

AUGUST 2012

VOL5 ISSUE 4 ₹100

Mother & Baby

India's No.1 pregnancy & parenting magazine

DOCUMENTING
Just what you can
do with those
5,000 baby pix
you clicked!

PHYSICAL INTIMACY

- ▶ during pregnancy and after the baby.
- ▶ What's normal, what's not?



7 divalicious styles to
dress up
your bump!

20th World Breastfeeding Week (Aug 1-7)!

The BREAST choice!

Getting started guide +
pictorial guide to positions
+ 8 mums' stories + 7 super
breastpumps + news +
**free keepsake booklet on
breastfeeding essentials!**



TV anchor **Tunvey Gogia** shares how she once struggled to conceive the joy of her life, **Inayatt...**

Against all odds...

M&B meets up with eight real mums who share their story of the trials and tribulations faced while nursing their little ones and how steadfast they were in their conviction to breastfeed their babies

Words Debjani Sengupta Arora

A new mum has a lot to deal with. The stress of delivery, paying attention to a new life with full vigour and vitality, despite the dip in her own energy levels, postpartum depression, haemorrhoids, sleepless nights and what have you. But all these issues seem trivial at the sight of her bundle of joy. Once she has crossed the crescent of joys and settled with her angel in her arms, more responsibilities follow. The most crucial of all is feeding the baby, to be more precise – breastfeeding.

After birth, the only other thing that calls for total attention and dedication from a mum is breastfeeding. Though in most cases breastfeeding happens to be a smooth transition after childbirth, for many it might pose a lot of challenges to overcome and experience smooth nursing. Our real mums share their stories about how they triumphed over the challenges to breastfeed their child wading through all odds.

Internal obstruction



'There are times when you want to feed your baby but an obstruction comes in the way, manifesting in various bodily discomforts. The question then should be to find solutions rather than taking the easy way out...' Rashmy Khambata, 30, mum to Nehvan, two

Though pregnancy and childbirth were smooth-sailing for Rashmy, breastfeeding became troublesome. But the problems didn't start right after the birth of Nehvan. "I started to breastfeed my son right after his birth and thankfully, also succeeded with latching and lactating," recalls Rashmy. But problems cropped up soon after.

The Challenge "Some days into breastfeeding, I noticed that I had nipple cracks and it hurt each time Nehvan latched on for a feed," says Rashmy. As if that wasn't problem enough for a first-time mum, Rashmy soon experienced pain and hardness in the breast. "I visited various gynaecologists to discuss my problem. The prescribed medications from them failed to heal the cracks or the pain," she recalls. With the cracks and soreness, came latching problems. "When I took my baby for a feed, he would break into a loud wail and could not feed," says Rashmy. Nehvan was in his fourth month

when the problems surfaced. "I tried to use silicon shields to cover the cracks and feed him but Nehvan faced difficulties with latching onto the artificial nipples," she recalls. Soon, the cracks showed signs of bleeding. "This scared me no end as I thought breastfeeding would result in my baby taking in blood with milk. But I came to know much later that this was a myth," says Rashmy. With the cracks, bleeding and hardness that she experienced, even manual expressing of milk wasn't possible.

The Solution Desperate, Rashmy started to look for solutions and took to researching online. "That is how I heard of La Leche League India (LLL India) and got in touch with lactation expert Effath Yasmin," says Rashmy. She advised the use of hot or cold compresses to soothe the breast and a light massage before and during the feed for smooth nursing. Yasmin helped her understand that her problem was plugged milk ducts that obstructed the flow of the milk and hence, the hardness and pain. "This is characterised by a tiny white plug found on the nipple pores," explains Yasmin. This is what led to the cracks

and bleeding. Usually, this problem arises when the mother produces more milk than the child needs and the excess milk isn't drained out. This forms plugs and obstructs the flow of the milk. This can be extremely painful and hinders normal nursing. "With plugged ducts, a breast-pump does not help to drain out excess milk and can lead to nipple trauma. What helps is the technique of gently massaging and expressing milk manually, as hand expression gives control to the mother to work with her breasts gently. Secondly, with a good deep latch, a baby can unplug the duct during the feed. Spacing the feeds closer in interval is essential to help the mother to drain off the milk that results in plugged ducts," reiterates Yasmin.

"I was asked to check by trial and error if a hot or cold compress worked well on me. I realised ice was not soothing for me and took to hot compresses for relief. I took Nehvan in my lap and tried to feed him directly, gently massaging myself with my finger tips from the top of the breast to the areola before the feed and during it. It took time, but slowly Nehvan latched and could feed himself naturally," recalls Rashmy. This condition repeated several times during the nursing course for Rashmy over the next few months. That's why, Yasmin gave special care to her diet. "A soya-based supplement called Lecithin was recommended in her case to help ease the repeated plugged ducts," says Yasmin.

As for her cracked nipples, Rashmy swears by the ointment Lansinoh that helped in the healing process. Nehvan was nursed for a year and a half when he self-weaned and today, little Nehvan enjoys a nutritious and healthy diet.

The Lesson "As they say, where there's a will, there's a way. Had I given up early on and started formula, I would have missed the chance of nursing Nehvan for the period of time he was comfortable with it," exclaims Rashmy.

Third-time lucky

'I missed nursing my two elder children as nobody could help me get to the core of my problems but with my third child I could experience the bliss of breastfeeding, finally!' – Vilma V, 31, mum to Karuna, five, Joahna, four, and David, 14 months



Each time Vilma tried to nurse her babies, she faced utter disappointment. "Both my older kids have been given formula right from the start. But this time, with my third born David, I was keen to breastfeed," says Vilma.

The Challenge "After the first failed attempt with my first baby, when I tried to nurse my second baby, I faced the same old predictable problems. My baby would fall asleep at the

breast, scream for feed but was unable to latch on," says Vilma. Determined, she still tried to help her baby but nothing yielded, what she faced was cracked nipples, soreness and pain. But she was eager to find a solution before she could birth her third baby.

The Solution After a detailed discussion Lactation expert Effath Yasmin, Vilma could finally establish the problem: inverted nipples. "I could not reverse the experience with my other two babies but at least I now knew the reason why it happened so,"

recalls Vilma. What Vilma needed was comprehensive prenatal counselling from Yasmin first, and specific solutions later.

"Prenatal breastfeeding counselling is not given due importance. Mums do not even know how labour and birth can impact breastfeeding. Mothers with inverted nipples or flat nipples are psychologically set up for failure by incorrect perception in society that babies cannot latch on. It's important to realise that babies do not nipple-feed, they 'breast'feed. Often, these mums are advised to either massage or pinch or squeeze the nipples in order to prepare them. There has been no evidence that this helps. Pregnancy hormones prepare the areola and the nipple for breastfeeding. What is more essential for a mother to know is medicated labour and birth can lead to edema (swelling) in the breast and also drugs the baby. This is the perfect condition for breastfeeding difficulties to proliferate. I asked Vilma to take enough care to prepare for a normal and gentle birth and to put the baby to her breast as soon as possible after birth," elaborates Yasmin. There are many physiological changes that take place after birth. A medicated or a surgical childbirth leads to unnecessary separation of the baby and the mother. This can make inverted nipples to further turn inwards, making it almost impossible to breastfeed," avers Yasmin.

"Yasmin told me to feed David right after the birth," says Vilma. "The first one hour af-

ter the birth is most crucial, when the baby is alert and tuned in to achieve a good latch unless there are anatomical issues. Once you miss this window, that's when most feeding challenges arise," says Yasmin. This time Vilma did try to do as instructed. But problems in another form showed up. "The milk would gush out so fast that it would almost choke my child during the feed," says Vilma. "Since I was determined to give this baby breastmilk, I refused to feed him formula as advised by the doctors and

started to express milk for my baby," says Vilma.

She turned to Yasmin again for a help, "She asked me to insert as much of the areola into the baby's mouth and feed and to essentially ensure my breasts were soft enough for baby to latch comfortably. I tried this and it took time for David to adjust his small mouth at the breast. After a few trials and errors, David did pick up the art of perfect latching. "I was delighted that after two pregnancies,

the third time I could finally nurse my baby," says Vilma. Even though Vilma has started weaning now, breastfeeding is still on David's time-table and both the mother and baby are at ease with it.

The Lesson Vilma offers, "Labour and birth have a significant impact on breastfeeding. Almost all mothers are capable of nursing their babies. It is essential to plan, prepare and to look out for help which might not be too far away."

Bonding time

'The second pregnancy is always tiring and breastfeeding while rearing your first child is the biggest challenge,' – Smita Lunawat, 37, mum to Trisha, six, and Aditya, 18 months



The Challenge Mother of two, Smita thought she knew it all, including the A-to-Z of breastfeeding, given that her first pregnancy and nursing experiences were absolutely smooth. "Like I did with my first, I was keen to nurse my second child as well. Breastfeeding itself wasn't a problem, although my baby was given sugar water in the hospital and breastfeeding was not managed well, I was able to catch up on this when back home. What was challenging for me was the attention I needed to divide between both my children," says Smita. To begin with, Aditya was colicky. "Not only did he throw up after his feeds, there were times when he would burst into bouts of tears and be inconsolable," recalls Smita. There were times when it would take up to two hours at a stretch to feed Aditya and Trisha would look for her mother's attention. "This was largely where my problem lay. Since Aditya needed special care with colic and the hours of care that followed, Trisha needed as much assurance and attention," she says.

"This is very common with second-time mums. Most often, they give up breastfeeding after three or four months because of the effort and commitment nursing calls for," says Yasmin who extended her support and guidance to Smita to continue breastfeeding for 18 months now.

The Solution Smita was provided a lot of timely counselling and was also encouraged to use a rarely used and unique solution by Yasmin to tackle her situation: A sling. Though this might look seem like an impractical approach to the issue, but Yasmin's conviction was that a sling can go in a long way in establishing the bond between the mother and baby and encouraged Smita to not only make the sling for herself but also to take this up as her profession.

"Bonding between the mother and baby is what makes breastfeeding a natural way of child-rearing. The mother's womb is a serene environment for a growing baby. However, life outside of her womb can be overwhelming and over-stimulating for a young baby. This makes the baby unsettled and cranky. This is compounded with the demands of an older

child, making it all the more difficult," explains Yasmin. "Skin-to-skin contact and close contact with the mother can provide the same warmth, security and a sense of belonging and helps transition baby from womb to the world gently. A sling is a practical way of providing this need of a baby from birth," elaborates Yasmin. "After I made the sling for myself, I realised that Aditya had become less cranky and his crying bouts decreased significantly. Though I still had to deal with the issue of colic, but it became manageable," recalls Smita.

With her first child, Smita managed to breast-feed for the first six months. "Then I took up my job and discontinued the effort. All that my husband and I did was to play with the baby once we were back home. But with Aditya, things were different, I wanted to breastfeed for as long as he would be comfortable. Although with Trisha around, it was difficult with practical issues such as her waking the baby up when he had just fallen asleep. A sling made putting him to sleep easy for me since Aditya slept well while I wore him in a cloth sling and since my hands were free, I could attend to Trisha needs," shares Smita "I just didn't have to work on my bond with Aditya. Nursing him and using a sling to wear him all day just did it all. While wearing him, I was able to do all the household chores and feeding and playing with Trisha as well," adds Smita. A simple sling became a solution for Smita's challenges which could have threatened to prematurely wean little Aditya. "In fact, nursing Aditya for more than 18 months now, I can say with pride that my family is more closely bonded and it is a huge added satisfaction that Aditya enjoys significantly better immunity, health and parenting than my older daughter Trisha," says a proud Smita.

The Lesson "Being creative helps. It's a way that you can come up with a solution to your problems, which are unique with each parent." **M&B**