Advantages of Breastfeeding: A to Z

New Beginnings Bookshelf
Children’s Books Spotlight:
Gentle Parenting and Breastfeeding

Parenting for a Caring World

Giving Birth
The Breast Crawl

Mothers’ Stories

ISSUE 4 2013
Have you considered a tribute gift to La Leche League USA (LLL USA)? You can make a donation to 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. Donations of any amount will be gratefully accepted; for a minimum gift of $25, New Beginnings will publish your special message of congratulations, encouragement, appreciation, or condolences. To submit a tribute gift, please send a check and the tribute wording to: LLL USA, 4475 N. Jefferson Avenue, Miami Beach, FL 33140 or click on the donate tab at the top of the page at wwwLLLUSA.org to submit your tribute and make a donation to LLL USA via credit card, e-check, or PayPal. Anonymous gifts are also appreciated.
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Children’s Books Spotlight: Gentle Parenting and Breastfeeding
“Children are not the people of tomorrow, but are people of today. They have a right to be taken seriously, and to be treated with tenderness and respect. They should be allowed to grow into whoever they were meant to be. ‘The unknown person’ inside each of them is our hope for the future.”

Janusz Korczak

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The mission of La Leche League USA is to help mothers to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.
Hello autumn! We are in the midst of my favorite season. I love the cooler temperatures, changing colors of the leaves, cozy sweaters, mugs filled with warm drinks, and more time curled up on the couch reading or watching a movie with my family.

This is also a time of year that allows me to turn inward and contemplate a variety of subjects, including breastfeeding and the numerous benefits that continue to make headlines day after day. In our feature article, Candace Decker takes a look at just 26 of the benefits or advantages associated with breastfeeding. What would you add to the list? I’m sure we would need to publish a super-sized issue to include all of them!

Our readers continue to share the joys and challenges of breastfeeding in Mothers’ Stories. One mother describes how she went from a first-time mother terrified of nursing in public to a mother eager to try out different baby carriers and nursing positions in a variety of public places. Another mother shares her experience combining pumping and breastfeeding in order to get past a rough start. Other mothers write about successfully breastfeeding twins and how experiences with La Leche League provided inspiration for helping to create a more caring world.

Brenda Bandy updates us on the United States Breastfeeding Committee, providing information about current federal legislation and sharing her experiences with breastfeeding coalitions.

Staying Home explores the issue of maintaining and explaining family rules to your children when they have friends who do, see, hear, or watch things that your family may not allow. Toddler Tips is filled with great ideas from mothers eager to share how to include children in a daily workout. Making It Work discusses the topic of reverse cycle nursing and how to ensure that you get enough rest at night while continuing to meet your baby’s nighttime needs.

In Focus on Fathers, Jodie Kilpatrick takes a look at an early edition of The Womanly Art of Breastfeeding. Have the La Leche League ideas of a father’s role in the breastfeeding relationship changed over the course of several decades? Jodie gives us her opinion.

Jennifer Pitkin uses this issue’s Giving Birth column to describe her experience with the breast crawl after the birth of her second child. She explains why this hour immediately postpartum is beneficial for mother, baby, and the breastfeeding relationship.

In Eating Wisely, Amanda Jo Greep expounds on the joys of Community Supported Agriculture. Amanda shares delicious recipes her family looks forward to making and eating as the bountiful harvest from local farms finds its way into their kitchen.

Karin Ali rounds out this issue with New Beginnings Bookshelf and a review of children’s books that positively portray breastfeeding, co-sleeping, and babywearing. Do you have a book to add to this list?

I hope that you enjoy reading this issue as much as I enjoyed putting it together for you. I’d love to hear from you and find out what you’d like to read in future issues of New Beginnings. Do you have a story you’d like others to read? Please consider sending it to me so I can share it with our readers in the coming months. Send me a message at nbeditor@lllusa.org

Amy Nelson

Amy Nelson is a La Leche League Leader in the small Missouri River town of Yankton, South Dakota, where she lives with her husband, Cory, and their four children: Accalia (14), Cole (11), Ella (8) and Tylan (5). Amy can be reached at nbeditor@lllusa.org
Advantages of Breastfeeding: A to Z

There are many more than 26 benefits of breastfeeding, but listing 26 of those benefits in an A to Z format is a fun and memorable way to organize the advantages of breastfeeding for mother, child, and their family.

This article elaborates on a list that was first published in 1997 in Leaven, the La Leche League Leader’s publication. The original list is available online at www.llli.org/nb/lvaugsep97p90nb.html Additional information about each of these benefits can be found in the eighth edition of The Womanly Art of Breastfeeding (page references are noted below). It is important to remember that, while one mother may see an item on this A-Z list as a wonderful benefit, another mother may see it as a point of struggle in her breastfeeding relationship.

Amenorrhea, or a delay in the return of a mother’s menstrual cycle (once the approximately six weeks of lochia or postpartum bleeding and discharge has stopped), can last six months or longer in a mother who is exclusively breastfeeding her child. It is common for fertility to return between nine and 18 months postpartum. Ovulation in non-lactating mothers may occur as early as three weeks postpartum.

The Lactational Amenorrhea Method (LAM) is 98 to 99 percent effective in avoiding another pregnancy when three conditions are true: your baby is younger than six months old; your periods haven’t resumed; and your baby is breastfeeding exclusively and on cue day and night, without regularly receiving any other food or drink, including water. (pages 169-70)

Bonding through breastfeeding initially happens thanks to the release of prolactin and oxytocin, hormones responsible for the warm and motherly feeling that helps to bond a mother to her newborn child. Often the loving bond is immediate, but sometimes this sense of love takes time to grow.

This feeling of closeness can help connect the entire family. “It builds a great bond between mother and child and it teaches the older children about breastfeeding,” said Rachael Torres, of Las Cruces, New Mexico. “When I was breastfeeding my son, my daughter would pick up her baby dolls and feed them like mommy.”

Colostrum is the perfect first food. It’s the milk you produce in small amounts in the first couple of days after your baby is born. It has concentrated immunological properties that are your baby’s first protection against germs as well as protection and repair for the delicate and vulnerable newborn intestine. Colostrum also acts as a laxative to help baby pass the first stool—meconium—which has a tar-like consistency and is composed of substances that the baby ingested in utero. (pages 6-7)
Advantages of Breastfeeding

Decreased risk of breast cancer—possibly from the lower estrogen level of lactation—has been found in various studies. The longer a mother breastfeeds, the less susceptible she is to breast, uterine, and cervical cancer. (pages 364-67)

Easy baby care. Breastfeeding is always available and requires no additional equipment. Your baby controls the amount of milk intake at a feeding and, since breastfeeding is based on supply and demand, you produce the amount of milk your baby needs to get through growth spurts and any other time. "(There is) no need to be somewhere to be able to make bottles. You are ready when the baby needs you," said Donna Louis, a mother of three in Dayton, Ohio.

Few allergies come from breast milk. Human milk is non-allergic. There is a possibility of something the mother consumes passing to her breastfeeding child, so if a family has a history of allergies with specific foods, the mother may choose to introduce those foods into her diet slowly. By far the safest, healthiest food for your baby is your milk. (page 157)

Good for the whole family. "Breastfeeding not only helps raise healthier babies, but I think it shows other children [the] bonding and security that moms have [with their breastfed baby]," explained Erin Godwin of Honolulu, Hawaii. "I also think it helps to continue the growing rates of breastfeeding. If your children see breastfeeding as a natural thing then they will naturally use the same method to feed their babies. Also, the hormones that are released while breastfeeding—like oxytocin—help mothers recover faster, sleep better, and overall be happier. Happy mothers equal happy families."

Human milk is specially designed for human babies. Many families never drink cow’s or goat’s milk. Other milks aren’t necessary for humans, but if you plan to introduce any type of milk it is a good idea to wait until your baby is one year old in order to reduce the risk of allergies. (page 192)

Immunities to diseases and illnesses for a breastfed child are nearly as good as in the mother’s immune system. J’Patrick Fahn of Bismarck, North Dakota, credits the antibodies his daughter, born prematurely, received through breast milk with keeping her healthy. "Her first real illness was two weeks ago at 28 months of age," he said. (page 157)

Jaw development is broader in your breastfed child compared to the jaw that results from bottle-feeding and pacifiers. While breastfeeding, the baby’s jaw muscles are exercised and massaged in a way that causes the bones in your baby’s face and jaw to develop more fully. Narrow jaw development may restrict nose breathing, cause snoring, or require orthodontia later on. (page 7)

Kids get lots of attention when the new baby is breastfed. "When baby is hungry, I can continue doing whatever I was doing with the older kids and feed her rather than preparing a bottle," said Autumn Faith, a mother of three in Beaver Creek, Ohio. "It also means only the mother feeds the baby, so when dad is home, he can give more attention to older kids instead of sharing feeding duties."

Laundry is a breeze. The sun can remove most breastfed stool stains left behind on clean laundry. Unless it is treated with a really good stain remover, formula spit up can stain clothing brown.

Mental development is normal in breastfed babies but is linked to lower IQ scores in formula-fed babies. Breastfeeding doesn’t automatically add IQ points, but research indicates that the longer a child breastfeeds the higher is his intelligence. (page 9)

Natural is the key word. Breast milk requires no manufacturing equipment, preparation, or artificial methods. "Human milk has many hundreds of known and unknown ingredients, including interferon and white blood cells, antibacterial and antiviral agents, intestinal soothers, growth hormones, and everything else a baby is known to need," states Breastfeeding: It’s Just Good Sense, which is part of the Tear-Sheet Toolkit in The Womanly Art of Breastfeeding.

Oxytocin and prolactin are nature’s way of encouraging a mother’s body to take care of her baby and to transition from birth by stimulating uterine contractions. With each feeding, the hormones are released for milk let down and to foster feelings of love and nurturing. Without these hormones, mothers tend to talk to their babies less, interact less, and touch less. (page 10)

Protection against many diseases is greater for the child who is breastfed. The Womanly Art of Breastfeeding states: “When babies aren’t breastfed...they are at increased risk for...short-term and long-term illnesses and diseases." (page 9)

Quick weight loss from the hips and thighs can occur for mothers when they breastfeed—something women are less able to do at other times. Many women lose weight at a steady rate of around 1.75 pounds per month during the first six months of breastfeeding. If you’re dieting, aim for losing no more than ��
Advantages of Breastfeeding

About one pound a week since losing weight too rapidly can release the environmental pollutants stored in body fat into your milk. (pages 156-57).

Rest comes to breastfeeding mothers who breastfeed exclusively because they are in a hormonal state that facilitates sleep and allows them to respond to their baby’s needs without fully waking up (pages 237-40). Breastfeeding mothers do not need to stumble into the kitchen in the middle of the night to prepare a bottle.

“Breastfeeding combined with [bed sharing] has been great for the family because sleep deprivation is rare,” agrees Autumn Faith.

Saves money. Breastfeeding is free and is a renewable resource. Not every breastfeeding mother requires supplies, but if she does these products are usually one-time purchases.

“Breastfeeding [may] come with its own set of supplies: nursing pads, nursing-friendly clothing, extra shirts for when I leaked too much, breast pump, and extra bottles and sterilizing bags if we were going to be away from the baby for an afternoon while [the grandparents] babysat,” said Alice Ospovat, a mother of two in Bismarck, North Dakota.

Traveling is easy since breastfeeding can mean instant comfort in any location. “I traveled a lot with my first [son], and did not have to juggle using a bottle. I had one hand free. It was a blessing on planes, in crowded airports, etc. It also helped keep the little one happy during takeoff when he felt discomfort from the pressure changes,” said Lisa Jones, a mother of two in Silverdale, Washington.

“Also, I do believe that breastfeeding makes healthier babies. Neither child has been sick, even when there is more exposure to infections or germs when traveling!”

Understanding your baby’s needs becomes instinctive. Day by day, the intimacy of breastfeeding builds your confidence and mothering skills. As breastfeeding becomes second nature, it stops being a feeding device and becomes an all-purpose mothering tool. (pages 11-12)

Vitamins and minerals and other nutritional elements that your baby’s body needs, including many that haven’t been discovered or named yet, are contained in human milk and can subtly change through a nursing session, day, or year to match your baby’s needs. (pages 5-6)

Working goes smoothly when the nursing relationship is maintained. If you pump in the morning before work, you can bring that milk to the caregiver for the first morning feeding. If possible, your baby should still feed on demand and not on a schedule. If your baby becomes hungry towards the end of the work day, caregivers can give a small feeding of your expressed milk, knowing that you can nurse and reconnect with your baby when you arrive for pick up. (pages 265-88)

Exactly what baby needs. Even if your child isn’t hungry, breastfeeding almost always ends up being the solution for a fussy baby or toddler. Nursing is soothing.

You get to take care of your baby. Nursing is a normal follow-up to birth for the mother as her body has been preparing to feed her baby. The Tear Sheet Toolkit (Chapter 20) in The Womanly Art of Breastfeeding includes a section titled “What About Partners?” This resource offers positive suggestions about how the “not-mama” individuals in a baby’s life can support breastfeeding rather than compete with it. (page 467)

Zero waste. Your expressed milk will stay fresh for at least six hours at room temperature. If your baby doesn’t finish the bottle, it can be refrigerated promptly and given to him at his next feeding. Living cells will clean up any germs from backwash of saliva in the bottle. (page 306)

This list is certainly not comprehensive, but it offers a glance at just a few of the amazing advantages of breastfeeding. Each mother experiences her own benefits from A to Z during the time she breastfeeds her child.

Candace Decker is a nursing mother who lives in Bellbrook, Ohio with her husband and their three children. She attended La Leche League meetings while living in North Dakota and New Mexico and received support for breastfeeding a newborn, tandem nursing, and child-led weaning.
I didn’t grow up in a culture of breastfeeding. I was very bothered when I saw women nursing in public to the point of once going to my manager at work and asking if we could remove the woman breastfeeding her baby at a booth. My manager, who was a mother— and probably a nursing mother— gave me a pitying look and told me to get over it and clear off a table.

A few years later I was married and expecting my first baby. So many choices and so many opinions: epidural or no epidural, what kind of diapers to use, work or stay home, and of course bottle or breast. The people who gave me their opinion were all for breastfeeding. My husband, our relatives, and everyone else with an opinion agreed it was the way to go.

I, on the other hand, was apprehensive about the idea of breastfeeding. How was I going to ever go out in public? What would I do on trips? How in the world does it work? And frankly, I didn’t feel comfortable asking anyone for help. When it came down to it, though, it was the cheapest option and so it became my only option.

The day arrived, my dear girl was born, and nursing began. Wow! Ow! Oh dear! The hospital lactation consultant came by once and told me I was doing fine, but it sure didn’t feel fine. People kept coming to visit at the hospital and staying way too long. I was terrified to try and figure out what I was doing in front of them.

I remember one group of friends in particular. I kept saying I needed to feed the baby, and they kept saying okay and continued to sit there. I let my baby screech for an hour until my husband saw I was moments away from losing it and asked them to leave.

Then we went home. The blistering and bleeding began. So did the crying and the engorgement. While the baby was happy and readily gaining weight, I was suffering.

I was still uncomfortable, but I had resolved to use this as a growing experience and move past my apprehension and do something that, to me, was scary.

So, baby arrived. It was different. Again, I had no issues with my milk supply. I had minimal bleeding and blistering because I had read that switching positions could help this issue.

I learned from my oldest to limit visitors until I was ready so I could actually learn how to feed my son. I felt selfish for doing it at the time, but now I know that was one of the best ideas I ever had. It really did a lot for my confidence level.

Then came the test: going out in public. That was really hard. But I did it. I nearly had a nervous breakdown every time, but we made it through.

The pumping began. I pumped every three hours for six months. My baby and husband slept through the night. I woke up and pumped. I was exhausted, but I was in my comfort zone. I wasn’t so uncomfortable. I felt like I was still doing a good job. It was all I was capable of at the time.

When my second child came around, I figured I would do the same thing. That is, until I thought about the logistics of chasing a toddler, caring for a newborn, pumping, and leaving the house. That wasn’t going to work.

This time I went online for guidance. It was through various websites that I found there were baby carriers better than the ones I used with my first child, carriers that allowed me to nurse a baby discreetly and with my hands free!
Mothers’ Stories

There were difficult moments—one in particular was a nursing strike at seven months. Had I not had an online support system, I would have given up then. This time I asked someone I trusted for help, she gave me support, and we made it through. (Thank you Kristi Hayes-Devlin for being my personal La Leche League Leader in that moment.)

For nearly two years I didn’t use bottles. And I did learn to nurse hands free in a baby carrier. I did it!

Then came my third baby. This time I knew I could do it and do it well. But I wanted more. I wanted to stop being afraid in public. I wanted to avoid feeling nervous or that I was offending others. I wanted to be able to move freely and still feed my child. No amount of knowledge could help me here. This was all me. So I gave myself a challenge.

First, I mastered newborn nursing without blistering or bleeding nipples. Hooray! I credit a lot of this to the fact that we didn’t have a single visitor at the hospital. I wanted that time to rest, get to know my new baby, and figure out how to nurse him. Each baby is a new learning experience.

I remember one nurse came to talk with me about breastfeeding. I told her it was great, we had it under control, and thanks for checking in with me. I happened to sneak a peek at what she wrote in my chart after that conversation and it gave me a laugh. She wrote: “very confident about breastfeeding… perhaps too confident.” If she only knew!

My new baby and I took time to sort through our nursing relationship until we were comfortable with each other. Then it was challenge time. I took every baby carrier I owned and forced myself to master breastfeeding with it in public. I would go out at times I knew he would need to eat and I would put him in that carrier and troubleshoot until it was good.

There were rough moments. I remember hearing that some people at my church were offended by it. But I didn’t quit. Their discomfort wasn’t my problem or my fault. That was their issue to deal with.

I did it. Each time, I’ve taken what feels like a mountain for me and climbed it. And while it may not seem like much to some, for me it is a personal accomplishment.

Kimber Tower, Rigby, Idaho

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Upcoming LLL USA Events

Here are some upcoming opportunities for Leaders and families to gather and share information about breastfeeding and LLL.

April 11-13, 2014: LLL Garden State Area Network Conference Crowne Plaza Monroe, Jamesburg, New Jersey GSANConference@gmail.com

April 12-13, 2014: LLL of Massachusetts, Rhode Island, Vermont Area Conference University of Massachusetts Lowell Inn and Conference Center, Lowell, Massachusetts www.lllmarivt.org/

July 18-20, 2014: LLL of Texas Area Conference South Shore Harbor Resort and Conference Center Houston Bay, League City, Texas www.texaslllconference.org
**Amanda’s Story**

I’m finished breastfeeding and I’m a little sad. I’ve spent more than three years of my life nursing my babies. Learning how to breastfeed was the hardest thing I have ever done. Breastfeeding did not come naturally to me and I would have never done it without the support of my best friends.

All of my children were born early and fully developed, according to my doctor. My first baby was so small. He weighed 5 pounds and 12 ounces. He had a tiny reddish body with wrinkly, thin skin. He had an oddly shaped head, which I kept hidden under hats for the first several weeks of his life. He definitely had an alien look about him, albeit a cute alien.

When my husband and I took our son for his newborn doctor visit about a week after he was born, he weighed 4 pounds and 14 ounces. He had lost nearly 20 percent of his body weight (editor’s note: normal newborn weight loss is approximately five to seven percent; more than 10 percent weight loss should be evaluated by a medical professional.) My son’s pediatrician told me that something needed to be done immediately. He gave me one week to bring my baby’s weight up or he said I would have to start him on formula.

The message I heard was, “You are a failure. You have been a mother for one week and you are failing.”

The pediatrician told me I needed to nurse, use a breast pump, and then feed my baby the remainder of my pumped milk in a bottle every time I fed him. I did this for six weeks, eight to ten times a day: nurse for 25 minutes, pump for 10 minutes, and feed with a bottle for 10 minutes.

I had an idyllic situation for nursing. I was not working outside of the home. I had my mother, a supportive husband and friends, and yet I have no idea how I survived this time. I thought I was going to lose my mind. I watched the entire series of a popular television show when I would get up in the middle of the night to feed my baby.

When I went back to the pediatrician for my son’s six-to-eight-week check up, he was at a healthy weight. I was so relieved. I called practically everyone I knew and told them. I also went to see a lactation consultant at this time. Visiting with the lactation consultant helped to give me confidence to see that my baby was getting enough milk. So I stopped the nurse-pump-bottle routine.

One of my proudest accomplishments is nursing my children. I completely sympathize with the mother who is learning how to nurse. The overwhelming feelings I had seemed insurmountable at times, but I am so happy I persevered. My second and third babies never had any formula. It gets easier. Don’t give up!

Amanda Brooke, Oklahoma City, Oklahoma

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**Late Preterm**

Amanda’s son was born at 37 weeks. Babies are considered late preterm (or near term) when they are born at 34 to 36 weeks (or nearly 37 weeks). During the last six weeks of pregnancy, babies will gain about one-half pound per week. While late preterm babies are larger than premature babies, they are still at risk of serious health problems that may not affect full-term infants.

The following information about what to expect from late preterm babies is taken from a handout from the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) titled What Parents of Late Preterm (Near-term) Infants Need to Know.

1. Late preterm babies may feed slower and need to feed more often. A late preterm baby may also not be able to take in as much breast milk as a full-term infant.
2. Late preterm babies may be sleepier and sleep through needed feedings. They may need to be awakened every three to four hours to eat.
3. Late preterm babies may be at more risk for respiratory distress.
4. Late preterm babies have less body fat and may be unable to regulate their body temperature as well as a full-term infant. Avoid drafts and keep the room temperature warm enough to help maintain their body temperature. Dress them in one layer more than you would wear.
5. Late preterm babies may be more likely to develop jaundice. They are also more likely to develop infections due to more immature immune systems. As with any baby, late preterm babies should be monitored for signs of illness such as high fever or difficulty breathing.
Breastfeeding Twins

When I first found out I was pregnant with twins, I felt overwhelmed. Would I have a healthy pregnancy? Would I be able to carry my babies to term? How was I going to manage our day-to-day life?

As my pregnancy progressed I became more and more excited. Two babies! This was going to be great. I just knew it. I started to focus on practical preparations to ready my household for the babies’ arrival. My husband and I set up their room, took child cardio-pulmonary resuscitation (CPR) classes, installed car seats, and made our way through a long to-do list.

Friends and even some strangers started asking me if I intended to breastfeed. “It’ll be so hard with twins,” I often heard. “Well, I’m going to give it a shot and just see how it goes…” was my noncommittal response.

But I knew that I really wanted to make breastfeeding work. I registered for a nursing pillow specifically designed for twins, watched a number of online videos, went to La Leche League meetings, and waited for my babies’ arrival. My husband and I felt immeasurably blessed when our daughters were born with a vaginal birth at almost 37 weeks and each weighing nearly five pounds. I was able to begin breastfeeding in the neonatal intensive care unit (NICU) within 12 hours of their birth. After a short NICU stay, we took our daughters home.

I won’t sugarcoat the first two months at home with twins. I was tired. Very, very tired. Due to my daughters’ small size, I was advised to breastfeed only a few times a day and pump then bottle-feed the remainder of the feedings. I felt more like a factory than a person. My formerly tiny breasts swelled to epic proportions. My nipples became infected. I was ravenous all the time. I am lucky to be married to someone with a great sense of humor because, had my husband not made me laugh at our ridiculous assembly-line life, I might have cracked.

A few weeks in, I tried tandem feeding for the first time. “I’m doing it!” I deliriously grinned at my husband over the top of my giant nursing pillow. Getting both babies latched on by myself was going to be a challenge, but I was ready to try. I designated an area for feedings. I practiced burping the babies on the pillow and getting each of them on and off of it without help. I regularly went to a lactation support group. Things were going well.

A few weeks in, I tried tandem feeding for the first time. “I’m doing it!” I deliriously grinned at my husband over the top of my giant nursing pillow.

I started to set small goals for myself. Breastfeed for six weeks. Re-evaluate. Try for two more weeks. Re-evaluate. After three months, my daughters and I really hit our breastfeeding groove. Since I was not returning to work at the time, I decided to continue our breastfeeding journey. I internally touted the advantages of breastfeeding twins: baby health benefits, no bottles to clean up, both babies quiet and contained at the same time, rapid weight loss for me, time to catch up on reality television…The serious and not so serious list went on and on.

By six months I emerged from the newborn chaos phase and started to feel a bit more like my old self. My girls and I were definitely bonding during our many nursing sessions, and I was feeling pretty pleased with myself for producing such an effective milk supply. As I introduced solid foods, the demands of breastfeeding greatly reduced. I cut out the pump entirely when the girls were eight months old. I decided that I would continue breastfeeding until their first birthday if the girls didn’t wean themselves.

A few weeks in, I tried tandem feeding for the first time. “I’m doing it!” I deliriously grinned at my husband over the top of my giant nursing pillow.

After my twins turned one, I began the weaning process. We cut back our feedings very slowly until the night feeding was the last one. At 15 months to the day, I decided that our breastfeeding journey had ended—no regrets. We ran the marathon and crossed the finish line together. I was proud of all of us.

Why share my story? Twin mothers should know that, while certainly challenging, breastfeeding twins is possible and can be a really great experience. Mothers of twins should also feel confident and capable of choosing their own breastfeeding journey. That journey can really be a sweet one.

Cara Krenn, San Diego, California

Join the Conversation

Click here to Like!
When I decided to attend a La Leche League meeting years ago, I never dreamed that in 2013 I would be the founder of an organization based on the principles and philosophy I had learned from La Leche League (LLL). That first meeting marked the beginning of an exciting personal and professional journey in which I became a truly loving parent and developed my capacity to contribute to the creation of a more caring world.

In the beginning, the information and support I received from both the LLL Leader and the Group enabled me to experience a wonderful breastfeeding relationship with my son, a relationship that changed only slightly when he eventually decided to wean. I was empowered by the support I received for my belief that I should respond promptly and lovingly to my son’s cries and cues. I was able to dismiss the comments made by those who thought I should use the technique of leaving my baby alone to cry it out. I also made good friends who helped me through my separation and divorce and who hosted play dates where the mothers could talk while the children enjoyed playing with so many friends at once.

My first moment of validation for my parenting occurred when my three-month-old son Dyami was observing the world from my arms at a picnic. A woman I didn’t know marveled because he looked “so aware.” I felt that because his needs were consistently met, he could turn his attention to the fascinating world around him and begin to learn about it. I have observed many babies with empty looks in their eyes. I have concluded that their emotional needs were not being met and, consequently, they were not very interested in engaging with the world.

When Dyami was 16 months old, we were enjoying the social time after the discussion at an LLL meeting when one of the mothers put her baby in an infant seat on the floor so she could use the facilities. The baby started to cry, so my son went over to her, squatted down next to her, and patted her comfortingly on the shoulder. While doing this, he looked around for the baby’s mother because he knew she was the one the baby really wanted. I thought, “He knows how to respond to a crying baby because this is how I’ve responded to him. He can care about her feelings because his own needs have been met.” I felt that all the effort I’d put into being there for him, physically and emotionally, was well worth it. My son was a caring little guy.

After many months of participating in the regular Series Meetings as well as the Toddler Meetings, the Group Leader encouraged me to become a Leader. I decided to serve in this way so that I could do even more to assist women with nursing difficulties, provide effective breastfeeding information, and share the LLL respectful and responsive parenting philosophy.

My commitment to “mothering through breastfeeding” was such that...
considered pursuing a career as a lactation consultant. Since that choice would most likely require that I work in a medical setting—which I did not want to do—I decided to find a way to promote not only breastfeeding, but any and all parenting practices that helped promote secure parent-baby attachments. These practices included babywearing, bed sharing, infant massage, and responding promptly and lovingly to babies’ cries and cues. I started by finding a sponsor to pay for a weekly parenting column that I wrote for my local newspaper and I opened a home-based parenting store in which I sold baby slings, breastfeeding aids, and books that promoted a respectful, responsive, and relationship-oriented parenting style.

All my life I had been concerned about many significant problems in our society, such as our high rates of anxiety, depression, addictions, domestic violence, child abuse/neglect, and corporate criminality. I had volunteered in different ways, including serving as a Spanish-speaking interpreter at a women’s shelter. But through La Leche League, I came to understand that many of these problems had their origin in the early years because our culture’s independence-training methods were leaving infants and young children emotionally malnourished and insecure.

I had seen that meeting my baby’s need for security had helped him become a caring and confident child, and I had read many stories in LLL publications in which mothers shared their moments of validation when they saw their parenting efforts bear fruit and would think: “I am doing something right!”

I received my Master of Arts degree last year and have been working since then to build the website for my organization, Parenting for a Caring World. I am grateful to all the LLL parents who’ve shared their stories over the years: stories of overcoming obstacles to breastfeeding and stories of seeing their children manifesting positive character traits and, consequently, feeling validated for their own style of parenting. They inspired me to persevere, to follow my heart, and listen to my baby.

Maureen McCarthy, Kokomo, Indiana

The Supporting Working Moms Act of 2013 (SWMA) has been introduced in both houses of Congress. SWMA would protect and expand a working mother’s right to breastfeed by extending the existing federal law to ensure that an additional 11.5 million executive, administrative, and professional employees—including elementary and secondary school teachers—have break time and a private place to pump in the workplace. The current federal law only pertains to hourly workers. You can let your legislators know how you feel about this bill.

Click here (or see below in the Resources section) to locate your congressional representatives and their email addresses. Emailing your legislators is the most effective way to have an impact. A simple email, citing the bill number (Senate—S.934 and House—H.R.1941), and sharing your thoughts can have a tremendous impact on the future of this legislation and ultimately on millions of employed breastfeeding mothers around the country.

Resources
Congressional directory: www.govtrack.us/congress/members

By Brenda Bandy, LLL USA representative to USBC
“I’m Just a Mother…”
My Involvement in a Breastfeeding Coalition

By Brenda Bandy, LLL USA representative to USBC

We walked into the conference room with a sack of peanut butter and jelly sandwiches and bags of quiet toys and tried to find a space where the boys could play quietly, a tricky undertaking any time for three boys under the age of five. As I looked across the room at the nicely dressed women, unpacking their drive-through lunches, many wearing name badges and white coats, I wondered if I had made a huge mistake. What did a breastfeeding coalition do? What would they think of me? I am just a mother.

I had attended La Leche League meetings as a mother and later as a Leader. I thought La Leche League was the only group that fully understood the importance of breastfeeding. What a pleasant surprise to find others who also supported breastfeeding—either through their job or personally—outside of La Leche League. A feeling of relief washed over me as I fully grasped the idea that LLL was not alone. Here were others who shared my feelings about the importance of breastfeeding. Together we could make a difference in our community.

It wasn’t easy being “just a mother” in a group of professionals, talking about impact, evidence-based best practices, and needs assessments. I made it a point early on at coalition meetings to always dress nicely and behave professionally, which meant coming prepared to take notes and to listen respectfully. My LLL communication skills helped me navigate the uncharted waters of coalition conversations. My children were used to meetings, but there were times we had to leave early when their patience wore thin. Yet I persevered, knowing that mothers’ voices may not be heard if I didn’t stay involved with the coalition. I shared stories and experiences of breastfeeding mothers in the community. I told of the power of mother-to-mother support. They listened to my suggestions of what would make breastfeeding easier for mothers in our community and over time I became a valued member.

Breastfeeding coalitions around the country want breastfeeding mothers at the table. You can find your state breastfeeding coalition at the United States Breastfeeding Committee’s Coalition Directory: www.usbreastfeeding.org/Coalitions/CoalitionsDirectory/tabid/74/Default.aspx. Your state breastfeeding coalition’s website may have a listing of local coalitions.

Sadly, those with the most to contribute and who are impacted the most are often missing from the conversation. Mothers may not attend breastfeeding coalitions for a variety of reasons. Some may not know they are welcome and may view coalitions as meetings consisting only of paid professionals. Other mothers may feel uncomfortable—like I once did—at meetings where people sit around a table rather than cross-legged on the floor, and children are not darting in and out of the conversation. To those women I say, “Be brave and step into the room. What you have to say matters.”

I stepped into the room 15 years ago and I had no idea how pivotal that moment would be in my life. I am now an admitted coalition “groupie” and will go anywhere breastfeeding advocates are gathering, be it local, state, or national level. I have witnessed the power of a group of people with a common goal to impact their community and improve the lives of breastfeeding families. I encourage you to seek out your own breastfeeding coalition and find your place at the table. They are waiting for you.

Brenda Bandy lives in Manhattan, Kansas, with her husband and four children. She has been an LLL Leader for over 16 years and an International Board Certified Lactation Consultant (IBCLC) since 2010. She currently serves as the La Leche League alternate representative to the United States Breastfeeding Committee and the Area Professional Liaison for LLL of Kansas and continues to serve mothers and babies as a local LLL Leader.
How do you know whether you are being overly protective or too limiting with your household rules? My son has friends that are about the same age and he is always telling me that they are permitted to watch shows, play video games, and go to activities that I find unacceptable for my son. How can I help him understand that I am trying to do the very best for him, to help him to grow into a responsible and kind adult, and that I feel that these games and programs will not help him do that? How do I help prepare him to interact with his friends if I don’t allow him to do these things?

You are teaching your son to accept others. You are also teaching your son not to judge others. Explain to him in a way that he can understand that families have different rules and that they do not necessarily make you better, nor are they better than you. For example, my son has friends who drink soda, and I tell my son that, while it is not okay for him to do that in our home, we do not shame those who make that choice. Those friends who do it have different rules in their home. We then discuss what soda may do to our health and to our teeth. Every once in a while I do let him have a little bit of lemon-lime flavored soft drink added to lemonade. I do not want him to feel so tied to my rules. Although I do not want him to feel so tied to my rules, I do not want him to go outside the limits set by my parents, I was too afraid to say anything.

My children and I have a very open relationship and when they want to do something I consider inappropriate, we talk about it and come to a neutral area so we both feel it’s safe. Sometimes children are more grown up than we want to allow them to be. Never make your rules so set that you’re not willing to listen to the developmental needs of your child. Children need to experience their world. Sheltering them only works for so long, but the wedge you put there can take forever to remove. I have always had limits but nothing is set in stone. There is nothing they can’t share with me. I am far from being friends with my children, but I am always there for them.

Laura Walker via Facebook

I use phrases like, “Every family does things differently and that is okay. In our family we...” (Do a certain thing, believe a certain thing, and so on.) I choose to use “we” to emphasize that it is a family issue and not just me imposing rules, expectations, or limitations. It is tough when kids see others doing or having things they want, and it is our job as parents to model our own values and beliefs and teach our children of their importance. Good luck!

Tracey Manlick Palen via Facebook

Having thoughtful limits on what you feel is appropriate for your child’s age is not hurting him. On the contrary, it is doing your job! Our circle of influence on our children does not last too long and we have the right and responsibility to set limits like this as part of the task of instilling our values. You are doing this out of love for your son and protection of his vulnerable mind and spirit. Any choice made out of love is a good one.

Is it hard for children to understand why Joey down the street can drink soda all day and watch violent television? Yes. They are not developmentally ready to understand yet, which is why they have adults to care for them and help them learn to make healthy choices. Disappointment and frustration are not going to harm a child. It gives them an opportunity to learn to deal with these feelings in a healthy way if you can gently guide them. You could say: “I can see you feel frustrated and angry that you do not get to do the things your friend does sometimes. That can make you feel sad. I know you may not believe it, but our family has these rules because we love you and want to keep your body and your brain healthy and safe.” Or use whatever explanation works for your child’s level.

Jenny Claire Hoffmann via Facebook
New Mother’s Situation

“I love staying home with my children and I love watching them grow and develop. My youngest has weaned and is no longer quite as dependent as she was, and I would like to try to start finding activities to do outside of the home that are just for me. How can I convince my partner that it is normal for me to want to carve out my own niche, even if it means that I will be away from my children for a few hours a week?”

Time to Exercise and Stay Fit

My baby is now a toddler and I am eager to finally lose the last of the baby weight. We don’t have a lot of extra money for a gym membership. My son seems very unhappy when I try to walk or jog with him in the stroller. How do other mothers find ways to exercise and stay fit?

Exercising with toddlers can be challenging at times, but with a little bit of flexibility and these five handy tips, you’ll start toning up in no time.

1. It’s okay to break your workout up over the course of the day. You may not have an undivided hour to devote to exercising each day, but if you can find time for several five-to-10-minute bouts (even one bout is better than none), you’ll be off to a great start.
2. It’s fun to let your workout be playtime, too. Little children love to see their parents down on the floor “playing.” Let your little ones try to imitate you, play peek-a-boo with you, climb on you like a jungle gym, etc. Your toddler may absolutely love being the weight you lift during your workout, or he can be your cheerleader or repetition counter.
3. Try to work your exercise times around or with your child’s schedule and routine—not the other way around. If your exercise routine doesn’t work for your child, it won’t work for you. I had been a personal trainer for 10 years, but a mother of two for only a few months, when I figured this out the hard way. I tried to take an exercise class for mothers with children riding in strollers with my three month old and 23 month old in a double stroller. It took me so long to get everyone bundled up, loaded, and to the class that inevitably my baby would need to nurse and my toddler would start to whine and fuss. By the time I got everyone settled again, the class was usually coming to an end. It wasn’t working for any of us. I gave up that class to walk around our own neighborhood instead, sometimes with friends and sometimes just the three of us. Your exercise routine may be very different than it was pre-toddler. It may be very different than the routine of anyone else you know. It may vary from day to day and week to week.

What matters is that you find ways to exercise that work for you and your baby.
4. Cardio is important and you can fit it in easily and have fun with your little one while you do it. You should aim to get 20-30 minutes of cardio most days of the week. Here are some fun ways to do your cardio and connect with your toddler at the same time:
   • Take your child(ren) for a wagon ride. You pull the wagon. Run with the wagon sometimes if your children are sturdy enough for that.
   • Wear your toddler on your back and go for a trail walk, hike, or walk to the playground or around the block, or vacuum your whole house.
   • Turn up the radio and dance. Dance your hearts out through as many songs as you can. Play freeze dance.
   • Play tag, Ring Around the Rosie, Red Light/Green Light, or do the Hokey Pokey.
   • Sing and act out “If You’re Happy and You Know It” with big motions like jumping jacks, leap in the air, run all around, etc.
   • Pretend you are all kinds of animals. Get down on the floor and do all the motions and make the noises each animal would make.
   • Give your little one piggy-back and horsey rides all around the house.
5. When it comes to getting and staying fit, the key is to be both persistent and consistent. If today, yesterday, last week, or the last year hasn’t gone the way you planned fitness-wise, you can start fresh right now. Endeavor to find a routine that works for you and your children and then stick with it. If you get off track, don’t give up or criticize yourself. Just get back on track as soon as you can, keep moving forward, and you will succeed!

Shannon Brennan, Harford County, Maryland

For me, the key is remembering that I don’t have to do a long workout session all at once. To fit into my whole workout, I can do three different workouts a day, 10-15 minutes each. I use movie or music discs and I have a bunch of toys in my exercise area to distract my toddler. There are special toys that he only gets while I exercise. They will usually..."
keep his attention long enough for me to squeeze in a shorter workout. On the days when he really just wants to be held, I do simple low-impact cardio while holding him. I just consider him added resistance! My toddler also loves to dance, so sometimes we will have dance parties in the kitchen. Sometimes I just chase him around or he chases me! Any movement can be beneficial. Exercise is wonderful, but the most important part of losing weight is what you eat, so eat the best you can and add more activity to your day even if you don’t consider it a dedicated “workout” time.

Wiggle.bug via LLLI Mother-to-Mother Forums

We like to hike in a mother’s hiking group. We tackle big hills at a fast pace with baby worn in a soft carrier. Nurse while hiking? Absolutely! No need to stop for that. My first two were worn on hikes until age three. My youngest already loves them at seven months old.

Kate Cropp via Facebook

I work out in our home gym, and my husband and son visit me while I lift weights. My son loves the weight room so much that he insists on going into our gym several times per day. I squeeze in sets of abs and arm exercises during these times and I find that I can concentrate my heavier lifts into these shorter, dedicated solo workouts. I want my son to grow up loving my passion for sports, so I feel that incorporating him into part of my workouts is integral to teaching a lifelong love of fitness.

Alphawoman via LLLI Mother-to-Mother Forums

Some of my children preferred the backpack to the stroller, and the extra weight makes a walk around the park a serious workout! We also try yoga on the floor together. I’ve recently decided that sweeping and mopping are exercise too.

Melinda Toumi, LLL of Lawrence, Kansas

I struggled to find time to fit in exercise with toddlers until I remembered that as a child I loved to skip rope. I had a great time teaching my daughter. Now that she’s seven, we sometimes skip and sing together.

Barbara Higham via Facebook

If possible, run early in the mornings before your husband goes to work. I trained for my ninth marathon during my daughter’s first year and ran it when she was nine months old. Most of my training was not with the jogging stroller, although she eventually did enjoy it. I usually run outdoors in all seasons even though I live in the Midwest and it does get cold and snowy. I just wear layered winter running clothes and I find that I don’t mind the cold, though I do mind the ice. If it is really icy, I exercise inside to a video.

Krystine via LLLI Mother-to-Mother Forums

We have a hiking backpack that my son loves to ride in—both on trails and around the neighborhood. It fits both my husband and me. We can take a break for lunch or to play at a playground and switch whoever carries him home. We also found the backpack to be an easier alternative to the stroller at the zoo, and we both get in a little workout, too.

Sassypants via LLLI Mother-to-Mother Forums
I plan to continue breastfeeding after I return to work, which will happen when my daughter is three and one-half months old, but I’m concerned about more frequent night nursing or reverse cycling. I want to give my daughter everything she needs and am not ready to night wean or for her to cry it out, but I know I will need sleep to work effectively. How do other mothers handle the nights?

“I did not choose to co-sleep with my child; co-sleeping chose me.” It was a necessity. I was planning to go back to work when my son was nine weeks old. At six weeks I knew there was no way I could make it; I would probably fall asleep at the wheel. However, with bedsharing, I only had to wake up for all of 20 seconds when my son woke up at night before we both were able to go back to sleep. There were some nights I was still up with him at 3 a.m. because he couldn’t go back to sleep, but those were usually teething nights or growth spurts. By six months I was sleeping better than before I became pregnant.

Anne-Marie Grayson via Facebook

Co-sleeping and breastfeeding while lying on my side is how we make it work. I went back to working overnight shifts two days per week and day shifts the other two (four 10-hour shifts) when my daughter was nine weeks old. She’s nine months old now. She now sleeps through the night when I’m working but wakes up between two and six times on the nights that I am home. She stays in the bed with us most of the night. When she is sleeping soundly, we move her to her own sleeping area.

Heather Lang via Facebook

New Mother’s Situation

“I have been back to work for three weeks and pumping is not going well for me, possibly because I am pumping in a small private bathroom with nowhere to sit except the toilet. I asked to meet with my boss to talk with him about what I could do with regard to my pumping needs, but now I don’t know what to say to him! What are my rights and what requests should I make? How do I handle things gracefully, especially if my boss doesn’t seem very supportive?”

Joanna Maria Sardina via Facebook

We co-slept. There was lots of nursing in the evening between when I got home and went to bed. The key for me to get enough sleep was to go to bed early. Lots of stuff around the house slipped by, but I needed the sleep to function. Over the weekends we spent a lot of time nursing to bring my supply back up for the week.

Leisl Athen via Facebook

Co-sleeping and breastfeeding on demand at night have helped me get full rest since day one. If your feet don’t touch the floor, you never fully wake.

Joanna Maria Sardina via Facebook

Making It Work is edited by LLL Leader Winema Wilson Lanoue. A writer and avid knitter, she lives with her husband, Eric, two sons, Ezra and Zeb, and daughter Vivienne outside of Blacksburg, Virginia. Please send responses and new situations to making.it.work@lllusa.org

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Reverse Cycling

Reverse cycling is an expression used when a baby nurses less during the day and more during the night. Some mothers find this occurs when they return to work, but it does not happen with every baby whose mother is away during the day.

As you can see from the reader responses, many of the mothers seem to feel that co-sleeping helps their families get the best rest at night. When you hear the term co-sleeping, you might assume that it automatically refers to bedsharing. In fact, bedsharing is simply one method of co-sleeping. The term co-sleeping can be applied to the variety of ways that a family arranges their sleeping environment so that they are close enough for the baby to sense the mother’s presence and for the mother to quickly and effectively respond to her child’s needs during the night. For some families, this means being in the same bed, but others may use a crib or mattress on the floor in the same room or a bed-side sleeper. However they choose to do it, many mothers find that by remaining close enough to quickly attend to their children when they wake up, everyone gets better sleep.

Some of the mothers above found that bedsharing and nursing in the side-lying position helped them the most. La Leche League’s recommendations concerning safe bedsharing (The Safe Sleep Seven) can be found at www.llli.org/docs/000001_public_relations/llli-sleep-press-release-5-22-2013.pdf

The Safe Sleep Seven for safe bedsharing are:
1. Non-smoking household (including maternal smoking during pregnancy)
2. Sober and unimpaired caregivers
3. Breastfeeding mother
4. Healthy baby
5. Baby on his back
6. Baby not overheated
7. Mother and baby sharing a surface that is free of objects, indentations, or gaps that could compromise the infant’s breathing.

Reverse Cycling

by Jodie Kilpatrick

I love it when I find old books at yard sales or the thrift store. Nursing and medical textbooks or books on the subject of parenting especially thrill me because I like to read different perspectives from the 1960s, 1970s, or even earlier. I like to see how we have progressed and how certain advice that was all the rage back then is now either considered one of the worst things you could do or simple enough to still be good advice (or in some cases, just common sense).

When my mother-in-law found an older edition of The Womanly Art of Breastfeeding and offered it to me, I jumped at the chance. I couldn’t wait to sit down with it and delve through the worn pages, taking note of societal and familial differences back then, and to see what still applied to today’s breastfeeding mothers. On the second page, there was a list of editions that had been issued up until then. The first edition was published in September 1958. This was just two years after La Leche League was founded by seven breastfeeding mothers: hopeful women who, with nurslings at their breasts, had a vision to change the world of nursing with simple companionship.

My book is from the 22nd printing of the second edition—one of 54,000 copies—released in October 1976. I thought it would be fun to see how LLL discussed a father’s role in the breastfeeding relationship and how much, if anything, had changed from then until now. Chapter Eight of the second edition is called “The Father’s Role” and contains six pages of information and suggestions for the new or seasoned father about how he can support his wife and nursing baby in their breastfeeding journey.

The first tip discusses the father’s role as provider and protector. It is easy to understand how a father can be the provider. He works, provides the roof over his family’s head, and pays for other necessities. Today, this role often applies to mothers as well.
So what does it mean for the father to be the protector? Many times a mother, whether she is nursing her first child or has nursed other children, needs support from those closest to her. The father should provide this support but should also protect the mother’s nursing relationship with her baby.

As an LLL Leader, I have received calls from mothers who are disappointed because they do not have support from their family and in-laws, but they feel worse when they don’t have support from their husband or partner. A mother needs to hear encouragement and pride from the father of her baby about the wonderful nourishment she is providing their child. Even with mothers who have previous nursing experience, breastfeeding a different baby will have difficulties to conquer. It is during those times especially that she will need love and kind words. Fathers can remind her that these moments won’t last forever. “The most important thing she must do, and the hardest, is to learn to have faith in herself as a mother.” (page 113)

The father is also described as a helpmate. I know my husband is very tired when he gets home from working out in the sun all day, but it makes me so happy when he still offers to help me with dinner, bedtimes, and more. Especially in the early days of having a newborn at home—whether the child is your first or fourth—there is a time of adjustment for everyone. Mother and father, along with siblings, will have to transition to doing everything they were before, only now with a new little miracle in the home.

A father can help by doing various chores around the house. Even small ones will help greatly! Sometimes a mother may just need 10 minutes to sit down and meditate, read, listen to music, or do anything that can provide a little bit of relaxation during her busy day. Often she may use this time to take a shower—alone. This earlier edition of The Womanly Art assured fathers that “we are all in favor of manly men.” (page 115) Fathers were then told not to worry that helping out around the house would make them less manly. If anything, the mother will be able to breathe easier because of the father’s contributions at home. An added benefit is that she will have more time to spend with her partner.

Chapter Eight also discussed the father’s role as companion. For myself, with four young children at home all day, I most certainly look forward to my husband arriving home from work so I can have some much needed adult interaction and discussion about what’s going on in the world. Sometimes his companionship is all the fresh air I need to step back and remember that I’m also a wife and how much I enjoy sharing stories and laughs with my husband.

“We need aloneness as well as togetherness,” states The Womanly Art on page 117. There are many times that an hour to myself is necessary and absolutely refreshing, and I return a better wife and mother. It can be taxing (albeit always a blessing) to be a mother constantly and completely with never a moment to ourselves to even go to the bathroom alone! A father can let his wife know that her well-being and moments of aloneness are important to him by offering her some time for herself. I assure you she will be more pleasant and ever grateful to him for his support during the breastfeeding journey that she shares with his child.

Although 37 years have passed since publication of the second edition of The Womanly Art that I perused the other day, you can see that the suggestions and tips for fathers have changed little over the years. The role of the father remains a unique and important one as the mother still relies on and relishes the support and help that the father provides for both mother and nursing child.
I knew nothing about the breast crawl during my first pregnancy. After a rough start nursing my firstborn, I was extremely committed to starting out with my second child without the issues my daughter and I encountered after she was born. I knew that if I had a non-medicated birth, coupled with a healthy and alert baby, that we would attempt the breast crawl.

My first child’s birth and her first few weeks (months even) were a blur. Giving birth and nursing in the hospital are still fuzzy in my memory, though thankfully my husband was thoughtful enough to get a few photographs of our first attempts at breastfeeding. I had an epidural along with other pain medications to take the edge off in order to speed up labor after my water broke and labor wasn’t progressing. These medications certainly took the edge off of everything. When the hospital staff told me to push, I thought, “Really?” I certainly didn’t feel an urge to push.

I knew before I delivered that I wanted to breastfeed, but I didn’t have the desire to after I delivered our baby girl. She was handed to me clean and bundled up when we attempted our first nursing session. Again I thought, “Really?” Neither of us was ready to try. Friends and family were coming in and out. I didn’t know what to do. After she was born, my adrenaline levels were high and I was also completely exhausted from pushing. At this point, I didn’t feel connected to the birth, much less nursing.

When she sleepily latched on, it hurt. I took her off the breast and tried to latch her on a few more times. By now I had a blister on my nipple. I was already rethinking my ability to nurse my newborn. This pretty much sums up our first few days at home, too. She rarely stayed awake for more than a few minutes while nursing. Weeks and weeks of painful breastfeeding and pumping to keep my supply up, along with a sleep baby, ensued. Slow weight gain and, to my surprise, an oversupply issue were corrected with the assistance of an LLL Leader who came for a home visit when I so desperately needed support.

My husband and I found out I was pregnant with our second child when our daughter was a little over one year old. By this point, I was nursing a toddler and my favorite pastime was studying anything breastfeeding related. I was pursuing leadership with LLL and read many books about getting breastfeeding off to a good start. I decided I wanted a different birth and breastfeeding story.

I watched a video of the breast crawl and I became fascinated with the process. I began researching everything I could about it and became determined to build a team to help support the baby and me.

While preparing for the birth of our second child, my husband and I came up with and printed off a fairly simple birthing plan for the doctor: put baby on my abdomen after delivery, wipe the baby off (except hands) while on my abdomen, cover baby’s back with blankets, and wait until the baby has nursed before taking any measurements. To this day, it makes me laugh that my doula had written, “Give baby to mama all gooey” on the white board on the wall of the delivery room.

After I gave birth, I remember my husband being the first to tell me the gender. It was a boy! My son was then placed on my abdomen. During the hour or so that it took my son to make his journey to the breast, my husband was stroking my head, telling me he was so proud, with tears streaming down his face.

I knew from the research that I had done on the average breast crawl that it would take about an hour, and it did. The wonderful thing was I didn’t know the amount of time that it took until I watched the video my doula took of my son’s voyage to the breast. I didn’t watch the clock. I watched my son the whole time. I couldn’t take my eyes off of my new baby. My husband and I were able to relax after delivery. We had time to focus on the

The Breast Crawl

By Jennifer Pitkin, Ames, Iowa

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My husband and I found out I was pregnant with our second child when our daughter was a little over one year old. By this point, I was nursing a toddler and my favorite pastime was studying anything breastfeeding related. I was pursuing leadership with LLL and read many books about getting breastfeeding off to a good start. I decided I wanted a different birth and breastfeeding story.

I watched a video of the breast crawl and I became fascinated with the process. I began researching everything I could about it and became determined to build a team to help support the baby and me.

While preparing for the birth of our second child, my husband and I came up with and printed off a fairly simple birthing plan for the doctor: put baby on my abdomen after delivery, wipe the baby off (except hands) while on my abdomen, cover baby’s back with blankets, and wait until the baby has nursed before taking any measurements. To this day, it makes me laugh that my doula had written, “Give baby to mama all gooey” on the white board on the wall of the delivery room.

After I gave birth, I remember my husband being the first to tell me the gender. It was a boy! My son was then placed on my abdomen. During the hour or so that it took my son to make his journey to the breast, my husband was stroking my head, telling me he was so proud, with tears streaming down his face.

I knew from the research that I had done on the average breast crawl that it would take about an hour, and it did. The wonderful thing was I didn’t know the amount of time that it took until I watched the video my doula took of my son’s voyage to the breast. I didn’t watch the clock. I watched my son the whole time. I couldn’t take my eyes off of my new baby. My husband and I were able to relax after delivery. We had time to focus on the
next steps and so did our baby—literally. For the rest of my life, I don’t know if I’ll ever be more proud of my son. He and I were able to enjoy this special time with each other after pregnancy and before breastfeeding. He really did it. He pushed his little feet into my abdomen. He used his arms and hands to leave a trail of amniotic fluid to lead him to the breast. He latched himself.

What is the breast crawl?
Babies are born with an instinctive “stepping reflex” where, if their feet touch a flat surface, they’ll start “walking.” They can’t support their own weight, but in the right situations can give themselves the leverage they need in order to push themselves along the mother’s abdomen after delivery.

During my son’s breast crawl, his hands were in front of him leading the way, leaving a scent trail from the amniotic fluid on his hands to guide him to the breast. He stretched out his hands towards my breasts and pushed his feet into my now soft abdomen, gently massaging my stomach.

In an article published by the American Academy of Pediatrics, it is explained that there is a five-point sequence in the breast crawl if the little one is dried off, placed on the mother’s abdomen, and not separated from the mother.

1. First 30 minutes: newborn rests and occasionally looks at mother.
2. 30-40 minutes: newborn begins to smack lips and bring fingers to mouth.
3. Newborn uses stepping reflex to push against mother’s abdomen and move forward. Newborn turns head side to side while crawling up to breast.
4. When baby reaches the tip of the sternum, he bounces his head up and down and into her chest.
5. As the newborn nears the nipple, the mouth opens and the baby latches onto the nipple.

As my husband said, “We interfere with our instincts too much and we forget that little ones have instincts, too.”

Benefits of the breast crawl
Studies of the breast crawl note extensive benefits, including metabolic and temperature regulation in the infant, and a better quality of attachment. The infant’s stepping reflex on the mother’s abdomen aids in the delivery of the placenta, and a mother’s oxytocin levels are higher than in mothers who are separated from their infants after delivery.

During the breast crawl, when my son crawled up my abdomen and latched on to my breast without assistance, we had time to learn about each other. According to www.breastcrawl.org/science.shtml, “For the mother, the first few minutes and hours after birth are a time when she is uniquely open, emotionally, to respond to her baby and to begin the new relationship. Suckling enhances the closeness and new bond between mother and baby. Mother and baby appear to be carefully adapted for these first moments together.”

I saw what my son was capable of in his first hour of life, and I’m so thankful I gave him the opportunity to show me.

Editor’s Note: You can view video of a breast crawl at www.breastcrawl.org/video.shtml

Submissions for Giving Birth can be sent to giving.birth@illusa.org
Autumn is my favorite season. By the time September rolls around, I’m more than ready to trade in sunburns, sweat, and sand for warm apple cider, cozy sweaters, and fresh-baked cookies. I appreciate the hustle and bustle of the hot months—BBQ’s! Road trips! Family reunions! But I usually find myself longing for the quiet routines of fall by the end of August.

For the past several years, my family has been a devoted member of Community Supported Agriculture (CSA). In a CSA model, individuals buy shares in a farm (small, local, often organic) and, in doing so, allow small farms to thrive. Farmers are able to earn money up front, and consumers are able to connect one-to-one with the very people who grow their food.

While summers are good in a CSA, the later summer and early fall months often bring a bounty of food for its members as the harvest season gets into full swing.

In our first year as members of a CSA, we ran into a rather steep and unexpected learning curve as the weeks progressed. In the CSA model, you generally have a weekly or biweekly pick up or delivery of your produce; usually you don’t get to choose what food you receive. The farmers simply harvest what’s ready and deliver it, doing their best to give you a variety of food. Figuring out what to do with repeated batches of tomatoes wasn’t terribly difficult (sauces, salad toppings, eat them whole), but it was the less common (for us) fruits and vegetables that threw us for a loop.

Because CSA-based farms earn their money up front, rather than growing everything and then doing their best to sell it to the public, they are able to branch out and try lesser-known crops for their committed customers. By the end of our first season in a CSA, we had been introduced to things like kohlrabi, garlic scapes, and rutabagas: things we had never cooked before, and, in the case of kohlrabi, had never heard of before.

Alongside these lesser-known vegetables, we were offered plenty of hearty staple crops as well. As the weather cooled, our CSA bins were often overflowing with various squash varieties, potatoes, cabbage, and apples.

During the summer, we usually eat light, often foregoing cooking all together and eating our CSA bounty raw or lightly steamed, perhaps with a side of pasta, and followed with a juicy watermelon for dessert. Once fall arrives, however, we turn our oven back on and return to the family kitchen.

The following recipes are family favorites around here. The first is from Farmer John’s Cookbook (John Peterson and Angelica Organics), which I consider a must-have for anyone new to CSAs and in search of fresh ideas for foods both new and old. The second is my husband’s mouth-watering seasonal stuffing, a dish we always include on our Thanksgiving menu and as often as possible otherwise.

I promise neither will disappoint.

Editor’s Note: Go to www.localharvest.org to find a CSA close to you. If you’d like to see what’s in season and ready for harvest in your area, go to www.epicurious.com/articlesguides/seasonalcooking/farmtotable/seasonalingredientmap

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**Squash & Kale with White Bean Stew**  
*Source: Farmer John’s Cookbook*

A very hearty fall meal that only gets better the next day, this stew will fill you with warmth and energy.

**Ingredients**
- 1 pound white beans (cannellini or Great Northern), soaked overnight and drained
- ¼ cup olive oil, divided
- 1 whole head garlic (stem and roots removed)
- 1 bay leaf
- 1 large onion diced (about 1 cup)
- 4 cloves garlic, thinly sliced
- 1 tablespoon minced fresh sage
- 1 teaspoon cumin
- Pinch dried red pepper flakes
- 1 large butternut squash (3 to 4 lbs.), peeled, seeded and cut into 2-inch cubes
- 3 cups vegetable or chicken stock or water (more as needed)
- 1 bunch kale, thick stems removed, chopped or coarsely torn
- Salt
- Fresh ground black pepper

1. Place the beans in a large soup pot. Add enough water to cover the beans by two inches. Add two tablespoons olive oil, the head of garlic, and the bay leaf; bring to a boil, partially cover, and reduce to a simmer. Simmer until the beans are very tender, 1-3 hours. Drain, rinse, and drain again. Remove the garlic head (it’s a great snack as you continue making your meal).
2. Heat the remaining two tablespoons of oil in a deep baking dish or Dutch oven. Add the onion. Sauté until translucent, about five minutes. Stir in the sliced garlic, sage, cumin, and red pepper flakes. Sauté for one minute more.
3. Add the squash; stir to combine. Add the stock or water; add more if needed to cover the squash. Bring to a simmer. Add the kale; cook until the kale and squash are tender, about 20 minutes. Season to taste with salt and pepper.
4. Stir in the beans; simmer until the beans are heated through.

**Tony’s Seasonal Stuffing**

This recipe can be fine tuned to suit your personal tastes. Brown up some flavorful sausage and add it to the mix before baking for an omnivorous take or toss in other additions like mushrooms or vegetarian protein crumbles for a different kind of boost. As is, this recipe has been a hit with meat eaters and vegans alike. After all, it’s hard to go wrong with wild rice and freshly picked apples.

**Ingredients**
- 2 cups wild rice
- 6 cups seasoned stuffing mix
- ½ cup butter (can substitute with product such as Earth Balance for vegan/dairy-free dish, though be sure to check the ingredients of your stuffing mix as well)
- 2½ cups chopped onions
- 2 cups chopped celery
- 2-3 large apples (your favorite varieties), cored and diced
- 1 cup raisins and/or dried cranberries (we like about half and half)
- 2 cups vegetable broth
- 1½ teaspoons dried thyme
- 1½ teaspoons dried rosemary (or more to taste; we are generous with the rosemary)
- Salt and pepper to taste

1. In a medium saucepan, boil water and stir in wild rice (with a 3:1 ratio of water to rice). Reduce heat. Cover. Simmer 45 minutes until water has been absorbed and rice is tender. This step can be completed the night before to save time.
2. Preheat oven to 350˚F.
3. Melt butter in a large, heavy skillet over medium heat. Stir in onions and celery and cook until they just start to soften. Stir in thyme and rosemary. Continue cooking about two minutes, stirring periodically. Remove from heat and season with salt and pepper.
4. In a large bowl, toss this mixture with the cooked rice, stuffing mix, apples, raisins, and cranberries. Gradually blend in the vegetable broth until everything is moist.
5. Transfer to a large glass casserole dish. Bake 20-30 minutes in the preheated oven, until lightly browned on top.
New Beginnings

Children’s Books Spotlight: Gentle Parenting and Breastfeeding

Reviewed by Karin Ali

In a society where breastfeeding and gentle parenting choices are not the norm, parents may have difficulty finding children’s books that represent the choices they have made and the way they live their lives. Luckily, while not as numerous as many parents would like them to be, there are an increasing number of choices for children’s books that highlight breastfeeding, and other topics such as babywearing and co-sleeping. The following books may not all have been published in the last year or two, but their messages and stories stand the test of time. They speak of love, togetherness, and the importance of family.

Readers will travel with the family cat in Only the Cat Saw, written and illustrated by Ashley Wolff, exploring what is happening both inside and outside the house as night approaches and settles in. While the cat is outside watching an owl hunt down a midnight snack, big sister Amy is dreaming. As the cat continues its travels through the barnyard and stops to watch the rain, baby Sam wakes up to nurse in the rocking chair with his mother while everyone else sleeps. Filled with scenes of a family spending peaceful moments together, this book combines beautiful illustrations and text that invite the reader to journey through the night and experience what happens during those hours when most are normally asleep.

Mama’s Milk, by Michael Elsohn Ross and illustrated by Ashley Wolff, brings readers to places near and far where mothers nurse their babies. From a secret coyote burrow to high up in a tree with a mother and baby monkey, it is easy to see that mother’s milk is ready anytime and in any place. The book highlights both animal and human mothers, sometimes on the same pages. A mother armadillo is shown nursing her babies in a dry burrow, a human baby nurses with his mother in bed while the father sleeps, and a toddler on another page rides in a sling while he, his big sister, and his mother happen upon a mother cat nursing her kittens.

Illustrated with watercolor pictures, the rhyming text of Mama’s Milk reads like a lullaby before bed and may encourage any child, from baby to preschooler, to snuggle in to hear and see more. The book closes with two pages of small snapshots of the people and animals within the book. These pictures are matched with thought-provoking statements about each mother’s milk. “Calf elephants drink from mama for two to five years,” and “Kangaroo milk is pink.” are some of the facts that are shared, along with “A breastfeeding mom gets more sleep.” The accompanying picture for this particular caption features a sleeping mother in a rocking chair with her nursing baby. For those who prefer a bilingual version, Mama’s Milk/Mama Me Alimenta, is also readily available.

A book similar to Mama’s Milk that also portrays happily nursing dyads is We Like to Nurse, written by Chia Martin and illustrated by Shukyo Lin Rainey. This book’s smaller size makes it an ideal choice for little hands or a trip in the car.

Filled with pictures of animals nursing, the bright colors and fun facts will keep any child engaged. From llamas to panda bears, all mammal babies like to nurse. Baby monkeys prefer nursing in their mother’s arms, baby elephants love to hug their mothers with their trunks while they nurse, and a human baby relaxes and sleeps while nursing with her mother on a comfy chair.

Children will delight in seeing which nursing pair comes next and may want to cuddle in close with their mother after reading this book to find the best way they like to nurse.

For a preschool-aged child whose family is preparing for a baby, Baby on the Way by Dr. William Sears, Martha Sears, R.N., and Christie Watts Kelly provides a caring introduction for children of what happens during a woman’s pregnancy, and what different changes may occur in the household after the baby is born. The book begins—before the story starts—with a page of extensive notes for parents and caregivers. These notes discuss positive ways to introduce the idea of a new baby and how to speak with children about pregnancy and birth. Along with information accompanied by friendly and colorful illustrations about how a mother feels while she is pregnant, there are small sections throughout the book labeled “What You Can Do” and “Answers for the Very Curious.” These sections can assist both children and adults to find ways for children to be helpful, and answers questions such as, “Why is your mommy’s belly squeezing?” and “Why is the baby so wrinkly?” When the mother goes into labor, the story takes her to a birthing center, with the doctor or midwife listening to the baby’s heartbeat with a stethoscope. After the baby is born, the baby is shown contentedly nursing while the book explains why the mother needs to hold and nurse the baby all the time. Filled with smiling faces and excellent information, Baby on the Way is an outstanding choice for any family getting ready to welcome a new addition.

Written in the same style, and by the same authors, What Baby Needs begins where Baby on the Way leaves off. The book again starts with excellent notes for parents and caregivers such as “Having a new baby in the home can bring up a wide range of feelings for an older child.” and “It is important to allow children to express their frustration or other ‘negative’ feelings without invalidating them.” With these tips, and the wonderful information and story shared within, it is easy to see how this book would be an excellent addition to a home library. As the book moves along, the new baby is shown sleeping close to the mother and father on one page, snuggled in a baby carrier with her father while the older children play soccer with their mother on another page, and nursing multiple times throughout. One particular way that What Baby Needs stands out is that it presents breastfeeding as a regular part of daily life. Additionally, for children feeling
left out, the “What About Me?” sidebars can help reassure them about their mixed feelings regarding the new baby.

*Michele: the Nursing Toddler* by Jane M. Pinczuk is a perfect story at bedtime or anytime for children nursing into toddlerhood. The main character, Michele, loves to paint, visit the zoo, and run outside. Lovingly written by Michele’s own mother, the book’s rhyming text reminds readers about the copious amounts of energy possessed by toddlers. Barbara Murray’s illustrations bring Michele to life as a vivacious, fun-loving toddler who, with all of her busyness, still loves the closeness that nursing brings.

Babywearing is a practice used by mothers (and other family members and caregivers) to meet their babies’ needs, including their need to nurse. *A Ride on Mother’s Back: A Day of Baby Carrying around the World*, written by Emery Bernhard and illustrated by Durga Bernhard, explores the ways that babies are carried and cared for in different parts of the world. This exquisite book’s inside cover contains a map highlighting where each featured family lives, and the title page even gives readers a glimpse into how a long piece of fabric can be tied so a baby can ride on his mother’s, or another family member’s, back. Twelve diverse babywearing families are highlighted in the book. From three-month-old twins Ketut and Wayan being carried in slings by their sisters in Bali, to little Sita celebrating the festival of Holi in Nepal wrapped on her father’s back, readers will be enchanted by the colorful illustrations and informative text. Taking a trip around the world was never so fun or so beautiful!

For many families, sleeping together in one bed can help meet children’s nighttime needs while providing adequate rest for all of the members of the family. In *The Cuddlers*, written by Stacy Towle Morgan and illustrated by Marvin Jarboe, four siblings and two parents make up a family that plays and spends time together during the day. When night arrives, each child goes to sleep in his or her bed. Yet sometime after midnight, one by one each child finds his or her way to the parents’ bedroom. Once there, he or she is snuggled into the family bed. The detailed and realistic illustrations within *The Cuddlers* bring to life what sleeping with six people in one bed is like (crowded!). However, the family members’ sleeping faces show the serenity that sleeping in close proximity can bring. The bed may be overflowing with the parents and children, but readers can easily see that it is also overflowing with love. When morning arrives, the children and their parents wake up with smiles on their faces, and a new day begins. A great addition to any home library, families of any size will enjoy the down-to-earth yet heartwarming interpretation of co-sleeping and sharing love as a family.

Although it can be difficult to find books that highlight breastfeeding, these books are an excellent starting point for creating or adding to a home library that welcomes and normalizes breastfeeding and gentle parenting choices. Enjoying time together as a family can be made even more joyful by reading these books about the relationships of family members, especially those between mother and child.
La Leche League USA has partnered with Charitable Hotels to provide an easy way for you to help strengthen LLL USA financially. Charitable Hotels is the world’s first non-profit travel site. You’ll get the exact same price as other travel sites and Charitable Hotels will donate its commission to La Leche League USA.

Three easy steps to help support La Leche League USA:
1. Go to CharitableHotels.org
2. Choose La Leche League USA from the drop down menu
3. Book your hotel stay

Do you know of a business that might use Charitable Hotels to book corporate travel? Or another non-profit that would like to raise funds through Charitable Hotels? If so, La Leche League USA could raise even more! Contact council@lllusa.org for more information.

Book your next hotel stay with Charitable Hotels and support La Leche League USA!