



# Breastfeeding Update

“Mother-to-Mother support”

## HAPPY 50<sup>TH</sup> ANNIVERSARY, LA LECHE LEAGUE!!

Ann Russell, LLLL, IBCLC, RLC

In 1956, a group of seven mothers met in Franklin Park, IL, a suburb of Chicago. Their desire to breastfeed their babies and their frustration with the lack of available information led them to found La Leche League (LLL). Little did they know at that time that their meeting would have a monumental effect on the lives of millions of mothers and babies around the world. La Leche League is now celebrating its 50<sup>th</sup> Anniversary year.

From the small ember sparked by the Founding Mothers of La Leche League, breastfeeding has seen a resurgence in the US and other countries. Breastfeeding is now supported by an expanded body of knowledge and protected by medical organizations, and international, national, state and local governments. The efforts of the Founding Mothers have created a world where reliable breastfeeding information is increasingly available and accessible.

It is interesting to note that at the time of the founding of LLL, the word ‘breast’ was objectionable. The name of the organization, La Leche League, was taken from the Spanish word, leche, ‘the milk’ so that their work to educate, support and encourage women who wish to breastfeed would be culturally acceptable.

In its 50 year history La Leche League can look back with satisfaction and pride on:

- The organization’s growth from a single group in Franklin Park, IL, lead by the seven Founding Mothers, to groups in all 50 states, including Puerto Rico and the US Virgin Islands, as well as in 60 countries lead by 7,500 Leaders worldwide and reaching more than 100,000 mothers monthly via
  - Phone help
  - Online help forms

- Monthly series meetings
- The La Leche League website
- Podcasts

- A steady increase in the rates of breastfeeding initiation and duration, from the low of close to 20 % in 1956, to the current rate of 72.9% initiation, 39.1 % at 6 months and 20.1% at 1 year as reported in the 2005 National Immunization Survey. The Healthy People 2010 Goals are for 75% initiation, 50% at 6 months and 25% at one year.
- The inception of the field of lactation consulting, which was the vision of a small group of La Leche League Leaders who foresaw the need for a profession to help mothers to breastfeed who were experiencing more complex problems. The Board of Directors of LLLI voted seed money to inaugurate the International Board of Lactation Consultant Examiners and the International Lactation Consultants Association.
- An incredible increase in the amount of published information regarding breastfeeding. In 1956 there was none. The Founding Mothers would hand-write responses to the questions about breastfeeding that mothers sent via letters to their homes, hundreds each month from all over the US. At the urging of several of the original LLL Medical Advisors, they wrote and published the first edition of *The Womanly Art of Breastfeeding* in 1958. In 1963, Reader’s Digest published the first article about breastfeeding, “They Teach The Art of Breastfeeding” by Karen Pryor. Since then there have

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been six more editions of *The Womanly Art of Breastfeeding*, the 7<sup>th</sup> edition published in 2004. There has been an explosion in the number of books and magazine articles about breastfeeding for parents.

- A significant increase in the amount of medical research devoted to breastfeeding. At the time of the inauguration of LLL in 1956 there was very little breastfeeding medical research being done. In 1980 LLLI began to publish *Breastfeeding Abstracts*. Each decade of publication, saw an increase in the number of research articles available for abstracting. *Breastfeeding Abstracts* offers a digest of recent breastfeeding research articles and a comprehensive lead article. It is subscribed to by over 1200 clinicians and professionals interested in up-to-date research information about breastfeeding.
- More active support of breastfeeding by the government at the local, state, national and international level. Realizing that breastfeeding offers public health advantages, many legislators have enacted legislation to protect a woman's right to breastfeed in public, to be excused from jury duty while breastfeeding, to encourage employers to allow employees to pump during the work day and to provide pumping accommodations in the workplace. LLLI was in the forefront of governmental involvement which has included:
  - In 1979 becoming a representative to a UNICEF meeting on Infant and Young Feeding in Switzerland,
  - In 1981, achieving consultative status and serves on the board of Non-Governmental Organization (NGO) consultants to UNICEF, with the World Health Organization (WHO),
  - Acting as a registered Private Voluntary Organization for the Agency International Development (USAID),
  - Being an accredited member of the US Healthy Mothers and Healthy Babies Coalition, and
  - Is a founding member of the World Alliance for Breastfeeding Action (WABA).
- The medical profession's increasing support of breastfeeding.
  - In 1974 LLLI was accredited by the AMA to provide CMEs at the LLL Physician's Seminar and has continued yearly to present cutting edge breastfeeding information.
  - In their 1978, 1997 and 2005 Statements on Breastfeeding, the American Academy of Pediatrics has affirmed more and more strongly its support of breastfeeding as the superior infant food.
  - The 1994 inauguration of the Academy of Breastfeeding Medicine and the establishment in 2000 of the Section on Breastfeeding of the AAP further marked the expansion of interest and support of breastfeeding among medical professionals.
  - In January-February 2007, the American College of Obstetricians and Gynecologists (ACOG) released their "Special Report from ACOG: Breastfeeding: Maternal and Infant Aspects." These clinical guidelines were developed to encourage OB/GYNs to impart accurate information about breastfeeding to pregnant women, and to encourage them to support them should any problem arise.

La Leche League recognized early on that the most effective way of providing information about breastfeeding was mother-to-mother. Experienced mothers sharing their knowledge and their encouragement is the way that women passed along breastfeeding information from generation to generation. This tradition continues today in LLL meetings held every month in living rooms, meeting rooms, libraries, churches, schools, and hospitals all over the world; in phone conversations; and via email.

La Leche League Leaders, women who are accredited by LLLI, facilitate an exchange of information and experiences shared by the mothers who attend the meetings with their babies and toddlers. I encourage you to attend a La Leche League meeting if you have never attended one. There are meetings every month in seven groups around San Diego County. To obtain more information about San Diego County LLL meetings or to obtain breastfeeding help, go to

<http://www.llusa.org/web/SanDiegoCA.html> or call **858-646-9779**.

At a LLL meeting, you will find experienced breastfeeding women and new mothers learning about breastfeeding, along with their babies and toddlers. Many groups offer a library of lending books about breastfeeding, childbirth, parenting, nutrition, weaning, discipline, and many other subjects of interest to pregnant and nursing women.

A series of meetings focuses on four basic topics:

Meeting # 1: The physical, emotional, financial, and environmental advantages of breastfeeding to mother, baby, family, community.

Meeting # 2: The baby arrives: The family and the breastfed baby, preparing for the birth, preparing the home and routines, preparing siblings, and preparing to return to work.

Meeting # 3: The art of breastfeeding and avoiding difficulties, the normal course of breastfeeding, nighttime parenting, breastfeeding myths and facts.

Meeting # 4: Nutrition and weaning, improving family nutrition, starting solid foods, extended breastfeeding, discipline, weaning.

LLL Leaders go through an accreditation process that includes basic breastfeeding information, helping with difficult breastfeeding situations, teaching/discussion ideas, counseling skills, and group management techniques. The amount of time required to complete the process varies, but usually involves hundreds of hours of training. The heart of becoming a Leader and the basic prerequisite to initiate accreditation is that a woman has breastfed her own baby for at least nine months. Once accredited, LLL Leaders are required to keep current on breastfeeding information through Continuing Education offered via LLL Conferences, Leader Workshops and Meetings and a subscription to *Leaven*, the official publication of LLL for Leaders. In order to provide continuing education to its Leaders, LLL presents Area Conferences and International Conferences. Continuing Education for Health Care Professionals is also offered at these Conferences.

LLL Leaders are guided by La Leche League philosophy, a set of ten concepts that have evolved over the 50 years of the organization's

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history. The basic philosophy of La Leche League is summarized in the following statements:

- Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.
- Mother and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply.
- In the early years the baby has an intense need to be with his mother which is as basic as his need for food.
- Breastmilk is the superior infant food.
- For the healthy, full-term baby, breastmilk is the only food necessary until the baby shows signs of needing solids, about the middle of the first year after birth.
- Ideally the breastfeeding relationship will continue until the baby outgrows the need.
- Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.

- Breastfeeding is enhanced and the nursing couple sustained by the loving support, help, and companionship of the baby's father. A father's unique relationship with his baby is an important element in the child's development from early infancy.
- Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.
- From infancy on, children need loving guidance which reflects acceptance of their capabilities and sensitivity to their feelings.

I hope that LLL can look forward to even greater accomplishments in the next 50 years and we all look forward to a time when the number of women initiating breastfeeding and breastfeeding at 6 months and 12 months exceeds the target rates of the Healthy People Goals. Then the goal of the Founding Mothers for all women to breastfeed their babies will be met. For a wonderful website with extensive information about breastfeeding and FAQs, check out the La Leche League website at: <http://www.lalecheleague.org/>. To obtain a subscription to *Breastfeeding Abstracts*, <http://www.llli.org/ba/ba.html>.

## ASK THE EXPERT

**Eve Moeran RN, IBCLC**

Owner, Milkmade at Home  
Immediate Past-President,  
San Diego County Breastfeeding Coalition



**QUESTION:** How long a breastfeed is long enough?

**ANSWER:** This question comes up at every stage of breastfeeding. After the first few days a newborn baby usually nurses about 15 minutes on one side after latching well to the breast. The baby will make little flutter sucks when done, fall asleep or push off the breast quite strongly. As adults we often become sleepy after dinner. The body

releases cholecystokinin which causes a full feeling. So there is a “down time” between breasts. This time is often taken up by admiring baby or doing a diaper change. Baby will start rooting, i.e. lifting his head and searching for the nipple when ready to return to breast. This is when the cholecystokinin level has dropped. Baby usually nurses for 15 minutes on the second breast.

Therefore, early in the nursing relationship an “average” breastfeeding is 45 – 60 minutes. Our new mother now has an eight hour work schedule without eating, showering or getting to the bathroom!

This is a surprise to many new mothers. Many a new mother puts baby down after the first breast “thinking” baby is done and wonders why they wake up in 20 minutes. This can be frustrating to a very “organized” woman, who is making a transition from the streamlined business world to new motherhood.

Once past the 3 to 4 week mark, breastfeeding becomes more magical, especially when some sleep is put into the parent’s schedule! A normal breastfeeding baby is fantastic at regulating intake if we do not interfere, so the best advice is feed the baby, not the clock. A baby will take himself off the breast when done. The time on each breast will become shorter as baby gains weight and becomes more efficient. Some infants may take an entire feed in six minutes! Although our new mother may gain time, that time is given over to reacting, smiling, and playing with her baby as he moves into the “age of engagement.” Looking around and absorbing his world, the baby may forget or refuse to nurse, and may make up for this loss of nursing at nighttime.

How long to nurse will change with baby number two. As mom is relaxed, the milk comes in faster and breastfeeding usually proceeds with less stress. Mothers and babies teach us what is normal. Our role as healthcare professionals is to give scientific information to support mothers with their decisions, and then get out of their way unless needed.

# PSYCHOTHERAPEUTIC AGENTS AND BREASTFEEDING

**Nancy E. Wight MD, IBCLC, FABM, FAAP**

Psychotherapeutic agents present one of the largest classes of drugs and the most complicated clinical decision areas for breastfeeding women and their health care providers. The possible risks to the infant from maternal medications must be weighed against the risks of not breastfeeding. In addition, there are enormous neurobehavioral, developmental and safety risks to the infant from maternal psychiatric disease, particularly depression, if the mother chooses to breastfeed and not take her medications. Some general statements can be made for all psychotropic drugs:<sup>1</sup>

- All psychotropic drugs studied to date appear in milk to some extent.
- The concentration is usually small.
- The plasma half-life is long and the brain half-life is unknown.
- Many drugs have biologically active metabolites.
- Transfer to the infant is confirmed for many drugs because of presence in the infant's plasma and/or urine.
- Infants have a rapidly developing brain, including receptors involved in neurotransmission.
- Adverse events have occurred almost exclusively in the neonate or very young infant.

Long term follow-up of infants exposed to these medications *only* during breastfeeding is lacking. It may not be possible to link later neurodevelopmental problems with exposure to these drugs.

**Tricyclic antidepressants** have been well studied with amitriptyline, desipramine, nortriptyline and amoxapine safest for breastfeeding women with a relative infant dose (RID) of < 1.5%. Although side effects reduce patient compliance, these medications have also been found useful for migraine prophylaxis and chronic pain syndromes. Doxepin should be avoided due to reports of sedation, hypotonia, vomiting and jaundice.<sup>2</sup>

**Selective Serotonin Reuptake Inhibitors (SSRIs)** have to a large extent replaced tricyclic antidepressants because of improved efficacy, faster onset, and less side effects. Sertraline and paroxetine transfer to milk minimally and no adverse effects have been published in many thousands of mothers.<sup>2</sup> At least three case reports of colic, prolonged crying, vomiting, and tremulousness have been reported with fluoxetine, making it a less preferred, but still acceptable SSRI for breastfeeding mothers. Limited information on venlafaxine suggests it is safe as well. Despite low milk levels, the newer SSRIs, citalopram and escitalopram, have had some reports of newborn infant somnolence, making them safer for older infants.<sup>2</sup> A mild neonatal withdrawal syndrome occurring 24-48 hours postpartum has been reported in infants exposed in utero to fluoxetine, sertraline, and most commonly, paroxetine.<sup>2</sup>

There is limited information regarding some of the newer, **atypical antidepressants**. Milk levels of bupropion are reportedly low. Mirtazapine has potent sedative properties but drug transfer to the infant is minimal (1.9% RID). Trazodone (RID 0.6%) revealed no adverse effects in 6 mother-infant pairs, but nefazodone, also with a low RID, had 1 reported case of lethargy and failure to thrive in a preterm infant.<sup>2</sup>

Intermittent use **benzodiazepines** is not associated with sedation in the infant. The short-term use (1-2 weeks) of diazepam, midazolam, or lorazepam appears unlikely to produce problems, but long-term exposure is associated with withdrawal symptoms in the infant.<sup>2</sup>

**Lithium** has been the mainstay of treatment for bipolar disorder, but must be used in infants with extreme care. As it has a low molecular weight and is unbound in plasma it penetrates the milk compartment rapidly, reaching plasma levels in the infant of 30-40% of the maternal level.<sup>2</sup> Lithium can be used in breastfeeding women if the infant is monitored closely, including plasma lithium levels and thyroid function. **Valproic acid** is being used to treat acute mania with a RID of 0.7% reported. The infant should be monitored for liver function and platelet changes.<sup>2</sup>

The **antipsychotic** phenothiazines and thioxanthenes transfer poorly into milk, but some sedation has been reported in infants. An increase in sleep apnea and sudden infant death syndrome can occur, so these drugs are best avoided in the first six months of life.<sup>2</sup> Transfer of haloperidol, risperidone and olanzapine into human milk appears to be low, but limited information is available. Monoamine oxidase inhibitors (MAOIs) are highly risky and not recommended for breastfeeding mothers.

From the extensive data available in these review papers and others, it appears that the exposure of most infants to antidepressants and antipsychotics via human milk is clinically insignificant with some exceptions.<sup>2</sup> Breastfeeding is neither the cause nor the cure of postpartum depression, but breastfeeding may be as therapeutic as medication for some mothers, and should not be discarded lightly.

## References:

1. Berlin CM, Briggs GG. Drugs and chemicals in human milk. *Semin Fetal Neonatal Med.* Apr 2005;10(2):149-159.
2. Hale TW. Drug Therapy and Breastfeeding: Antidepressants, Antipsychotics, Antimanics and Sedatives. *NeoReviews.* 2004;5(10):e451-e456.

# BOOK REVIEW

## The milk memos

**Cate Colburn-Smith and Andrea Serrette**

**Tarcher/Penguin, NY, NY, 2007**

**ISBN 978-1-58542-544-0, \$13.95**

*Reviewed by: Nancy E. Wight MD, IBCLC, FABM, FAAP*

Women wish to be good mothers and good employees at the same time. Continuing to breastfeed after returning to a job outside the home can be very confusing and challenging. There have been many books written on breastfeeding and working, but "the milk memos" is unique. This one-of-a-kind book on balancing motherhood and work is based on actual journals kept by a group of IBM women during their visits to the company's employee lactation room. Hard-earned experience, touching support, true concerns and frequent laughter combine to reveal an honest portrait of working women as they return after maternity leave. The book intersperses personal stories with excellent advice on

how to maintain breastfeeding and sanity while balancing business with babies.

Mother-to-mother support is a key component of surviving the return to work and continuing to breastfeed. Both authors are IBM executives, but many of the women who communicated through the lactation room journals were not. Money problems, finding good childcare, surviving lack of sleep and mothering emergencies (like a breastmilk soaked blouse right before an important meeting) were common themes. The emotional support, good advice, and practical pearls given by moms who have "been there" to new mothers in this book are extremely valuable, but also easy to assimilate because of the very funny anecdotes. This book captures the experience of returning to work well and should bring comfort and laughter to all mothers trying to navigate both family and career.

## SDCBC 2007 MEMBERSHIP DRIVE

### **Your continued support is needed! Become a member.**

If you are interested in becoming a member or renewing your membership for 2007, please visit our website at <http://www.breastfeeding.org> or contact our office for more information at 1-800-371-MILK or email [sdcbc@breastfeeding.org](mailto:sdcbc@breastfeeding.org).

### **SDCBC Membership Levels**

**Sponsor - \$100** (*Business/Organization/Professional*)

**Contributing Member - \$50** (*Individual*)

**Friends of the Coalition - any amount under \$50**

### ***What is the San Diego County Breastfeeding Coalition?***

The San Diego County Breastfeeding Coalition is a non-profit association whose mission is to promote and support breastfeeding through education and outreach in our community. We work with many community partners in many ways, to increase breastfeeding initiation and duration rates, thereby improving the health of our community.

### ***What are the benefits of being a San Diego County Breastfeeding Coalition Member?***

As a full member of the San Diego County Breastfeeding Coalition you will:

- Network with a growing body of people dedicated to the promotion and support of breastfeeding,
- Have access to lactation professionals and the most up-to-date breastfeeding resources,

Receive a free supply of Breastfeeding Resource Guides in English and Spanish,

Receive a discount for Coalition sponsored education programs,

Have a home page or link, as appropriate, on the SDCBC's website:

[www.breastfeeding.org](http://www.breastfeeding.org),

Be listed, with a Sponsor membership, as appropriate, in the

"Breastfeeding Resource Guide" without a fee.

Receive free CME credits for Coalition meeting education programs

NEW! – Online CME coming later this year.

### ***You can show your support of the San Diego County Breastfeeding Coalition by:***

Making a monetary contribution to support coalition activities.

Donating your time by serving on a committee:

Advocacy/Political Action      Community Outreach

Fundraising                      Membership

Professional Outreach      Research and Evaluation

Attending Coalition meetings and providing your expertise and experience.

Interested in what we do? Attend one of our meetings! General Coalition Meetings are held from 6-8 pm on the 2<sup>nd</sup> Thursday of each odd-numbered month at various hospitals around the county to encourage additional participation. Please call 858-939-4175 or visit our website for locations and directions ([www.breastfeeding.org](http://www.breastfeeding.org)).

# RESOURCE GUIDES

## RESOURCE GUIDES

The San Diego County Breastfeeding Coalition has ample supplies of its free **2006-7 Breastfeeding Resource Guide** in both English and Spanish for distribution at your health care facility or other site. For a supply of Resource Guides, please call 858-939-4175 or contact the Coalition through the SDCBC website. The Resource Guides are also available for download on our website at [www.breastfeeding.org](http://www.breastfeeding.org).

## SAVE THE DATE

**August 15-19, 2007**

**San Diego, California**

Town & Country Resort & Convention Center

ILCA's Annual International Conference

[www.ILCA.org](http://www.ILCA.org)

**September 21, 2007**

**South San Francisco**

San Mateo County

Breastfeeding Tools for Health Professionals: Supporting a Strong

Foundation for a Healthier Generation

For information: [AGarrett@co.sanmateo.ca.us](mailto:AGarrett@co.sanmateo.ca.us)

**October 1-3, 2007**

**Amarillo, Texas**

Hartmann/Hale Human Lactation Research Conference

Amarillo Civic Center

[www.ibreastfeeding.com](http://www.ibreastfeeding.com)

**October 11-14, 2007**

**Ft. Worth, Texas**

Academy of Breastfeeding Medicine 12<sup>th</sup> Annual International Meeting

Frontiers in Breastfeeding Medicine

[www.bfmed.org](http://www.bfmed.org)

**October 12-14, 2007**

**Sacramento, CA**

La Leche League of Northern CA

Lactation Professional Conference 2007

Nurture Heart, Mind and Body: Breastfeed!

[llconference@yahoo.com](mailto:llconference@yahoo.com)

[www.llli.org/area/areaNCAHI.html](http://www.llli.org/area/areaNCAHI.html)

**November 8-9, 2007**

**Dallas/Ft. Worth, Texas**

2007 International Congress of the Human Milk Banking Association of North America

Human Milk for Human Infants: Evidence & Application

[www.hmbana.org](http://www.hmbana.org)

## RESOURCES

### **Breastfeeding and Drugs Information**

UCSD (619) 543-6971

### **TOXNET/LACTMED**

<http://toxnet.nlm.nih.gov/>

Click on LactMed

### **La Leche League Breastfeeding Helpline (US Only)**

Mothers can call 1-877-4 LALECHE (1-877-452-5324) for 24 hour toll-free breastfeeding helpline services.

**SDCBC's Newsletter for July 2007**  
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**San Diego County  
Breastfeeding Coalition**

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SEE THIS NEWSLETTER ON THE WEB AT  
[www.breastfeeding.org](http://www.breastfeeding.org)

## **BREASTFEEDING FRIENDLY WORKPLACE AWARD**

The San Diego County Breastfeeding Coalition is pleased to announce that it will be presenting a 2007 Breastfeeding-Friendly Workplace Award in concert with other California counties in October 2007. This annual award is presented in celebration of World Breastfeeding Week to one or more businesses that demonstrate significant commitment to supporting their own breastfeeding employees. Past recipients include: Johnson & Johnson Pharmaceutical Research & Development, LLC (2006), Sharp Grossmont Hospital (2005) Solar Turbines (2004), UCSD Healthcare (2003), Naval Hospital, Camp Pendleton (2002), The City of Escondido, Kyocera, The San Diego Spirit (2001), Aetna US Healthcare (2000), Qualcomm, People's Organic Foods Market (1999),

SeaWorld (1998), Naval Medical Center San Diego (1997), and Hewlett-Packard (1996).

If your company is contributing to the health of San Diego County by providing employees with time and facilities to express milk at work, we would like to acknowledge your accomplishments. Please complete our on-line application at [www.breastfeeding.org](http://www.breastfeeding.org) by Sept 1, 2007 to nominate your employer for the Breastfeeding-Friendly Workplace Award. We will gladly provide a mail-in application at your request. For further information, please contact SDCBC Board Member, Eyla Boies MD at [eboies@ucsd.edu](mailto:eboies@ucsd.edu).