Volume 5, Spring 1989

# Women's International Public Health Network News

WOMEN HOLD UP HALF THE SKY

*"...if your lives were embittered as mine is by seeing day after day this massacre of the innocents by unsuitable feeding, then I believe you would feel as I do that misguided propaganda on infant feeding should be punished as the most criminal form of sedition, and that these deaths should be regarded as murder."*

--Dr Cicely D. Williams,
"Milk and Murder" 1939

## Making Breastfeeding the Norm

Charlene L. Stokamer

How can breastfeeding possibly be a political issue? Yet it is! How can women believe that cowmilk formula is best for their children? Yet they do! How is it possible for us to give babies back their birthright--unlimited access to their own mother's milk? We must and indeed we can!

In the world, the United States Women Infant and Children (WIC) program is the largest purchaser of infant formula. WIC serves about 45% of the poor families it could serve given more funds. There is no doubt that WIC babies, like all other babies would be given the best chance of good health through regular (on request) doses of their own mother's superior, disease fighting clean breastmilk. If all WIC mothers breastfed for only one month WIC would save $25,000,000.00 (this is a conservative estimate). Imagine how many more poor women in the United States could be served by the good nutrition program if all mothers breastfed their own babies for a year or even six months?

This is a political issue because we lag far behind other industrialized nations in the health of our children. Breastfeeding, giving each child the health that his own mother's milk will bring, can improve our record which as it stands must be a source of acute embarrassment to our political leaders. Also why should the American taxpayer buy an inferior product for a group of people who effortlessly, spontaneously and automatically produce a superior product for themselves? Breastfeeding is also a political issue because it is undermined by big business interests through the health care industry and health care providers. It is the import-export trade, the sham and the lure of the "superior" ways of the dollar that make women in non-industrialized countries buy the selling job of the formula companies.

Women believe that cowmilk formula is the best food for their babies because they have been carefully taught and "sold" the idea that they cannot feed their own babies with their own milk. They have been taught that their own milk is an inferior product that is old fashioned.

Women, banding together and educating each other is probably the best way to combat the assault on our ability to feed our children. To give babies back their birthright we have a huge task ahead of us. All the international and national women's organizations and networks need to combine their efforts to protect the fundamental right of a baby to receive his mother's milk and to protect the fundamental right of a mother to feed her own baby and probably in so doing protect her own health too. Working outside the home does not preclude breastfeeding babies!

There should be no doubt that when a woman births a child that she will feed it at home, at work, in the market place and in the mall.

Of course women should feel guilty if they do not breastfeed their children, just like they should feel guilty if they choose not to have their children immunized. Women also cannot make informed choices unless they are given all the information. In the United States women are given 20 to 30 years of slow indoctrination about the cowmilk bottle feeds they are expected to give their babies and perhaps an hour or two on the advantages of breastfeeding, with no information about how to do it! There is no informed choice with such imbalance. All women would choose to breastfeed if they were given 20 to 30 years of indoctrination about the advantages and joy of breastfeeding and perhaps an hour or two on the cowmilk formula and bottles and no information on how to bottlefeed!

Our work to increase breastfeeding should begin in the elementary schools. The assumption should be that women breastfeed babies, and that is how babies are fed. When we start young we have a chance. We can change the statistics into numbers favoring breastfeeding--it is not an easy task but if we work together we can do it.

*If society hinders optimal feeding of infants and mothers who work outside the home, society has to change not women.*
--Helsing 1988

## Breastfeeding Briefs

*from Dr. Herman Odoi's office practice at the Christian Odoi Memorial Clinic Teshie, Accra, Ghana.*

**Case No. 1: Exclusive Breastfeeding and Domicilary Care for low birth weight twins.** The twins, Okoe and Akuetteh, were born at home in a surburb of Accra at 30 weeks gestation. The mother, Naomi, a 22 year old, had prenatal care at the polyclinic where she had been treated for iron deficiency, anemia, and hypertension. Due to early onset of labor she delivered at home. Fortunately, the delivery was uneventful.

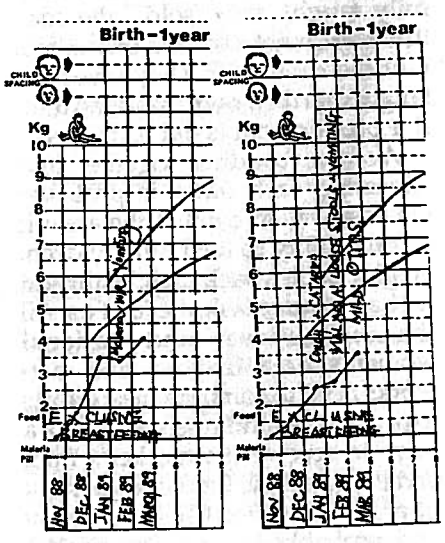
The twins were seen at the office when they were 5 days old. The first twin Okoe weighed 1.4 kg and the second twin Akuettah weighed 1.15 kg. Naomi started nursing her twins from birth but was considering supplementation with Breast Milk Supplements on the advice of a health worker who told her "your milk is not sufficient for both babies." Clinical examination revealed active healthy infants sucking well when put to the breast. The mother had good let down and was advised to exclusively breastfeed her twins on demand for at least 4 months. Follow up was fortnightly at the office with home visits by a public health nurse, to advise on and supervise continued breastfeeding and the general care of the babies including maintenance of warmth by skin to skin contact and appropriate clothing. Weight gain was achieved (see growth chart) and both did well apart from a brief period of vomitting and loose stools following malaria. Exclusive breastfeeding is continuing. Supplementation with Arkasa (descibed by Dr. Cicely Williams in her historic paper from Accra in 1933) mixed with a local legume will be advised at 5 months. Long term follow-up is envisaged.

**Case No. 2: Working Mother Breastfeeding.** Francis, now a year old, was seen at 5 weeks. The mother, a civil servant, was comtemplating supplementation with BMS for baby "to get used to before she returns to work." Successful lactation counselling resulted in the mother nursing Francis and using Expressed Breastmilk (EBM) on return to work and no formula.

**Case No. 3: Mother Ill, Nursing by Baby's Aunt.** Emmanuel at 2 months was brought to the office by an aunt (mother's sister). He had not been breastfed since birth as the mother was ill with puerperal fever. The baby was on formula. Counseling resulted in cessation of formula feeding. Emmanuel was successfully nursed by his aunt who was nursing her own baby at the same time. Culturally it is held that milk from Emmanuel's aunt is not good for him as it is "spoilt." We were able to overcome this cultural barrier and Emmanuel, now nearly a year old, is doing well.

Photo: Dr. Odoi, Ghana

*Exclusively breastfed, low birth weight twins gained weight satisfactorily despite a bout of malaria.*




**Case No. 4: Proper Positioning Resulting in Successful Lactation.** Stephen was seen at 3 months in March 1988. The mother's story was that her breasts had become sore and that she stopped nursing him at 2 months. He was subsequently fed on Arkasa and rice porridge resulting in diarrhea. Examination established the cause of sore nipples and the feeding difficulty which was improper positioning of the baby. Arkasa and rice porridge were immediately stopped. The mother was taught to position Stephen properly at the breast. The sore nipple healed within a fortnight and the baby continued to suck satisfactorily.

## Breastfeeding: the Passport to Life

*There is no breastfeeding without a mother;*

*There is no child survival without a mother;*

*Yet programs continue to neglect the mother.*

The exaggerated statistics used by international agencies as a result of ill-defined national studies have lulled health workers into a state of complacency.

The duration of exclusive breastfeeding "true duration" is very short, in most countries. A study of breastfeeding practices globally shows that breastfeeding is declining. The prevailing pattern is the "triple nipple syndrome"--(a term coined by Latham et al)-- mixed breast and bottlefeeding with early supplementation and introduction of solids. Colostrum is discarded as "dirty" and "harmful" and the use of prelacteal feeds is widespread. Bottling the breast, or transferring bottlefeeding concepts to breastfeeding, is another increasingly common problem. Mothers schedule feeds instead of demand feed, sterilize their breasts as if they were bottles, discard their breastmilk after being in the sun in the belief that it sours like cows milk, and are told to empty their breasts as if that is possible. Where bottlefeeding is exclusive it often is prolonged beyond the recommended six months.

Through a SIP of Comittment much can be done to stop the decline in breastfeeding and make it the norm again.

| SIP of Comittment | |
|---|---|
| S | Support |
| I | Information<br>Investigation<br>Integration |
| P | Protection<br>Promotion |

## Devising Breastfeeding Programs

Derick Jelliffe and Patrice Jelliffe


Breastfeeding programs should be coordinated through an interdisciplinary committee with direction from a single individual to oversee the organization and implementation. Their targets should include the well to do trend setters and the poor where the need is greatest and should include Europe and North America.

The two most usual initial components of breastfeeding programs are the modification of maternity health services (via supportive prenatal clinics, rooming in, appropriate supervision, breastmilk banks, etc., with accompanying reorientation of training of different categories of clinical and public health professionals), and information via appropriate "learning aids" (for example, non-commercial brochures, slide sets, and so on) and via mass media (mainly radio), based on concepts of social marketing.

All issues and changes need active support of legislators. In turn, this requires impetus from health professionals who need to be well informed on modern and scientific knowledge, including the recognition of the dangers of minimalist and alarmist literature, the practical management of breastfeeding based on new information concerning the psychophysiology of lactation and social forces influencing breastfeeding patterns. They also need positive advocates.

A third universal need is a practical, understandable evaluation procedure often initiated by a baseline study.

A continuing network of enthusiastic, well informed influentials is the most important element in any effective long term program. Between them they can stimulate and develop informed family and individual support; health professionals; mothers (especially from the elite) who understand the wide spectrum significance of breastfeeding and the social forces responsible for success or otherwise, and the procedures for practical management in relation to modern knowledge of the physiology of lactation.

The main components of breastfeeding programs fall into the following overlapping headings:

- Education and information dissemination
- Appropriate health services for pregnant women and children
- Services and legislation for women employed out of the home
- Mothers support groups
- Legislation and monitoring of infant food industry practices.

**TURKEY--INFORMATION AND FOLLOW-UP NEEDED.** Lack of up-to-date information on infant feeding, on the part of the mothers, their relatives and health care personnel was the main obstacle to breastfeeding in urban groups in Turkey. It was also found that educational interventions limited to the first week after delivery were not long lasting and were lost within the first two months. This points to a need for reinforcement of education on breastfeeding by follow-up sessions. (Neyzi 1988)

## Breastfeeding in Pakistan: A Review

Luanne Martin 1989

If exclusive breastfeeding is defined as the period when breastmilk is a child's sole source of nutrients and fluids then it is rarely practiced in Pakistan. On a national level the incidence of breastfeeding remains high, but this is deceptive as national data masks what is happening in different subgroups. The inappropriate feeding practices which contribute to growth failure, interfere with breastmilk production and expose infants to contaminants are: delayed initiation of breastfeeding; prelacteal feeding, especially of 'ghutti' (a concoction of herbs extracts and flavoring) and water; early supplementation with breastmilk substitutes; water; and other liquids. Most women considered colostrum as bad and dangerous. 90% of rural women in Pakistan are attended by traditional birth attendants. TBAs should understand the value of colstrum so that they can promote early initiation of breastfeeding.

## LET'S CHANGE THIS

*An anti-embarrassment device patented in 1910 allowed mothers who still had the nerve to breastfeed their babies to at least appear not to.*

Breastfeeding is the very symbol of holy motherhood. It is your sacred duty to breastfeed--but do it at home! Those of you who have tried to do it in public know that this has its costs.

A firewoman in the USA lost her job after she had insisted on breastfeeding in the lunchbreak (she

sued and got the job back eventually). In 1980 a Norwegian mother was asked to leave a public park where she had indecently exposed herself by breastfeeding. Norwegian municipal councils have not yet resolved a delicate question: should female council members be allowed to breastfeed in meetings, or should they have to leave the room?

The only public place which is safe for a breastfeeding mother today is the toilet.

*—Womens Global Reproductive Rights Network (WGNRR) Newsletter Jan-Mar 1989*

## Breast is Best Among Rural Quichua Indian Women--Ecuador

Katie Pitkin

When rural Quichua Indian women were asked if they breastfed their infants the response was an overwhelming yes. Although they were suprised at urban mothers not breastfeeding, they were aware of this.

Quichua women breastfeed their children freely whether in workshops, community meetings, working in the fields, taking animals to pasture, cooking, or washing clothes. The baby strapped on the back is taken everywhere and when the baby cries the mother adjusts the shawl so baby can suckle and mother's hands are free to carry on with whatever she is doing. There is no attempt to hide or cover up the breast and the mothers breastfeed not only their own children, but others as well if they hear them crying.

One wonders if the incredibly high incidence of breastfeeding among rural Quichua women has something to do with the equally high percentage of unsupervised "home births." Very few Quichua women give birth in hospitals, clinics or with any professional attention. The other side of the coin is that Ecuador has one of the highest maternal mortality rates in Latin America, where three out of every 1000 women die during childbirth. Lack of child spacing, high incidence of anemia, lack of adequate prenatal services for rural areas and the heavy physical demands made on rural Quichua women are just some of the contributing factors.

Although the high incidence of breastfeeding gives Quichua children a good start on life, other social and dietary factors impede them from developing fully resulting in stunting and chronic malnutrition. To begin to address these problems the root causes must be analyzed with the women to develop a truly effective participatory plan of action if health for all among the down trodden and oppressed of our societies is to be achieved.

Photo: K. Pitkin

*Quichua mothers at a community meeting.*

*Eighteen goddess-like*
*daughters are not*
*equal to one son with*
*a hump.*
—Chinese proverb

## Breastfeeding in China

Judith Standley

Breastfeeding in China is on the decline. In a national survey conducted between 1983-86 in 20 provinces the average breast feeding rate at four months of age was 43% in urban areas and 70% in rural areas. At six months, the rates decreased to 34% in urban areas and 60% in rural areas. Although quantitative data from 30 years ago is not available, it is assumed that virtually all infants were breastfed then.

There are many reasons for the decline of breast feeding in China; work schedules of mothers, the belief that bottle feeding is more "modern" and adverse hospital policies and medical advice. The latter is reminiscent of US hospital policies in the 1950s. In most hospitals in China, mothers and infants are separated at birth and the initiation of breast feeding is delayed from 6 to 72 hours. Infants are given glucose water from a bottle before lactation is started, and often during the nights before discharge home. In rural areas where many women deliver at home, the initiation of breastfeeding is also delayed due to negative traditional beliefs about colostrum, reinforced by the attitudes of local health personnel.

To reverse this trend, a breastfeeding research project under the guidance of Dr. Hua Jiazhen of the Shanghai First Maternity and Infant Health Institute is currently underway. This project, supported by UNICEF, is aimed at increasing breastfeeding prevalence in China by educating medical personnel and the community on the benefits of breast feeding; reforming adverse hospital policies; studying measures to promote adequate quantities of breast milk (including the role of Chinese herbal medicine) and studying the immunological properties of breast milk. The research activity aimed at reforming hospital policies involves seven MCH Training Institutes in seven provinces. Each institute has established a rooming in area to allow the study of the effects of suckling immediately after delivery; initiating regular breastfeeding within six hours after birth; abolishing pre-lactation glucose feeds; and encouraging feeding on demand. The research should be completed this year and a national workshop to present findings and plan future strategies is being planned.

小儿生长发育图

*Chinese growth chart promotes breastfeeding.*

## Breastfeeding While Pregnant

Chris Roesel, CARE, Thailand

Although fifty-four percent of Khmers normally breastfeed until their children are 18 months of age, in the 1983 surveys we found deleterious habits to be a) not feeding colostrum to new borns, b) weaning children as soon as the mother becomes pregnant again and c) feeding inadequate complementary diets (only plain rice broth).

We found the prohibition against the feeding of colstrum and the inadequacy of traditional weaning foods to be very malleable, but not the precipitous weaning of children upon the onset of pregnancy. Through education and promotion by 1987 we had been able to increase the feeding of colostrum significantly, from 30% to 88% ($P<0.001$). We were also able to improve the make-up of complementary feeding, which commonly began by four months of age, from 30% to 70% using satisfactory combinations of foods (significant at $P<0.001$). However, we were not able to change weaning at the on-set of pregnancy, attributed to fear of causing blindness among the children: after two or more years of popular education, the percentage continuing to breastfeed at the onset of pregnancy had changed only by 2% from 19% to 21% controls intervention vs a son-significant result. Other programs have reported similar resistance.

Any understanding as to the dynamics of this resistance to continue breastfeeding during pregnancy would be greatly appreciated. We have found the precipitous weaning to be associated with malnutrition of the older child.

*Editors' note:* In pregnant nursing mothers the breastmilk changes and becomes like colostrum. It tastes sour and causes "lactation diarrhea" as colostrum is a laxative. (Baumslag, Vis and Hennart)

**NEW BREASTFEEDING TOOL.** WIPHN member Alma Jose writes: a new set of breastfeeding flashcards ideal for field use by community nutrition and health workers was recently distributed by the Association of Philippinne Medical Colleges and the National Movement for the Promotion of Breastfeeding.

Drawing from APHA Clearinghouse

## Mothers' Support Group in Belize Increases the Duration of Breastfeeding

Eva Middleton and
Susan J. Griffey Brechin

The Breast is Best (BIB) League in Belize was founded by a group of Belizean women who were concerned about breastfeeding practices and parenting after realizing that breastfeeding was out of fashion among new mothers in Belize. The program uses community based volunteers and Breastfeeding Counsellors (BFC) who work in health clinics, maternity wards, home visits and operates a telephone hotline. BIB has a central office which rents breast pumps and shields and maintains a resource library .

BIB works closely with all levels of MOH professionals, extending breastfeeding support to newly delivered mothers while they are still in the hospital and by making daily visits to the maternity ward. In addition, breastfeeding training is an integral part of the nursing curriculum at the School of Nursing and many student nurses choose to complete the BFC training course as well.

BIB's public awareness campaign includes the development and production of video spots for televised health education messages. Through these TV spots women all over the country are familiar with "Breast is Best." The Government radio station also airs spots developed by BIB as public service messages, and these are broadcast nationally. In addition, BIB has produced calendars, posters, and educational pamphlets, and continues to produce a newsletter regularly that is distributed to all interested in BIB's activities. BIB is expanding its activities to include promotion of appropriate weaning practices and parenting skills (for teen mothers, single mothers, and working parents).

Has BIB had an impact? The answer to this question is yes.

Ministry of Health statistics gathered from clinic data in 1986 showed that 42% of women fully breastfed their infants for four months. A year later this had increased to 51%. Anecdotal evidence from hotline calls, counselling visits, and breast pump rentals reveals that working mothers in Belize City are breastfeeding more and for longer periods after returning to work. BIB staff and BFCs are regularly requested to assist the nurses in the MOH public health centers to provide counselling to women coming to clinics. Fathers are also actively involved in the program.

## The Birth of a Reproductive Health Clinic in Zambia

M. Whittaker, S. Tom, C. Kakoma,
M. Mwamba

Numerous concerns in Zambia about the delivery of family planning services have coalesced around the concept of a "model" family planning and reproductive health clinic. The primary impetus arose after the Planned Parenthood Association of Zambia (PPAZ) found that particular populations in Lusaka, the capital city were significantly underrepresented among the family planning clients at public sector clinics (Brown, Coeytaux et al. 1987). The typical non-users were 35 years old or older; of high parity; unmarried; working persons (male and female); or nulliparous, newly married women. Furthermore, PPAZ found that 75 percent of those who

used family planning discontinued attending clinic during one year, and only 33 percent of those people had returned to family planning 18 months after the study (Whittaker, Coeytaux, 1987).

Management problems were identified as the prime cause of the researchers' disturbing findings. Inconvenient locations and hours of operation, long waiting times and shortages of contraceptive supplies limited the population who could utilize the services. Users dropped out, however, not because of these factors, but because they encountered poor quality counselling, poor quality health education and unfriendly, unhelpful or misinformed staff. Analysis shows that services can be more "user friendly" and better managed. In view of this a special clinic is to be opened that is sensitive to women's needs.

## Volunteers Support Breastfeeding in a Hospital in Ecuador

Elizabeth J. (Dibby) Smith

Breastfeeding is still widely practiced in Ecuador, and is initiated by almost all mothers, even among upper income and educated women. In the coastal area, however, the duration of breastfeeding is much shorter, and exclusive breastfeeding is much less common, even in the early months. A recent study of infant feeding practices found bottle feeding present in even the poorest homes, a trend which seems to be escalating.

The major maternity hospital in Quito, the capital city, is a public hospital which attends more than 14,000 births annually. Although chronically understaffed the staff is committed to the promotion of breastfeeding. In 1986, a decision was made to cease all use of infant formulas, and only breastmilk or colostrum is given to all infants in the facility. Donated breastmilk is sought from mothers within the hospital. This change led to a sharp drop in neonatal infection rates and mortality. However, there remain needs for patient teaching which cannot be met by the professional staff, due to the volume of patients seen.

*The volunteers who completed training. Left rear, Dibby Smith and Ann Johnson, cofounders of La Liga Ecuatoriana de la Lactancia Materna.*

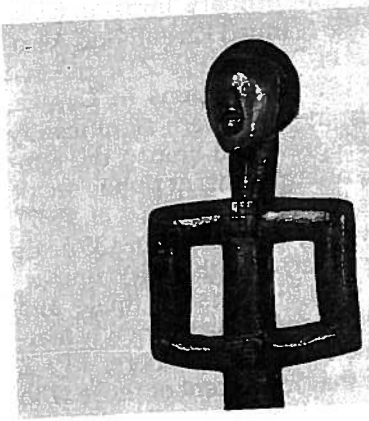
In an effort to combat the trend to earlier and more frequent supplementation, La Liga Ecuatoriana de la Lactancia Materna was formed in 1988, as an affiliate of La Leche League International. In addition to monthly meetings La Liga is working on an outreach program to offer information and support to low income mothers.

A dedicated group of hospital volunteers seeking to broaden its impact and to take on more substantive tasks approached La Liga and requested training, to be able to counsel mothers with breastfeeding problems. A course was given during 1988 and topics included were: management of breastfeeding, nutrition, common problems with breastfeeding, and some emphasis on counselling skills. Upon completion of the course, a plan for these trained volunteers to work in the hospital was developed. As previously they had been helping in the outpatient area, which sees 70 to 100 mothers daily, it was decided that the waiting area would be an optimal place to offer talks and discussions about breastfeeding. The volunteers and members of La Liga were divided into teams, to provide this service 4 mornings per week as well as visiting new mothers in the hospital by going from bed to bed and offering help and assistance as needed. While many of the mothers are grand multiparas with much experience, many mothers do have questions or difficulties. Often proper positioning is demonstrated, and support is offered to mothers whose infants are ill, or who have suffered fetal or neonatal loss. Occasionally a problem is discovered which has not been noted by the staff.

There has been enthusiastic reception of this program by the volunteers and the hospital. The volunteers are very happy to make a meaningful contribution to the women served by the hospital, and the hospital appreciates the assistance provided. There have been problems in consistency of attendance and in punctuality of the volunteers, and some volunteers are better than others at active listening and other counselling skills, but with the collaboration of the women from La Liga, these skills are progressing. An ongoing process of education and reinforcement is underway, and follow up workshops for the volunteers are being planned.

This program has apparently been successful in extending information and support to a larger number of mothers than would otherwise be reached by La Liga, and to give new information and skills to the hospital volunteers, significantly expanding their role within the hospital. The enthusiasm of the volunteers, and of the Maternidad Iaiseo Ayora, have made the program possible.

With the collaboration of the volunteers, we plan to develop educational materials for the mothers, and hope to begin training breastfeeding promoters from among the mothers, as sources of information and support to breastfeeding mothers in Quito, Ecuador.



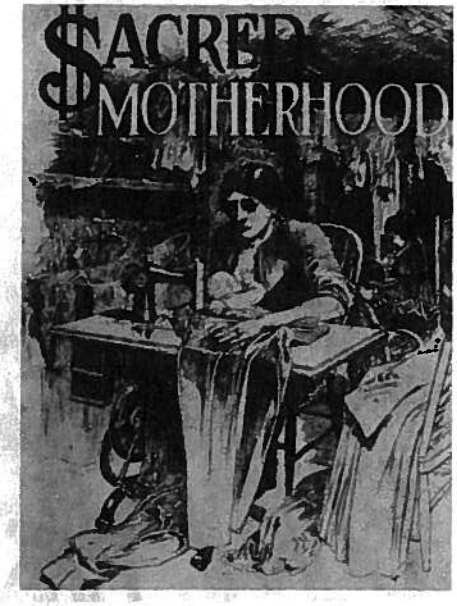
*Mother's breastfeeding class*

## From Nigeria: Ups and Downs

Ms Babalola, Chief midwife
University Hospital, Ibadan

With recent urbanization and with the call for women's education many women went to work abandoning breastfeeding after six weeks. In those so called good hay days artificial milk was available and affordable. It was erroneously believed that babies thrived on artificial milk if only constipation was safeguarded through the use of fresh orange juice and water between feeds. This was the trend until it was revealed that bottlefeeding encouraged diarrhea and perinatal mortality due to infection. It was not unusual to see mothers of thin diarrheal children in the emergency wards looking for help--sometimes too late.

Today in Nigeria there is a real safety flow from diarrhea infection. The cost of powdered milk is astronomical and out of reach of the everyday person. The trend now is towards breastfeeding with the addition of local paste from guinea corn or pure corn (this in itself can be deleterious if introduced before four months). Mothers who are hard hit by devaluation now try to breastfeed their babies throughout the day--to save costs and for "safe" family planning. Every mother in Nigeria should revert to the previous situation where mothers breastfed as a matter of course. The time is ripe for this.




## Breastfeeding and Employment

Cheryl Combest

Maternal employment is often cited as a major contributing factor for the decline in the duration of breastfeeding. Many women feel that breastfeeding and employment are incompatible. In Bangkok at three to six month postpartum, breastfeeding was found to be 50% higher among women who worked in the home than among women who worked outside the home. In Bogota, Nairobi, Malaysia and the Philippines breastfeeding duration was found to be shortened by mothers' employment status. However, studies in Honduras, Sri Lanka, Bangladesh, Pakistan, and Kenya show that work status has little effect on the duration of breastfeeding and illustrate that work and breastfeeding can be successfully combined.

The work environment seems to be more important to the continuation of breastfeeding than the women's employment status. Breastfeeding mothers who are able to take the infants to work have the opportunity for contact with their infants during the day. On site creches and nursing breaks that are both adequate in duration and frequency will allow a mother to continue breastfeeding throughout the day. The period of separation of mother from her baby is what is important not the work per se. Facilities for adequate storage of expressed breastmilk (EPB) will allow mothers to keep breastmilk on hand when they are unable to directly feed infants. Unfortunately few employers make provisions for breastfeeding women.

For mothers to successfully combine work and breastfeeding they must be given facilities, support, information and maternity leave. In many countries national policies pertaining to maternity leave are yet to be set, while in others policies are in place but not adequately enforced.

If you would like the references please write to us.

*Editor's note:* the problem with most of the studies is the lack of a consistent definition of work.

**CONGRATULATIONS--ANOTHER WIPHN BIRTH.** We have just heard from Karen Edstrom (WIPHN advisory board member) that a **new WIPHN group** has been **formed in Sri Lanka** under the leadership of Dr. Thiloma Munasinghe in Colombo, Sri Lanka. We are looking forward to some exciting developments.

**EXCLUSIVE BREASTFEEDING PROVIDES FAMILY SPACING.** Researchers in Chile found that in exclusive breastfeeders over 6 months there were no pregnancies, while 72% of nonlactating women became pregnant 6 months after birth. Breastfeeding provides an excellent means of birth spacing, however, the medical profession provides little information about lactation to women, nurses or the community to give mothers the support needed for successful breastfeeding. (Zacharia, S., et. al., *Journ. Biosocial Science*, 19: 163, 1987)

Lactation Educator Program, from UCLA extension, provides a series of courses to prepare health professionals to be lactation educators. Emphasis is on maximising professional use of scientific data and understanding problems of clinical management and practical information for mothers. Phone 213 825-9187.

## Womens Groups are Attacking Violence Against Women

**PHILIPPINES--NETWORK AGAINST VIOLENCE AGAINST WOMEN** The women's organization GABRIELA-Metro Manila Region recently issued a report on its Violence Against Women Network. The Network covers social, reproductive and work issues affecting women.

**BELIZE--WOMEN AGAINST VIOLENCE** movement arose out of a series of public meetings and protest actions designed to call attention to the serious problem of violence against women. For information, write Dorla Bowman, Belize WAV, PO Box 1190, Belize City, Belize.

**PERUVIANS TAKE DIRECT ACTION AGAINST BATTERING** The women of the over-crowded and impoverished neighbourhood of San Juan had finally had enough of daily domestic violence and organized themselves into Women's Mutual Self Defense Groups in which each member has a whistle which will summon the rest of the members of the group in an emergency. This group was formed, according to a member, because "no one would come and defend us if our partner attacked us in our own homes."

**CANADA** One of each 10 women who are married or living with a man have been beaten. Eight of ten women in refuge shelters were beaten while pregnant.

**UNITED STATES** Yearly two to six million women are battered; 2,000 to 4,000 die; one fourth of all battered women were pregnant when beaten. At least 10% of [their] children become batterers themselves.

**GREAT BRITAIN** The first shelters for battered women were formed in England. A judge can order the arrest of an abusive husband and order him out of the home.

**PAKISTAN** A woman can request the annulment of her marriage from a court if she is beaten by her husband.


**THE NETHERLANDS** "Hands off my body" movement opened a shelter for battered women. In 1980 more than 3,000 women and 5,000 children received assistance from these centers.

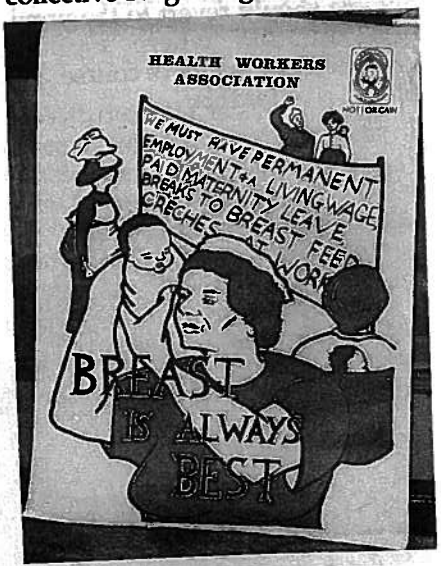
**ISRAEL** Secular law punishes [battering of women] with 15 years in prison but religious law minimizes this punishment. If a woman abandons the home without permission of the rabinnical tribunal, she can be declared rebellious and lose economic support from and custody of her children.

*--from The Women's Global Network on Reproductive Rights. Contact person, Marge Barer, Nieuwe Zijds Voorburgwal 32 1012 RZ Amsterdam, Netherlands.*

***Please let us know what is happening in your area.***

## Maternity Benefits?

The so called maternity benefits in most countries are archaic and do not reflect the recognized requirements by women. The provisions to enable a women to breastfeed her infant can hardly be considered benefits. They really are enablement provisions. However, they frequently fall short of what makes sense to women. Women are forced, for example, to adhere to rigid maternity leave and have to take half the leave close to term only to protect the employer from any liability. Most mothers want more leave after delivery to recuperate and to establish a biorhythm with their new baby. These so called benefits are available to relatively few women. Often they are unpaid and do not ensure job security. Few provide lactation breaks and even where these are provided mothers may need medical certificates to prove to their employers that they are actually breastfeeding. This was the case in the Honduras PROALMA breastfeeding promotion program. In some South African trade unions women have obtained maternity benefits for their workers through collective bargaining.




*If the rain makes you shiver and the husband beats you, where can you complain?*
--Proverb, Maharahtra State.

## Breastfeeding and Child Spacing

Peggy Koniz-Booher

One of the many important public health consequences of breastfeeding is its impact on child-spacing, especially where the use or continuation of modern family planning methods is limited because of availability or acceptance. In fact, in some countries today, breastfeeding provides more contraceptive protection than all modern methods combined.

In August, 1988 a group of experts in the field of population met in Bellagio, Italy to discuss guidelines for using breastfeeding, or lactational amenorrhea, as a safe and effective child-spacing method. They came to a consensus that the maximum birth spacing effect is achieved when a mother "fully" or nearly fully breastfeeds (implying frequent feedings, night and day, with little regular supplementation), and has not experienced a menstrual bleed (ignoring any vaginal bleeding before the 56th day postpartum). When these two conditions are met, breastfeeding provides 98% protection from pregnancy in the first six months postpartum. After six months there is an increased risk of ovulation prior to the first menstural bleed and consequently the method is not as predictable. Many women continue to benefit from some protection throughout the breastfeeding period, however, depending on their style of breastfeeding and the amount of supplementation their infant is receiving.

The following are the key questions to ask a breastfeeding woman who wants to know if she needs to use a complementary family planning method to delay or prevent a subsequent pregnancy:

| | |
|---|---|
| Is the baby less than six months old? | NO |
| YES | |
| Are you amenorrheic (i.e., no menstrual bleed)? | NO |
| YES | |
| Is the baby fully or nearly fully breastfeeding? | NO |
| YES | |
| ONLY 2% risk of pregnancy if answer "yes" to all three questions | INCREASED RISK OF PREGNANCY if answer "no" to one or more questions. |

Oral contraceptives and other methods containing estrogen reduce the amount of milk produced, and are not advised during lactation. The Institute of International Studies in Natural Family Planning, Georgetown University, Washington D.C. is currently developing a set of guidelines for the use of lactational amenorrhea for child spacing, as well as recommendations for the use of complementary family planning methods during lactation. Georgetown University, 3 PHC 3800 Reservoir Rd, Washington DC 20007

### AIDS??

To date despite the Centers for Disease Control recommendation that HIV positive mothers should stop breastfeeding, there is no definitive evidence that AIDS transmission through breastmilk is a public health problem. What is clear is that more infants die from diarrhea than from AIDS. Recommendations have also been made for milk banking however there has been no reported case of AIDS from pooled milk.

### MEETINGS

**Breastfeeding: A Natural World Resource Conference** by La Leche League International will be held at the Anaheim Hilton in Anaheim, CA, from July 12-15. At the same time there will be a special seminar for physicians. For info contact LLLI, PO Box 1209, Franklin Park IL 60131-8209. Phone 312-455-7730

A conference entitled Coping With Societal Change; Programs That Work, will be held from June 17-18th 1989 in Acapulco, Mexico. Contact Irene Hoskins from the Global Link for Midlife and Older Women at 1909 K St NW Washington DC 20049.

**ILL ADVICE FOR HEALTH WORKERS**–Ghana Infant Nutrition Action Network (GINAN). Dr. Odoi writes:

It is sad that a lot of the problems with breastfeeding, particularly the use of breast milk substitutes (BMS) in the urban setting is caused by ill advice of health workers as shown by the case studies from my office practice. As the Maternity Unit of Korle-Bu hospital is associated with the University of Ghana Medical School in Accra midwives advise expectant mothers at prenatal clinic to bring with them for delivery: 1. breastmilk substitutes, feeding bottles, teats, gripe water etc. Mothers are separated from their infants for three days and fed formula. Many mothers consider colostrum "bad milk." We in GINAN are seriously at war with these practices. GINAN has in the pipeline 4 workshops in conjunction with the Ministry of Health. The first workshop is targeted at health workers. Other groups are women's such as the national council on women and development, TBAs and high school students.

BREASTFEEDING BRIEFS IBFAN. Abstracts of current and important breastfeeding articles can be obtained from Action for Corporate Accountability, 3255, Hennepin Avenue S, Suite 230, Minneopolis, MN 55408-9986.

BREASTFEEDING TIMES produced by Breastfeeding Consultants Inc. 219 Dickinson Ave. Swathmore, PA 19081. This newslettter provides information about breastfeeding for parents and professionals. The first issue contains information on breastpumps and tips for pumping.

**GROWTH AND CALORIC INTAKE**--Exclusively breastfed infants have an early acceleration of weight gain during the first 3 months with a slower rate of growth during the 4th, 5th and 6th month of life. Growth charts based on bottlefed infants may indicate a growth problem where there is none. Any decrease in percentile rating on the growth charts is taken as an alarm signal for health providers and generally results in advice to supplement the infant. These findings confirm that there is a need for separate growth charts for breast fed infants. *Pediatric Nursing*, March-April, 1988.

**WOMENS INTERNATIONAL NETWORK** (WIN) has available the Childbirth picture Book--a picture story of reproduction from a women's point of view. Free copies for women in developing countries. Write 187, Grant Street, Lexington, MA 02173, USA

**IBFAN AFRICA** is the International Baby Food Action Network, an organization of nongovernmental organizations whose basic objective is to work for better infant and young child health through the promotion, protection and support of breastfeeding. IBFAN can put you into contact with existing groups in your country, help you start a group, provide posters and educational materials, advice, and help organize training in breastfeeding management. Contact person Anna Awori IBFAN Africa, PO Box 34308, Nairobi, Kenya.

**"PREVENTION IS BETTER THAN CURE** but curative should precede and form an integral part of the prevention" is the approach to health by Society for Education, Welfare and Action (SEWA RURAL). For information contact Dr. Lata Desai SEWA Jhagadia, Dist. Bharuch, Gujarat, India.

**THE BOYCOTT**--Over 5 billion dollars worth of baby milk is sold each year--more than 10 million dollars worth every 24 hours. The WHO International Code of Marketing of Breast Milk Substitutes sets out the minimum standards for all countries to protect infant health and promote and support breastfeeding. The Code is directed at Governments, breastmilk substitutes producers and healthworkers. To date no manufacturer is in complete compliance with the Code. They ignore the Code and continue advertising in violation of the Code's provisions.

In Singapore almost all newborns were fed on free samples from Wyeth and Nestle. In Thailand there are enough free samples to feed more than all the newborns. There is a worldwide boycott of Nestle and American Home Products. For a list of the products to boycott write to Janice Mantell Action for Corporate Accountability, 3255 Hennepin Ave South.

*WIC sucks funds*

**STREEHITAKARINI** is a women's organization which provides education, family planning and income generation activities. The organization also has an integrated child development program and a mobile medical clinic. The bottom line is that Woman is responsible in creating the atmosphere in which the child achieves this growth and unless she healthy, free and leads a full life, the whole society will be stunted. Contact Veena Mulgaonka, Streehitakarini, Dadar, Bombay 400 025, India.

**FROM WELLSTART**--The Philippine Breastfeeding Declaration. The Philippine national working group issued the following signed declaration of mission statement at the Invitational Workshop in Bali. In a developing country, breastfeeding is not only a medical issue but socio-economic as well, greatly affecting quality of life, not only of individuals, but of families, communities, and of the nation as a whole. .....Autumn 1988

## GALACTOGOGUES

Continents apart mothers have, and still are, using herbs, teas, soups and foods for increasing their milk supply (galactogogues). They may improve the mothers diet and fluid content or they may reduce anxiety and encourage the let down reflex. The medical literature abounds in treatments to ensure a sufficient milk supply. For example, in the Papyrus Ebers (1550 BC), the earliest medical encyclopedia from Egypt, there is a short presciption for the promotion of breastfeeding.

*"to get a supply of milk in a woman's breasts for suckling the child; warm the bones of a swordfish in oil and rub her back with it. Or let the woman sit crosslegged and eat frangrant bread of soused durra, while rubbing her parts with the poppy plant."*

Some of the galactogogues from Nepal have been analysed chemically and the calcium content has been found to be high. The exact significance is not known but it may be important for the contraction of the milk duct muscle. Although most of these remedies have not been scientifically tested women swear by them.

### Selected Galactogogues

**India** Ginger, jaggery, powdered earthworms.

**Pakistan** Cumin, lassi cottonseeds, goat's stomach.

**Mexico** Gruels made from legumes, groundnuts, chickpeas, sesame, cottonseed, abysinth.

**Tunisia** herb teas called "verveine" made from fennelcreek, coriander seeds, barley and cous cous.

**U.S.A.** Thistle tea, comfrey, fennelcreek

**China** soups made of pigs legs, tailbones, fishtails, boiled with ginger or cooked with beans and peanuts, eggs, chicken soup made from adult roosters.

**Nepal** Juana seed, fennel, dill, caroway, gendrik.

**Guatemala** Ixbut tea from leaves of the Euphorbia Lancifolia plant.

**GINAN** is a member of IBFAN Africa. The catalyst for this new organization has been Dr. Demananya who pointed out that although the national campaign against dehydration due to diarrhea was valuable, Ghana still had to address the major cause of the diarrhea problem.

"The problem to a large extent is due to artificial feeding from the bottle" he stated. "It is really absurd to think that when the Europeans are trying hard to kick out breastmilk substitutes and follow our example to breastfeed, we are opening our arms to what they are rejecting." Ghana has just formulated a proposed code of infant feeding for the regulation, production, supply and marketing of infant milk foods and feeding bottles. Contact person Dr. Herman Odoi, Executive Director, GINAN PO Box 6177, Accra, Ghana

## WIPHN Update

WIPHN is growing rapidly thanks to increasing membership. Some of the new organizations that have joined WIPHN include: IBFAN Africa, GINAN, ISIS International, SWAA, Kaiser Family Foundation, Ahead, Centro de Informacion sobre la Mujer, United Indian health services, Asociacion demografica Costarricense, Cares Medical, ISSA, Streehitakarini, Sewa-Rural, WIN.

In October we had a booth at the APHA annual conference which was well attended and provided a great opportunity for networking. At the booth in addition to publications we had WIPHN "T" shirts and special greeting cards for sale. We were involved in a plenary session and had a special session on alternative health care with guest speaker Rosita Arvigo, healer and herbalist from Belize. Panelists included Dr Susi Kessler from UNICEF.

We were involved in the NGO committee on UNICEF and presented a paper at the forum entitled "The Challenges in Breastfeeding Support and Weaning." We also presented a paper on "Perspectives in Infant Feeding" at the UNICEF Passport to Life workshop which we helped organize at UNICEF House.

We submitted testimony for the amicus brief Roe vs Wade and took part in the abortion rally in Washington DC.

Staff. We now have an administrative assistant Blanca Keogan. Technical staff include Esther Kazilimani, Peggy Koniz-Booher and Lisa Fouladi.

*WIPHN colleagues from Swaziland and Zimbabwe.*

We have obtained funding from the Carnegie Corporation of New York and from the NGO Committee on UNICEF.

The network depends on subscriptions and donations. Please remember to give generously and help with our membership drive. If you have not renewed your annual subscription please do so soon.

Note: Due to shortage of space we cannot publish all articles received and have to shorten some. Thanks to all who sent articles.

Readers are invited to send articles, comments and information for our next newsletter (the theme will be adolescent pregancy) due by July 15, 1989.

### Upcoming Events at NCIH

WIPHN meeting at 12 noon, Monday 19 June with Dr. Myrtle Keller, who has extensive experience in Africa). She will speak on the topic "There is more to women's health than reproduction."

**Panel on linkages between maternal nutrition and child nutrition** Monday 19th of June with WIPHN members Sandra Huffman, Kathy Krasovec and Naomi Baumslag. Norge Jerome from the Office of Nutrition USAID will also participate.

Please visit our booth at NCIH. We have a few suprises.

**Panel on breastfeeding promotion programs** with WIPHN members Derrick Jelliffe, Patrice Jelliffe and Margaret Kenykya-Isabirye. This will take place on Tuesday the 20th of June.

### Publications by WIPHN Members

Baumslag, N., Breastfeeding: The Passport to Life. NGO Committee on UNICEF (working group on nutrition) UNICEF House 1989.

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Neyzi, O., et al., Results of an educational intervention study on promotion of breastfeeding, University of Istanbul Institute of Child health Istanbul, Turkey, 1988.

Vansintejan, Glaser, Wibangbe: The making of a documentary about the training and supervision of Traditional Birth Attendants in Zaire, J of Nurse-Midwifery 33(6) Nov/Dec 1988.

Williams, C.D., Milk and Murder, 1939.

**Copies of all these publications can be obtained from WIPHN.**

### References and Books Worth Noting

Baumslag, N., Breastfeeding: The Passport to Life. NGO Committee on UNICEF, 1989. Successful breastfeeding programs in several countries; integration of breastfeeding into child survival and support systems are described by leading experts. Copies can be purchased from WIPHN.

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Jelliffe D.B., Jelliffe E.F.P., Programmes to Promote Breastfeeding. Oxford University Press, 1988. Small scale as well as large scale breastfeeding promotion experiences are drawn together. The role of mothers' support groups and other breastfeeding activities are discussed including, for example, the influence of health services, training those assisting mothers to breastfeed, and the need for monitoring infant marketing and legislation and services for breastfeeding mothers.

Kenkykya-Isabiryre, M., Publications and audiovisual materials recommended for use as a basis for training and advocacy in breastfeeding programmes. UNICEF 1987.

Riordan, J., Countryman, B. A., Basics of Breastfeeding: A guide for nurses. La Leche League. Harper Row, 1987.

Successful Breastfeeding: A practical guide for midwives (and others supporting the breastfeeding mother). Royal College of Midwives, 1988.

Palmer, G., The politics of breastfeeding. London Pandora Press, 1988. The political issues relating to breastfeeding are discussed together with with a historical consideration of the role of women and the infant feeding decision. Other issues include: the marketing of infant formula, economic value of breastfeeding, and marginalization of child care.

A joint WHO/UNICEF statement. Protecting, promoting and supporting breastfeeding. The special role of maternity services, 1989.

## The Women's International Public Health Network

In March of 1987, the Women's International Public Health Network was formed as a grass roots movement at the World Federation of Public Health Association Meeting in Mexico City, to provide all women working in the field of public health an opportunity to work together to improve women's health worldwide.

**Who is it for?**
Any woman working in public health.

**What are our objectives?**
To serve as a resource network and umbrella organization for women's groups throughout the world in health or health related areas. Through this educational support and communication network, women in pubic health will be able to maximize their resources and work together more effectively to promote better health for all women.

**What do we do?**
Provide support to colleagues in the field of public health. Groups in each country share information, experiences, ideas and resources. Colleagues visiting from other countries will find a network of friends.

Promote women in international public health and identify women's issues such as: safe motherhood and health rights.
Network with other women's organizations.

Publish a newsletter that addresses international women's health issues, programs and opportunities.

Participate in policy development related to women's health and publish position papers on specific issues.

Serve as an exchange forum.

Maintain a speakers bureau and sponsor programs, panels and meetings at conferences.

Provide technical assistance.

Offer information on existing training, resources and materials for identified needs.

Act as a resource for funding information and opportunities for members.

Research neglected womens's health areas.
Provide employment information through a job bank.



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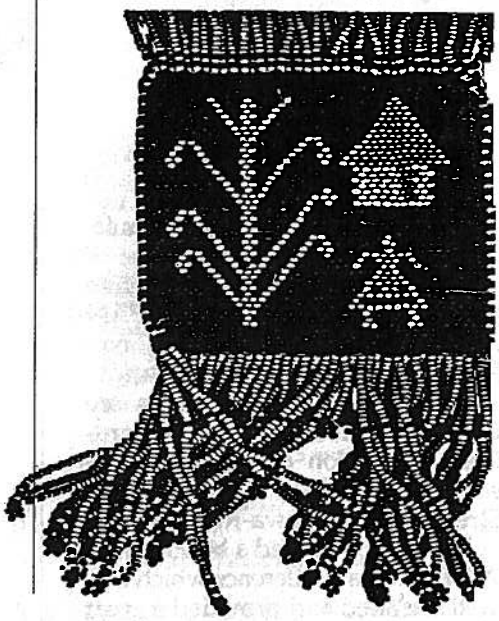

# How to Join

*Annual Membership Fees*

| | |
|---|---|
| Individuals | $15.00 |
| Organizations | $35.00 |

**Women in developing countries, please donate whatever is possible. Membership will not be denied to individuals or organizations with limited resources. We are establishing a special scholarship fund in honor of Dr. Cicely Williams to provide leadership, management and technical training for women health care professionals from developing countries. We welcome donations to the fund.**

*Please Print Clearly*

Name (including title and degrees)

Address

Telephone Numbers

Current Work/Institutional Affiliation/Employer

Special Interests/Comments

Send to:
**Women's International Public Health Network (WIPHN)**
7100 Oak Forest Lane, Bethesda, MD 20817 USA (301) 469-9210