COVER STORY
"It is up to the parents to ensure that their children become healthy adults." Peripartal bonding and breastfeeding.  → Page 06

EXPERT KNOWLEDGE
The pros and cons of breast pumps. When is pumping really necessary?  → Page 08
Dear Subscribers, Readers, and Colleagues!

The German Magazine Laktation und Stillen will be published quarterly as a print-magazine, in addition to the online magazine. To become a real European Alliance, we like to spread our news and so have chosen to develop an online magazine, Lactation & Breastfeeding. Lactation & Breastfeeding will be written in English and available quarterly, but only as an online magazine. Its aim is publishing research, articles relating to human lactation and breastfeeding, case reports relevant to the practicing lactation consultant and other health professionals who support lactating mothers or their breastfeeding infants, as well as the reporting of news from member associations of ELACTA. Please save the link – www.elacta.eu/en/magazine.html – available from the 24th of April 2014.

ELACTA’s mission is to strengthen links and connections between national IB-CLC associations in Europe, and to advance the profession of lactation consultants through advocacy and communication, professional development, education and research. Our vision is that every IBCLC is recognized as the professional authority on lactation and breastfeeding care in Europe. This is and will be a huge task. A lot of work needs to be done. You can imagine that this is a lot of (voluntary) work. On the other hand, it is challenging to work together with colleagues from Europe, to learn about different cultures in Europe, to develop new topics and to travel around different places.

We are always looking for persons who would like to work for ELACTA. If you are interested in working together with us, please write to us for information or support. Perhaps you know people who are the right person for the job. Let us know. We are looking for members for different task groups (magazine, finances, conference, and recognition of IBCLC in Europe) and/or new Board members. Please write an email to office@elacta.eu. We are looking forward to hearing from you.

We hope that you will enjoy Lactation & Breastfeeding. Please come and visit us in Copenhagen or online at www.elacta.eu

With kind regards.
On behalf of the ELACTA Board
Marga Wapenaar, President.

Meet the editorial team: We loved putting this issue together for you and would like to take this opportunity to thank all of the authors and everyone else who has helped.

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Cover Story
Peripartal Bonding and Breastfeeding

Product Introduction
Making breastfeeding more comfortable

ELACTA
“Growing Together” – The oncoming conference / NIDCAP – Individualised patient and family-centred care / Mastitis during breastfeeding / Nursing and the cytomegalovirus / The good, the bad and the practical / Mastitis during breastfeeding

Expert Knowledge
A comparison of breast pumps / Pumping milk for your premature or sick child

From the National Associations

Modern
Pump set with side effects / Tongue-tied

From the Field
Sponsorship – Conflict of interest versus lack of information

Science & Research

Dear readers! We want to know what you think. Starting in the next issue, we would like to publish letters from readers here on current topics. Please send your letters and comments to the following email address: office@elacta.eu

LETTERS TO THE EDITOR
Peripartal Bonding and Breastfeeding

The pregnancy and the time when the bond develops and the mother starts breastfeeding immediately after delivery are sensitive phases for the epigenetic influences on the baby. These phases must be protected by explaining to parents-to-be the relationship between genetic predisposition, diet, and the environment. Genes are not fixed, but shapable; the younger the individual, the easier it is.

G. Kussmann, E. Cramer

Breastfeeding encourages a bond that is necessary for successful learning, thriving, and physical, mental, and cognitive health. Nature serves us well in this respect with active hormonal control mechanisms, particularly directly after delivery.

We must protect this phase directly after delivery. Hospitals certified as baby-friendly have recognised this and promote mother-child bonding and consequently the child’s development as well as adequate, typal nutrition – breastfeeding.

A successfully established bond between mother and child is an important requirement for the child’s capacity to love and bond later in life, a necessary prerequisite for social interaction in today’s society.

Research conducted in recent years suggests that our genetics also influence bonding and breastfeeding:

Our genes are not static. They are reshaped throughout our life. The younger they are, the more easily they can be shaped, i.e., especially during pregnancy and directly after delivery.

Our DNA is folded and packaged in the cell nucleus. The genes are surrounded by histones, proteins, nucleic acids, mRNA, and other cell components which used to be referred to as “junk DNA” and which were mostly disregarded. Based on current findings, they influence our genes and can activate and deactivate them with the help of particular mechanisms such as methylation of the DNA (gene switch) or acetylation, methylation, and phosphorylation of the histones. These “switches,” in turn, can be influenced externally and internally: hormonally, through our behavior, and through our diet (Huber 2010).

There are numerous examples from the animal kingdom that show the influence of such epigenetics. Bees are all born with the same genes. Some of the bees, however, are fed with royal jelly and grow up to be very large bees, the queens, which are fertile. The other worker bees stay small and infertile. We know of something similar from the caste system of ants: There are up to 16 different types of ants. They look different and perform different functions, even though they all have the same genetic code. M. Meaney (2005) was able to show in tests with rats that affection influences the genes through the cortisone receptor. Neglected rat babies did not develop as well and learned less than rat babies that were allowed to cuddle with their mothers.

“It is up to the parents to ensure that their children grow up to be healthy adults who are much less likely to become sick from stress.”

Dirk Hellhammer, psychobiologist 2010
It was possible to reverse this effect by exchanging the rat babies.

Research on twins (Fraga 2005, Poulson 2007) has been able to show that the environment influences genes. Genetically identical individuals developed differently over the course of their lives when living in different environments.

Psychobiologist Dirk Hellhammer (2010) was able to show that stressful situations during the third trimester of pregnancy have an impact on the child: there are changes in the cortisone level, the stress hormone receptor, and there is an epigenetic impact on later stress-processing capabilities. The children are more prone to stress and, as adults, are more likely to suffer from heart attacks, diabetes, and depression.

Data from the so-called Hunger Winter of 1944 in Holland confirms the influence that a pregnant woman’s malnourishment has on the baby: If a mother is malnourished during her first trimester, the child is at an increased risk of addiction because the serotonin/dopamine alters the addiction centre through a histone modification. If the mother is malnourished during her third trimester, changes in the DNA methylation increase the child’s risk of later cardiovascular disease, diabetes, obesity, and early death.

**Early childhood programming**
The term “early childhood programming” is defined as the influence the intrauterine conditions and the peripartal nutrition has on the child’s development. If there is an abundance of nutrients available during pregnancy (up to 20% of all pregnant women develop gestational diabetes, and 35% of all pregnant women are overweight (Plagemann 2010)), the child expects more food after it is born; it is always hungry, measurable with leptin levels, and therefore eats more. With today’s energy-dense foods and lack of physical activity, the child’s obesity risk is pre-programmed. Therefore, the fact that children of overweight mothers are often also overweight is not only caused by genetics but also by epigenetic factors, as poor diet and lack of physical activity influence the child’s metabolism. It has been shown that breastfeeding is an early and effective countermeasure, especially for these children.

**The protective effect of breastfeeding**
(25% decrease in overweight after six months of breastfeeding), dosage-effect ratio (Harder 2005)

<table>
<thead>
<tr>
<th>Duration</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 month</td>
<td>0.68 (0.50 – 0.91)</td>
</tr>
<tr>
<td>1–3 months</td>
<td>0.67 (0.55 – 0.82)</td>
</tr>
<tr>
<td>4–6 months</td>
<td>0.76 (0.67 – 0.86)</td>
</tr>
<tr>
<td>7–9 months</td>
<td>0.81 (0.74 – 0.88)</td>
</tr>
<tr>
<td>&gt;9 months</td>
<td>1.0 (0.65 – 1.55)</td>
</tr>
</tbody>
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Harder Am J Epidemiol 2005: Meta-analysis (17 studies, >100,000 children) on the connection between the length of time a child is breastfed and the child being overweight later in life (OR: odds ratio)

**Sources**
A child experiencing food scarcity in the mother’s womb caused by smoking, placenta insufficiency, SIH, preeclampsia, or hunger is born with a slow metabolism that uses its nourishment efficiently (thrifty gene hypothesis 1962). With a normal diet, these children rapidly become overweight, leading to obesity, hypertonia, metabolic syndrome and its consequences.

Breast milk, a species-appropriate diet
Breast milk, the species-appropriate diet, offers an epigenetic remedy here. Supply and demand perfectly regulate the infant’s needs. Breastfed children have an up to 30% decreased risk of being overweight and obesity if they are nursed exclusively for over six months (Harder 2005). It also makes it easier for mothers to return to their prepregnancy weight, as the production of breast milk burns calories. This effect is even more important for children from diabetic pregnancies or overweight mothers. They require particularly intensive assistance from medical personnel and lactation consultants (Huber 2010).

Breastfeeding reduces the negative effects of a Caesarian on the respiratory outcome, the allergy risk, and the Type 1 diabetes risk (Caldwell 2008) due to the epigenetic methylation effects.

Bonding and skin contact directly after delivery, including and particularly after a Caesarian, have a hormonal influence – through oxytocin and cortisone, for example, and the modification of the bacterial colonisation of the child – that leads to positive epigenetic effects: evidence presented in studies has proven that they have fewer allergies, fewer respiratory adaptation issues, fewer instances of diabetes, as well as better immune defence due to less stress.

Conclusion
These facts prove that fathers and mothers have much more influence on, and responsibility for, the health of their child than previously assumed. Healthcare professionals must be aware of their preventive prenatal care responsibilities and the lifestyle advice they give during preconceptional counseling and impart this knowledge to parents-to-be and/or couples trying to conceive.

Verification and improvement of our communication capabilities would be an important step in this direction. /
Making breastfeeding more comfortable

The patented American breastfeeding pillow provides more stability and convenience for mother and child.

Andrea Hemmelmayr

To be able to nurse, a woman basically just needs a child who likes to suck and a lactating breast. And yet, in addition to good information and effective support, there are some aids that can make the latching on easier during the first days. Breastfeeding pillows were designed to help mothers be comfortable while breastfeeding and to help the newborn latch on better because it feels perfectly safe.

The shape and purpose of the patented American breastfeeding pillow differs significantly from other common, elongated pillows which are filled with foamed material, polystyrene beads, or similar material. It is a pre-formed, stable foam pillow which can be secured around the abdomen with the help of a click fastener or a Velcro fastener. There is also a space-saving, inflatable version. It comes with either a washable cotton cover or a washable cover.

While breastfeeding, the baby lies safely and comfortably on the firm pillow and only requires very little additional stabilisation. The American breastfeeding pillow does not work well for other purposes such as building a nest for the baby or using it as a back or leg support for the mother. Once the baby is no longer breastfed, it has outlasted its usefulness. In terms of its price, the pillow is in the higher price range.

The American breastfeeding pillow is, however, absolutely indispensable for mothers who are forced to breastfeed their babies on uncomfortable chairs. In these cases, a normal breastfeeding pillow just does not work. This type of situation often arises in the waiting rooms of doctors, hospitals, or outreach clinics for mothers, but also in restaurants, civil registry offices, in some parent/child centres, and sometimes even in the home. Any organisation that wants to prove their support for breastfeeding mothers, but does not have a comfortable breastfeeding corner with adequate padding available, can help mothers with infants by having the American breastfeeding pillow on hand. Especially in public areas, the washable pillow with Velcro fastener has really proven its usefulness. For home use, the click fastener is usually better because most babies wake up when a Velcro fastener is unatched. A mother with limited motor ability in her hands also reported very good experience with this stable pillow. She only had to provide minimal support for her child but did not actively have to hold it. In addition to the normal breastfeeding pillow, there is also a twin breastfeeding pillow, providing more room for two children.

PRICES:

Breastfeeding pillow with cotton cover: EUR 59.90
Breastfeeding pillow with organic cotton cover: EUR 69.90
Breastfeeding pillow with washable cover: EUR 69.90
Inflatable breastfeeding pillow: EUR 45.25
Twin breastfeeding pillow with cotton cover: EUR 99.90
Twin breastfeeding pillow with washable cover: EUR 119.90

www.baby-wild.de
“Growing Together” – The upcoming conference

The date of the 8th Conference of the European Lactation Consultants Alliance in Copenhagen is fast approaching. There is great interest not only in research, but also in practical know-how, as well as the time and opportunity for interdisciplinary and international exchanges of views.

The pre-conference. This time, we tried dedicating the pre-conference to practical work and an exchange of views among colleagues.

Danish healthcare organisations open their doors to the participants in the ELACTA pre-conference. Approximately 90 participants will have the opportunity to visit a maternity or neonatology ward, and another 90 participants will be able to talk to local health visitors.

In addition, the pre-conference offers eleven interesting workshops. The main language in the workshops will be English, but a French and a German workshop will also be provided. The workshops are intentionally kept small. Register soon to make sure that you can attend the workshop or programme excursion of your choice.

Workshop programme:
› Barbara Kämmerer (Germany): Breast Pumps – How to Pump and Evaluate Different Systems
› Annett Mulder (Netherlands): Antenatal Breast Expression and Colostrum Collection
› Marie-France Vandenberge (Belgium): Skin-to-Skin Contact After Caesarian Section
› Márta Guóth-Gumberger (Germany): Weight Gain – How to Use it Effectively in Breastfeeding Counselling
› Iris Wagnsonner (Austria): Breastfeeding and Social Media
› Gabriele Nindl (Austria) – Workshop in German: Kommunikation und Kooperation im interdisziplinären Team
› Véronique Darmangeat (France) – in French: Allaitement et reprise du travail
› Denise Mc Guinnes (Ireland): An Exploration of the Experiences of Mothers as They Suppress Lactation Following Late Miscarriage, Stillbirth, or Neonatal Death
› Annike Bogerts (Belgium): Research and Interpretation of Evidence-based Breastfeeding Literature
› Ingrid Nilson (Denmark): Practical guidance in breastfeeding – how to influence breastfeeding self-efficacy
› Ellen Rouw (Netherlands): Breastfeeding and Doctors

This interesting day is concluded with a presentation by Randa Saadeh: “Ten Years into the Launching of the Global Strategy for Infant and Young Child Feeding: Where do we stand with meeting the targets, and where do we go from here?”

The pre-conference is held in the new WHO building in Copenhagen. To help those attending the pre-conference to get there as comfortably as possible, we are organising a bus transfer between Bella Center (the conference venue) and the WHO building in the morning and the evening.

The conference. The conference itself awaits you with outstanding speakers and interesting topics from all over Europe. The topics cover a wide spectrum of breastfeeding topics. All presentations will be given in English, but we will be offering German and French translation. This edition of L&S introduces once again some of the planned topics and speakers.
Presentation programme:
› Ann Marie Widström (Sweden): The nine developmental stages of healthy newborn babies in uninterrupted skin-to-skin contact during the first hours after birth
› Fedro Peccatori (Italy): The positive effects of breastfeeding on mothers’ health
› Nikk Connemann (Netherlands): NIDCAP – Individualised patient/family-centred care
› Klaus Hamprecht (Germany): Oligosaccharides in breast milk
› Juanita Jauer Steichen (France): The international code for marketing breast milk substitute products
› Svend Aage Madsen (Denmark): Fathers in the Nursery
› Gill Rapely (Great Britain): Baby-led weaning – from birth to the family dining table
› Christa Herzog (Switzerland): Born with a cleft: Extraordinary children and parents; Bonding and nutrition; a basic need from the first day of life
› Christopher Knight (Denmark): Mastitis during breastfeeding – theoretical aspects with a focus on comparative studies
› Linda J. Kvist (Sweden): Mastitis during breastfeeding – a practical problem for women and healthcare providers
› Thomas Harms (Germany): From trauma to bonding; how to assist during the breastfeeding and postpartum phase; crises bridging trauma and bonding
› Helen Ball (Great Britain): Infant sleep, breastfeeding, and bed-sharing: the good, the bad, and the practical
› Gabriele Nindl (Austria): Stop saying must – An order for breastfeeding advice?

Poster exhibition: Take the opportunity to share your experience and your research results related to breastfeeding and lactation with other experts. Posters can be submitted until 5 January 2014.

Do you have interesting research results, innovative projects, or important experience you would like to share and discuss with colleagues from all over the world? If so, we would love you to present these insights as part of our poster exhibition. The three best posters will win a prize.

Submission deadline for poster abstracts: 5 March 2014
Registration and information about the pre-conference, the conference, and the poster walk: www.elacta.eu

Copenhagen travel tips: Anyone visiting Copenhagen can also get to know the capital of Denmark from the water in a particularly relaxed manner. The opportunity to take boat trips is available almost all the year round. There are various different routes to choose from which take passengers past places of interest such as the famous Little Mermaid. The boats do not just frequent the harbour, but also small, winding canals.

The Tivoli Gardens entertainment park in Denmark’s capital Copenhagen has approximately four million visitors per year, making it one of the most popular entertainment parks in Europe. What is so special about the Tivoli is its welcoming, almost cosy character. Many flower beds and fountains adorn this lovingly designed park, which is more than eight hectares in size. Something new awaits you behind every corner. The Hollywood film maker Walt Disney is said to have gathered ideas there for his Disney park. The Tivoli is also very centrally located between the City Hall Square and the Railway Station.

How much is that in euros? Whether in the hotel, the restaurant, or the bus, Copenhagen visitors constantly have to convert prices, because the Danes voted in 2000 against the introduction of the common European currency. They were concerned about their independence and feared economic disadvantages. So for now, the Danish currency is the Krone.

NIDCAP – Individualized Patient and Family Centred Care

A computer programme helps to better understand the developmental needs of a baby. Nikk Connemann

Going from system based care to individualized care for babies and their family is a challenge for NICU professionals. NIDCAP is a well-researched programme that gives a framework to systematically observe babies’ behaviour in order to understand the developmental needs of the baby at different stages of his development. The NIDCAP professional shares and explains this knowledge to the parents, this enables them to get to know their baby and gain more confidence as parents. It supports them to support their baby in his development. The presentation will build a framework of why individualized care for babies in the NICU is essential for their development. It will illustrate the actual observations and give insight to the practical application of this programme in regard to the baby’s process of learning how to feed.
Mastitis – a practical problem for women and health care providers

What is the best way to treat a breast abscess?
Linda J. Kvist

Although health care practitioners generally agree about the symptoms of lactational mastitis, there is no clear scientific evidence for how these symptoms occur. Different theories circulate in the scientific literature; permeation of breast milk into the connective breast tissue, caused either by full ducts or blocked ducts, an active immune response or the effect of cytokines leaking through, what should be, tight cell junctions. In some high-income countries, between 77% and 97% of women with mastitis are treated with antibiotics, although a Swedish study has shown that 85% of women with mastitis recovered without antibiotics and with a low level of residual symptoms. It is unknown what the general level of antibiotic prescription for mastitis is in the Nordic countries.

Recent clinical and bacteriological research has shown that healthy breastfeeding women have an abundance of bacteria in their breast milk, both potential pathogens and probiotics, which makes the term “infectious mastitis” difficult to define. What is more, it has been shown that the symptoms experienced by women with mastitis were not correlated to the amount of bacteria in their breast milk. Research has also shown difficulties in predicting the development of breast abscess by the type and amounts of bacteria in the breast milk.

Over-use of antibiotics is a global problem, which the health care community must be vigilant about. Health care providers are in need of clarity about which women need antibiotic therapy and for how long.

Breastfeeding and cytomegalovirus

Breast milk as carrier of CMV in seropositive women. Klaus Hamprecht

The epidemiology of CMV is mainly influenced by breast feeding. During lactation, CMV is reactivated in the breast of seropositive mothers. The reactivation rate equals the maternal CMV seroprevalence. Mothers of both term and pre-term infants reactivate CMV during lactation and transmit it via breast milk to their infants. In term infants, CMV transmission is associated in nearly all cases with an asymptomatic CMV infection. Pre-term infants in a NICU however, may acquire symptomatic CMV infections. In certain high-risk pre-term infants, serious life-threating CMV infections were observed.
Human infants are the most neurologically immature of all primates at birth, yet infant care practices in many Western industrialised societies fail to acknowledge the implications of this immaturity, especially at night. Babies sleep very differently from their parents: they do not sleep exclusively at night; they don’t sleep all night; they fall asleep differently, have shorter sleep cycles and experience much more REM. However, most paediatric and popular knowledge about babies’ sleep maturation and regulation is based on studies of formula-fed infants sleeping alone. In this session, the Euro-American preoccupation with infant sleep independence is traced historically and compared with infant care practices across cultures. We will examine the prevalence and nature of parent-infant sleep contact, parental reasons for choosing to sleep with their infant, and the intricate association between breastfeeding and bed-sharing. We will critically evaluate the complex relationship between infant sleep location and sudden infant death syndrome (SIDS) and argue that there is no single simple message about bed-sharing that is appropriate for all families and all situations. The case for informed parental choice will be made, and sources of useful guidance will be shared.

Mastitis during breastfeeding
Theoretical aspects with a focus on comparative studies
Professor Christopher H. Knight

Most of our detailed knowledge of the pathophysiology of mastitis has been obtained from dairy cows. Bovine mastitis has a high economic cost (hence the priority attached to research), but what is increasingly relevant in a Nordic context is that animal health and welfare have a high priority for consumers and producers. It is somewhat surprising that veterinarians and clinicians alike appear to attach less importance to the health and welfare of breastfeeding mothers and their babies. It is evident that mastitis is relatively common amongst breastfeeding mothers, is very painful, can often lead to premature termination of lactation and can be a vector for vertical transmission of diseases including AIDS. Indeed, in a global context, the number of dairy cows afflicted by mastitis is trivial in comparison to the number of breastfeeding mothers who suffer from the disease. This review will examine what is known about mastitis in bovine and non-bovine farmed species and companion animals, and then compare this knowledge with what we know about human mastitis. It will provide up-to-date information on incidence, causes, diagnosis, consequences and management (including antibiotic and non-antibiotic treatments). Since our knowledge of human mastitis is lagging behind that of agricultural species, the review will also propose areas in which progress might be expected in the future, and how knowledge gained from other species might contribute to that progress.
A comparison of breast pumps

What should you expect from a breast pump, and when is it really necessary to pump?

Barbara Kämmerer, Gudrun von der Ohe

Breast pumps in their trendy designs simply seem to be normal and indispensable for modern 2013 breastfeeding management. Mothers of healthy newborns ask for breast pumps often during the first days of their baby’s life and while still on the maternity ward. Some of the reasons are that mothers do not feel comfortable breastfeeding in public or would like to have some control over the amount of milk the baby drinks. Breastfeeding problems and independence also play an important role. Advertisements therefore also highlight the freedom and independence that these pumps provide. But what is the reality? In what situations would pumping breast milk really make sense and be important, and what are some of the criteria to take into account when selecting a breast pump?

The first reports about breast pumps, the so-called “mouth pumps”, date back to around 1577. Around 1773, hand piston pumps were developed on the basis of the medical syringe of the time, and balloon pumps were developed at the end of the 19th century (Fontanel and d’Harcourt, 1998). Electric breast pumps were launched on the market between the two World Wars and have been continuously developed ever since. What is shocking is that there are still breast pumps on the market that do not pump the milk very effectively, that cause pain, and that also do not meet current hygiene standards.

Manual pumps, electric pumps.

Newer manual breast pumps can be operated with one hand. There also used to be piston breast pumps available (operated...
with two hands), and a few of them can still be purchased. According to Walker (2008:534), manual pumps are the most cost-effective solutions, easiest to set up, to transport, to use, and to clean. Using them is more tiring, however, than using electric breast pumps. The former balloon pumps, which are also still available in the market, do not meet these requirements and should therefore no longer be used (Lawrence, 2011:706).

With electric pumps, a distinction should be made between large breast pumps for hire and the smaller breast pumps which are sold to mothers and can also be operated by battery.

Some of the newer breast pumps (interval pumps) even have a stimulation and a suction mode that mimics the baby’s physiological sucking rhythm. The stimulation phase is intended to stimulate the flow of the milk. The suction phase mimics the nutritive sucking during continuous milk flow. For mothers who need a breast pump to build up lactation (for example, mothers who gave birth prematurely), the breast pump Medela Symphony® the Premie+ Card (Medela) is available, which mimics the sucking rhythm of a full-term infant during the initiation and lactation phase. In practice, power pumping (pumping in short intervals with short breaks) has also proven itself to be very effective (Arnold, 2010) as an alternative to this.

Double-sided pumping should most certainly be possible with the electric breast pump. The milk production is optimally stimulated with this method because more prolactin is secreted (Zinaman et al., 1992) and more milk is produced. (Prime et al., 2010). The suction cups must fit the mother’s breast. This is not always the case with the one-day pump sets offered by several manufacturers.

It should be possible to adjust the suction strength, and quiet pump operation is certainly a plus. The pump should have an intermediate valve for the vacuum, and the connection hoses between the suction cup and the pump should be as thin and flexible as possible. The “maximum comfort vacuum” mothers prefer ranges from –98 mmHg to –200 mmHg. This is why mothers should always be advised not to use the maximum suction, instead they should use the vacuum setting that is just about comfortable for them (Kent et al., 2008; Mitoulas et al., 2002).

Some of the other features an electric breast pump should have are:
› Easy handling
› Bottle compatibility to ensure that the milk does not have to be transferred into another bottle to feed the baby
› The option to place the bottle on a flat surface if necessary (an integrated bottle holder is a plus)
› Easy cleaning and sterilisation
› An easy-to-understand instruction manual
Pumps that are painful to mothers during the pumping process and that do not produce an effective milk flow should always be avoided. Pumps where the milk can run into the hose or (in the case of a bulb pump) into the ball are just as unsuitable as electric breast pumps where the suction has to be adjusted manually.

**Indications.** Pumping breast milk during the first days in addition to breastfeeding may make sense if there are still some problems with the breastfeeding or if the baby is still too weak to feed properly. What also has a stimulating effect (approx. 1 – 2 times a day) is the pumping with the suction cups while breastfeeding the baby. This should be done until the lactation is working properly and until the baby is gaining enough weight while only on breast milk (Lauwers & Swisher, 2011:504; Walker 2008:541; Wilson-Clay & Hoover, 2008:45). Other reasons for using the breast pump is when the mother and child have to be separated, for example, if the mother or the child has to stay in hospital (Walker, 2008:521) or to increase the amount of milk if the mother does not have enough milk / or for relactation (Walker, 2008:521).

**Sources**

› Prime DK, Geddes DT, Hepworth AR, Trengove NJ and Hartmann PE: Comparison of the patterns of milk ejection during repeated breast expression sessions in women. Breastfeeding Medicine 2011; Vol. 6(4): 1183 – 190

› Riordan, Jan; Wambach, Karen: Breastfeeding and Human Lactation. 4th edition. Sudbury: Jones and Bartlett, 2010


A breast pump may also be useful if there is a problem with the mother’s breast. In the event of an increased initial swelling of the mammary glands to reduce the feedback inhibitor of lactation (Lawrence, 2011:250), in the event of galactostasis or mastitis, if the baby refuses the breast or with sore nipples, where pumping is more comfortable for the mother at this time than breastfeeding.

In the later months, a breast pump might be needed if the baby refuses the breast or if the mother has to return to work (Walker, 2008:521).

**Exclusive pumping, pump management.** The list shows that there are certainly many good reasons for a mother to pump her milk. One issue that should most certainly be addressed here, however, are the effects of exclusive pumping of breast milk. Mothers who do not breastfeed, but pump exclusively, stop significantly sooner than mothers who breastfeed their babies.

Experience has shown that the amount of milk decreases sometimes drastically after a few weeks (Meier et al., 1999). The pumping, feeding, and cleaning of the accessories is very time-consuming, and the breast pump must always be taken along.

This good pumping management is important for all mothers who pump their milk for a shorter or longer period of time:

- Selection of a good breast pump and the correct suction cup size
- Pumping with a double pump set
- Adjustment of pump frequency and duration for achieving an adequate amount of milk

The goal should be to reach a milk production of ideally 800 – 1,000 ml / 24 hours within two weeks, and a minimum of at least 500 – 700 ml / 24 hours (Walker, 2008:530).

**Alternatives.** But even though it is 2013 now, we should not forget that it is always possible to pump breast milk by hand. Many women throughout the world are very efficient with this natural milk-pumping method. This is why every woman should be taught how to massage her breasts and then manually extract the milk.

If a mother has problems breastfeeding and if this is why she would like to switch directly to a breast pump, the problem can often be solved by improving her breastfeeding management, for example, by correcting her breastfeeding position or latch-on technique, by increasing the breastfeeding frequency and duration, and by providing empathic guidance during the first days with the baby. These measures should always be tried first before using a breast pump. The goal should be to find a solution that works for mother and child so that the mother will be able to breastfeed the baby directly as quickly as possible again (Walker, 2008:539).
Pumping for your premature or sick child

Dear parents,
In this information brochure we would like to give you the information you need to select the right breast pump, to pump your milk, and to store it.

Material

› You will need an electric interval breast pump and accessories, which can be hired from pharmacies and leasing companies. You can tell whether a breast pump is good by whether it has a double pumping option. The suction cups should fit your breasts, and good breast pumps generally offer suction cups in different sizes. The suction strength should be adjustable with a switch, and the pumping should not cause you any pain.
› You can obtain the prescription for a hired breast pump including a set of accessories from your attending obstetrician or your pediatrician. You may also be able to receive sterilised bottles from the hospital. Otherwise, use special breast milk bags to store and freeze the breast milk.

Hygiene

› Before pumping the milk, it is very important to thoroughly wash your hands with soap. In the hospital, your hands are subsequently disinfected with a hand disinfectant.
› Physical hygiene (showering, washing) as well as a regular change of clothes is part of normal breast care when pumping.
› Lanolin ointment may be helpful with sensitive or sore nipples.
› Use a sterile pump set and a sterile bottle every time you pump. Make sure that you touch the inside surfaces of the parts as little as possible when putting them together.

This is how it works

› Find a position that is comfortable for you.
› Start every pumping session with a short breast massage.
› Place the suction cup on your breast in such a way that the nipple is in the centre and that it is not bent or rubbed. The suction cup should be held close to the breast so that the breast can be encompassed as well. Use the highest suction strength that is still comfortable for you. Pumping should not be painful. If it is, please contact your midwife or lactation consultant.
› It is advisable to adjust the breast pump in such a way that it pumps faster during the first two minutes and then gradually slows down. This is consistent with the sucking rhythm of a newborn child and allows for a better milk flow. Some breast pumps have this stimulation phase pre-programmed and automatically switch to a slower rhythm after two minutes.
Duration of the pumping process

› The pumping process takes approximately 15 minutes for each breast. You can empty both breasts with a double breast pump set in approximately 15 minutes, with a single breast pump set in approximately 30 minutes.
› It has been found that interval pumping is very helpful for establishing a good milk flow and increasing the milk output: Briefly massage the breast and pump approximately 5 minutes per breast. Then take a short break and drink something. This process is repeated 3 times, including the breast massage, so here, too, you achieve pump times of 15 minutes (with a double breast pump set) outright or 30 minutes (single breast pump set).
› When you have finished pumping, do not wipe the remaining milk drops away, but wipe them across the nipple to protect the skin.

Steps you can take to support good milk flow

› Skin contact/cuddling with the baby
› Comfortable position while pumping
› Gentle breast massage before every pumping and once in-between
› Warm the breast before pumping (warm cloth, shower)
› Get drinks ready and look after your thirst
› A picture of your child or thoughts of your child
› Relaxing back massage by your partner before pumping
› In addition to using the pump, it may be very helpful to manually pump your breast milk, especially the colostrum during the first few days. The nursing staff, your midwife, or your lactation consultant can show you how to do that.
› Get help if you experience pain or if you are having trouble extracting the breast milk or pumping.

How to clean the pump set

› After having pumped the milk, all parts that come in contact with milk (pump set, valves, hygiene filters, and, if applicable, the bottles) are rinsed in cold water.
› Then the pump set is cleaned with 1–2 drops of dish detergent and hot water and rinsed with clean water.
› Then, all accessories are sterilised either in boiling water on the stove, in the vaporiser, or in the microwave.
› After the sterilisation process, all parts should be placed on a clean dish cloth and covered so that they can dry completely. Tubes can also be hung up to dry.

How to store breast milk

› Label the bottle with the fresh breast milk with your name, date, and the time it was pumped. Breast milk for sick children or premature babies can be kept in the refrigerator for 48 hours and frozen in the freezer at −18°C for three months.
› Defrosted breast milk must be consumed within 24 hours.
› Discuss your child’s current drink volume with the pediatric nurses so that your milk can, if necessary, be bottled in correct portions.
› Milk bottles are transported to the pediatric hospital upright in a cool bag with cooling elements.

Pumping frequency

› If possible, start pumping six hours after delivery or as soon as you feel able. During the day, pump every 2–3 hours, approximately 8 times in 24 hours, or according to your child’s breastfeeding rhythm. Uninterrupted sleep of six hours is recommended.
› It would be good to reach a milk output of 500–700 ml / 24 hours or more around 14 days after delivery, even if your premature or sick child drinks significantly less breast milk at the beginning.
› To increase milk production it is important to empty the breasts on a regular basis. Liquids and diet do not significantly impact the milk output but are important for the mother’s own wellbeing.

We wish you, your baby, and your entire family all the best!
ELACTA

Invitation to the General Assembly of ELACTA

April 25th 2014 – Start 18:00, as part of the ELACTA conference, “Growing Together”, Bella Center, Copenhagen

We have had two years full of labour and incidents. The ELACTA Board is pleased to present to its members the results of the legislative period 2012–2014 at the General Assembly in Copenhagen.

Agenda items:
› 1 welcome
› 2 Choice of person counting votes
› 3 Report of the Board
› 4 Treasurer’s report and report of the Treasurer
› 5 Discharge of the Board
› 6 Presentation of nominations
› 7 Election of the Board
› 8 Choosing the Treasurer
› 9 Applications of the members
› 10 Views and ideas
› 11 Any other business

In accordance with our Statutes, IBCLCs who are active members of the member associations or individual members of ELACTA are entitled to vote.

AFCL – Association Française des Consultantes en Lactation IBCLC
ABLCFG – Association Belge des Consultantes en lactation Francophones et Germanophones
AICPAM – L’Associazione Italiana Consulenti Professionali in Allattamento Materno, è l’associazione delle/degli IBCLC; Sede legale AICPAM

VSLÖ – Verband der Still- und Laktationsberaterinnen Österreichs IBCLC
VSLS – Verband der Still- und Laktationsberaterinnen Südtirols / Italien IBCLC
Associazione Consulenti per l’Allattamento in Alto Adige / Italia IBCLC

Nominations and further information can be found until March 25th 2014 on our homepage: www.elacta.eu
Galaxias

Hellenic Lactation Consultants Association

Galaxias is the Greek association of lactation consultants. It was founded in 2007, and joined the VELB in 2008. Galaxias has 62 members of which 40 are IBCLCs. Most members are pediatricians and midwives. The association has members from Greece and Cyprus.

A general assembly takes place annually, and the executive board of the association is elected every three years.

Current Board:

- President: Panagioula (Yioula) Mexi-Bourna
- Vice President: Anastasia Karathanassi
- Secretary: Dina Grammatikou
- Treasurer: Ada Palandjian
- Members: Katerina Michalidou, Argyroula Angyrakaki, Katerina Balaska, Maria Zacharatou.

Aims Of Galaxias: The main aims of our association are the promotion, protection and support of breastfeeding in Greece.

IBCLC members of Galaxias take part in the Baby Friendly Hospital Initiative (BFHI), a global effort to improve maternity services and empower mothers and babies for the best start in life.

Our actions include:

- Helping mothers in the management of breastfeeding in maternity wards on a volunteer basis.
- Translating into Greek the Baby Friendly Hospital Initiative: Revised, updated and expanded for integrated care. Section 4, Hospital self-appraisal and monitoring, World Health Organization and UNICEF 2009.
- Providing know-how and members to the assessment team for the external appraisal of the Baby Friendly Hospital requirements for Greek Hospitals that wish to be certified. These members also developed the Greek translation of the guidelines for the external assessment.

Education: Along with the general assembly, the association has been hosting an IBCLC day every year since 2008. The seminar is addressed to new Lactation Consultants, health care professionals, mothers, and lay-persons interested in breastfeeding (BF). The seminar is free of charge.

Below is a list of the IBCLC days held until now, with the date, venue, and topic of each seminar.

The association has also organized two workshops that have taken place in Attikon Hospital. These dealt with more complex BF issues and as such were intended for a specialist audience. Attendance at these events counted towards IBCLC accreditation.

- Saturday 26 May 2012, Athens, Attikon Hospital. Practical issues for IBCLCs in Greece.
- Friday 26 April 2013, Athens, Attikon Hospital. Workshop with Cathy Watson Genna, Bs, IBCLC

Finally, case study meetings among the IBCLCs were held in Athens in 2013, with plans to continue on a regular basis.

Upcoming event:

- 2 – 3 May 2014, Thessaloniki. A Workshop with Jack Newman

This workshop will also fall into the second category, that is, educational events aimed at specialists.

Communication: The board members communicate once a month via Skype or more frequently if there is a special issue to be resolved. These board meetings are on principle open to all members of Galaxias unless the board decides differently on extraordinary occasions. Recently the minutes of the meetings, whether open or closed, have been distributed to all members via e-mail.

We communicate with all IBCLCs in Greece via Facebook. Galaxias’ own Facebook page is currently under construction. Furthermore, the association has a website under development, which can be found at the following link: www.thilamos-online.info

Communication and action with colleges locally and around the world: IBCLCs are involved as speakers or participants in almost all relevant scientific meetings that are held in Greece. Members of Galaxias are also members of
IBFAN Greece, Friends of Breastfeeding and other BF-related associations. We also attend the seminars of ELACTA and the meetings of the presidents.

**Professional recognition:** One of the main concerns of our association is the recognition of IBCLC Certification in Greece as a professional qualification, for instance as an added skill for a pediatrician. Unfortunately this has met with some resistance, as the IBCLC accreditation is still not very well known among the general population of physicians and civilians alike; the association is nonetheless hard at work to lead by example.

The long-term target for the association is, beyond the acceptance of the IBCLC certification, the professional recognition of BF Consultants as independent professionals.

**Conclusion:** In the seven years of its existence, Galaxias has grown both in membership and in impact and has brought about a positive change in BF issues in Greece. Naturally, many of the successes of the association are the result of extensive collaboration with other organizations with similar aims, but would have been impossible without the enthusiasm and dedication of the association members. As this new year begins, Galaxias has plenty of work and challenges ahead, but we are all positive about the future of both our association and BF in Greece.

### BDL German Lactation Consultant Association

#### ELACTA Board in change

The BDL/EISL Congress which took place at the end of April this year was a welcome opportunity to find out about the wishes and needs of our active members. The responses to our questionnaire constitute a representative basis for our further work as the Executive Board since the response rates from the different professional groups reflect the overall membership composition: children’s nurses 61.42 % (total: 61.53 %), nurses 11.68 % (11.68 %), midwives 13.2 % (16.51 %), physicians 6.09 % (5.3 %), and others 7.61 % e.g. pharmacists (4.99 %).

The proportion of those members who (additionally) work as freelancers varies considerably in each professional group. According to the results of the survey this is primarily due to the lack of remuneration via the statutory health insurance companies. This is confirmed by 60.71 % of all active members (65.12 % of the children’s nurses who constitute the biggest interest group of BDL). This shows once again where our efforts should lie.

The publication of the L&S magazine in German also received a very definite vote: 88.43 % of the children’s nurses, 86.96 % of the nurses, 83.33 % of the physicians, and 73.08 % of the midwives regard the L&S as a significant reason for their membership. Moreover, the respondents unanimously agreed (94.42 %) that networking among the various professional groups is necessary for our work with the families.

An actual 89.85 % of our active members consider networking in Europe to be of great importance. However, language barriers have been evaluated quite differently: Whereas only 18.26 % of the children’s...
nurses and 11.76% of the nurses are willing to read an English newsletter, on the other hand, 40% of the midwives and 50% of the physicians could imagine to read one.

This impressive “Yes to Europe” is currently relevant, since the BDL representative on the ELACTA Board, Stefanie Frank, will no longer be available for the next election at the Congress in Copenhagen for personal reasons. Yet, it is of importance that the high interest which the active BDL members have expressed for networking in Europe, is not only expressed by a vote of the ELACTA Board. Germany should be able to participate in the main goal of ELACTA, namely to establish IBCLC as an acknowledged professional group within Europe. In order to achieve this, we need a successor who can commit to the task of speaking up for their own profession as part of a dedicated team.

The position of the vice treasurer needs to be filled. The treasury management compiles budget and statistics, whereas the tasks regarding financial matters are connected to the management of charges and the collection of the national association’s membership fees.

After an initial trainee phase including the non-binding participation in Skype and board meetings, the field of activity would be extended after the election of the Board in Copenhagen by maintaining contact with the presidents of the national associations in terms of quarterly organised Skype meetings. Furthermore, the field of activity would be extended to updating the contents of the ELACTA website. This position requires proficiency of the English language (written and oral).

If these tasks appeal to you on an intellectual level and if you are interested in growing with each task, surrounded by an international team, please do not hesitate to contact us without any commitment: i.vorsitzende@bdl-stillen.de or via phone +49 (0)2304/940 66 45. /

Representing the BDL Board
Elke Cramer, President of BDL

AICPAM Italy
Association of Italian Lactation Consultants

AICPAM is a national network that coordinates the activities and initiatives of IBCLC and it is related to the International and European organizations such as ELACTA and ILCA to which it is affiliated.

AICPAM promotes and supports breastfeeding in Italy and collaborates with other national associations and organisations sitting at the “Technical Interdisciplinary table for the Promotion of Breastfeeding” which has been set up by the Italian Ministry of Health. The Association was formed in 2003 and its members, who can be found in many Italian regions, are nurses, midwives, doctors, paediatricians, psychologists and other professional groups with the additional qualification IBCLC. Some of them have been or are consultants to La Leche League.

AICPAM has the goal of promoting breastfeeding in Italy and increasing the awareness of the work IBCLC does by publicising research results and promoting ideas for the future. The Association has a website, www.Aicpam.org, with a lot of information and it also tells you how you can find an IBCLC in your area. You can also find scientific articles, news, DVD’s etc. The annual meeting of AICPAM is planned in October 2014.

Breastfeeding Online Training Courses. AICPAM promotes online Health and e-learning courses that are approved by AARC. These courses cover the most important aspects of human lactation and they will give customized answers to individual learning needs; they will also cover topics regarding certification, recertification and the continuous health education and personal care of mothers and children. By following the course CERPs can be obtained from IBLCE for education credits./
AFCL – Association of French Lactation Consultants

The AFCL presents its best wishes for 2014!

The three main objectives of the AFCL are to unite French IBCLCs, to inform the general public and health professionals of the activities of lactation consultants and to work together for the recognition of the profession. This year starts with the merger of the AFCL and ProLactin’, an association of private practice IBCLCs which was dissolved in December. We welcome all IBCLCs and all those involved in breastfeeding support!

We are delighted to see our IBCLC directory grow year after year. This is essential for families looking for an IBCLC! If you are an IBCLC, make sure your name is registered and please make the directory known to colleagues and clients. It is not necessary to be a member of the AFCL to be listed.

Among the events already planned this year:

› The AFCL will have a stand at the National Breastfeeding Day (JNA) organised by the COFAM on March 28 in La Rochelle in order to promote the association and its activities, and meet current and future lactation consultants.

› As usual, a continuing education session for CERPs will be offered before our General Assembly. This year’s theme concerns tools such as speech therapy and osteopathy to help babies with sucking problems.

We collaborate with ELACTA, the European Lactation Consultant Alliance, to inform them of concerns in France and to work toward professional recognition in Europe. One important issue is the prohibitive cost not only of the exam but of the recertification required by the IBLCE. The high cost has become a hindrance to recertification and thus we lose IBCLCs every year. We hope that a united front at the European level will lead to effective communication with IBLCE on this and other issues.

Joining forces and energies can only help us./

The AFCL Board
http://consultants-lactation.org

INFO
AFCL – French association of Lactation Consultants
E-Mail: formation@consultants-lactation.org,
www.consultants-lactation.org

VLS South Tyrol
South Tyrolean Lactation Consultants Association

The VSLS is an association of consultants for breastfeeding in South Tyrol/Italy. It was founded 13 years ago and was the first of its kind. There is now a second association in Italy named the AICPAM.

The VSLS has 40 members, made up of doctors, midwives, paediatric nurses and health advisors. Most of them work in the regional health service or in one of the seven hospitals here in South Tyrol, four of which are “babyfriendly hospitals.”

We offer:
Individual and personal advice for parents, who need help on the following issues:
› Everything to do with breastfeeding
› Dealing with particularly difficult babies
› Questions regarding sleep patterns, sucking and feeding
› Instructions for using the baby sling
› The introduction of powdered milk
› The end of the breastfeeding period

We promote:
› The formation of breastfeeding groups
› The enterprises of WHO and UNICEF for the realization of “baby friendly hospitals”
› The organisation of courses for the training of specialized staff

Activities: VSLS Meeting 12th and 13th of September 2014. /

INFO
VSLS Association of South Tyrolean/Italian Lactation Consultants/ IBCLC
Kathrin Plattner, Mozartallee 19
I-39042 Brixen, South Tyrol
Email: info@stillen.it,
Website: www.stillen.it
From the National Associations

We are working on a couple of projects about which we would like to exchange information:

We are professionalising our Complaints Commission. With the growth of our numbers the possibility of complaints increases too.

We now have a working committee that has a protocol for handling complaints. The emphasis is on restoring communication between both parties and finding ways and means to solve any misunderstandings. An anonymised overview of the complaints received will be published each year so all members can benefit from the information.

It may be mutually helpful if complaints committees from Elacta’s associations can exchange information and protocols. We’d love to meet you, for real or virtually by email.

In the same process of professionalisation we are writing a description of the profile of IBCLC in the Dutch Healthcare System. The document is written by a group of members from all work settings and with different professional backgrounds with the help of a professional bureau. And as a next step we will discuss the text with other professional organisations of midwives and doctors in order to (hopefully) establish mutual consent about the professional role of the IBCLC in the healthcare system.

We struggle with the required IBLCE competencies for the exam. Translating the requirements to the Dutch educational system proves to be complex. This leads to many questions and less applications for training. A worrisome trend. Do other European associations have these problems too?

We are looking forward to meeting colleagues from all over Europe in Copenhagen. Please seek us out with any questions or suggestions.

NVL Netherlands

What’s going on in the Netherlands

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SALC Slovenia

Slovenish Association of Lactation Consultants:

The Association of Lactation and Breastfeeding Consultants of Slovenia was founded in 2006. The Association joins different health care workers which act in the field of breastfeeding. Annually we prepare a lot of different activities for public and health care workers. Most of our activities are going on during breastfeeding week in first week of October.

Each year we publish newsletter on breastfeeding and a poster. During breastfeeding week we collaborate with other institutions which prepare events related to breastfeeding such as open day for visitors, breastfeeding corners, presentations and meetings with parents. All those activities are presented in the press.

The main event during breastfeeding week in 2013 was the 8th International Breastfeeding Symposium in Laško – Breastfeeding – a challenge for modern women. It was organized together with National board for breastfeeding promotion – UNICEF Slovenia. For two days Slovenian and Croatian experts presented new information and research about breastfeeding.

Cvetka Skale, Renata Vettorazzi

INFO

SALC Slovenish Association of Lactation Consultants:
Kocenova ulica 8, Zip Code 3000
City Celje , Slovenia
Email: cveta.skale@gmail.com,
Website: www.dojenje.org

INFO

NVL Nederlandse Vereniging voor Lactatiekundigen
E-Mail: info@nvlorstvoeding.nl
Website: www.nvlorstvoeding.nl
Pump set with side effects

A breastfeeding consultant explains her experience with the 24-hour pump set from Medela.

Still in the 20th Year of its existence, the VSLÖ has the goal of promoting breastfeeding in Austria and offers regular training for health workers. The Association is the institution in Austria which promotes the necessary conditions for breastfeeding. Members of VSLÖ are experts (doctors, midwives, nurses and other professional groups with the additional qualification IBCLC), who are asked to all subjects around breastfeeding, as well as in difficult breastfeeding situations, in sick or premature infants.

VSLÖ promotes interdisciplinary communication and networking between health organizations for interdisciplinary and inter-professional co-operation of all persons and institution in the field of child health. Another important task is regular information and publicity through various print media, and the Internet.

Still in the 20th Year of its existence, the VSLÖ has the goal of promoting breastfeeding in Austria and offers regular training for health workers.

The initial concerns that women would not be able to manage the cleaning process have not been confirmed. The fact that we no longer have to clean the sets helps with our workload. The large amount of rubbish that is created is not the issue in this field report but it is most certainly something our team is concerned about.

Since the introduction of the new pump sets, however, we have repeatedly observed skin reactions around the areolas that trouble us:

› Already after the first pumping, we see blisters and/or skin flaking as well as significant redness.
› It sometimes looks like the type of blister that you get when you wear the wrong shoes.
› Typically, they can be seen on two locations that are opposite each other.
› The mamillae are not affected, only the areolae.
› The women have very little pain. And until now, the cases have healed without any problems.
› In general, however, the women were very concerned and alarmed.
› We recently had a case where a woman had severe pain. There was significant swelling, and the patient was in pain when the baby latched on even 10 days after the first pumping.

We have kept Medela and the hospital medical technology department informed from the very beginning and as the use of the pumps progressed.

We/I would be interested in finding out what experience other hospitals have had: Has the problem described also been observed elsewhere, and how has it been handled? Please send your comments to office@elacta.eu.
A

nkyloglossia is a congenital development- 

mental disorder of the tongue where 

the lingual frenulum is attached to the bot-

tom of the mouth because it is too short 

and/or too far forward. This is treated by 

cutting the lingual frenulum, which is an 

easy and uncomplicated procedure.

Depending on the literature, an overly 

short lingual frenulum has an incidence rate 

ranging from 0.02% to 10.7%. Breastfeeding 

problems are observed in 25% to 44% of the 

infants.

A recently published review which takes 

a closer look at the results of a frenotomy 

found that the procedure leads to objective 

and subjective improvements. Some of the 

following criteria were assessed: LATCH 

(latch, audible, swallowing, type of nipple, 

comfort and hold), IBFAT (Infant Breast-

feeding Assessment Tool), weight gain, 

and subjective criteria. A frenotomy per-

formed on mainly posterior ankyloglossia 

achieved a significant improvement in how 

the breast was latched onto and a significant 

reduction in the severity of nipple pain. 

A randomised double-blind study that 

was recently published in Breastfeeding 

Medicine showed that 78% of the mothers 

noticed an immediate, significant, and sub-

jective improvement in the manner in which 

the baby fed after a frenotomy. A placebo ef-

fect can be ruled out. An ultrasound study 

took a first look at the causes of breastfeed-

ing problems. The results indicate that the 

poor feeding mechanism in infants with a 

short lingual frenulum is due to the limited 

mobility of the tongue. This mechanism can 

also lead to nipple injuries and trauma, ineffi-

cient nutrition uptake, and a poor latching 

onto the breast. A frenotomy seems to re-es-
tablish the suction movement that children 

without a short lingual frenulum have.

In spite of an increasing number of 

research results that speak for a cutting of 

the lingual frenulum, the frenotomy is still 

controversial. The diagnosis and treatment 

of ankyloglossia should be a fundamental 

area of expertise for all primary healthcare 

institutions, especially pediatricians and 

ENT physicians. Mothers surveyed about 

their breastfeeding experiences with a lingual 

frenulum complained about how little the 

healthcare staff knew about ankyloglossia 

and its effects on breastfeeding and that they 

were not able to provide adequate assistance 

with regard to breastfeeding problems. It 

is currently difficult to find a suitable physician 

to perform the procedure. Frequently, moth-

ers stop breastfeeding because they do not 

get the necessary help. The lack of a general 
definition – coupled with the fact that more 
than half of the infants with a short lingual 

frenulum do not have any issues and that a 

frenotomy does not automatically remove all 
breastfeeding problems – makes a reliable di-

agnosis and treatment difficult.


development of a local network for those affected and our colleagues

The Professional Association of 

German Lactation Consultants IBCLC 

e.V. would like to make its mem-

bers’ search for doctors easier for its 

members and would like to publish 

a list of therapists who also perform 

this procedure on newborn babies 

in the members’ area of its website. 

We would be pleased to publish your contact information if your institution 

performs frenotomies. If so, please mail your publication consent and 

your contact information to: 
sandra.deissmann@bdsl-stillen.de

sOURCES


The E-Magazine of ELACTA is Coming Soon.


Lactation & Breastfeeding will be available quarterly. Its aim is publishing research, articles relating to human lactation and breastfeeding, case reports relevant to the practicing lactation consultant and other health professionals who support lactating mothers or their breastfeeding infants as well as the reporting of news of the member associations of ELACTA.
Sponsorship – Conflict of interest versus lack of information

Sponsoring – a marketing strategy
Andrea Hemmelmayr, IBCLC

Is the International Code of Marketing of Breast-milk Substitutes (also known as the WHO Code) still up to date after 30 years of existence? In times of increasingly restricted financial resources, can we do away with sponsorship? How do we stay up to date on products that are used by parents and children we are counselling? How important is the impact of advertising on IBCLCs and health care workers?

The WHO Code is intended to create a worldwide environment in which parents can freely make decisions about the best diet for their children without commercial influences. Aggressive advertising for infant formula directly competes with the healthiest form of nutrition for mother and child—breastfeeding. By creating good relations with medical staff, baby food manufacturers and producers of bottles and teats have direct and continuous access to a specific group, which in turn has a direct impact on the mothers. [1]

In the field of infant nutrition, the WHO Code has been providing valuable policy since 1981. It is supplemented and renewed periodically by resolutions of the World Health Assembly. The WHO Code is primarily aimed at governments and companies, but it also provides health care professionals with strategies to minimise commercial influences on infant feeding.

Which products are covered by the WHO Code? The scope of the Code extends to products which are intended as partial or total replacement of breast milk. It should be read in conjunction with current global recommendations on breastfeeding and complementary feeding according to the “Global Strategy for Infant and Young Child Feeding”. The global recommendations are to exclusively breastfeed for six months. Therefore, all foods and drinks that are recommended and marketed for use within this time period come under the scope of the Code. This includes breast milk substitutes, including all special diets, other dairy products, food and beverages are included baby teas, juices or baby waters as well as baby bottles and teats. [3] It is important to understand that the Code does not restrict the production and sale of these products but their marketing.

Waiver of sponsorship at times of narrow resources? In the context of continuing education and magazines, sponsorship is an interesting topic. The organization of congresses and training as well as the publication of periodicals costs a lot of money. If you want to keep the financial contribution of participants and readers as low as possible and still have
a positive result, other funding sources are necessary. For companies, such promotional measures are quite interesting and obviously effective. The choice of potential advertisers must be very carefully considered: manufacturers of products that are covered by the scope of the WHO Code are inappropriate advertising partners.

Unfortunately, corporate philosophy or ownership may change, so formerly eminently suitable sponsors may suddenly become “code violating” manufacturers. Even if it is difficult for us to do without, even if some of these companies have products that are useful for breastfeeding women and continue to remain relevant in our consulting work, the WHO Code is clear: the commercial agreement must end. In the case of existing advertising contracts (for magazines, an annual contract at least is common), an immediate end to such collaborations may have potential legal consequences and high financial costs. Therefore, it may be necessary to fulfill the agreement until the end of the contract and then terminate relations. Accordingly, it is important to always include a clause in any agreement that requires compliance with the International Code of Marketing of Breast-milk Substitutes as a duty of the advertising partner.

**How do we stay up to date?** When companies are no longer invited to exhibit at conferences and promotional material is no longer distributed, how can we as experts learn about the latest developments of products such as breastfeeding aids, breast pumps and other accessories? The concern about a lack of information should indeed be taken seriously. However, if consumers were to make their purchasing decision solely on the basis of objective criteria, companies would stop investing millions in advertising. [4]

Yes, we need information about new products and we need to be able to compare them with other products. IBCLCs are THE specialists in breastfeeding and lactation, mothers are the users of such products. Who better to know about requirements for lactation equipment, who better to report on the pros and cons of gadgets and accessories? It is up to us to evaluate and discuss new developments as independently as possible and free of commercial interests. L&S wishes to address this issue under the heading “Product Presentation”. The topic of breast pumps will be explored at a workshop at the pre-conference in Copenhagen, in April 2014. We hope to see you there! /

**REFERENCES:**


**Products under the scope of the Code**

1. Solid food products
2. Drinks including water and teas
3. Bottles and teats

Even small gifts maintain friendship – the healthcare system continues to be the most popular way to advertise breast milk replacement products.
Schoolchildren who were exclusively breastfed until the age of seven months suffer less frequently from being overweight. These are the conclusions drawn by a new Japanese study.

Breastfeeding and obesity among schoolchildren: a nationwide longitudinal survey in Japan.

Michiyo Yamakawa, Takashi Yorifuji, Sachiko Inoue, Tsuguhiko Kato, Hiroyuki Doi

Although it is suggested that breastfeeding protects against obesity in children, the evidence remains inconclusive because of possible residual confounding caused by the socioeconomic status or children’s lifestyle factors. Most of the participants in the previous studies were children in Western developed countries, so studies in a different context are necessary.

Objective: To examine the associations between breastfeeding and overweight and obesity among schoolchildren in Japan, with adjustment for potential confounders. Design: Secondary data analyses of a nationwide longitudinal survey ongoing since 2001, with results collected from 2001 to 2009.

Setting: Throughout Japan.

Participants: A total of 43,367 singleton children, who were born after 37 gestational weeks and had information on their feeding during infancy.

Exposures: Five mutually exclusive infant feeding practice categories.

Main outcomes and measures: Underweight, normal weight (reference group), overweight, and obesity at 7 and 8 years of age, defined by using international cutoff points of body mass index by sex and age.

Results: In multinomial logistic regression models with adjustment for children’s factors (sex, television viewing time, and computer game playing time) and maternal factors (educational level achieved, smoking status, and working status), exclusive breastfeeding at 6 to 7 months of age was associated with decreased risk of overweight and obesity compared with formula feeding. The adjusted odds ratios were 0.85 (95% CI, 0.69 – 1.05) and 0.55 (95% CI, 0.39 – 0.78) for overweight and obesity, respectively, at 7 years of age. Similar results were observed at 8 years of age.

Conclusions and relevance: Breastfeeding is associated with decreased risk of overweight and obesity among schoolchildren in Japan. Therefore, it would be better to encourage breastfeeding even in developed countries.

EVIDENCE-BASED PROFESSIONAL KNOWLEDGE
For midwives, nurses and pediatric nurses, physicians and consultants

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<tr>
<th>Interdisciplinary professional training</th>
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<td>• Up-date seminars</td>
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<td>• Staff training „Baby Friendly Hospital“</td>
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<td>• Team trainings on individual topics (premature babies, communication, …)</td>
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<tr>
<td>• Compact courses</td>
<td>• Intense seminar – extent: 200 hours</td>
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<td>• eLearning</td>
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| Basic training                         |                                                               |
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- different teaching methods
- focus on knowledge

Contact:
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Emilio Gonzáles-Jiménez, Pedro A García, María José Aguilar, Carlos A Padilla und Judit Álvarez

Aims and objectives: To evaluate at what age parous and non-parous women were diagnosed with breast cancer. Factors taken into account for parous women were whether they had breastfed their children, and if so, the length of the lactation period. Other factors considered for both groups were obesity, family histories of cancer, smoking habits and alcohol consumption.

Background: Breast cancer is the most common form of cancer in younger women in Western countries. Its growing incidence rate as well as the increasingly early age of diagnosis led us to carefully analyse its possible causes and the preventive measures to be taken. This is a particularly important goal in epidemiological research.

Design: A retrospective study of the clinical histories of patients diagnosed with breast cancer at the San Cecilio University Hospital in Granada (Spain).

Methods: In this study, we analysed 504 medical records of female patients, 19 to 91 years of age, who had been diagnosed and treated for breast cancer from 2004 to 2009 at the San Cecilio University Hospital in Granada (Spain). Relevant data (age of diagnosis, period of lactation, family history of cancer, obesity, alcohol consumption and smoking habits) were collected from the clinical histories of each patient and analysed. A conditional inference tree was used to relate the age of diagnosis to smoking habits and the length of the lactation period.

Results: The conditional inference tree identified significant differences between the age of the patients at breast cancer diagnosis, smoking habits (p < 0.001) and lactation period if the subjects had breastfed their children for more than six months (p = 0.006), regardless of whether they had a family history of cancer.

Conclusions: Our study concluded that breastfeeding for over six months not only provides children with numerous health benefits, but also protects mothers from breast cancer when the mothers are nonsmokers.

Relevance to clinical practice: Nurses play a crucial role in encouraging new mothers to breastfeed their children, and this helps to prevent breast cancer.

Keywords: breast cancer, breastfeeding duration, prevention

Breastfeeding and early white matter development: A cross-sectional study.

Sean C. L. Deoni, Douglas C. Dean III, Irene Piryatinsky, Jonathan O’Muircheartaigh, Nicole Waskiewicz, Katie Lehman, Michelle Han, Holly Dirks

Abstract: Does breastfeeding alter early brain development? The prevailing consensus from large epidemiological studies posits that early exclusive breastfeeding is associated with improved measures of IQ and cognitive functioning in later childhood and adolescence. Prior morphometric brain imaging studies support these findings, revealing increased white matter and sub-cortical gray matter volume, and parietal lobe cortical thickness, associated with IQ, in adolescents who were breastfed as infants compared to those who were exclusively formula-fed. Yet it remains unknown when these structural differences first manifest and when developmental differences that predict later performance improvements can be detected. In this study, we used quiet magnetic resonance imaging (MRI) scans to compare measures of white matter microstructure (mc DESPOT measures of myelin water fraction) in 133 healthy children from 10 months through 4 years of age, who were either exclusively breastfed a minimum of 3 months; exclusively formula-fed; or received a mixture of breast milk and formula.
Delayed bathing resulted in increased breastfeeding rates in the hospital under survey.

This study is an example about how the effects of changes to the hospital routine with regard to breastfeeding can be documented in a relatively easy fashion. Even if evidence of the effectiveness of measures is not published, it can be helpful within the hospital. One requirement, however, is that breastfeeding rates are constantly documented. One practical tool for doing so is the documentation form for breastfeeding rates published by the Initiative for Baby-Friendly Hospitals (http://www.babyfreundlich.org/informaterial.html) – even for not baby-friendly hospitals.

We also examined the relationship between breastfeeding duration and white matter microstructure. Breastfed children exhibited increased white matter development in later maturing frontal and association brain regions. Positive relationships between white matter microstructure and breastfeeding duration are also exhibited in several brain regions, that are anatomically consistent with observed improvements in cognitive and behavioral performance measures. While the mechanisms underlying these structural differences remain unclear, our findings provide new insight into the earliest developmental advantages associated with breastfeeding, and support the hypothesis that breast milk constituents promote healthy neural growth and white matter development.

Keywords: Brain development, Breastfeeding, Infant imaging, Longitudinal Relaxation Time, MCR, MRI, MWF, Magnetic Resonance Imaging, Magnetic resonance imaging, Multicomponent Relaxometry, Myelin, Myelin Water Fraction, Myelin maturation, Myelin water fraction, T1, T2, Transverse Relation Time, VF(M), White matter development, mcDESPOT Derived Myelin Water Fraction

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Conclusions: In our cohort, a delayed newborn bath was associated with an increased likelihood of breastfeeding initiation and with increased in-hospital breastfeeding rates.

Comment by the Editorial Team:
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Subjects and Methods: We performed a retrospective chart review comparing in-hospital breastfeeding rates during the 6 months before and the 6 months after the bath was delayed.

Results: Of the infants, 702 met the inclusion criteria. Before the bath was delayed, infants were bathed at an average of 2.4 hours of life. Afterward, infants were bathed at an average of 13.5 hours of life. In-hospital exclusive breastfeeding rates increased from 32.7 % to 40.2 % (p < 0.05) after the bath was delayed. Multivariate logistic regression analysis showed that infants born after implementation of delayed bathing had odds of exclusive breastfeeding that were 39 % greater than infants born prior to the intervention (adjusted odds ratio [AOR] = 1.39; 95 % confidence interval [CI] 1.02, 1.91) and 59 % greater odds of near-exclusive breastfeeding (AOR = 1.59; 95 % CI 1.18, 2.15). The odds of breastfeeding initiation were 166 % greater for infants born after the intervention than for infants born before the intervention (AOR = 2.66; 95 % CI 1.29, 5.46).

Conclusions: In our cohort, a delayed newborn bath was associated with an increased likelihood of breastfeeding initiation and with increased in-hospital breastfeeding rates.
Maternal and infant infections stimulate a rapid leukocyte response in breast milk

Foteini Hassiotou, Anna R. Hepworth, Philipp Metzger, Ching Tat Lai, Naomi Trengove, Peter E. Hartmann und Lois Filgueira

Abstract: Breastmilk protects infants against infections; however, specific responses of breast milk immune factors to different infections of either the mother or the infant are not well understood. Here, we examined the baseline range of breast milk leukocytes and immunomodulatory biomolecules in healthy mother/infant dyads and how they are influenced by infections of the dyad. Consistent with a greater immunological need in the early postpartum period, colostrum contained considerable numbers of leukocytes (13 – 70 % out of total cells) and high levels of immunoglobulins and lactoferrin. Within the first 1 – 2 weeks postpartum, leukocyte numbers decreased significantly to a low baseline level in mature breast milk (0 – 2%) (P<0.001). This baseline level was maintained throughout lactation unless the mother and/or her infant became infected, which is when leukocyte numbers significantly increased up to 94 % leukocytes of total cells (P<0.001). Upon recovery from the infection, baseline values were restored. The strong leukocyte response to infection was accompanied by a more variable humoral immune response. Exclusive breastfeeding was associated with a higher baseline level of leukocytes in mature breast milk. Collectively, our results suggest a strong association between the health status of the mother/infant dyad and breast milk leukocyte levels. This could be used as a diagnostic tool for assessing the health status of the lactating breast as well as the breastfeeding mother and infant. / Keywords: breastfeeding; breast milk; immune; immunoglobulin; infection; leukocyte

Lactation, female hormones and age-related macular degeneration: the Tromsø Study.

Maja G. Erke, Geir Bertelsen, Tunde Peto, Anne K. Sjolte, Haakon Lindekleiv, Inger Njolstad

Objective: Some risk factors for age-related macular degeneration (AMD) have been shown to act differently in women and men. The present study aims to investigate this disparity by examining associations between female hormones, reproductive history and AMD.

Methods: Women aged 65 – 87 years were invited to participate in this cross-sectional, population-based study in Norway. Participants underwent physical examination, retinal photography, answered questionnaires and had blood samples taken.

Results: The sample included 1512 women, of whom 48 (3.2 %) had late AMD and 378 (25 %) had large drusen >125 µm phenotype. Length of breast feeding per child was significantly associated with late AMD (OR per month 0.80, 95 % CI 0.68 to 0.94) in multivariable regression analysis. We observed no associations between late AMD or drusen >125 µm and contraceptives, oral hormonal replacement therapy, parity, age at first childbirth, age of menarche, age of menopause, number of menstruating years or the reason for menopause.

Conclusions: Longer duration of lactation was associated with lower frequency of maternal late AMD when controlled for confounders. Other reproductive factors and hormone replacement therapy were not significantly associated with AMD. / Keywords: Epidemiology, Macula

Maternal and infant infections stimulate a rapid leukocyte response in breast milk.