

Breastfeeding USA

Horizons

Congratulations to the First Breastfeeding USA Breastfeeding Counselors!

The moment we've all been waiting for is finally here! The first twelve Breastfeeding USA Counselors have completed the accelerated education course and are fully accredited to help mothers and represent our organization to the public. The counselors are from all over the country—California, Virginia, Texas, Illinois, South Carolina, North Carolina and Pennsylvania. The Breastfeeding USA Education Committee and the Board of Directors wish them many happy years of helping mothers and families experience the joys and rewards of breastfeeding their babies, and satisfaction in the knowledge that they make a difference in the world, promoting breastfeeding as the cultural norm.

First Breastfeeding USA Support Meeting

On June 10, the first Community Chapter mother support meeting of Breastfeeding USA was held in Pinole California, at Kaiser Permanente Medical Offices. Breastfeeding Counselor **Serena Meyer**, welcomed mothers with a bouquet of shiny silver balloons, bagels, and raffle prizes. The conversation was lively, the mothers' questions were addressed, and Serena did a beautiful job of tuning in to each person's needs. After the meeting, Board member **Patty Jacobs** presented Serena with her Certificate of Accreditation. Congratulations Serena! We know that other Community Chapters are now forming, and we'll keep everyone posted when each Chapter goes live.

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Seleccione "View in Browser"
en el rincón superior derecho
de la pantalla para acceder a
una traducción al español
con el enlace "translate."



Milk Sharing—Formal and Informal

By [Sharon Knorr](#), BSMT(ASCP), IBCLC, RLC

For most of human history the sharing of breastmilk has taken place in the form of one mother breastfeeding the baby of another. In most instances, the immediate benefit of this kind of milk sharing—the continued life of the baby—far outweighed any possible risks. Even today, during times of emergency or in remote areas, sharing breastmilk may be the only way to save the life of a child whose mother has been injured, has been killed or is gravely ill. There may be limited or no access to any other feeding alternatives. The World Health Organization lists “wet-nursing” and milk banks as being equal alternatives when mother’s own milk is not available.*

In the United States, mothers investigate multiple sources of breastmilk for their babies when they themselves are unable to provide their own milk. Some are able to obtain milk from established Human Milk Banking Association of North America ([HMBANA](#)) milk banks that have a standardized system of collecting milk and screening donors. Others turn to family members and close friends in a more informal milk sharing arrangement which may include breastfeeding the baby and/or sharing milk for breastmilk feeding. In this age of the internet, still others are using social networking tools to link up with mothers who may be willing to donate milk. There is much debate now on the advisability of informal milk sharing amongst friends or strangers.

The risks of formula feeding have been [well-documented](#). Depending on

Messages from Our Facebook Page

Have you had an emergency situation that made you extra grateful for breastfeeding?

"It was the only way to keep my twins contained when a tornado hit and we were trying to stay safe in the hallway. They were a year old and kept crawling away, so I lay down and nursed them both until it passed. After that, the water wasn't safe, but the roads were closed and we had no power to boil water, so another unexpected advantage was being able to breastfeed after a disaster when it would have been impossible to get/make formula safely." *Dorothy "Hyphen" Huffmanparent*

How does breastfeeding meet the non-nutritional needs of your child?

"My second born really only wanted to nurse for food-- but, I was so used to nursing for comfort that I used it for that, too. He has since shown signs of being somewhere on the autism spectrum—I am

the situation, they can range from immediate risk of mortality from infections or SIDS to more long-range risks of increased rates of obesity, diabetes and some kinds of cancer.

While the use of breastmilk substitutes involves documented risks to the baby, milk sharing is not without risk, either. Breastmilk that is carelessly collected or stored may be contaminated by any number of potentially harmful microorganisms. Donor mothers may have diseases that could be transmitted through the milk; some may not even know that they are infected. Donor mothers may be taking drugs or herbs that could cause harm to the baby. It does seem that most donor mothers want to take all reasonable precautions to make sure that their milk poses no risk to the babies that receive it. Yet there is always the element of the unknown, even when using milk from friends or family.

Mothers who choose to share milk informally need to weigh the perceived risk versus benefit to their babies. They need to take whatever measures they deem necessary to ensure the safety of the milk they are obtaining for their babies. Those measures could include having the donor fill out a questionnaire and/or submit to blood testing. Testing does not ensure that the milk will be “safe” for the baby. However, nobody can insure the safety of formula feeds, either, or the degree of risk if baby receives a breastmilk substitute. It is a complex issue and one that deserves careful examination by anyone considering any kind of milk sharing. There has been no research at this time comparing the risks of banked breastmilk versus informally shared breastmilk for babies in this country.

There are websites such as [Eats on Feets](#), [Milk Share](#), and [Human Milk 4 Human Babies](#) that contain lots of information on this topic. Again, mothers unable to nourish their babies with their own breastmilk must decide for themselves, on a case by case basis, what is best for their situation. Parents are responsible for their own children and must live with the outcomes of their decisions. Mothers are encouraged to fully research the available options in order to make an informed decision.

*From [WHO: Global Strategy for Infant and Young Child Feeding](#), #18 (page 17):

.....For those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breast milk

convinced that my extended nursing of him (and using nursing for comfort) allowed him to connect in ways he would not have otherwise (he is 15 now)." *Susan Smylie*

What has your child taught you about breastfeeding?

"That it's ok to just sit back and do nothing for a while. While, sure, sometimes the wraps and slings are wonderful things to hold and nurse baby while doing chores, sometimes I just need to sit down and look my baby in the eyes while feeding and take time out from the world." *Leslie Terry Westenhaver*

A Day at the Pool

By *Jessica Sypolt*

Ashburn, VA

June 2011

Me: (feeding 5 month old Asher at the pool)

Random 5-year-Old Boy:

Hey what are you doing?

Me: I'm feeding my baby

Boy: With what!?

Me: ...my breast

Boy: (look of confusion)

Me: You know the things on my chest

from an infant's own mother, breast milk from a healthy wet-nurse or human-milk bank, or a breast-milk substitutedepends on individual circumstances.

Also see [Use of Donor Human Milk](#) from the FDA and ["Milk sharing: from private practice to public pursuit"](#) by James E Akre, Karleen D Gribble, and Maureen Minchin. *International Breastfeeding Journal* 2011, 6:8 (25 June 2011)

InfantRisk Center

The [InfantRisk Center](#) at Texas Tech University Health Sciences provides up-to-date evidence-based information on the use of medications during pregnancy and breastfeeding to both mothers and healthcare professionals.

The website offers information about a wide range of frequently asked questions such as the use of alcohol while breastfeeding, and maternal depression. It also features unique open forums where pregnant and breastfeeding mothers are encouraged to post their stories and communicate with other mothers who have faced similar challenges.

InfantRisk Center operates four helplines: InfantRisk (for questions about the use of drugs during pregnancy and breastfeeding), Nausea and Vomiting of Pregnancy, Alcohol and Substance Abuse, and Depression. All helplines are available Monday-Friday 8am-5pm Central time at this number **(806) 352-2519**.



Boy: Oh, so you just pop that thing off (pointing to his own nipple) and the milk comes out!?

Me: Mmm, no not exactly

Boy: OK! (skips away)

Member Features

BFUSA members can join a Yahoo! chat group and [view past issues](#) of Breastfeeding USA Horizons on the website.

From the Editor's Desk

Breastfeeding USA Horizons aims to be a source of inspiration for members, information about breastfeeding throughout the United States and updates on breastfeeding research throughout the globe. To share comments or ideas for articles, please email editor@breastfeedingusa.org

Kathy Kerr, Editor



Breastfeeding in Extreme Heat

By [Jolie Black Bear](#), IBCLC

Summer is here and temperatures are soaring throughout the country. Some areas are facing unseasonably hot temperatures, while others are facing dangerous extreme heat conditions. Here are some tips to help you and your baby cope with the heat:

- During hot weather, mother's fluid requirements are increased. Don't wait until you're thirsty to drink! Keep plenty of water around for frequent sipping.
- Baby may nurse for shorter periods of time more frequently. This helps quench thirst.
- Healthy, exclusively breastfed babies do not need extra water. Your milk has the perfect balance of water and nutrition.
- Older infants and toddlers who are no longer exclusively breastfed may need to breastfeed more frequently or drink extra water or expressed breast milk. You might like to try some high water content snacks such as fruits or even cucumber.
- If baby is less willing to breastfeed, it may be because body contact is uncomfortable. Try dressing baby in a summer-weight cotton shirt or keeping a light cotton receiving blanket or pillowcase between you to create a barrier against sweat.
- Try a damp washcloth in the inner side of your elbow (crook of the arm) to help keep you and baby cool
- Fans and air conditioners can increase fluid loss. Feeling cool does not mean you're not at risk for dehydration, so continue to drink plenty even if you're in a cool location.

See also [SUMMER SANITY: Keeping Baby Cool](#) from the Australian Breastfeeding Association.

The mission of Breastfeeding USA is to provide evidence-based breastfeeding information and support, and to promote breastfeeding as the biological and cultural norm.

Learn more about [Breastfeeding USA](#).

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