breast milk being insufficient. And indeed the control of her baby's weight showed a suboptimal weight gain. I gave her a breast pump and with the help of a translating inmate tried to explain the procedure. Unfortunately, later at her residential accommodation she received false advice. Another woman gave her infant formula for her baby. After consuming she ordered milk for her baby. The problem was that she as an asylum applicant received food packages instead of money and consequently got normal cow's milk. Later on the baby was hospitalised because of serious digestive problems. The devil is in the details: First of all there was the language barrier as well as not knowing about the risks connected to not breastfeeding. Please imagine a living area of about 5 sqm and a common kitchen used by a lot of people. Are these the right sanitary conditions in order to prepare formula, to stick to the right mix ratio and to keep the feeding bottles and teats sterile? Furthermore: Advertising the value of breast milk; in a country which seems to be a land of milk and honey breast milk does not seem valuable at all.

Talking with women having various cultural backgrounds gives me the chance to reconsider my own views and beliefs.

A mother from Nigeria breastfed her second baby without having any difficulties. Nevertheless she wanted to feed her child additionally with formula. But the baby refused to eat it. The mother seemed to be annoyed because it was "really, really" important for her that her child puts on enough weight. She simply ignored the satisfactory results of the weekly weight controls and the thriving of her child. It was interesting to see that the father – from Nigeria, too – strongly supported breastfeeding and was always happy to see his son refusing the bottle. He thought by choosing the breast his son was making the right choice. When the time came for supplementary feeding the mother strictly stick to the food plan. With sheer determination she held her child under her arm to feed it. When I told her that experts in Germany are of the opinion a child should decide for itself when and what to eat, she merely smiled and refused to hear more. Children learn from their parents, full stop. Another little anecdote by the way: From time to time I asked about the first tooth. The parents always shook their heads. Eventually the first tooth was clearly there and I exclaimed: "But there it is!" They burst into laughter and explained that in Nigeria the person who spots the tooth first has to buy a chicken for the child. However, the father told me we could adapt to German conditions and change the chicken for a Mercedes.

**Stefanie Frank**
Family Health Care Nurse, IBCLC

# The "Mother's Milk Law" in the United Arab Emirates (UAE)

**In the foreseeable future, mothers in the United Arab Emirates (UAE) could be required to breastfeed their children for two years.[1] A draft child protection law provides for this and the "mother's milk law" is being hotly debated.**

Photo: iStock

**Breastfeeding promotes the mother-child relationship**

According to the UAE Parliament, "the law helps strengthen the relationship between mother and child"[2].

The breastfeeding hormones, oxytocin and serotonin support the bond between mother and child and enhance the mother's child-oriented behavior. Her nurturing behavior is strengthened, aggression and anxiety are reduced and it has a calming effect. Mutual social curiosity and understanding are also reinforced.[3]

Should a brief separation of mother and baby be necessary, i.e. for a medical indication, this means stress for both of them. Due to the overproduction of cortisol, stress can destroy the already-established synapse-networks and lead to a dysregulation of neurobiological feedback loops. Adaptation disorders or fluctuations in blood pressure, for example, may result.[4]

**Milk production: Stress and pressure to perform**

Emotional pressure, anxiety and stress in the mother can block the milk ejection reflex and the flow of the milk. The release of oxytocin, which causes the milk ejection reflex, can be inhibited by the release of adrenalin. Socially, women – not only in the UAE - are under pressure to be "good" mothers. If they don't fulfill societal expectations and their own, women often suffer from guilt and feelings of failure.

What is understood as being a "good mother" is quite variable. Many families believe that breastfeeding is difficult, restrictive and tiring and thus encourage bottle feeding as the easier option. In other families, the expectation is that mothers will breastfeed as a matter of course. This section of the proposed law falls under the "Rights of the Child" Act. The aim of the law is to protect the child and to make families more aware of the importance of breastfeeding to long-term health and to the mother-child relationship, not to put mothers under undue pressure. However, strong encouragement of breastfeeding by Islam may sometimes lead policy-makers to overemphasize maternal obligations at the expense of supporting the establishment of strong loving bonds between a mother and her baby. This is not in the best interests of either the baby or the mother – or, for that matter, the family as a whole.

Under the draft law as it now stands, husbands would have the right to sue their wives if they didn't want to breastfeed.[5] The anxiety a mother would feel about such consequences if she did not breastfeed, could cause her serious emotional distress, make her very anxious and actually make breastfeeding more difficult or even impossible. Babies are very sensitive to their mothers' emotional frame of mind. If breastfeeds are fraught with anxiety, a ›

baby may feed more poorly or not be willing to breastfeed at all. Coercive measures to encourage mothers to breastfeed are counterproductive – both for breastfeeding and for the mother-child relationship.

### Wet nurses as an alternative – an emotional challenge

Should a baby not be able to be breastfeed by his mother, then having him fed by a wet nurse may be considered. The relationship to a wet nurse does not rule out a good mother-child bond. But the mother and baby do miss out on the built-in intimate and relationship-promoting moments afforded by breastfeeding. The hormonal influence of breastfeeding is lacking and without the action of oxytocin, adaptation to the new life circumstances with a newborn and perceiving his needs can be harder.

Emotionally, however, a non-breastfeeding mother has the same basis as a breastfeeding mother. If the mother is aware of their importance, she can establish a good bond through skin contact and loving care for her baby. A mother who is not breastfeeding needs to be supported in making conscious efforts to have close physical contact with her baby while bottle-feeding and outside of feeding times. If the baby is being wet-nursed, making this effort when she is caring for her baby is all the more important.

When she cannot feed her baby herself, it can compromise a new mother's self-confidence. Even when the mother has skin-to-skin contact with her baby at other times, an outsider necessarily comes in between her and her baby when he is being fed. The supportive role of the father and others is also necessarily changed. The mother often needs a great deal of emotional support from her family to cope with her disappointment and feeling of being excluded from such an important part of her baby's early months. And, for many women, the very idea of another person giving her child the breast is simply unimaginable.

The risks of wet-nursing should also be considered. If this part of the draft law is actually enacted, a monitoring authority should also be interposed.

### The Breastfeeding Lobby in the UAE

In the Middle East, there is a broad range of practice about breastfeeding in public. In traditional families, breastfeeding is still the norm. It is dealt with quite differently depending on the cultural group. In some cultures, women are excluded so they do not breastfeed publically. Other groups accept breastfeeding in front of other women, but not in front of strangers. In very strict Islamic regimes, such as Iran or Saudi Arabia - neighbors to the UAE - women are not seen breastfeeding in public.

Photo: iStock

Breastfeeding counselors from the UAE report on women, who are veiled from head to foot but, nevertheless, breastfeed on a park bench, but also on women who are dressed revealingly in public but would never breastfeed there. Within this group, the differences are almost greater than the general differences from Western countries.[6]

### Early weaning

There are many networks of professional breastfeeding counseling in the UAE and the number of mothers in this country who begin breastfeeding after birth is very high. However, breastfeeding is mostly ended after six months. Consequently, babies also receive infant formula. This is frequently seen as the Western norm, combined with the lack of awareness that, despite beginning complementary foods, breastfeeding should be continued.[7]

A frequent reason for weaning is the mother's return to work. Only rarely is it possible for mothers to breastfeed at their work places.

### Needed – discrete possibilities for breastfeeding – Breastfeeding promotion

In principle, from a religious perspective, there is no objection to breastfeeding publicly. However, exposing the breast on the street is considered indelicate[8].

Discomfiture and inconvenience while breastfeeding are the greatest hindrances for breastfeeding mothers. When a sheltered place must be sought for each breastfeed, the mother's day-to-day life is seriously complicated. Errands must be planned for after breastfeeding, which means that mothers – especially those of many children – may wean earlier or decide on infant formula.[9]

In every shopping mall, there is a prayer room especially for women[10] and in larger ones, even "nursing rooms". These can be used as spaces for privacy. Changing rooms or quiet places in restaurants are also used.[11]

There are some aids on the market for discrete breastfeeding, such as, for instance, aprons, light cloths, breastfeeding clothing, shawls or ponchos. Here it should be borne in mind that not every baby wants to feed with his head covered. In a baby sling, practiced mothers with practiced babies can breastfeed unseen. To increase self-confidence and well-being, it would certainly help to check in front of a mirror just how much skin is actually visible when

latching a baby on. Discrete latching is a matter of practice and the more practiced mother and baby are, the more secure they will feel in public in the presence of inquisitive glances.

**Conclusion**

The topic of the "mother's milk law" in the UAE" is quite multifaceted. Many points about practical implementation are still not clarified. What role infant formula plays within this draft law is open. It is still not clear whether wet nursing will be integrated. For working mothers, there is a federal labor law that covers maternity leave and breastfeeding breaks for employed women. Emirati women have 60 days maternity leave and two hours of breastfeeding breaks for the next four months. Non-Emirati women have 40 days maternity leave and just a one hour breastfeeding break which may, however, be used for 18 months. Thus, all women who are employed in the UAE are, by law, given the time to breastfeed during the work day, at least up to six months. The provision of space for these mothers to feed their babies in privacy is not yet regulated.

Mothers and their babies should be at the heart of the discussion. Breastfeeding should be a positive experience for mother and child. It provides not only optimal nutrition for the baby, but also closeness, love and caring. Venturing a guess, it could be that the law will establish breastfeeding more firmly in the society. Theoretically, women who initially had no motivation to breastfeed could be moved to do so, then have a positive breastfeeding experience and pass it on, but no one can be forced to have a happy breastfeeding experience

More mother and baby-friendly and more sustainable ways to motivate mothers to breastfeed are, for instance, good preparation in prenatal courses, good breastfeeding management in "baby friendly" hospitals, breastfeeding counseling, and opportunities to meet other breastfeeding women. Breastfeeding in public in a comfortable environment, education for health care personnel, pre- and postnatal care for mother and child and men who support their wives in the decision to breastfeed, but don't dictate it, are also important. There also needs to be less advertising of infant formula so the impression that it is better than mother's milk does not arise.

These possibilities would be considerably better oriented to practice and easier to implement. If women or families were able to make a well-informed decision about feeding their babies, a larger proportion of them would certainly decide for breastfeeding. Every child has a right to be fed with mother's milk. However, the price needs to be taken into account. A breastfeeding relationship should be perceived as positive by both sides. And despite strong convictions about breastfeeding, "laying down the law" is usually not the most effective way to promote breastfeeding and cement the crucial, life-long bonds between mothers and their children.

**Addendum:**

A further value is attributed to breastfeeding in Islam. A "milk mother" forms a bond with the baby by giving him a sufficient quantity of mother's milk through breastfeeding (five breastfeeds or 250 ml a day)[12] [13]. The children of the donor mother and the infant receiving her milk are regarded as siblings and according to the dictates of the Koran (Nisa 4:23)[14] cannot marry each other when they grow up

**Stefanie Pahl**
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SOURCES


- [1] Rottmann, Kerstin. 2014. **„Abu Dhabi verpflichtet Frauen zu zwei Jahren Stillen."** [Online], www.welt.de/vermischtes/article124425154/Abu-Dhabi-verpflichtet-Frauen-zu-zwei-Jahren-Stillen.html accessed on 12.06.2014.
- [2] Tamedia AG. 2014. „Neues Gesetz zwingt Frauen zum Stillen." **(New Law Forces Women to Breastfeed).** [Online], www.20min.ch/panorama/news/story/19607739 accessed on 9.6.2015.
- [3] Brandt-Schenk, Iris-Susanne (IBCLC). „Frühes Bonding, Bindungsaufbau, Langzeitsfolgen, Lebensqualität." **(Early Bonding, relationship building, long-term effects, quality of life).** Ausbildungszentrum Laktation und Stillen, (Lecture) 23.09.2014.
- [4] Ibid.
- [5] Op. Cit. Tamedia AG.
- [6] Katsman, Hannah. 2010. **"Breastfeed Your Baby in a Hijab: Public Breastfeeding in the Middle East."** [Online],www.greenprophet.com/2010/06/breastfeed-your-baby-in-a-hijab-public-breastfeeding-in-the-middle-east / accessed on 7.12.2014.
- [7] Cleland, Emily. 2013. **"Mothers should breastfeed for longer, UAE doctors urge."** [Online], www.thenational.ae accessed on 27.12.2014.
- [8] KidsAway. „Reisen mit Kindern in islamischen Ländern." **(Traveling with children in Islamic countries).** [Online], www.kidsaway.de accessed on 6.12.2014.
- [9] Op Cit. Katsman.
- [10] Bakker, Marie-Claire. La Leche League Abu Dhabi, Breastfeeding Information & Support, 7.12.2014.
- [11] Khouly, Sian. "Breastfeeding in public." [Online], www.brightbabyhood.com accessed on 27.12.2014.
- [12] Katsman, Hannah. 2010. **"A Fading Art: Understand Breastfeeding in the Middle East (Part 1)."** [Online], www.greenprophet.com/2010/08/breastfeeding-fading-art/ accessed on 8.12.2014.
- [13] Katsman, Hannah. 2010. **"A Fading Art: Understand Breastfeeding in the Middle East (Part2)."** [Online], www.greenprophet.com/2010/09/breastfeeding-a-fading-art/ accessed on 8.12.2014.
- [14] Quran. **An-Nisa, 4:23,** http://quran.com/4/23 accessed on 12.06.2015.

# Breastfeeding in Afghanistan

**Nutritional status of nursing women, newborns, and infants in developing countries exemplified by Afghanistan** Author: Sabine Becker


Photo: Kinderberg

Afghanistan is one of the poorest countries in the world and accordingly the mortality rates of mothers and children are among the highest in global comparison. Resulting from bad sanitary conditions, bad nutritional status as well as poor education and lack of income, malnutrition and undernourishment are widespread problems. Besides the ambulant health care provision of the people living in rural areas is insufficient. In order to guarantee a physically and neurocognitive healthy development of newborns and infants, successful and exclusive breastfeeding for the first six months and beyond is under these circumstances especially important.

Afghanistan is a patriarchal, religiously defined state, inhabited by various ethnicities. Therefore the living conditions of women and children – especially during pregnancy and lactation – are strongly influenced by the Afghan society. Traditional creeds, nursing and nutritional taboos, inaccurate knowledge about optimal breastfeeding practices or even myths about impure breast milk negatively affect women's effective breastfeeding.

The prior aim of KBI local health professionals, who work for mother-and-child care, is to use health counselling and education to handle superstition and wrong knowledge in a culturally sensitive and at the same time critical way, by actively including religious representatives, male family members and mothers-in-law and furthermore to overcome people's reservations. Through this they try to strengthen the woman's choice for breastfeeding and her active part as a mother. Especially in the mother-child-house it is the prior objective of midwives to improve or optimise the affected women's breastfeeding success.

During our long-term project experience we came across a lot of false beliefs concerning correct breastfeeding practices, which were handed down from generation to generation and consolidated over the years. These false beliefs allow speculations about the causes of breastfeeding problems of Afghan women, mainly related to cultural aspects, lack of knowledge or socio-economic factors: Families with low income are, for instance, affected by a persistent food insecurity. Depending on the season, fresh food is not always available particularly in the mountain areas that are difficult to access, and when there is low output during winter a lot of products are overpriced. Over the past years the market prices for basic foodstuff rose drastically and lead to a poverty-related food shortage. During the hot summer months food storage is difficult to realise, since wrong storage immediately causes food to rot. The resulting unbalanced diet and insufficient caloric intake lead to chronic energy and mineral deficiency, as is widely spread in Afghanistan and besides increases the risk of chronic malnutrition and undernourishment. Consequently affected children have a higher risk to stay small in stature and their motoric and cognitive development does not correspond to age and potentials. In addition to breastfeeding promotion and the provision of supplementary food, regular medical examinations regarding child development are carried out in the mother-child-house, in order to control maturity and development status of the undernourished and sick child. Further-

more, in practical training courses mothers receive additional advice and learn skills how to preserve fruit and vegetables so that they can even in winter have food that's rich in vitamins.

An insufficient health care for mother and child affects breastfeeding success, too. If there is lack of access, deficient health programmes and medical professionals with inadequate qualifications, breastfeeding problems increase instead of being recognized and solved in time, which can lead to an early weaning. A lot of women, especially those coming from the mountain regions, often miss preventive medical examinations and aftercare, if applicable. According to the Afghan Health Information System (HMIS/2006-2013) only 46% of Afghan women had at least one and only 15% had at least four preventive medical examinations carried out by a female professional in a health facility. Regarding aftercare of mother and child during the first two days after delivery, the frequency with only 26% is even worse. Breastfeeding is seldom subject of consultation hours. Therefore women are often not aware of the importance of a good lactation management. It is not possible to explain and teach right breastfeeding practices if there is only infrequent and irregular contact to health professionals. Afghan colleagues report that women of their own accord seldom ask questions about breastfeeding and that it is up to the midwives to talk about breastfeeding and to offer counselling.

Having a low educational background – especially afghan women from the countryside – in addition to the existing low literacy rate, might result in further misguided assumptions regarding breastfeeding, reinforced by cultural and traditional beliefs: Thus it is, for instance, common to give ritual food to the newborn. Practiced in other cultures as well, during these rituals the people discard the valuable colostrum instead of using it for an optimal breastfeeding initiation, since they perceive colostrum as being impure and therefore assume that it causes abdominal pain. Instead it is part of the tradition to provide the newborn with ritual food, like for instance animal fats, boiled spices and herbs enriched with butter and sugar or alternative fluids in order to strengthen the newborn. As there are low sanitary standards, the newborn directly meets possible sources of contamination. In addition to this initiation rite they don't exclusively breastfeed during the first six months instead the infants receive other fluids as well. A lot of mothers fear that their breast milk is insufficient, which can be the case if the breastfeeding quantity is too low and by that the stimulation of lactation is insufficient. They have a considerable workload, take care of their numerous children, need to prepare the daily meals for up to 8-10 persons, watch the cattle and additionally are often employed in the agricultural sector. Hence there is often not enough time and possibilities for breastfeeding are rare, since they seldom receive appropriate support from their families despite the high number of family members.

The myth and false belief that a woman – and by that her milk – is of impure character when she is sick or pregnant once again and therefore shouldn't breastfeed, are widely known. If a mother becomes pregnant again after a relatively short period – as it is often the case in this country – she usually stops breastfeeding at the moment she detects being pregnant, without considering how to wean in a way it would be necessary for her and her child. In this respect it is highly necessary that the society knows about the Islamic holy writings supporting breastfeeding.

Regarding breastfeeding initiation, the traditional washing ritual after delivery creates a further difficulty. According to that, after a home birth a young mother postpones personal hygiene up to the third day after delivery, since she in the first place fears postnatal secondary bleeding which might be provoked by washing herself. Before washing herself she is considered impure and therefore doesn't breastfeed her child, which again might cause breastfeeding problems because of the delayed lactogenesis II. ›

**KINDERBERG INTERNATIONAL E.V.**
**PROFILE:**
Founded in 1993, the major aim of KBI is to establish, in particular, sustainable supply structures for socially deprived groups such as women, children, sick and old people in countries at war or affected by crisis and post-conflict states. The primary objective of their project activities is to reduce mother and infant mortality rates. Currently KBI operates in Afghanistan and Côte d'Ivoire.

**KBI IN AFGHANISTAN:**
Since 2002 KBI used funds of the German Federal Foreign Office to support five Provinces of Afghanistan establishing a basic medical health care system. They build and ran around 125 health care stations in remote, rural areas in the North of Afghanistan, enabling more than 6 million ambulatory treatments in the last twelve years.
In addition to the provision free medical care the project activity included the education and training of medical professionals. After the initiation of handing over the health car stations to Afghanistan in the last year, until December 2014 80 % of the stations and its medical professionals were successfully passed on to the Afghan public health authority or rather on to local successor organisations, so that they could independently and sustainably continue the work.
Currently KBI runs a mother-child-house in Badakhsan Province, one of the poorest regions in north east Afghanistan. In this shelter particularly sick and malnourished children, their mothers, nursing as well as pregnant women especially from the rural mountain regions, who have no access to medical care, receive care and treatment. This project is exclusively funded by private donations. We ask you to support this important project!

KinderBerg International e.V.
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Furthermore a major restriction on diet during pregnancy and lactation appears to be negative. Some dishes, differentiated between "warm and cold", are considered intolerable or even dangerous for mother and child and thus are prohibited. As a consequence we notice a lot of women unbalanced in diet and especially as mother of multiples as those doing heavy physical work, showing deficits and deficiency symptoms.

Just like sick people and children, usually pregnant and breastfeeding women also don't need to fast during the Ramadan month of fasting. Practice, however, shows that even nursing mothers refuse to eat and drink throughout the day.

Because of a lack of confidence mothers prefer using traditional home remedies instead of listening to the "Western-oriented healthcare and education" and hence the breastfeeding counselling via midwives. This is due to the fact that women feel ashamed talking about private and intimate problems with a strange person. "How can I talk about my problems with a stranger, who is not a family member?" they often say. Furthermore it is impossible for a woman from the countryside to walk to a health station on her own; she would usually be accompanied by a male family member, which is during working days highly problematic for the whole family because it would normally take hours to arrive. It is difficult for mothers to object to established rituals even if they would intuitively act differently. Mullahs, imams, family heads, husbands and above all mothers-in-law are the decision-makers women need to bow to and are not able to resist. The risk to bring shame on the family, especially in a society which considers the protection of family honour as utmost important, is rather high. These circumstances illustrate how important the integration of the whole social environment, in particular of respected religious and authority figures, is, in order to break taboos and banish myths about breastfeeding.

As a consequence for the practical breastfeeding work of KBI, persons having an impact on society are actively involved in the activities. Via their authority and support the awareness of the importance of exclusive breastfeeding can be increased enormously throughout society. To assist courses of health education, counselling and advising, in particular at schools for girls, is helpful by using the multiplier effect. Besides the establishment of local networks, which should encourage the women to independent action, and the help of village health workers and Health Action Groups have proven very effective. But especially the professional education and regular qualification of female professionals to become lactation consultantsis a sustainable aim, pursued by KBI.

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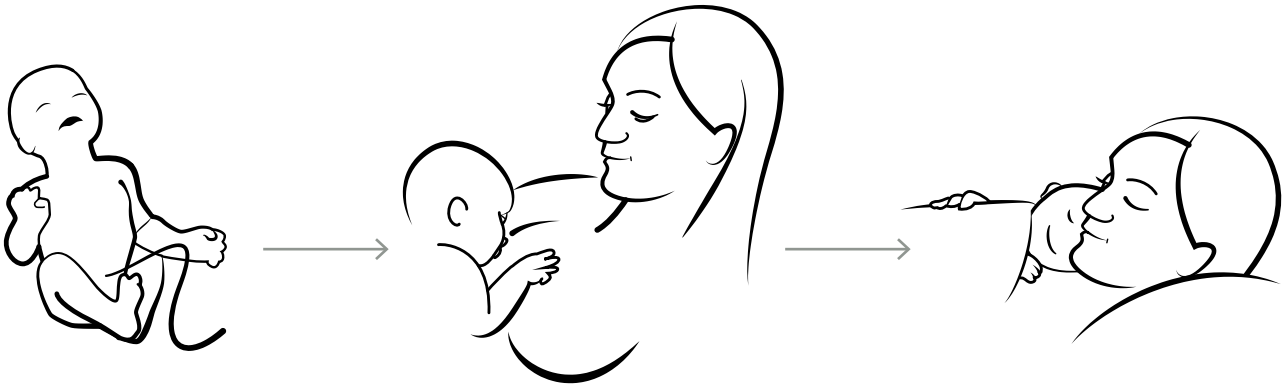

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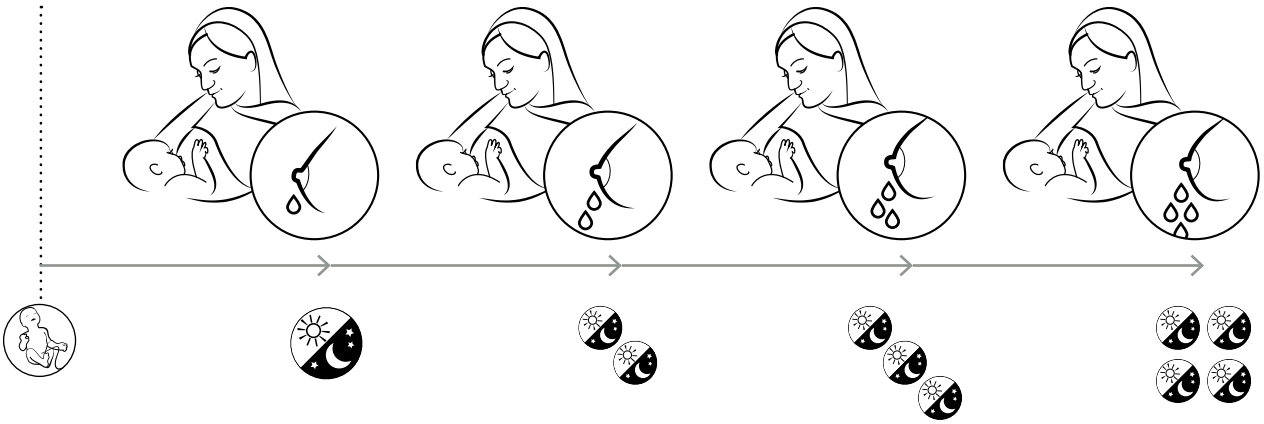

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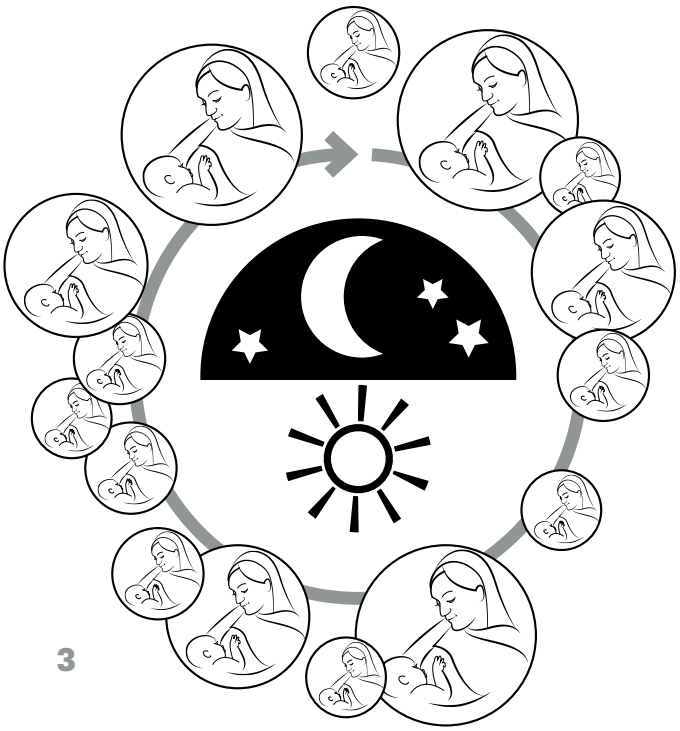

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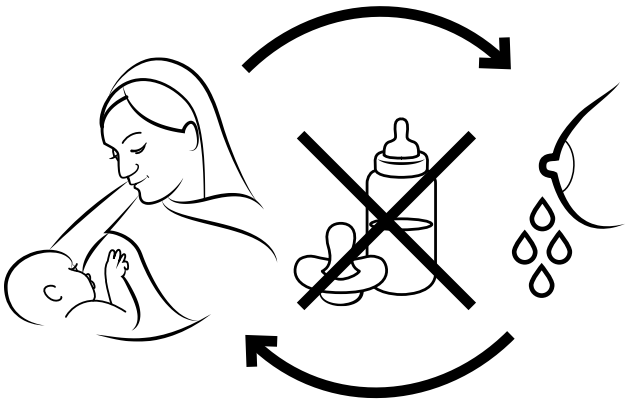

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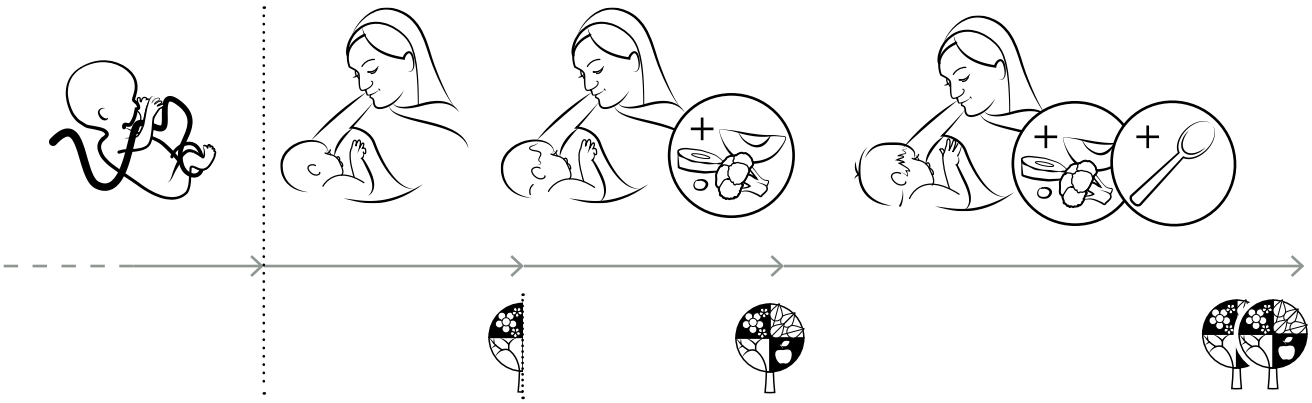

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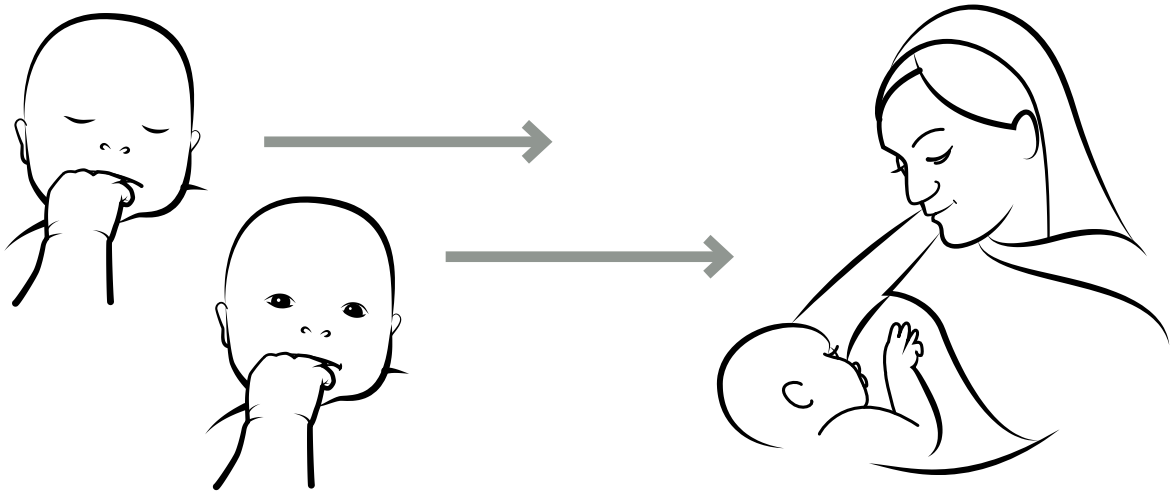

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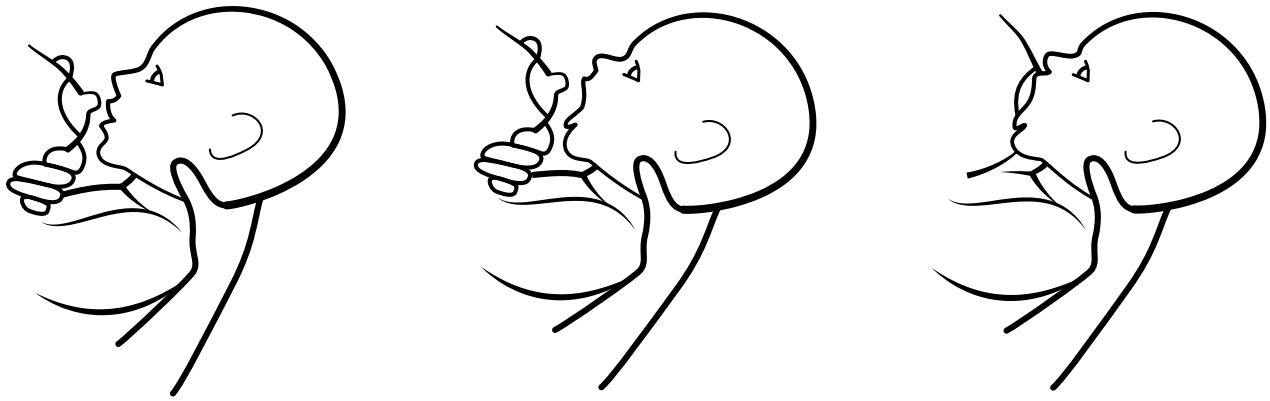

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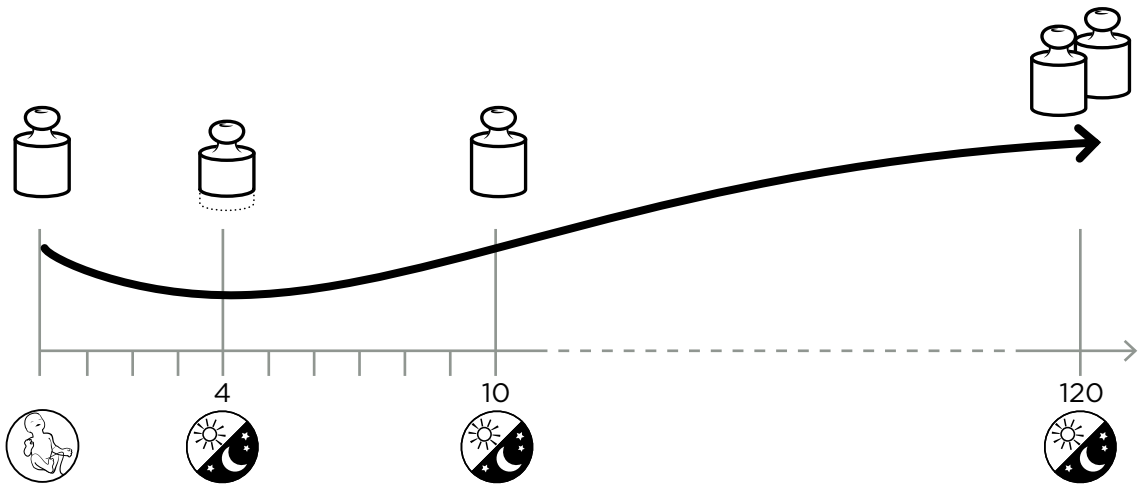


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# Old Traditions and Breastfeeding in China

**China shows very low breastfeeding rates – in 2013 Wall Street Journal Chinarealtime announced a rate of 28 % without further specification –; surprisingly, given the fact that in 2008 six infants died and more than 300,000 were injured during the tainted milk scandal in which milk products were contaminated with melamine.**[1] Author: Annika Cramer

Photo: iStock

**What about the role of Traditional Chinese Medicine (TCM)?**

In Traditional Chinese Medicine breastfeeding was always considered very important. The infant's health was directly connected to the breast milk's quality. Consequently if the breastfed baby fell sick it was the nursing mother who received treatment. Furthermore it was recommended to dispose of the milk that was produced overnight in order to guarantee fresh milk,[2] since it was believed that milk of poor quality would harm the infant's health. TCM defines lactation as a transformation of *xuè* (血) (usually translated as "blood") which is transported out through the nipples.[3] TCM compiled extensive guidelines for the nursing women. Classical writings read:

"The mother should be in a calm mood during breastfeeding period, her *qì* (气) [no translation intended] and blood shall not be disturbed; if there is a disturbance, the breast milk gets imbalanced and that affects the baby." TCM notes that nursing mothers who are not even-tempered because they are affected by the seven emotional states (*qī qíng*七情) anger (*nù* 怒), joy (*xî* 喜), anxiety (*yōu* 忧), thought (*sī* 思), grief (*bēi* 悲), fear (*kǒng* 恐) and fright (*jīng* 惊), negatively influence their baby. Furthermore it is said that "if the mother feels upset while breastfeeding, the baby gets frightened, develops crampy abdominal pain which causes abnormally rising of qì. Thus the baby might develop a psychosis. Right after delivery the nursing mother should be protected from the [formerly mentioned] seven emotional states and the six excesses causing illness (*liù yín* 六淫), namely wind (*fēng* 风), cold (*hán* 寒), heat (*shǔ* 署), damp (*shī*湿), dryness (*zào* 燥) and fire (*huǒ* 火), and need to eat well. Under these circumstances the milk is pure and the baby's good health can be guaranteed. Otherwise yīn and yáng are unbalanced, blood and qì would boil, the milk would adulterate and various illnesses would occur."[4] Therefore postnatal period is of major importance in China.

Child-birth and the first few days postpartum were considered as very critical periods and thus everything that could emotionally disturb the mother should be avoided, e.g. the look in the mirror or ›

informing her about the sex of her child.[5] Additionally it was common to delay the first time of breastfeeding onto the second or the third day after delivery.[6] As a recent study on the initiation of breastfeeding reveals, only 9.1 % of the newborn babies in a rural area in Sichuan were initially breastfed during the first hour postpartum, and most of them (42.2 %) between the first 24 and 48 hours[7]. The study shows that the traditional beliefs and practices are still valid despite the high number of Baby-Friendly Hospitals in China (7,329 in 2002)[8].

**According to an old Chinese saying nothing is more important than sitting the month well**

In China the mother's recovery period after delivery is called *zuò yuèzi* (坐月子 sitting month[9]) and lasts one month[10]. TCM supports the health aspects of *zuò yuèzi*. According to TCM there are three critical periods in the life of a woman: the first menstruation, the postnatal period, and the menopause. It was believed that not taking *yuèzi* (月子) seriously could result in various illnesses, summed up as *yuèzibìng* (月子病). These illnesses appear in the first month postpartum and the woman never fully recovers from them. Western medicine explains the need for postnatal care in scientific terms, whereas TCM attributes it to the unbalanced condition of *yīn* and *yáng*.[11] Because of the critical health status of the mother the first few weeks after delivery, TCM evolved guidelines about how to behave and what to eat in order to recover. Thus the woman wasn't allowed to leave the house, to take a bath, to wash her hair or brush the teeth.[12] Generally her diet was limited on warm food, like meat, eggs and soup, in order to prevent her from being harmed by cold food, like fruit and vegetables.[13]

However, the Chinese begin to question the old taboos of *yuèzi*. Some of the methods to protect the mother's and by that the baby's health seem rather archaic: In the first two weeks after delivery the mother wasn't allowed to drink milk or water, she had to substitute it for rice wine. It was forbidden to use salt, she shouldn't wear sandals and in order to avoid having a gap between her back and the back of a seat she had to use a pillow whilst sitting. Even crying was taboo.[14]

Not just because of the growing influence of western medicine, especially young mothers consider the old practices as outdated. Taking a bath today would not harm the mother in contrast to the past as bad sanitary conditions presented a risk of infection.[15] However, even if the TCM in the meantime supports Rooming-In and the early initiation of breastfeeding, it remains questionable if the reason for Rooming-In – to recognize the early signs of hunger of the child – is actually understood and taught by the health care personnel.[16] After leaving the hospital the young mothers are confronted with the beliefs of their mothers and mothers-in-law, who often urge them to stick to traditions. Enquiries in Jiangyou showed that women prefer to follow the advices of the older generation (47 %) and not those of the practitioners (28 %). Less than 20 % of the women who took part in this study, attended antenatal classes during pregnancy.[17]

In the end the old sayings about the risk of lifelong diseases if *zuò yuèzi* is not practiced do still count. Even the younger mothers don't want to bear this risk. Today they don't take the old traditions that seriously, nevertheless they are treated with much more care than e.g. in Germany.[18]

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Master thesis: Breastfeeding in traditional Chinese Medicine.

REFERENCES


- [1] Wall Street Journal Chinarealtime (中国实时报). 2013. **Why Breastfeeding Remains Unpopular in China.** [Video]. Beijing, 09.2013. Verf. unter: http://blogs.wsj.com/chinarealtime/2013/09/18/video-why-breastfeeding-remains-unpopular-in-china/ Zugang am: 28.04.2014.
- [2], [3] Hsiung, Ping-chen. 2005. **A Tender Voyage: Children and Childhood in Late Imperial China.** Stanford, California: Stanford University Press, S.80-82.
- [4] Zhao, Xue (赵学), Huang Hong (黄红), Li Xiaohong (李啸红). 1997. **„Zhōngyīxué lùn mǔrǔwèiyǎng jíqí xiàndài yìyì** 中医学论母乳喂养及其现代意义 (Die TCM über das Stillen und seine heutige Bedeutung)." In: Gānsù zhōngyī xuéyuàn xuébào 甘肃中医学院学报 (Journal of Gansu College of Traditional Chinese Medicine). Nr. 1, S.61f.
- [5] Pfister, Rudolf. 2008. **Körper- und Medizingeschichte des alten und mittelalterlichen Chinas**, 1997-2007. In: Gesnerus, Vol. 65, S.80-107.
- [6], [7], [16], [17] Li, Tang (et al.). 2013. **Low Prevalence of Breastfeeding Initiation within the First Hour of Life in a Rural Area of Sichuan Province, China.** In: BIRTH. Vol. 40, Nr. 2, S.134142.
- [8] World Breastfeeding Trends Initiative (WBTi). 2008. **China WBTi Report.** [Online] Verf. unter: www.worldbreastfeedingtrends.org/report/WBTi-China-2008.pdf Zugang am: 16.07.2014.
- [9], [13] Wei, Bao (et al.). 2010. "Diet and Lifestyle Interventions in Postpartum Women in China: Study Design and Rationale of a Multicenter Randomized Controlled Trial." In: BMC Public Health. Vol. 10, Nr. 103, S.1-4.
- [10], [12] Chen, Qiyan (陈起燕) (et al.). 2008. "**Chǎnfù yuèzi xíngwéi hé chuántǒng xíguàn jíqí yǐngxiǎng yīnsù"** 产妇月子行为和传统习惯及其影响因素 (The Nursing Study of the Correlative Factors of the Women Behavior and Traditional Practices during Puerperal Period). In: Zhōnguó fùyòu bǎojiàn 中国妇幼保健 (Maternal and Child Health Care of China). Vol. 23, Nr. 26, S.37443747.
- [11], [14], [15] Zhu, Weijing. 2013. **"Sit the Month."** [Online], verf. unter: www.theworldofchinese.com/2013/12/sit-the-month/ Zugang am 11.05.2015.
- [18] Drexelius, Nina. 2015. **„Die Zukunft muss schöner sein"**. In: Hebammenforum 3/2015, 16: 216-221.

# Breastfeeding Management for the Clinician - Using the Evidence

**A very helpful book of reference.** A review by Andrea Hemmelmayr, IBCLC

Each of us is familiar with the following situation: one would like to introduce a measure to support breastfeeding, is trying to find convincing arguments against a carelessly uttered statement of a colleague against breastfeeding or one is involved in a heated discussion with doctors or is writing a medical article, anyway, in all of those situations you are called upon to support your own assertions by quoting appropriate surveys.

You often spend hours in front of your computer without even knowing where to start your search? What keywords are promising?

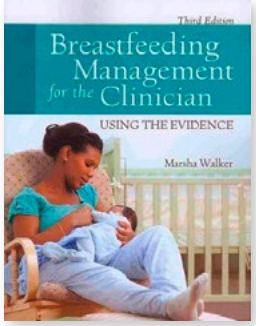
To all those who have sufficient knowledge of English, the book by Marsha Walker actually offers great help under those circumstances. It can be easily used as a book of reference! The common school English combined with some specific terminology is usually sufficient for understanding the contents.

As you can already tell from the title, the recommendations given in this book are based on latest scientific data, quoting the bibliography very carefully. This represents an enormous amount of help trying to find the original studies.

You are looking for evidence that kangarooing is extremely important for breastfeeding twins? No problem, here´s a short passage taken from the book: *"Parents can be encouraged to practice kangaroo care of their newborns, either one or two at a time and shared between the mother and father, helping to facilitate milk production, earlier feedings at the breast, and parental self-confidence"* (Dombrowski et. Al. 2000; Kangaroo skin-to-skin- care for premature twins and their adolescent partners)

Should twins be put to bed alone or together?: *"Co-bedding twins or pairs of multiples involves keeping two infants snuggled together in the same bassinet. This practice enhances stabilization, reduces stress levels, often results in better breastfeeding, and tends to keep them awake at the same time. Breastfeeding is also improved as mothers synchronize breastfeeding with the twins behavioural states."* (Nyquist & Lutes, 1998, Co-bedding twins: A developmentally supportive care strategy; Nyquist 2002, Breastfeeding in preterm twins: Development of feeding behaviour and milk intake during hospital stay and related care-giving practices.)

Meanwhile this book has become a support for me I could not do without.




**Breastfeeding Management for the Clinician** – Using the Evidence"

by Marsha Walker
ISBN-13: 978-1449694654
ISBN-10: 1449694659,
3rd edition 2013

# News from ELACTA Board


Photo: Andrea Hemmelmayr

**Agreement ILCA and Conference in Washington DC**

The primary objective of the agreement is to promote the common values and interests of ELACTA and ILCA.

We are each responsible for establishing our unique organizational vision, mission, strategic goals and objectives. We agree to maintain absolute adherence with the WHO code. We have agreed to provide several reciprocal benefits like an annual full registration for one conference, exhibit space at the conference, weblinks and use of logo and listings of members. ILCA and ELACTA provide discussions boards, the LM Blog, news bulletins and leadership meetings without monetary compensation. ILCA provide ELACTA access to findings of the ILCA Panel about the Code Compliance and ELACTA notifies ILCA about vendor related information that may impact a vendors compliance with the Code. ILCA will facilitate translations, in accordance with ILCA translations guidelines. Where applicable, Elacta will assist with translation of documents.

**ILCA Congress in Washington DC**

The 21st of July, Karin Tiktak (vice-president ELACTA) will attend the ILCA Conference in Washington, and she will join the Partners Meeting.There will also be a possibility to join an organizational meeting. So, when you are Elacta member, and you are attending this conference, come and join our European meeting which is to be held in one of the spaces in the venue Friday 24th 18.00 hr.

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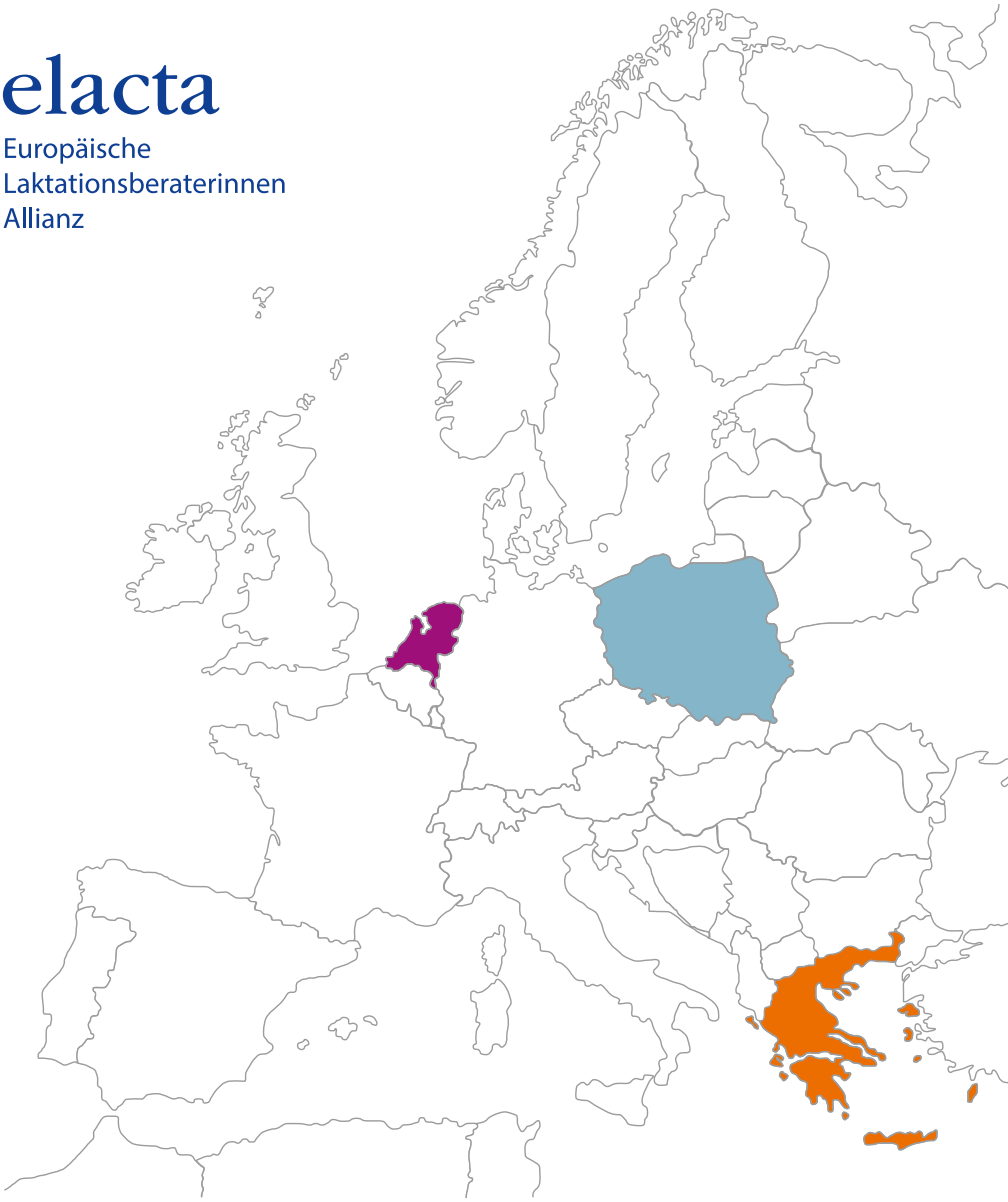

NVL
zeker over borstvoeding

## New President NVL

The Dutch organization NVL (Nederlandse Vereniging van Lactatiekundigen) had their General Assembly in Amsterdam at the Academical Medical Centre, the 30th of May 2015. Around 70 members were attending this meeting. The Board took leave of the Chairwomen Myrte van Lonkhuysen and welcomed Teddy Roorda. Teddy works as IBCLC in the Erasmus Medical Centre in Rotterdam, the Netherlands. She is a former volunteer for the Dutch organization Breastfeeding Naturally (Vereniging Borstvoeding Natuurlijk) and started her career as IBCLC in 2011.

Polish Association
of Lactation Consultants

## PALC –Poland

PALC was started in 2004. Nowadays we have 104 members, but not only IBCLCs, also CDL Counsellors (after polish exam). It is important for us to integrate and support lactation consultants in Poland. Because of this, we have website www.laktacja.org.pl with all needed information about our profession, breastfeeding conferences, documents and news, also for mothers who are looking for help. Regularly we send the e-mail Newsletter to our members with information about work of PALC, Breastfeeding and scientific news on this subject. Additionaly every two years we organize PALC conference and every year we cooperate with other associations at Projects supporting and popularizing the idea of breastfeeding.

Apart from this we organize integrative - meetings for our members in beautiful places in Poland, with lots of activities (like sightseeing, campfire with singing, or bra-fitting workshops), connnected with scientific program (with CEPRS). This year we have met in Bielsko-Biała in Beskidy (southern Poland) Mountains at 15-17 May and we attach a few Pictures from this event.

Photo: PALC

# Conference preview

**For the ELACTA Congress from 12th to 14th May, 2016 in Greece, many appealing lectures have been planned. In addition to "Stoneage babies and Stoneage mothers in the modern World", "Hypotyroidism and Breastfeeding", "The Frenulum – Diagnosis and Therapy" with lecturers from all over Europe, we are particularly looking forward to Catherine Watson Genna, USA, who has agreed on taking part as a lecturer.**


**Galaxias, Greece**

ELACTA's members of the board Andrea Hemmelmayr and Mirjam Pot visited the interesting breastfeeding congress in Thessaloniki organized by GALAXIAS.

Photo: Andrea Hemmelmayr

**Catherina Watson Genna – CV**

Catherine Watson Genna has been an IBCLC in private practice in NYC since 1992. She has a special interest in the anatomical, genetic and neurological influences on infant sucking skills, and writes and speaks on these topics. She serves as associate editor of Clinical Lactation. Catherine's research includes using ultrasound and cervical auscultation to study sucking and suck: swallow coordination in infants with ankyloglossia as well as biomechanical aspects of breastfeeding. She is an avid clinical photographer and the author of "Supporting Sucking Skills in Breastfeeding Infants" (Jones and Bartlett Publishers, 2013 and 2008) and "Selecting and Using Breastfeeding Tools" (Hale Publishing, 2009).

**Presentation – "REFLUX, GERD and Breastfeeding" (Gastroesophageal Reflux Disease)**

Irritable infants are commonly diagnosed with reflux, but might also be suffering from feeding related difficulties or allergy. This presentation explores the recent research on regurgitation, reflux and GERD in infants and their relationship to feeding problems. Clinical evaluation and management of breastfeeding issues that can contribute to reflux are also covered.

**Presentation – "Baby Hands"**

They seem to be interfering until you realize their timeless wisdom, when mom allows baby to use his skills, latch goes more smoothly. This is a good plenary session.

**Workshop – "Supportive techniques"**

Explains the physics of movement as it applies to breastfeeding and how our interventions (including simple support for various parts of baby's face) flow from that science.

# The high cost of half-hearted breastfeeding promotion in Germany

**The economic value of breastfeeding** to the society at large is under researched and its importance as a preventive public health strategy is underestimated. Authors: Elien Rouw, Elizabeth Hormann and Veronika Scherbaum

Photo: © Karl Grabherr

What little research there is indicates that considerable savings would accrue from following the WHO/UNICEF advice to breastfeed exclusively for six months and continue breastfeeding along with complementary foods for two years or more. Despite relatively high breastfeeding initiation in Germany, neither exclusive breastfeeding nor breastfeeding duration come close to international recommendations. Breastfeeding is mostly regarded as a woman's personal choice and the government has been slow to engage in breastfeeding promotion, support and research.

**The situation in Germany:**

Unfortunately, up to the present time, systematic monitoring of breastfeeding rates has not taken place due to lack of (governmental) funding. There are also no systematic studies on the economic aspects of breastfeeding in Germany. There is even a law in Germany that was designed to protect the public from misleading advertisement from the infant formula industry. Since no penalty is defined, it is not effective anymore.

There are no governmental instruments to encourage the certification of more baby-friendly hospitals and reimbursement stays the same for a hospital, with or without certification.

Breastfeeding support at home is provided mainly by midwives and every woman is entitled to this support for 8 weeks after birth and even longer, when there is a medical indication. However, many midwives are not educated in breastfeeding support, although such support clearly makes a difference in breastfeeding rates. The services of a lactation consultant are not paid for by general insurance companies, so have to be paid by the mother herself. Physicians (general practitioners, gynecologists, pediatricians) are generally not trained in breastfeeding medicine and their support, or lack thereof, is mostly shaped by their own (sometimes negative) experiences of breastfeeding. A major barrier to better counseling is that regular training of health care professionals in breastfeeding education is mostly not a part of medical curricula.

On the other hand, maternity leave, which is very important for breastfeeding support, is well-established in Germany: 14 weeks fully paid maternity leave (6 weeks before the birth, 8 weeks after the birth or 12 weeks for preterm or multiple birth), 12 months parental leave with 65% of the mother's salary (partly paid for by health insurance companies and partly by employers) and unpaid parental leave until the child is 3 years old. However, more and more women are not taking the maternity leave to which they are entitled for fear of disadvantages in the work place for their careers and, in the long run, even for their pensions, which in Germany are mostly based on lifetime earnings. A longer maternity leave does have a positive influence on breastfeeding rates and, thus, on lowering health care costs. However, as long as maternity leave is seen as a hindrance to career development, the negative consequences of taking maternity leave will be carried by mothers.

Up until now, there have been no cost-effectiveness studies in Germany on breastfeeding interventions, as is usual for vaccinations .Considerable amounts of money from the healthcare system are invested in immunization programs on the presumption that, by preventing disease, this financial investment is a cost-effective measure. This also means that parents don't have to make a financial contribution to this preventive measure, since vaccinations for infants are offered without charge. The same should apply for the investment in breastfeeding support programs. Breastfeeding promotion should not impose economic and other costs on women.

# First European IBLCE Board Director

**The ELACTA Board had on its board meeting in Zagreb, Croatia a fruitful meeting with IBLCE Chair Elect. Andrea Tekauc Golob, MD, IBCLC, will as the first European be elected IBLCE Board Director in September.**

Photo: ELACTA

**Sitting from left to right: Mirjam Pot (ELACTA); Renata Vettorazzi (ELACTA); Pavicic Bosnjak (CALC); Andreja Tekavc Golob (IBCLE); Karin Tiktak (ELACTA); Standing from left to right: Cvetka Skale (SALC); Heli Vanhatalo (ELACTA); Renata Jelusic (RODA; Maja Recic (ELACTA); Andrea Hemmelmayr (ELACTA); Juanita Jauer Steichen (ELACTA)**

After finishing her medical degree she began her specialization in a field where breastfeeding is of utmost importance: pediatrics. She works as a neonatologist in the perinatal department of the Clinic for gynecology and perinatology in Maribor, Slovenia, Europe.

Her interest in breastfeeding began when she joined the National Committee for Promotion of Breastfeeding in Baby-Friendly Hospitals in 1996. In 1998 she became the UNICEF International Assessor of Baby-Friendly Hospitals. She received her IBCLC certification in 2001, recertification in 2006 and 2011. She implemented the IBLCE exam in Slovenia in 2002 and has organized the exam each year since then. She acted as the translator of the exam into Slovenian for two years. With her assistance the IBLCE idea was spread to Croatia, Bosnia and Herzegovina.

Having three children of her own, she understood the importance of breastfeeding on the early development of a child and the strong foundation it provides for later life. From her experience as a physician, she was able to perceive all the problems mothers who breastfeed are faced with and find solutions together with them.

Andreja also serves as a promoter of breastfeeding in her daily work by educating colleagues and medical staff. Furthermore she supports mothers as a lactation consultant.

As a member of the Slovenian IBCLC Society she is active in many fields: web appearance, lectures, papers and articles in various journals.

Andreja has a multifaceted academic career in addition to her work as a physician and continues to regularly publish papers on a national and international basis in various journals of pediatrics and breastfeeding. She is also a lecturer at the University of Maribor where she lectures on breastfeeding and additionally serves as a mentor for students and resident pediatrics. She locally supports young parents by teaching a class at the "School for new parents". Last month she was appointed "primarius" in the field of pediatrics.

In her free time, Andreja enjoys spending time with her three adult children and her three granddaughters. With her husband Borut she never hesitates to embark on journeys to the various corners of the world, where they relish the opportunity of exercising ballroom dance.

www.iblce.org

elacta
European
Lactation Consultants
Alliance

# 9th Conference

of the European
Lactation Consultants Alliance,
ELACTA / GALAXIAS

Lactation consultants IBCLC, midwives, nurses, physicians and all those interested in breastfeeding and lactation are invited to join the 9th Conference of ELACTA in Athens, Greece.

Take the opportunity to present your experience and research on topics related to human lactation and breastfeeding. Deadline for submitting posters is January 15th 2016.
A pre-conference on May 12th 2016 will focus on more practical issues and discussions.

Register early for special reduced conference rates!

For further information please visit:
www.elacta.eu

## BREASTFEEDING:

## AN ANCIENT ART IN A MODERN WORLD

## 13 & 14 May 2016

in Athens/Greece

## Pre-conference
## 12 May 2016