September 2002

Volume 2, Issue 3

Breastfeeding Update

"Good health begins with breastfeeding."

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CULTURAL DIVERSITY AND BREASTFEEDING

CDR Sheila Weibert, WHNP, IBCLC

Culture is defined as practices, beliefs, values and norms which can be learned or shared, and which guide the actions and decisions of each person in the group (Leininger, 1985). A woman's attitude towards breastfeeding and how she chooses to feed her baby are closely linked to the woman's culture. Anyone working with pregnant women assesses the culture of each individual woman and how it impacts her decision to breastfeed.

In evaluating the cultural impact on breastfeeding, several key questions can be asked. One can ask the woman about where she grew up and if her mother, aunts or friends have breastfed a baby. What kind of family organization (roles, decision making) does she live in? What does she know about infant feeding? Did anyone in the family breastfeed? What support from family or friends does she have? Are there any rituals, special values, or taboos? An effective way to evaluate the cultural value or ritual is to consider if it is beneficial, harmless, or uncertain in outcome (Williams & Jelliffe, 1972).

Women of East Asian and Southeast Asian cultures (Cambodian, Chinese and Vietnamese) may follow a custom called "doing the month". Women are thought to be vulnerable to cold, wind and magic. Therefore, they are to stay home, avoid drafts, and dress warmly in the first 30 days following childbirth. If the woman comes from rural areas of Vietnam, Cambodia, or Laos, infants are typically breastfed for one year. Breastmilk may be supplemented with pre-chewed rice paste. If women come from urban areas, infants are more likely to be formula-fed. Following immigration to the United States, only 10 percent of women from East and Southeast Asian cultures continue to breastfeed. The presence of a family member to assist the mother during the postpartum period has been shown to be positively correlated with breastfeeding initiation in the United States.

Having healthy children is highly valued in the Japanese culture. Breastfeeding is viewed as necessary for the health of the child. There are some Japanese kindergarten admission applications that ask how long the child was breastfeed. A figurine or plaque may be given to the breastfeeding mother to help her prayers for sufficient milk. Breastfeeding may continue for a year or longer. Many Japanese women are caught between the traditional values and customs, and "modern" concepts of working outside the home, formula bottle feeding and how women in the United States feed their infants.

Women from Latin America and Mexico have grown up in a culture where 80% of the women breastfeed for at least 4-6 months. Sadly though the breastfeeding initiation and duration rates fall to about 48% after immigration to the United States (Williams & Pan, 1994). The main reason for the decline is that women are returning to work or school and are embarrassed to breastfeed in public. Colostrum is considered dirty or stale milk and Hispanic mothers may not put babies to breast for several days after birth. Professionals working with these women may change this practice by having the women express a few drops of the colostrum and then place the infant to the breast. Hispanic culture teaches that any stress or emotional upset may change the quality, quantity, and even sour the breastmilk. If this occurs, the Hispanic mother may provide formula feedings because she does not want the baby to be harmed by her milk.

Islam is more than a religion, it is a way of life. Religion is also a "cultural group". For example, the teachings of the Islam religion require that mothers

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ASK THE EXPERT

Question: Should I give my baby water as well as breastmilk?

Answer: This is an often-asked universal question and there is a simple concise answer: NO! Use your breastmilk. Breastmilk is a perfect food for your baby. It has all the right components. The right amount of protein, fat, carbohydrates AND water. The composition of your milk changes as your baby's needs change and grow. The baby who is fed around the clock, on demand and is thriving will need no other supplementation.

In the beginning when you have colostrum, sometimes it *seems* as though there isn't enough. But most of the time, it is the exact amount your baby needs to start his or her life outside of the womb. It is the perfect food to flush out their little kidneys, move the meconium plug, eliminate excess bilirubin and satiate your baby until your full supply of mature milk starts to come in.

If the baby is unable to remove the colostrum or milk from the breast due to a sucking or latch problem, help is indicated. The best help would come from a dedicated lactation consultant who can take the time to show you how to hand express or pump the colostrum or milk and get it into the baby via a different method (syringe, finger, cup, eye-dropper or tube) until the suck latch issue gets resolved. Use your breastmilk and a lactation consultant!

Water is not recommended in cases of newborn jaundice. Water can *increase* the bilirubin by decreasing the urge to breastfeed. Because only 2% of a baby's bilirubin is eliminated through the urine, while 98% (LLLI Breastfeeding Answer book, 1997) is eliminated through his bowel movement, the baby needs *food* to make the bowels move and eliminate the bilirubin. Once again, breastmilk is the perfect food!

All around the world, no matter where you live, sea level, high in the mountains, the arid deserts or the humid rainforests, breastmilk is best! A baby who is fed on demand around the clock, is thriving and has her or his nutritional needs met, is a well-hydrated, happy baby.

Annie VerSteeg, IBCLC

Annie VerSteeg is the proud mom of 2 breastfed children, Willie (12) and Kayli (10). She is a retired midwife and practicing board certified lactation consultant working in a private practice. She does in-home visits all over San Diego County.

Volunteer Opportunities: If you want to join a motivated group and are interested in joining an active committee, the SDCBC needs you!

Paid Opportunities: Are you IBCLC certified? Have experience teaching? We need presenters for our in-office lactation education program. ($50 honorarium/presentation)

Please contact the SDCBC office at (858) 966-5981 or email mmkennedy@chsd.org for more info.

SAVE THE DATE

Lactation Counselor Certificate Training Program (CLC)
Club Coronado - Naval Amphibious Base, Coronado, CA, September 16-20, 2002.

Offered by the Center for Breastfeeding, Massachusetts. For additional information: please call Joyce DiCicco, LCSW, at (619) 532-6528 for registration packets.

***The 5th Annual Breastfeeding Program "Overcoming Challenges in Breastfeeding"* — Radisson Hotel Stockton, Stockton, CA, September 20, 2002.**

Presented by the Breastfeeding Coalition of San Joaquin County. Medication use, workplace rights and case studies. For more information, visit *www.breastfeedingcoalition.org* or contact Susan Pirie at e-mail spirie@chw.edu or phone (209) 467-6331.

Leadership Conference for Lactation Professionals (Part 1)
University of California, Davis, CA, November 2, 2002.

A series of leadership workshops. Continental breakfast and lunch will be provided. Application for CEUs has been submitted. Seats are limited. Please register early to reserve your seat. For more information, visit *http://lactation.ucdavis.edu/conf1* or call M. Jane Heinig at (530) 752-8681.

***Academy of Breastfeeding Medicine 7th International Meeting* — Vancouver, BC, Canada, November 14-18, 2002.**

"International Breastfeeding: From Evidence to Action." Basic Breastfeeding Course for Physicians. Main meeting with plenary sessions, research abstracts, posters and platform presentations (physicians only). Follow-up meeting for other healthcare/lactation professionals. More information TBA.

2003 California Childhood Obesity Conference
Marriott Hotel & Marina, San Diego, CA, January 6-8, 2003.

"Making an Impact Now: Environmental, Family & Clinical Approaches." Hosted by the California Department of Health Services and the Center for Weight and Health, University of California, Berkeley. For more information, visit *www.CNR.Berkeley.EDU/cwh/news/announcements.shtml#save.*

Lead Lactation Specialist Position
Sharp Mary Birch Hospital for Women

Job Summary: Coordinates, assesses, and communicates to ensure the delivery of quality patient care in a defined clinical area. Scope of role includes: shift operational coordination, quality control and improvement, regulatory compliance, policies and procedures.

Key roles and responsibilities: Coordinates and supervises quality through direct patient care and process improvement activities; manages resource utilization; manages unit shift daily operations; manages human resources; ensures customer service; manages self/professional responsibility/safety.

This is a .6 position working 8 hr shifts. IBCLC required. CPR Certification. Minimum of 2 years recent clinical experience. Current California Registered Nurse License. Please contact Bridget Fisher, Lactation Manager, at bridget.fisher@sharp.com or (858) 541-4957.

CULTURAL DIVERSITY AND BREASTFEEDING

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(even if divorced) are to breastfeed their children for two years. Even if the mother is divorced, the father should pay her cost of living so her full attention is on nursing the baby. Because girls usually marry at 15 or less, and boys under the age of 18, the young couple always receives help and guidance from the extended families. Wet nurses were very common until recently, but due to immigration to the United States, wet nurses are not routinely available and there is not the strong maternal family support. This is a great opportunity for lactation experts to work with Islamic women in breastfeeding their infants.

There are other cultural groups and unique values to be explored. With increasing diversity among families in the United States, breastfeeding support requires an understanding of each woman's culture. The common trend is that women immigrating to the United States are not continuing to breastfeed. As experts in breastfeeding, we must emphasize the importance of breastfeeding all infants. As Heller (1997) said, "in all families we need to encourage the touch of breastfeeding, that is the way the parent and infant communicate and become attached". Breastfeeding support services need to be provided in a culturally sensitive manner, exploring each woman's cultural heritage. In all cultures we need to encourage breastfeeding as a way the parent and infant can communicate and become attached (Heller, 1997).

The opinions of this article are expressly the author's and do not represent opinions of the Medical Department of the United States Navy.

BIBLIOGRAPHY

Heller, S. (1997) The Vital Touch. New York: Henry Holt and Company.
Leininger, N.M. (1985) Qualitative Research Methods in Nursing. Orlando: Grune & Stratton.
Riordan, J. & Auerbach, K.G. (1999) Breastfeeding and Human Lactation (2nd ed.). Boston: Jones and Bartlett Publishers.
Williams, C. & Jellite, D. (1972) Mother and child health: delivering the services. Oxford: Oxford University.
Williams, E.L. & Pan, E. (1994) Breastfeeding initiation among a low-income multiethnic population in Northern California. American Journal of Human Lactation: 10(4), 245-251.

You are invited to enter your breastfeeding photographs to the
FIRST ANNUAL SDCBC BREASTFEEDING PHOTOGRAPHY CONTEST

Twelve selected photos will be part of a SDCBC 2003 Calendar. Please send photos (photos will not be returned) to: SDCBC Photo Contest, c/o Children's Hospital and Health Center, 3020 Children's Way Mail Code 5073, San Diego, CA 92123-4282. The deadline for submissions is October 18, 2002. Exhibit and awards will be held at the Elfred Lee Fine Art Studio. Date to be announced. Please see website (*www.breastfeeding.org*) for contest rules and guidelines.

POLITICS, ADVOCACY AND LEGISLATION

Nancy E. Wight MD, FAAP, IBCLC

Artificial milk marketing in the USA has never come close to meeting the standards set by the WHO Code. Recently, however, companies are reaching all-time lows in deceptive advertising to the public and to health professionals. We have "Comfort Proteins" (whatever they are) marketed directly to the public, store brand infant formulas, follow-up formulas (to mimic breastmilk as it changes) and any number of "clubs" to join for "savings". Now we also have mothers starting to ask for formula containing DHA (docosahexanoic acid) and ARA (arachadonic acid) as "the breastmilk formula", or "the formula with breastmilk in it"! Where are they getting these words? It's my guess that parents are NOT being told that the DHA and ARA are from bioengineered migcroalgae and soil fungus.

There is also a push towards aggressive marketing to healthcare professionals with the usual freebies: pens, pads, lanyards, stethoscope tags, coffee mugs and various foods. In addition, full lunches and dinners are being catered for "educational programs". I was recently chided for "embarrassing" the group when I declined to eat food paid for by an artificial milk company at a research meeting. Add to that the thousands of dollars provided to hospitals for "nursing education" and the discharge bags to mothers, and you have the makings of a true conflict of interest. Here is a quote from the Ross Employee Manual (courtesy of Marsha Walker RN, IBCLC) that you might want to post for staff to see: "**Never underestimate the role of nurses. If they are sold and serviced properly, they can be strong allies. A nurse who supports Ross is like another salesman**." Please note, formula detail persons are SALESMEN, not "reps"!

Marsha Walker RN, IBCLC , through NABA (National Alliance for Breastfeeding Advocacy) has published an eye-opening monograph entitled "Selling Out Mothers and Babies: Marketing of Breast Milk Substitutes in the USA". An executive summary is due out soon. Contact Marsha at: marshalact@aol.com.

Breastfeeding Friendly Workplace Recognized

The Coalition recently honored Naval Hospital, Camp Pendleton with our seventh annual Breastfeeding Friendly Workplace Award. Naval Hospital, Camp Pendleton was recognized for its outstanding lactation program, which includes a lovely pumping room complete with breast pumps, comfortable chairs, sink and refrigerator. A breastfeeding support group for staff, well-communicated breastfeeding policies, and access to a lactation consultant, are just some of the benefits available to breastfeeding employees. The Breastfeeding Friendly Workplace Award is presented during the month of August as part of our annual celebration of World Breastfeeding Week. To nominate your workplace for next year's award, complete an application online at *www.breastfeeding.org*.

ABOUT THE SDCBC

Become a member of the SDCBC!

Your continued support is needed! If you are interested in becoming a member or renewing your membership, visit our website at *www.breastfeeding.org* or contact our office. For more information, please call (858) 966-5981 or email mmkennedy@chsd.org.

SDCBC and the Children and Families "Prop 10" Commission

The SDCBC has promoted and supported breastfeeding through education and outreach in San Diego County since May 1994. With an entirely volunteer work force, minimal annual dues, small grants and significant contributions from many San Diego institutions, we have managed to address many of the County's needs in a limited, but effective, manner. In October 2000, $100,000 in grant funding was received from the San Diego County Children and Families "Prop 10" Commission to expand the SDCBC's activities and to establish a formal office and organizational structure.

The California Children and Families Commission was established by the California Children and Families Act (Proposition 10), passed by voters in November 1998. This statewide ballot initiative increased the tax on cigarettes and tobacco products. The revenue is used to provide health, child development, and parent support programs to promote the well-being of children from the prenatal period to age five.

The San Diego County Children and Families Commission was established to implement Prop 10 on a local level. The Commission's vision is that all children in San Diego County will enter school physically, mentally, emotionally and developmentally ready to learn.

We would like to thank the San Diego County Children and Families Commission for their continued support of our efforts. Visit the San Diego County Children and Families Commission website at *www.ccfc.ca.gov/sandiego*.

COLOSTRUM AROUND THE WORLD

Martha A. Lee RN, MPH, IBCLC

Colostrum is the first milk that the mother has long before the baby is born. It is perfect as the baby's first food. It is an opaque, yellow, sticky fluid secreted during the first few days postpartum. It provides nutrition, protection against infectious disease, and some cathartic effects. It contains more protein and minerals, less sugar and much less fat than mature breast milk (1). It also contains live cells like T and B lymphocytes, neutrophils, macrophages, and epithelial cells, plus hormones, carrier proteins, enzymes, and of course, immunologically specific and non-specific factors. It's very important to remember that constituents in human colostrum and milk are multifunctional and interactive (2).

The mysteries and taboos about colostrum go back to the dawn of civilization. Most ancient primitive peoples let several days go by before putting the baby to the breast, with exact times and rituals varying from tribe to tribe (3). Every society had a long list of foods, fluids and herbs which were deemed especially suitable for newborns and their mothers. Every society had its prescribed routines and rituals to purge or stimulate or protect: in India, it was butter and honey; in Bali, premasticated rice and banana; in Peru, syrup of wild endive and chicory. Given what we know now about the effects of such concoctions on the bacteria of the gut and the long term impact this can have, it is reasonable to assume that much of the mortality among breastfed infants was related to such food rituals interfering with the protective mechanisms of breastfeeding (4).

If babies were given something else as soon as they were born, what happened to the colostrum? Even in our day, in some countries it is still discarded (5). Hispanic, as well as Southeast Asian mothers, tend to be reluctant to breastfeed in the first days "until milk comes in", even with all the risks that that implies, like engorgement and nipple confusion. Knowledge about how breastfeeding works in the first few days is paramount to help mothers of all cultures to feel confident about breastfeeding from the start.

Secretory material that resembles colostrum appears in the mammary gland acini from the third month (12 weeks) of gestation. At about 18 weeks, the composition of prepartum secretions are fairly constant until delivery (6). It is not necessary to demonstrate colostrum is present. Some mothers will lose confidence if their breasts are expressed unsuccessfully. As a newborn's stomach is about the size of a walnut the first day (7), the baby will nurse often (about 12 times/day if mother was unmedicated for delivery), and the baby will drink just a few drops and then sleep. Those precious drops of live fluid will give the baby the best start for a healthy, secure life.

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DOES WET NURSING HAVE A PLACE IN THE USA TODAY?

Foster Breastfeeding: A Personal Story

Ruth Piatak

In the fall of 1999 my husband and I decided that we had room in our home and hearts for a baby who needed a home and a family. In the hope of offering a drug-exposed child optimal care and continuity, we decided to get licensed as foster parents and participate in the Options for Recovery program, so that we would be the child's only foster placement, and his adoptive placement if the mother failed to reunify. As our education proceeded, we observed several things that confirmed our resolve to breastfeed any infant placed in our home:

1. Classes emphasized that children MUST attach to the foster parents to be able to form healthy attachments in the future.
2. We met or heard of several infants suffering from formula intolerance who had had to have their formulas switched two or three times.
3. We met a foster baby who had had necrotizing enterocolitis (NEC) who was being fed by pump through a G-tube.
4. At one meeting, many foster parents raised their hands when a poll was taken of those who had recently had a foster child in the hospital with respiratory syncitial virus (RSV) infection. At another, a nurse speaking about RSV cited lack of breastfeeding as one of the risk factors for serious RSV.
5. A neonatal intensive care unit nurse spoke at one meeting about efforts to prevent positional deformities, stress, and disorganized behavior in preemies, using low light, swaddling, blanket "nests", self-soothing (by sucking on hand), firm and containing touch, and skin-to-skin holding.
6. Our neighbors, who are adopting a child with reactive attachment disorder (RAD), lent us a book by foster parent Nancy Thomas titled Love Is Not Enough, which had been recommended by one of our instructors. At the top of the list of interventions recommended for infants at risk for RAD is, "Breastfeed, if possible."

When arranging for approval for me to breastfeed foster infants, our foster care licensing worker spotlighted 3 main fears that would be likely to prevent social workers and birth parents from placing a child in a breastfeeding foster home:

1. Foster breastfeeding is somehow strange or perverted.
2. Foster breastfeeding would interfere with the bond between the child and the birth mother.
3. Foster breastfeeding represents a hidden agenda to adopt the child.

To counter those fears, we prepared a sheet titled "A Breastfeeding Foster Home – Why?" detailing our motives for breastfeeding foster infants, and the motives which social workers and birth parents might have for placing infants with us. In response to the three fears, the sheet emphasizes:

1. Before the twentieth century, wet nursing was the only successful way to feed a child whose mother was unable to do so. It is still common in other parts of the world.
2. Breastfeeding will teach the child attachment and keep the child healthy. A secure, healthy child will be most ready to reunify with the birth parent.
3. We are fostering not to "get a baby," but to give foster babies the same good start our own children got.

At this writing, the above fears prevail and we have been waiting since February 2002 for a child to be placed with us. If I have the opportunity to wet nurse a foster child, I would have a positive outcome to point to. I hope to promote breastfeeding by other foster mothers. A "Wet Nursing Program" with established screening protocols and educational standards could go a long way toward providing optimal care to the at-risk newborns that would otherwise be least likely to get it.

Foster Breastfeeding: Another Perspective

Nancy E. Wight MD, FAAP, IBCLC

Infants who do not have the opportunity to breastfeed are missing important nutritional, immunologic, hormonal, developmental and social benefits. The infants in our foster care system have the same needs as all infants, and perhaps more need of a stable, "attached" environment. While I am touched by the beautiful intentions to provide optimal nurturance to foster children outlined above, I am concerned that appropriate attention be paid to the medical, social and legal implications of reinstating wet nursing in the USA in 2002.

Wet nursing was the norm among European-based cultures for centuries and was seen in all cultures throughout recorded history. Before technology and milk surpluses created the mass production of, and market for, artificial baby foods, wet nursing was the only option for infant survival if the birth mother was unable to nurse. It began as a way for one woman to help another, but didn't take long for wet nursing to become an example of exploitation of women, with poor, uneducated women hired to nurse wealthy families' infants. The unsavory side of it (poor women having babies and abandoning them just so as to be employed as a wet nurse for a wealthy family) needs to be acknowledged just as the dedicated, humanitarian side. The potential for abuse and exploitation is still there.

Even in past centuries, the risk of transmission of disease was a concern, with wet nurses carefully screened and selected, sometimes for nonsensical reasons (eg. hair color). In the 21st century, where science has discovered the possible transmission of several diseases via breastmilk and breastfeeding, appropriate screening of breastfeeding foster mothers would need to be done, just as is done with donors to human milk banks. Although breastmilk has a multitude of factors to decrease the transmission of infectious disease, there is still some risk, and informed consent from the appropriate legal guardian/parent would also be needed.

The details of standards, informed consent, regulations to ensure safety are onerous, but do-able. The psychosocial issues for the

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COMMUNITY SPOTLIGHTS

Scripps Memorial-Encinitas: Becoming Baby Friendly Certified

Sharon Johnson, RN, BSN, PHN, IBCLC

Scripps Memorial Encinitas is working on becoming Baby Friendly Certified. This certification embodies a philosophy whereby breastfeeding is considered the norm and is protected, promoted, and supported from pregnancy to weaning. The process involves following the ten steps proposed by the World Health Organization and UNICEF. By following the 10 steps we will be eliminating many of the breastfeeding obstacles that are inadvertently created by our health care system. We have already achieved 7 of the steps.

Our goal is to ensure that every woman's prenatal visits include ongoing breastfeeding education and support. One of our aims is to have obstetricians and midwives refer pregnant women with lactation risk factors to our lactation clinic or to our support group before delivery. We also plan to offer doctors' offices "luncheon breastfeeding presentations," to keep the doctors and their office staff current with breastfeeding information and to show them how we can all work together to provide our patients optimum continuum of care. Finding a company to sponsor our breastfeeding gift bags has been somewhat challenging, but we are hopeful to have this settled soon. Recognizing our part in formula promotion has been a long, but positive journey. With the help of the San Diego Breastfeeding Coalition's lanyards and retractable badge holders, we are now promoting breastfeeding instead of formula.

We are currently in the process of educating staff. This includes all nurses, midwives, obstetricians and pediatricians. The focus is on providing 'evidence-based' breastfeeding management practice rather than one based on myths, cultural and personal experience, and beliefs. The 18-hour educational requirement is a tough one. We have been able to creatively offer five 3-hour in-services (1 hour self-study from each) and then an additional 3-hour clinical, whereby each nurse needs to write up a lactation consultation on one of their patients. The nurses clock up many hours of clinical experience helping mothers breastfeed.

There are so many obstacles preventing hospitals from becoming Baby-Friendly, however, the process of change should not be underestimated. Human beings are creatures of habit and change, but even positive change, can be met with resistance at first. Creating a taskforce group to implement such a change is imperative. Having the hospital administration, at least one doctor, and the nursing manager supporting the Baby-Friendly Initiative is a vital key to accomplishing this project. The nursing staff needs representation in the taskforce group, to be part of the change and to be able to voice concerns along the way.

We hope to be Baby Friendly Certified by next year, 2003! We will keep you posted!

Kit for New Parents: San Diego Welcome Baby Program

Liz Creer, RN, FNP, MPH

The Regional Perinatal System (RPS) is the contractor for managing the distribution and evaluation of the *Kit for New Parents* on behalf of the San Diego County Children and Families Commission. Thanks to the enthusiasm and hard work of 350 Distribution Partners, over 40,000 parents in San Diego County received the free *Kit for New Parents* between January and June, 2002. The new fiscal year began July 1. At that time our county was allocated another 43,000 *Kits* for our **new parents**. The current distribution plan places a priority on pregnant families and those with a child up to twelve months of age. In order to have enough *Kits* for new parents throughout the year, the ordering and distribution process will be limited to Partners serving that population.

Many of our Distribution Partners will be participating with us to evaluate the various distribution strategies and San Diego County's parents' response to the *Kit*. Parents will be asked if they would like to participate in a survey prior to receiving the *Kit* and if they would consent to a follow up phone call about six weeks later to give their impressions. The data will be analyzed in January of 2003.

Visit *www.regionalperinatalsystem.org/welcome_baby.htm* or call toll-free: **800-543-7025 or 800-506-4667** for more information on the *Kit*. For additional information on becoming a Distribution Partner, call the Welcome Baby Program at RPS: 858-467-4990.

County Efforts in Breastfeeding Spring/Summer 2002

Elaine Hiel, MPH

Personnel at the County of San Diego have been working to promote breastfeeding among its citizens. Recently, in compliance with California Assembly Bill 1025, a brand new lactation room was constructed at the County Administration Building, 1700 Pacific Highway. This room, available to both employees and visitors to the building, provides a private and relaxing place where mothers can breastfeed or express breastmilk throughout the workday. The implementation of this room follows the recent opening of two others in County facilities, one at the Rosecrans Health Services Complex, and one at the Askew Building, which is next door to the County Administration building.

In addition to providing facilities for breastfeeding mothers, it is anticipated that the County Board of Supervisors will once again proclaim August as Breastfeeding Awareness Month in San Diego. The proclamation should encourage events to be planned to help make San Diegans more aware of the benefits of breastfeeding.

Additionally, the San Diego County Coalition on Children and Weight will be making available grant money to local organizations for programs to prevent childhood overweight and obesity. Since a primary prevention of childhood overweight is breastfeeding, organizations that focus on breastfeeding promotion may be eligible to apply for these funds.

BOOK REVIEW

Annie VerSteeg, IBCLC

The No Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night
By Elizabeth Pantley, (Contemporary Books, 246 pages $14.95)

No crying? How can this be true? Every book I have read on sleep and babies usually involves a certain amount of crying, usually a lot of crying. So, imagine my surprise when I picked up a copy of this book, read it and loved it! Elizabeth Pantley is first and foremost a mom of 4 as well as a published author (3 books) and parent educator. Her first 3 children are about 2 years apart, eight years later, came the loving inspiration for this book, Coleton. By the time Coleton made his appearance Elizabeth had all but forgotten about sleepless nights. Her first was also a frequent night waker but that had been a long time ago! By the time Coleton was 12 months old and STILL not sleeping more than one and one half hours at a stretch, she was a tired mom. But like many moms out there, her exhaustion moved her to greatness. She became determined to find a plausible way to get our little ones to sleep without trauma to them or us.

Elizabeth compiled lots of notes and ideas and contacted other parents (her 'test parents') going through similar sleep dilemmas in the same or different settings. She read and re-read all the books about babies and sleep. She viewed 'crying it out' as cruel and unusual punishment for all and ruled it out as an option early on in her parenting journey. She did however, discover many interesting ways to encourage sleep and she has put the whole process together in this book.

The No Cry Sleep Solution is for all parents. I recommend reading it before the baby comes! Then spend the first 12 - 16 weeks experiencing your baby and integrate her techniques into your lives as you go along. It addresses a whole myriad of sleep situations: co-sleeping, bassinet, crib, breast, bottle, pacifier or cup, only child or one of many. Elizabeth has a great way to help us see our good intentions as parents and how to achieve even better skills. The book comes complete with examples, sample 'logs' to use to see what is *really* going on and many stories from parents. She has a great chart on how much sleep a baby/child truly needs and constant sweet reminders that she too is a push over for a crying baby or toddler. She teaches patience and how to measure the smallest successes until they become big successes. She writes about baby safety and sleeping, basic sleep facts, and getting started. She also writes about revising her 10-step plan until it works for you and yours.

Elizabeth's 10-step program will take you on an incredible journey to peace!! She has a monthly newsletter available from her website, *www.pantley.com*, which serves to further remind us as parents that who we are and what we do is very important. Our future depends on us as parents to do our best to raise the best kids ever so their future will be secure too. *The No Cry Sleep Solution* makes the whole process just a little easier by providing us with the often-missed link to success.... SLEEP!

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mothers and wet nurses, and public and medical acceptance may prove more difficult to achieve. Breastfeeding does create a special bond, one that when broken, as in the return of an infant to his birth mother, may have long term implications for the child, his mother AND the wet nurse. The current US social milieu, where even breastfeeding of an infant by his own mother in public, or at age 4, is still not readily accepted, would make a breastfeeding foster mothering program very difficult to achieve. Explaining the contradiction of drinking another species milk while being horrified at an infant drinking another woman's milk has proven almost impossible.

Another concern for medical professionals, aside from the infectious disease risk, is the nutritional adequacy of the milk. All species milks change over time (both short and long-term) to meet the needs of the growing, developing infant. One of the drawbacks of human milk banking as it is done today, is the provision of milk from the mother of an older infant, to a newborn. As even pasteurized donor human milk provides advantages to preterm infants (less infections, better feeding tolerance), one would guess that fresh "donor" milk, produced in the child's own environment, would have more advantages. Unfortunately, there is very little research in this area.

If foster breastfeeding is to be accepted, attention must be directed to all these issues. The personal story recounted above (shortened considerably, with apologies to the author) is a tribute to the best qualities of parenting and concern for our (society's) children. *This article is printed to explore the interesting question of a systematic revival of wet nursing and does not imply the SDCBC endorses unrestricted foster breastfeeding.*

Interested in what we do? Attend one of our meetings!
General Coalition Meetings are held the second Thursday of each odd month at Sharp Mary Birch Hospital for Women, 3003 Health Center Drive, San Diego, in the Grace Benbough Room, located on the 2nd floor, 3:00 – 5:00 pm. Please call (858) 541-4185 for directions. 2002 meeting dates are as follows: September 12, and November 14.

Continued from page 4

References:

1. Lawrence R. and Lawrence R. *Breastfeeding for the Medical Profession, 5th Edition*. Mosby St. Louis MO 1999. Pg 922.
2. Ibid. Pg 161.
3. Ibid. Pg 7.
4. Minchin, M. *Breastfeeding Matters. 4th revised edition.* ALMA Publications Australia 1998. Pg 214.
5. Yusof, YA, et al. *Infant feeding practices and attitudes of mothers in Kelantan Towards breastfeeding.* Department of Chemical Pathology, School of Medical Sciences, University, Sains Malaysia, Kelantan. Med J Malaysia 1995; 50 (2):150-5.
6. Lawrence R. and Lawrence R. *Physiology of Lactation, in Breastfeeding for the Medical Profession, 5th Edition.* Mosby, St. Louis MO 1999. Pg 64-66.
7. Silverman, MA, ed. *Dunman's Premature Infants, 3rd edition*. New York: Hoeber, Inc., Medical Division of Harper Brothers, 1961, pg 143-144.

Breastfeeding Update

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RESEARCH CORNER

Breastfeeding Statistics in Multicultural Populations
Nancy E. Wight MD, IBCLC

Breastfeeding rates vary widely with different cultures and demographic groups. In order to ascertain baseline rates and assess the effectiveness of interventions we must have accurate data on breastfeeding initiation and duration rates. Ideally, independent, unbiased researchers or a branch of government should do the data collection and analysis. It is unfortunate that in the USA the largest and longest-standing database on breastfeeding rates is the Ross Mothers Survey[1], collected for marketing purposes since 1955.

Questionnaires are mailed to a probability sample of new mothers selected from a list of names that represents approximately 82% of all national births. They survey monthly until 12 months of age. In 2000, 1.4 million questionnaires were mailed, 117,000 each month, with a response rate of 31%. The Ross sample, although large, grossly underreports breastfeeding data for a multitude of ethnic and socioeconomic groups. The survey is done by mail and in English, necessitating an address, the ability to read, and English fluency. Unfortunately, only smaller, targeted data collection has been done in most cultural groups.

The August (Vol 17, No. 3) and November (Vol 17, No. 4) 2001 editions of the Journal of Human Lactation have as a theme the cross-cultural determinants of infant feeding practices. Fascinating views of incredibly diverse cultures reveal some common themes, described for us by Heinig and Farley[2]. Motivation is central to a woman's choice to breastfeed her infant, but such motivation is largely built upon her personal beliefs and those of her family and society at large. Education builds upon motivation, and hands-on skills upon that. Any given breastfeeding promotion program, targeting one or several aspects of this pyramid, needs accurate data upon which to judge its effect. Let us hope that our public health efforts to increase both the initiation and duration of breastfeeding include reliable data for ascertaining the results of our labors!

References

1. *www.ross.com*; click News & Media Center, click Media Resources, scroll down and click on Ross Mothers Survey
2. Heinig, J.M. and Farley, K. Development of Effective Strategies to Support Breastfeeding. J Hum Lact 2001; 17(4):293-294