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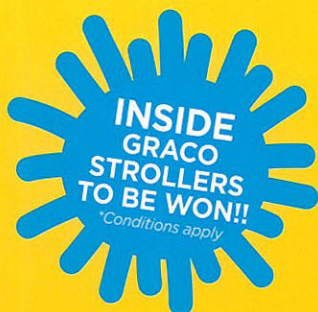
mother's WORLD

ENGLISH QUARTERLY

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TASTY
TIDBITS
FROM
SANJEEV
KAPOOR



BEAT
THE HEAT
SUMMER
STYLES

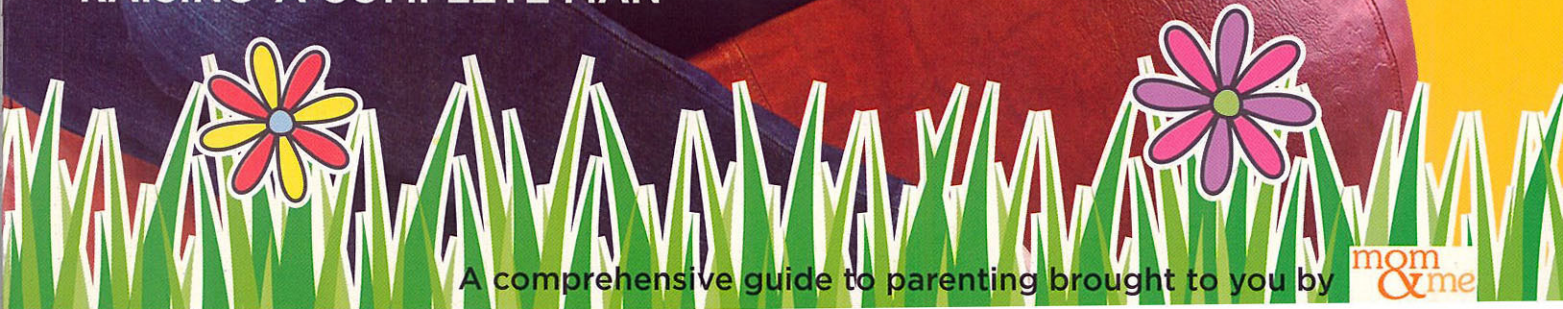


DADS
ON THOSE
NINE
MONTHS

CONTEST FOR
BLOGGERS

ALSO
TEMPER TANTRUMS
LOW LACTATION
CAR SAFETY

THE WINNER
*Shubhalakshmi
Manish*
RAISING 'A COMPLETE MAN'



A comprehensive guide to parenting brought to you by



Publisher
Falguni Kapadia CEO, Verve

Editor
Srividya Sen

Executive Editor
Shraddha Jahagirdar-Saxena

Fashion Stylist
Nirali Mehta

Art Director
Ashima Gupta

Deputy Art Director
Prajakta Joshi

Editorial Coordinators
Gauri Shukla
Shreya Shah

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Project coordinated by Falguni Kapadia, CEO, Verve magazine, Indian & Eastern Engineer Co. Pvt Ltd, Mahakavi Bhushan Marg, Mumbai 400001. Tel: 022-22897889 | Fax: 022-22021370 | Email: verve@verveonline.com

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For subscription and advertising queries, contact:
Srividya Sen, Editor, Mother's World, Mahindra Retail Pvt. Ltd
165/2, 1st Main road, Krishna Raju Layout, Dorai Sani Palya, Bannerghatta road, Bangalore 560076. Email id: mothersworld.subscriptions@mahindra-retail.com
Tel: 080-42665000, 080-42666335 | Fax: 080-42666300

Our Experts



DR AJIT GAJENDRAGADKAR
Paediatrician
A specialist in neo-natology and paediatrics, he is attached to the Hinduja Hospital and Guru Nanak Hospital, Mumbai.

PRIYA SRINIVAS
Childbirth Educator And Nutritionist

She has an MSC, Food Science and Nutrition, from University of Reading, UK and is a childbirth educator and nutritionist, Mom's Lounge, Bengaluru.



EFFATH YASMIN
Lactation Consultant
Mumbai-based, Effath Yasmin is an International Board Certified Lactation Consultant (IBCLC) and has written extensively on breastfeeding and allied issues.

DR MODHULIKA BHATTACHARYA
Consultant Obstetrician And Gynaecologist

Dr Modhulika Bhattacharya practises at Cloudnine Hospital, Bengaluru and is also a visiting consultant at Manipal Hospital.



DR CHETAN GINGERI
Paediatrician
He is practising at Narayana Hrudayalaya Multispeciality Hospital, Bengaluru. Post his initial studies in India, he also trained in advanced paediatric intensive care at Kings College Hospital, London.

AMITA KALLIANPUR
Counselor

She has a diploma in Counselling Skills from Banjara Academy, Bengaluru. Amita, with her pleasing personality and positive attitude, exudes an aura of calm gained from years of experience.



NIKITA
Prenatal and Postnatal Fitness Expert
Nikita practises in Bengaluru, and specialises in exercises that elevate the energy levels, strengthening the body for labour and managing body weight post-pregnancy.

Editor Speak



It gives me and my team immense pleasure to bring you our fourth issue of *Mother's World*. The excitement of working on this edition was doubled by the humungous response we received to our Cover Girl contest, the winner of which is the lady on our cover this time.

As the entries poured in and the time to clock the votes began, even we could not contain our anticipation as we awaited the results. Finally, D-day dawned. The votes were counted and the winner was declared. Bengaluru-based mom, Shubhalakshmi Manish, was voted winner with a considerable lead. We met her and her little son Vrishank – the first time in Bengaluru and then with her family in Mumbai for the shoot – and we found her simplicity and conviction rather endearing. Read her story in this issue – a tale that speaks of grounding, affection and family values. Truly, she is a winner all the way!

We also congratulate all those who participated in this contest. We have featured our shortlisted entries of 12 mothers whose simple words and warm feelings catapulted them into the final list of contenders for the top spot.

Mother's World is proud to introduce new features – the baby wall and the blogs – from this issue onwards to make you participate actively in the magazine you have all grown to love.

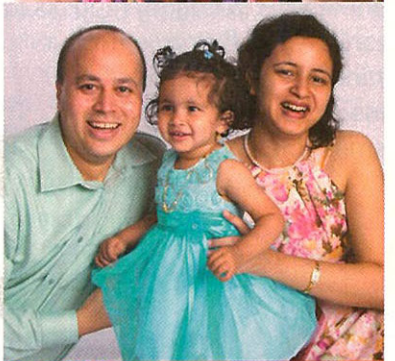
As for our Daddies' Diaries, this time four dads tell us how they got through those nine months – their accounts are humorous, interesting and touching.

Look good, feel good is our mantra, always. And our fashion pages go to show that all this is possible, quite easily. Check out how to beat the summer heat with our clothes that make you feel cool and comfortable.

As always, we spotlight different aspects of pregnancy and motherhood – taking care to highlight the nutritional and health issues that concern every mother during her pregnancy and post-delivery. Read how Reiki can be of a great benefit to both mother and child, and the father too.

Our Events pages showcases our efforts in making the customer experience richer for all of you. After all, *Mother's World*, Mom & Me, and Mom's Lounge are all a part of making motherhood and parenting a journey for you to cherish and look forward to!

Srinidhi Vidyape



Do write in to tell us what you feel about the magazine, we'd love to hear from you. Also, please feel free to share your parenting experiences, questions and tips at: mothersworld.feedback@mahindra-retail.com

Low Lactation – Cause Or Symptom?

Mothers often feel that low milk supply is a sign of their inadequacy. But Effath Yasmin points out that understanding the four most important components of breastfeeding can help us differentiate between a true milk supply issue and a symptomatic low milk supply

New mothers understandably find it really hard to trust easily in a process they cannot measure. A concern about low milk supply is one reason mothers give for not being able to begin early breastfeeding after birth and also the number one reason to not continue breastfeeding for as long as the stated standard recommendation – breastfeeding for a minimum of first two years of the baby's life.

In my many years of experience of supporting mothers, interestingly, I began to notice that milk supply issues are much easier to address than most other breastfeeding related issues. That seems to open up a whole different discussion and perspective. Many mothers may find that quite surprising and often get interested to know why and how.

Most if not all new mothers, family and friends around often think low supply is the cause for breastfeeding not going well. This has a potential to make mothers feel inadequate and insecure. On the other hand, the mother-to-mother support forums and groups tend to think milk supply issues are a myth which are perceived by mothers. The reality truly lies in between. A clear understanding of the four most important components of breastfeeding can help us to understand how to differentiate between a true milk supply issue and what is symptomatic low milk supply.

HOW THE LACTATING BREASTS WORK

Mothers feel empowered when they understand how breasts work to nourish their babies. They begin to appreciate the amazing process of exclusively supporting their newborn's life even more. The most significant development of the breasts happens during pregnancy apart from during the embryonic stage or during puberty. The many hormones of pregnancy which include progesterone, prolactin, estrogen among others work together causing significant changes to occur in the breast such as development of lobes and lobules, nipple tissue, the areola, and the

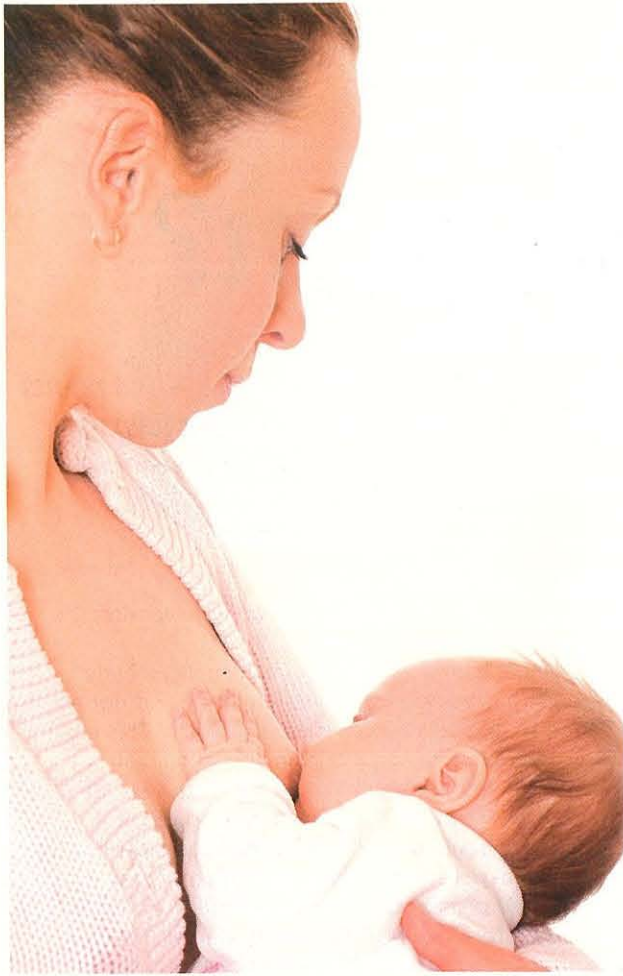
montgomery glands during pregnancy, preparing the body for breastfeeding a baby.

A mother's breasts begin to make milk as early as the second trimester of the pregnancy and not as believed to be two or three days after birth. This is often called as 'milk coming in' in almost all cultures of the world. What this 'milk coming in' really is, is only an expected increase in milk making rather than just the beginning of milk production after the placenta is expelled after birth, causing a plunge in the hormone progesterone and increase in prolactin levels. Therefore the low milk supply during the early days after birth is often a perceived one or delayed milk production is often the aftermath of a poor management of labour, birth and mother's bonding with the baby soon after birth.

Post birth, knowing that milk is being produced constantly in the milk making cells will give a mother the confidence she needs to put her baby to the breast, even when it feels empty to her. In fact the empty breasts are what are needed to stimulate more milk production.

BIRTH PRACTICES' EFFECT ON MILK SUPPLY

The birth experience has a direct and profound effect on how the breastfeeding gets established. Research has now established that medicines and procedures not only affect the baby's ability to suck, swallow, and breathe at the breast after birth, but these also interfere with the natural hormones in a mother's body essential for normal lactation. Caesarean births and instrumental births also make it difficult for the mother to care for her baby due to pain, sedation and separation. The lack of early and frequent breastfeeding results in low milk production rather than low milk supply causing a breastfeeding failure. Protecting the mother's birth experience can go a long way for a smooth beginning of breastfeeding. For more understanding refer to the December 2012 issue of *Mother's World*.



MOTHER RELATED LOW MILK SUPPLY ISSUES

Mothers often take on personal responsibility thinking that low milk supply is somehow a sign of their inadequacy. Most reasons are due to lack of early and frequent stimulation of the breast. Being proactive and a better management of birth and postpartum can address most issues. However here are a few reasons which can indicate the possibility of low milk supply. A good breastfeeding start and ongoing support can address many of these too.

- **Retained placenta:** Sometimes small fragments of placenta remain in the uterus during natural or Caesarean birth that can affect milk supply. Clearing these fragments by a gynaecologist can help increase milk supply significantly.
- **Insufficient glandular tissue:** In rare cases, mothers are sometimes found to have an insufficient growth of the breast tissue during the growing years due to lifestyle changes, environmental changes, poor diet and over use of medications – this can result in low milk supply.
- **Medical conditions or illnesses** such as iron-deficiency anaemia, thyroid, polycystic ovarian syndrome (PCOS), postpartum bleeding, hormonal imbalance, pregnancy induced diabetes (PID) or

POOR MANAGEMENT OF BREASTFEEDING

Some of the most common causes of low milk supply also include:

- **Over use of supplementation:** Unnecessary use of formula supplementation due to mother-baby separation in the early postpartum period or due to baby's unsettled behaviour interferes with natural milk making process.
- **Over use of pacifiers** limits the time the baby spends at the breast reducing the required frequent stimulation to the breasts and reducing the milk supply in many mothers.
- **Over use of breastfeeding aids:** Though these may be required in some cases their overuse can interfere with lactation. Good breastfeeding positions and latch support can prevent overuse of breastfeeding aids.
- **Use of medications** such as hormonal birth control pills, certain cold and allergy medications and diuretics among others, can diminish milk supply production. Mothers can get in touch with an International Board Certified Lactation Consultant (IBCLC) who can work with her doctor regarding safe medications.
- **Scheduled and short infrequent breastfeeding:** Mothers can prevent low milk supply by understanding that the baby is expected to feed every 1.5 to 2 hours at least 10–12 times a day in the early months.
- **Offering one breast during a feed:** In the days after the baby's birth, it is important to offer one breast until the baby is satisfied and then also offer the other breast. Offering only one breast per feed in early days may result in low milk supply in young mothers.
- **Insufficient evaluation and assessment of sleepy and fussy baby:** Lack of understanding of demand feed can lead to very infrequent feeding especially in sleepy and fussy babies. An oral examination by a paediatrician is essential to determine if the baby is getting adequate nutrition.
- **Lack of good psychological and emotional family and societal support:** This may lead to loss of self esteem and encouragement for the mother to overcome breastfeeding challenges or even continue breastfeeding.

hypertension (PIH) among others may be the cause of low milk supply.

- **Breast trauma or surgery:** Mothers, who have had an accident that has caused damage to breast tissue such as burns or invasive medical treatment, may experience low milk supply. Extensive breast reduction or breast augmentation surgeries may pose a high risk of inability to establish adequate milk supply especially if milk ducts have been severed during surgery or the nipple has been repositioned.
- **Breast conditions:** Poor or delayed management of breastfeeding could lead to breast infections or inflammation such as breast engorgement, plugged ducts and breast abscess and pain which stop or diminish the milk production by sending a signal to the brain to slow down the process.

BABY-RELATED LOW MILK SUPPLY ISSUES

The most significant piece of the puzzle of low milk supply syndrome is the infant's ability to suck effectively and efficiently. The various concerns related to a baby are often undiagnosed, unacknowledged or remain unaddressed.

- **Inability to latch:** Sometimes a baby finds it difficult or impossible to latch at the breast due to traumatic birth experiences such as vacuum birth, forceps birth, prolonged intense labour, quick induced and augmented birth and separation from mother for prolonged periods of time.
- **Weak sucking:** Babies born before the beginning of natural labour, often close to 40 weeks, often need help to sustain an effective latch and suckling.



- **Inability to manage flow of the milk:** Babies who have undiagnosed swallowing difficulties, tongue and lip tie, or a subtle sub-mucosal cleft palate which is often difficult to identify can prevent baby to latch and manage the flow.
- **A sleepy baby:** These infants may sleep at the


breast but not effectively drain the milk from the mother's breast due to various reasons such as weight loss, inadequate weight gain, newborn jaundice, birth trauma, oral motor dysfunctions among other reasons.

- **Fussy and colicky babies:** This is often caused by oral thrush, reflux, food sensitivity in the mother's diet and cow milk protein allergy.
- **Infant illness** makes the baby lethargic and a passive breastfeeder who may need frequent small feeds and additional breastmilk supplementation using other methods of feeding.

INCREASING MOTHER'S MILK SUPPLY

The basic simple mechanism of milk making process is to provide frequent breast stimulation. If a mother's milk supply is really low, finding out the reason why will help the treatment for both baby and the mother. Mother-baby separation during the early postpartum period and not breastfeeding frequently enough is the most common cause of low milk supply. Reducing the mother-baby separation in the hospital and increasing the number of feeds can often prevent major milk supply concerns.

Addressing primary infant sucking issues for better latch and better effective suckling of milk will improve the milk supply dramatically. Improve the mother's digestion using well balanced diet, adequate amount of water and including lactogenic herbs and foods such as lots of green leafy vegetables, other calcium rich foods almonds, sesame seeds, fruits such as apricot, dates, figs and certain herbs such as shahi jeera (caraway seeds), saunf (fennel seeds), methi (fenugreek seeds) and rajko seeds (alfalfa seeds). Herbs must be carefully selected depending on the cause of low milk supply to avoid any side effects.

Establishing the appropriate primary cause of low milk supply with a proper assessment by your physician ensures the best outcome of the concern. Most other secondary low milk supply issues can be addressed either by counselling and basic breastfeeding support by a knowledgeable paediatrician, Certified Lactation Educators (CLE) or La Leche League Leaders (LLLL). 



Effath Yasmin, Lactation Consultant

Mumbai-based, she is an International Board Certified Lactation Consultant (IBCLC) who has written extensively on breastfeeding and allied issues.

DID YOU KNOW?

During growth spurts a baby's nursing tends to increase either in the number of feedings per day or in the feeding time. When your baby becomes more demanding for milk, it is likely to be about to grow.