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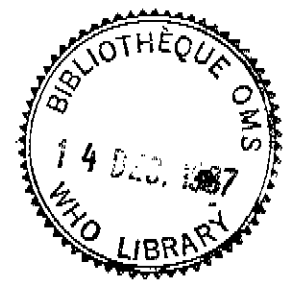
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

*Breast feeding  
Europe*

BREASTFEEDING MOTHERS' SUPPORT GROUPS IN EUROPE

Report on a WHO Meeting

Bonn, Federal Republic of Germany  
19-24 June 1984



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## SUMMARY

The purpose of this workshop was to provide European breastfeeding mothers' support groups with a forum for the exchange of organizational and practical information, and for the Regional Office to learn about the structure and organization of this kind of self-help group. These groups have often been described as central to the increased rate of breastfeeding noticed in several industrialized countries.

The workshop brought together participants from 15 European countries: 12 representatives of groups and 3 individuals interested in starting such groups. There were also 2 staff members from the Regional Office and 7 breastfed infants of a median age of 16 months.

The theme of the Meeting was "breastfeeding - a social issue", and the main subjects for discussion were:

- the technical and social aspects of breastfeeding and the role of breastfeeding mothers' support groups;
- the practical aspects of breastfeeding counselling and the organization of breastfeeding mothers' support groups;
- the organization of an international network of breastfeeding mothers' support groups.

There were working groups on practical and organizational matters, such as "breastfeeding and the working mother", "how can mothers' groups work with health personnel", "how to use the WHO International Code of Marketing of Breast-milk Substitutes". A one-day open meeting was arranged for the public and opened by a representative of the Federal Ministry of Youth, Family Affairs and Health. This open day was attended by 120 people, and was entitled "Breastfeeding - more than infant nutrition".

The Meeting agreed that there was a great need for an international breastfeeding affiliation that could work as a global umbrella organization for all groups. The participants concluded that for them the most important aspect of the Meeting was the personal experience of having met other groups working in the same area and with very similar methods, an experience that would be useful for their national work. The words "inspiration" and "new courage" were used several times in the summing-up session.

The groups decided to share information on a more regular basis than they had done in the past, and to invite groups outside their own country to yearly meetings as a matter of routine. They also decided to try and hold another Regional Meeting in Europe in a few years' time.

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## 1. Introduction

During recent years, a growing number of people have themselves started to care about issues which directly affect their own lives. They no longer want to rely on public or social help, provided by official authorities. They want to help themselves in different fields, their orientation always being their real needs. There has been no creation of needs, but rather a recognition of existing needs and an attempt to fill the gap between help (or non-help) provided and demand.

In the field of health, the self-help movement has grown tremendously, especially in areas which are more within the social rather than the medical field such as prevention of illnesses, post-operative health care, mental health care, and family and child care.

Although pregnancy, child-bearing and lactation are no illnesses but biological functions within women's lives, they were made into medical "problems". With the increase of medical care and supervision of the child-bearing process, especially after the Second World War in Europe, the incidence of breastfeeding dropped substantially.

Newborns around the world have always been breastfed simply because it was a question of survival. With the recent development of artificial formula foods the female breast was no longer considered the food supply for babies - it became an alternative. The market of breastmilk substitutes grew to extensive dimensions, aggressive advertising being just one reason for this.

The hospital became the place where babies "were delivered". To "give birth", meaning an active mother, has become uncommon, even in our language!

Breastfeeding in the post-partum period became something that had to be medically supervised and regimented and adapted to hospital routines. A technical approach to management of lactation became the rule, and it is amazing that under these circumstances some women were still able to succeed in breastfeeding!

The breastfeeding frequency dropped, for example, in the Federal Republic of Germany to 10% still breastfeeding at six weeks (no difference being made between partially and totally breastfeeding); in Norway in 1970, 28% of mothers were breastfeeding at three months, the lowest incidence ever recorded in that country; in Sweden, 30% of babies were breastfed at two months in 1972 and in Denmark, the average breastfeeding duration was well under ten weeks in 1973.

These figures do not, however, say anything about the percentage of mothers wanting to breastfeed, nor do they show the rate of mothers able to breastfeed. They are rather an expression of various cultural, social and economic influences on breastfeeding.

Despite the fact that at all times there have been women who, for various practical and/or psychological reasons did not want to breastfeed, the number of mothers who really wanted to breastfeed their babies seems to have been far higher than expressed in the above data. So, realizing that breastfeeding was not taken too seriously by medical authorities (since there was an alternative, perhaps), and breastfeeding help rarely came from these sources, women took to self-help. They gather in groups, increasing in number, to provide and seek breastfeeding help of a non-medical nature, to give and receive moral support and encouragement and to create a social climate where breastfeeding would be the norm.

New data on frequency and duration of breastfeeding in many countries show an increase almost parallel to the initiation of breastfeeding mothers' support groups: in Germany in 1982, 40% of mothers still breastfed after six weeks; in Norway in 1982, around 70% of mothers breastfed after three months and the figures for Sweden and Denmark are comparable to this.

Nevertheless, it is difficult to say what was first: is the revival of breastfeeding in Europe due to the existence of breastfeeding mothers' support groups or is the existence of those groups and their increasing number in Europe due to a higher incidence of breastfeeding? What part do health professionals play in this? What effects do the changes in maternity ward routines have on the continuation of breastfeeding? Or are the new figures more an expression of the joint efforts of lay helpers and professionals alike? Can it be expected that even more women would like to breastfeed their babies? Must women be motivated or encouraged to breastfeed or is it more important to raise an awareness of breastfeeding problems and give solutions to the medical professions?

Questions of this kind are dealt with daily by breastfeeding mothers' support groups in Europe. These groups have in common that they are a movement of lay people, started by breastfeeding mothers, who work voluntarily and view themselves as self-help groups. (See Annex 1 for an overview of the groups in Europe.)

## 2. Regional meeting of breastfeeding mothers' support groups in Europe

### 2.1 Aim of the meeting

Part of the "Health for all by the year 2000" programme of the World Health Organization is the encouragement of self-help in health and community participation in medical care. In accordance with this and the overall WHO policy to encourage and protect breastfeeding, the WHO Regional Office for Europe in early 1984 directly supported self-help by initiating and funding a regional meeting of breastfeeding mothers' support groups in Europe. This meeting was to give some of the groups most involved in breastfeeding promotion in Europe a chance to meet in order to:

- exchange information on organizational problems, contacts with health services, collaboration with national and international organizations;
- discuss counselling methodology in breastfeeding and related matters; and
- discuss proposals of an international network of breastfeeding support groups in Europe.

Arbeitsgemeinschaft Freier Stillgruppen (AFS) in Federal Republic of Germany was trusted with the organization of the meeting. In January 1984, after funds from WHO had been granted, work started to make the meeting become a reality. Bonn, the capital of the Federal Republic of Germany, was chosen as the locality and the dates fixed for 19-24 June 1984.

### 2.2 Organization of the meeting

A list of likely participant organizations was drawn up and contacts initiated (for a complete list of participants see Annex 6). Although WHO had funded only one participant per organization, each organization was allowed to send two representatives. Shoestring budgeting made it possible to cover the hotel stay for both in full and, in addition, usually also travelling costs for two going by the cheapest means possible.

English was agreed on as the joint working language. Well ahead of the meeting, all groups were requested to formulate their demands and give suggestions for topics: What is of concern to you in your country regarding the breastfeeding situation? What is of interest to you to talk about with other breastfeeding mothers' support groups? What would you like to hear lectures about? Anything special that your group has done in your country? Can you contribute any special experiences to the meeting?

As a result of the many answers, a draft programme was sent to each organization for discussion.

The final programme reflected the wide interest as well as the different experiences of groups and/or individuals (see Annex 5).

## 3. The meeting

### 3.1 General

After welcoming all participants, the organizers turned the responsibility for making this meeting successful over to the participants.

The presentation of participants and their organizations showed a similarity of both aims and reasons for starting a group. But, apparently, after initiation of a breastfeeding mothers' support group, the development of the groups has gone in various directions: there are "hierarchical organizations" with constitutions and rules, with well designed year-long training schemes for breastfeeding counsellors; there are organizations where responsibility lies within each local group for what they do, and with a right to take advantage of the national organization only as much as they want.

There were established groups with a high reputation in their country, and there were new ones, still struggling for recognition.

It has to be appreciated that none of the participants made efforts to convince others that their system of organizing things was the only right one!

We did, of course, discuss the value of having rules within an organization, also the pros and cons of training for breastfeeding counsellors, and some of the participants may reconsider their ideas in either direction as a result of our deliberations.

It became apparent that the reasons for starting a group were about the same everywhere at any time. The major difficulty seemed to be the financing of information material desperately needed for education and publicity. Funds from government, usually health or social ministries, are generally looked upon as an "achievement". We all agreed that a little money plays a big part because, without it, breastfeeding counselling and participation in breastfeeding mothers' support groups become a "privilege" for those who can afford it!

The needs of mothers and their children are the same, no matter where they live: they need to be together as early and as much as they like to be. Still, there are cultural and social differences which breastfeeding mothers' support groups will have to consider if they want to help breastfeeding mothers in relation to their demands. Women's role in the society of the countries presented differed slightly: while mothers working outside the home are a rule in some, including the eastern European countries, in others mothers would prefer to stay at home while their children are small. Maternity laws to provide protection of working mothers differ quite substantially, and so does medical care for women and their babies post-partum. Country size and population, the density of maternity wards in a country, environmental and socioeconomic factors are different. Only if these variables are known and taken into account can the work of breastfeeding mothers' support groups in their country be effective.

One example: while the pollution of mothers' milk with pesticides and the presentation of this issue in the media is giving many problems to some groups, like the ones in Belgium, Federal Republic of Germany and the Netherlands, this is of little concern to groups in countries like Finland, Iceland, Norway or Sweden.

### 3.2 Technical and social aspects of breastfeeding

The reports given on technical and social aspects of breastfeeding and the involvement of breastfeeding mothers' support groups documented various breastfeeding situations and provided many thoughts and vivid discussion.

#### 3.2.1 Changes in maternity ward routines in Norway

Elisabet Helsing reported on changes in maternity ward routines in Norway and the influence these changes may have had on breastfeeding. Since the early 1970s both frequency and duration of breastfeeding started to increase markedly. A recent report to the Norwegian Ministry of Social Affairs, shows a breastfeeding frequency of 20-30% at three months in 1972 and an increase to around 70% in 1982. In 1972, 10% of mothers were breastfeeding at six months, against around 50% in 1982.

During the same time, maternity ward routines have also changed, as demonstrated in a national survey of maternity ward routines in 1973 and the same survey being repeated, in 1982.

Maternity ward routines had been changed in respect of initiation of breastfeeding: in 1982, more than 90% of mothers started breastfeeding within two hours after delivery, whereas in 1973, it was postponed for 12 hours or more in 20% of births. Scheduled feeding was common in 1973, in 1982 demand feeding had become common with only one third of maternities still feeding on a schedule. Supplementation of breastfeeding has changed with an increase in the use of glucose solutions and a decrease in the use of cow's milk mixtures. The advantages of this supplementation are unproven. The duration of time mothers spend with their newborn babies has changed completely: one third of the mothers spent three hours or less with their babies in 1973, whereas two-thirds of mothers spend more than eight hours with their babies in 1982 and no one spent less than five and a half hours together per day in any maternity ward.

### Discussion

It was agreed that changes in maternity wards have taken place in all of the European countries represented, even though no investigation of this kind could prove it. Women's awareness of the importance of a good start for their babies and their demand on maternity wards for changes in routines have been a constant pressure for the better. At the same time, scientific research could prove the advantages these changes of routines brought, especially for the process of mother-child bonding. Women's groups, like breastfeeding mothers' support groups, have done their share to raise a new consciousness of these problems and thus help to solve them. This kind of joint, mutually supportive action will continue to be important also in the future.

### 3.2.2 Self-help and help in breastfeeding mothers' support groups

Gertraud Sander of the Federal Republic of Germany said that breastfeeding mothers' support groups must be seen as part of trends in society as a whole, trends towards more self-responsibility and towards solving matters of personal concern on your own or together with others of a like mind. This tendency is demonstrated by the growing number of breastfeeding mothers' support groups: in the Federal Republic of Germany they rose from 40 in 1980 (the founding year of Arbeitsgemeinschaft Freier Stillgruppen) to about 300 four years later. Growing interest in breastfeeding information is just one reason for this strong growth. Another is the return to a more natural, relaxed and humane approach to all matters concerning pregnancy, childbirth and childcare in order to meet the needs of mother and baby adequately.

A survey in Arbeitsgemeinschaft Freier Stillgruppen in Germany in 1982, to which 600 women responded, showed that the reasons for breastfeeding difficulties were first and foremost lack of knowledge and insecurity. Common problems like sore nipples, blocked ducts, etc. rated only second place!

Because breastfeeding has nearly vanished completely from our scope of experience, few women know what to expect of breastfeeding both in terms of enjoyment and of problems that may arise. Throughout pregnancy, women get many free-of-charge books, leaflets and brochures which take inadequate milk supply for granted, and these certainly do not help or support the wish to breastfeed.

The above-mentioned survey also showed that the main reasons for mothers and couples (!) to attend meetings of breastfeeding mothers' support groups are as follows.

- I can share experiences.
- I can talk about my breastfeeding problems.
- I meet people who are like-minded.
- I can help others.

These answers give a picture of "growing in a group". We find that a mother who has solved her problems and gathered experience in the groups and who has been backed up with theoretical knowledge will very often start her own group.

### Discussion

All representatives of the gathered European breastfeeding mothers' support groups had at one time or the other started that way!

By attending groups, mothers are able to develop more self-confidence and independence just by taking the initiative: they came to the meeting. During a meeting they experience a feeling of solidarity and strength: others do have the same problems - together we are strong and knowledgeable to solve them!

This feeling was present at the Bonn meeting, too.

### 3.2.3 Common problems in getting a group started

Jacqueline Maes from Belgium reported on some common problems in getting a group started. In their case, starting the breastfeeding mothers' support group meant to be faced with a lot of prejudices, like: breastfeeding is not important; you are trying to pull women back into the home; it is old-fashioned; it is not feasible for working women; breastfeeding mothers' support groups raise guilt feelings in bottle-feeding mothers; you imply that the longer you breastfeed your baby the better you are at mothering, which makes other women feed bad.

Thus a group started with the best of intentions to help mothers whose wish to breastfeed their babies is often threatened by outside interpretations and misunderstanding. Lack of publicity through the media results from lack of interest, and lack of financial aid is a further obstacle.

It is not an easy task to get a team of women together who not only participate in group meetings and take their advantages for granted, but who at the same time are willing and able to share the work within a group.

## Discussion

Advice from the "older groups" was to be patient and not to try to tackle too many things at once. There is always the danger of getting carried away by one's own involvement. The best precaution is to build a good, strong base of helpers. Only with a lot of engaged people will the group be able to carry out the increasing work of a growing group.

From experience it seemed to be the best in the long run to try simultaneously to help mothers breastfeed and convince health personnel of the value of mothers' milk and the practical management of breastfeeding.

### 3.2.4 Cooperation with health workers

Having been a health educator herself before having her children, Adrienne de Reede spoke on the Dutch experiences in collaborating with health personnel.

Very often, she said, health workers will feel threatened by the pure existence of a breastfeeding self-help group. They feel that they should be considered the authority! So, one has to be very careful in approaching health personnel. It is often enough to let the health worker know that representatives of breastfeeding mothers' support groups are interested in contact. If and when they themselves are interested, or only curious, they will turn to the group. On invitation of maternity personnel, nurses, medical students, midwives, antenatal teachers or child-welfare clinics, counsellors of the Dutch breastfeeding mothers' support group will give lectures with as much information as possible, formulated according to the group who has invited them. They always leave opportunities for questions from the audience, in order to meet their demand. In their opinion, the group most difficult to contact are the physicians. Here again, it is of great advantage to have a Professional Advisory Board as they do in Holland. This board also invites health workers of all categories to congresses organized by the breastfeeding mothers' support group. The theme of the first was "Practical information on breastmilk and breastfeeding" and "Breastfeeding as a pleasant experience for mother and child" was the theme of the second congress. Organizing these had meant a lot of work for the group, but it had been worth it, the result being good publicity and a better understanding among health workers.

### 3.2.5 Use of the media for our purpose

Thelma Kraft gave some of her experiences from Norway on how to use the media for our purpose. To get our ideas of breastfeeding across to the public is an important and also very interesting part of the work of breastfeeding mothers' support groups. Ahead of any contacts with the press four major points should be considered.

- (1) What do you want to say? Do you want to make people aware of your existence and get more members? Do you want to tell them about new research findings? Or do you want to comment on matters that have already been discussed or matters of acute interest?
- (2) Whom do you want to reach and how will you go about it? When you have the group of people you want to reach clear in your mind you are able to choose between professional journals and general medical journals, or you will try to use weekly women's magazines and, of course, newspapers.
- (3) How can you get the media interested? Here it is very important that we ourselves consider our work in breastfeeding mothers' support groups important enough to be mentioned in the media! Interest of the press can be achieved by phone calls to journalists on specific matters or in writing or by sending e.g. invitations to meetings or summaries of programmes.
- (4) The follow-up. Once you have established contact with a journalist, keep in touch: thank him/her for an article; send additional information, not only for publication but also for their own understanding of what is going on in breastfeeding mothers' support groups! This way you may be able to "recruit" journalists on whom you can rely because they have information about and understanding of your work.

## Discussion

Breastfeeding itself is not a sensation - so it hardly ever hits the headlines of newspapers, the participants complained! After all, we are seriously working mothers who want to have a say in matters concerning ourselves and our children, not a bunch of old-fashioned housewives following up some weird ideas. One good idea may be to react to newspaper or magazine articles on certain breastfeeding subjects, stressing our point of view in a diplomatic way without an "I-know-it-all-better-than-you" attitude. Best experiences in expressing our ideas have been made

with female journalists with own breastfeeding experiences, but these are a rare species! Treasure them if you come across one!

For smaller organizations it may be a problem to react every time issues concerning breastfeeding appear, and it is almost impossible to give a correction every time a false statement on breastfeeding shows up in the press. Here a thorough discussion within the group has to take place on the value of struggling for recognition by the media on the one hand and creative work in the group on the other. A large or established organization will have the possibility to appoint some of their members for publicity work only.

### 3.3 Practical matters of breastfeeding counselling

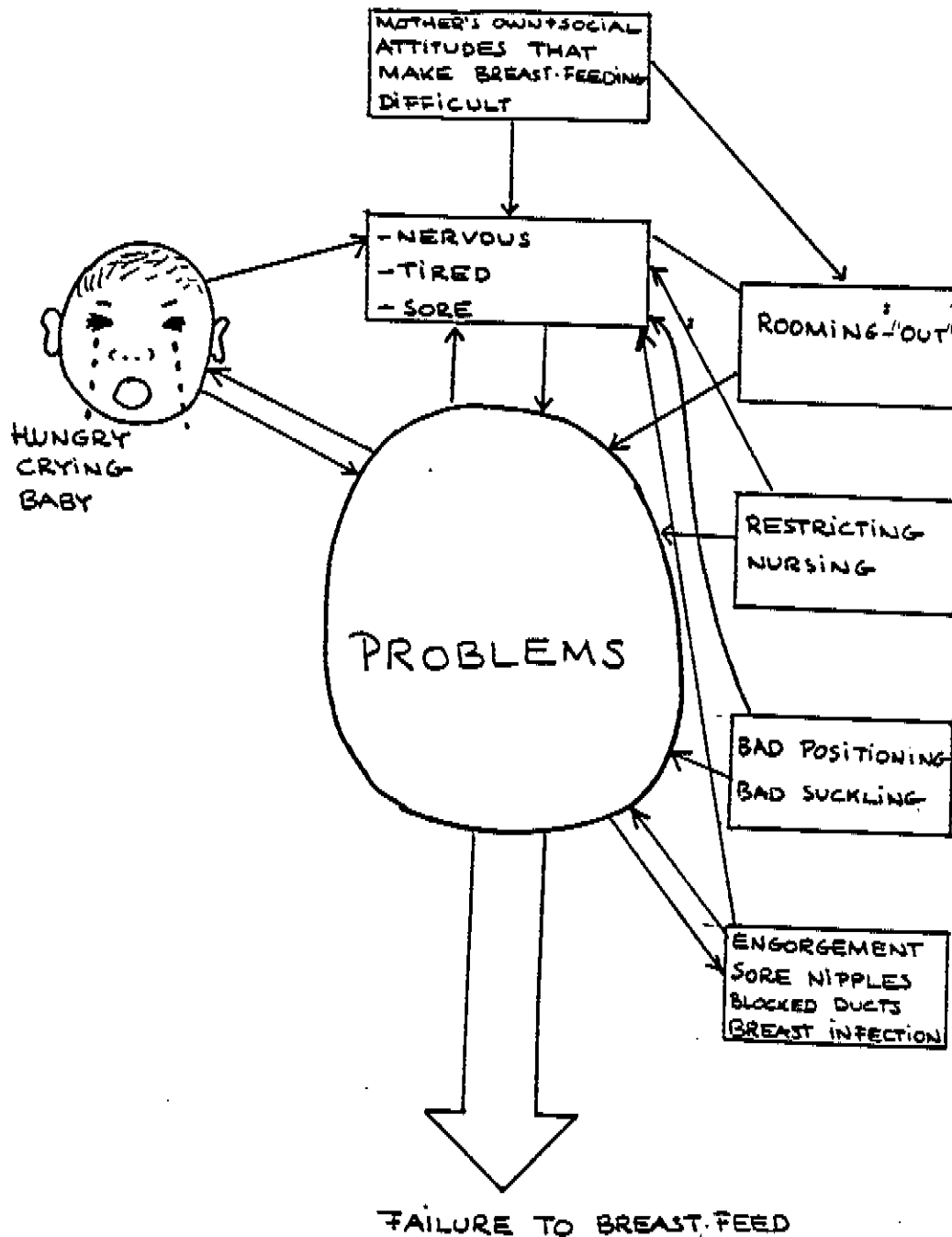
The lectures on practical matters of breastfeeding counselling were especially well received. They brought to our attention a wealth of experience and information.

#### 3.3.1 How to give advice

Ritva Kuusisto from Finland put together some facts on the basics of breastfeeding counselling that apply to all European breastfeeding mothers' support groups. The most important ones are the following.

- (1) Trying to prevent breastfeeding problems through information on breastfeeding to mothers. Only an informed mother will gain self-confidence in her ability to breastfeed.
- (2) Stress the positive facts. In all breastfeeding cases there will be something positive. Help to make mothers aware of this.
- (3) In searching for solutions, it is not enough to concentrate on symptoms! Causes can be found only by carefully listening to mothers, by asking a lot more questions and by making the mother talk about essentials.
- (4) Explanations on causes and effects can follow, see for example the "vicious circle" below.
- (5) Help mothers make their own diagnoses of their special problems and find the solutions. The mother herself has to find out what she really wants to do.
- (6) Encouraging mothers to make their own decisions and to take responsibility for them is the essence of good breastfeeding counselling.

# THE VICIOUS CIRCLE



by Ritva Kuusisto

### 3.3.2 Telephone counselling

Carrelien Spiering from Holland differentiated telephone callers into

- mothers or fathers or others close to mothers
- health personnel
- sympathizers.

She also explained the different types of calls.

- (1) "Information call" - a straightforward question requiring a straightforward answer.
- (2) "Help me call" from mothers with serious problems.
- (3) "Support call", in which a mother needs listening and reassurance.
- (4) "Consultation call", usually from other persons than a mother, where the breastfeeding counsellor's opinion or advice on certain breastfeeding aspects is sought.

The main points to remember when counselling over the telephone are as follows:

- to be objective and not let personal experiences interfere;
- to listen carefully and ask questions as long as necessary;
- only to deal with what you are capable of;
- to stimulate and support the mother by letting her know you have understood;
- to adjust your information, never make it too difficult;
- to explain what your group stands for;
- never to assume responsibility for her.

### 3.3.3 The limits of non-medical counselling

In any counselling situation we must be aware of the limits of non-medical counselling, discussed by Adrienne de Reede from Holland. She stressed the point that breastfeeding mothers' support groups meet parents and their babies at an important and sometimes critical stage of their lives. Breastfeeding as such is not a medical problem, but sometimes it can turn out to be difficult and a mother may need the help of the medical profession.

We should remember to:

- see our limitations and refer mothers to medical workers in cases where mastitis, jaundice or the like has occurred;
- look for cooperation with medical workers, and make sure that they do not look upon weaning as a cure for breastfeeding problems;
- a Professional Advisory Board can help where groups recognize limits of their counselling and enable them to have professional help available instantly.

### 3.3.4 Training of breastfeeding counsellors

Training of breastfeeding counsellors can be very important. Birgit Pfahl from the Federal Republic of Germany presented an example of practices in the Arbeitsgemeinschaft Freier Stillgruppen in Federal Republic of Germany (AFS).

Breastfeeding mothers' support groups in the AFS are united for the same purpose: to help mothers breastfeed their babies. They are aware of the many different ways and means to reach this goal. AFS does not want to set up rules for running breastfeeding mothers support groups but have left the responsibility to each group, respecting their unique situation in respect to area, people and requirements. There is no actual training of counsellors, but women starting their own groups are asked to complement their own practical breastfeeding experience by seriously building up their theoretical knowledge on breastmilk and breastfeeding.

AFS serves groups by offering: "fostering" of new groups by experienced ones; national and regional educational meetings in cities and federal states; a library and a list of recommended books; special working groups on different problems; a file on "breastfeeding in special situations" (person-to-person contacts provided); a monthly newsletter and a group directory; a coordination office and cooperation with other organizations, to ensure a constant flow of information.

#### Discussion of 3.3.1, 3.3.2, 3.3.3 and 3.3.4.

During this discussion we found that the mere fact of breastfeeding counselling requires responsibility on the part of the counsellor, taking for granted enough maturity to recognize this.

We agreed that it is most helpful to distinguish between advice and information. Advice, really, should be of a professional nature. And if we as lay persons - however vast the knowledge on breastfeeding may be - give advice, we may be liable for any results. For this reason some of the breastfeeding mothers' support groups have special insurance policies, hoping that they will never have to use them.

It should be stressed that information is usually what is required of us as breastfeeding counsellors, not the assumption of responsibilities for what is being done with this information. A counsellor should always try to avoid becoming a new authority for the mother, rather she should help the mother to find out what she herself wants.

During the discussion it became apparent that training of counsellors is done in various ways. The requirements for becoming recognized as a counsellor ranged from a set number of months of personal breastfeeding experience to compulsory reading and written examinations. An inexperienced mother is not always an unqualified counsellor, as enthusiasm can make up for knowledge. But the danger of using too much of one's limited personal experience and not realizing what the needs of the other person are, is a hazard for any inexperienced counsellor.

We agreed that whatever the training system, it is most important to learn to recognize one's own limits with regard to counselling abilities and responsibilities.

The limits of our counselling begin where they touch medical terrain. But again, this is no fixed border but rather a thin, moving line, dependent not only on facts, but also on views. It is not up to us to decide whether a problem that makes people turn to us is a serious one. This depends entirely on the feelings of the particular person. We always have to respect this.

#### 3.3.5 Premature babies

Being breastfed can be of vital importance for premature babies, reported Else Balle Nielsen from Denmark. The special composition of the own mothers' milk probably offers optimal chances of thriving and immunological protection for the baby. Mothers of preterm infants should be specially encouraged to get their milk flowing and keep the flow up! It can be laborious to pump or hand-express at regular intervals, and the emotional upset feelings of mothers of at-risk babies can easily hinder the let-down reflex. So, every attempt should be made by hospital staff to ensure that mothers can feed their premies directly at the breast at the earliest possible occasion.

Not only do premature babies need their mother's milk, they also need warmth, love and affection. And who is better capable of providing this but the mother?

Dr E. Rey in Colombia was able to lower the mortality rates for premature babies at his hospital by simply fixing the nude baby from right after birth on to the mother's naked chest. The mother dresses over the baby who then lives in a "womb-like environment with the warmth and movement of the mother and with access to both breasts", Dr Rey says.

#### 3.3.6 Nipple shields

The value of nipple shields and many of the other new "breastfeeding gadgets" was questioned by Susanne Heltzen, Denmark. These rubber nipple shields are designed to help women breastfeed in special situations, like sore or inverted nipples. While these shields can give relief to some women when worn during breastfeeding, they cannot help others. It is, after all, far better to prevent sore nipples which can be caused by physical or psychological problems.

Nipple shells, however, are supposed to be worn during pregnancy and/or between feeds to help inverted nipples to protrude. Experience shows that most women with inverted nipples are able to

breastfeed because the baby will suck the nipple out without having to resort to these shells. Not all new mechanical aids are equally helpful for all women, and some articles are probably being produced simply to exploit the new market created by breastfeeding women.

### 3.3.7 Inadequate milk supply

One of the most common causes of breastfeeding failure is inadequate milk supply, so Rosi Tholin from Sweden looked into this matter.

"Too little milk" can occur at any time of the breastfeeding period. If mothers know that this may happen they will not worry too much: they know their milk supply will soon adjust to the baby's demand. An uninformed mother will not only need to be taught about the demand and supply interaction, she will need a lot of reassurance and encouragement in addition.

There are a few things that should be carefully checked by a breastfeeding counsellor when mothers complain of "not enough milk":

- The baby's weight gain
- How often does the baby nurse?
- Are any feeds being missed?
- How long does the baby nurse? Is the let-down reflex given a chance?
- Are both breasts offered at each feed?
- What about suckling techniques and patterns?
- Does the baby get a supplement? Is the baby given a pacifier?
- Does the mother use breast shields?
- How is the nursing environment?

In a very few cases, there may be illness of the mother or the baby, so these things have to be considered, too. Luckily though, there are very few physical conditions that prevent a mother from producing enough milk for her baby. The main thing always to remember is: Sucking makes milk!

### 3.3.8 Breastfeeding older children

Breastfeeding older children is still a very emotional subject, with a lot of prejudice and preconceived ideas about what is to be considered the "normal" duration of a breastfeeding relationship. All kinds of people set all kinds of limits. But, as Carina Sjögren from Sweden reported, breastfeeding counsellors, drawing from their own and others' experience of weaning habits and customs, do encourage mothers to make their own decision on how long breastfeeding should last.

Many mothers, including those in breastfeeding mothers' support groups, have special reasons for continuing breastfeeding past the "magical" first year: the child may be allergic; the child may not yet be ready to be weaned; or, simply, mother and child appreciate the special relationship they have and want it to last.

The weaning process should always be geared to the individual needs of the baby and the mother and not start at a set time. Breastfeeding an older child can have a lot of advantages for both mother and child. Also the psychological aspects should not be underestimated. Too little research has been done in the field of breastfeeding older children. Also, society's tolerance for mothers breastfeeding their children past babyhood may need to change.

For European mothers, "to breastfeed a toddler is not unnatural, but it is uncultural", quoted Carina Sjögren.

### Discussion of 3.3.5, 3.3.6, 3.3.7 and 3.3.8.

Experiences with breastfeeding older children are about the same in other European countries as in Sweden. But, we asked, how can breastfeeding a "big baby" with teeth who can walk to his/her mother be considered normal behaviour if breastfeeding at all is not yet the norm?

In Europe, unlike in developing countries, breastfeeding for contraceptive reasons is hardly of any importance. In our societies breasts are still regarded as sexual organs whose main function is to please men, and it will take a long time yet to change this attitude and all the hang-ups connected to it!

Critics say that breastfeeding should be performed as part of motherly duties. Getting physical and emotional pleasure out of it is right only for the small baby. For older children it is seen as a habit (that has to be broken!) and for a mother it is considered egoistic behaviour. So, we agreed that we have to keep on working for more and longer breastfeeding in Europe.

### 3.3.9 Cooperation with similar interest groups

When working towards more and longer breastfeeding in Europe, cooperation with similar interest groups can be of great help, as Neredah McCarthy from the United Kingdom said. New breastfeeding mothers' support groups should find out about other organizations in the field of maternal and child health and welfare, such as for example professional organizations of health workers, or consumer groups of various kinds. They should inform these groups about their aims and learn about those of the other organizations.

The more people know about the existence of a breastfeeding mothers' support group, the easier it is to gain recognition. Also, requests for changes, e.g. of hospital practices, get more weight with others supporting your idea. On the other hand, breastfeeding mothers support groups must be prepared to support other groups as well if their cause is in accordance with the groups' ideas.

### 3.3.10 Funding

It is possible to convince others of the importance of breastfeeding without spending much money, as we have all experienced. But, as projects grow, so does the need to finance them. And this is the time when breastfeeding mothers' support groups have to look for funding. Peggy Thomas from the Association of Breastfeeding Mothers in the United Kingdom has done this and reported on how their group went about it.

She mentioned that, as a rule, governments, local authorities or companies do not like to give money to a group for general expenses. So, it is worth remembering when you approach them to ask for funds for specific projects as for example printing and sending free subscriptions of the group's newsletter to hospitals and clinics.

### 3.3.11 Reaching low-income groups

On the subject of reaching low income groups, Patricia Brinton from the National Childbirth Trust in the United Kingdom said that the incidence of breastfeeding is higher among middle-class than low-income women.

Breastfeeding counsellors are very seldom recruited from low-income groups. There is thus not only a social but also a linguistic barrier, especially in the United Kingdom. Women from the low-income groups hardly ever turn to breastfeeding mothers' support groups (or any other organized group) for help. It is therefore up to us to try to reach them!

It is worth trying to do this via hospitals, nurseries, leaflets, popular magazines, health centres and schools. The latter is very important in influencing future parents even though one has to be careful, to approach this task slowly but well. If we overstretch our woman power we may be less effective in the end.

### Discussion of 3.3.9, 3.3.10, 3.3.11.

In the general discussion of the technical aspects, we agreed that it is worth being very thorough in preparing special projects.

Supporting mothers who wish to breastfeed may be quite easy, drawing from our own experiences; counselling mothers with special problems requires a sound knowledge of the subjects. Information, published in leaflets, has to be reliable, and with all written information one has to keep in mind the target group.

Working with groups of similar interest can be very fruitful if the different interests add up to a whole, sometimes quite powerful, movement in the same direction. There is a slight danger of becoming competitive and it is therefore important to set goals and realize each other's limits. It is a good idea to set up working groups for special projects. Within the many active and/or passive members of breastfeeding mothers' support groups in Europe, there are so many hidden talents within different professions, interests and experiences, able and willing to do special jobs, if asked!

During the discussion of fund raising the opinions varied: selling special items for nursing mothers in groups is one way of making money for some - others oppose the idea because they do not want to become tools in a new market for breastfeeding mothers. Financing the newsletter or leaflets by advertisements on the back cover is, not accepted by all. Support through similar organizations is preferable to some. No conclusion on this was reached and the question remained: can we still act and react the way we as breastfeeding mothers' support groups want to and find necessary if we accept outside money - or is there always an obligation connected to it?

The work of breastfeeding mothers' support groups is voluntary in general, but every group should aim at getting reimbursed for expenses. Keeping an account is a must if one does not want to lose track of where personal money - or that of husbands! - went.

If breastfeeding counsellors are engaged in courses run by public or private institutions (public health, antenatal, counselling in maternity wards) or give lectures, some consideration should be given to payment. There is so much unpaid women's work, and in most European countries this means the same as unrecognized. Breastfeeding mothers' support groups are a factor in health care, filling a gap created by changes in society's structure and by inadequacies of health services. Also, as breastfeeding contributes to better physical and emotional health for children, it helps to keep the cost of public health down. This should not be taken for granted by the authorities, but the achievements of any self-help groups in health should be recognized by financially supporting these groups. The funds needed are very small considering the benefits, as this meeting bore witness to.

### 3.4 Working groups

The different working groups gave an in-depth view on various aspects of breastfeeding. Their final recommendations could easily be adopted by all participants because they concerned breastfeeding mothers, not breastfeeding mothers' support groups.

For example the central services of the State to protect breastfeeding mothers in Hungary are good, Eszter Bonta told us. There is no need for any group actions to improve them.

In Yugoslavia the situation of breastfeeding mothers is not too bad either, as Stanka Kranjc-Simoneti said. Eight months' maternity leave gives the opportunity to establish a breastfeeding relationship. Also, all pregnant and young mothers are visited regularly by a district nurse, so information and support are always available.

Childbirth and parenting education has only slowly started in Poland, Eva Nitecka reported. There seems, however, to be a growing demand for parents' support groups. She herself has started a centre for all matters related to childbirth, which is being supported by the State.

#### 3.4.1 Antenatal preparation

Breastfeeding information in antenatal classes and/or breastfeeding mothers' support groups should be given in a way that is not too detailed but can be remembered after birth when needed. It is important that this information is made available to mothers and fathers alike. Maternity personnel should also be taught breastfeeding basics. The distribution of written material on breastfeeding is not enough to help mothers become secure and self-confident in their breastfeeding situation.

Personal contacts, not only with breastfeeding counsellors, but also with persons in the same situation, are of vital importance, as is the knowledge of where to find sources of information and support. Cooperation between central health services and breastfeeding mothers' support groups will help towards reaching those in need of information and support.

#### 3.4.2 The first days

Mothers and medical staff should both know the priorities for happy and successful breastfeeding. These are: rest and care, building up milk supply and keeping happy by having the baby close. Breastfeeding should be encouraged as soon after birth as possible, to make colostrum available to the baby and initiate a good milk flow.

Both mothers and medical staff should know about different feeding techniques and positions, about diet after birth and also about the effects of drugs on breastfeeding, taken during labour or in lactation.

Mothers should always be properly informed and then encouraged to do what suits them and their babies best! Each mother-child relationship is unique and has to be handled as such.

#### 3.4.3 Breastfeeding and weaning

Weaning can mean the process of introducing food in addition to breastmilk and can also mean bringing the breastfeeding relationship to an end.

The experiences from breastfeeding mothers' support groups show that if mothers want to remain in control of weaning - in the sense of ending breastfeeding - they should see to it that it has been accomplished by 12 months. After that, the willpower of the child gets very strong and weaning will not be quite as easy as before.

Mothers who feel comfortable breastfeeding an older baby can leave the time of weaning completely up to the baby. The child will in due course give signs when it is ready to "get off the breast". (Very few continue to want to breastfeed after puberty ....!)

We understand that, ideally, weaning should be as gradual as possible, keeping in mind the needs and priorities of both mother and child. It should be realized that breastfeeding is not the only way of showing love and affection to a child.

Weaning problems, especially with older babies, may often be due to problems in the mother's relationship with other adults, not primarily with her child.

Breastfeeding mothers' support groups do not advocate breastfeeding in the sense of "the longer the better" but rather as a unique expression of the mother-child relationship.

#### 3.4.4 Breastfeeding and working

The working mother's breastfeeding situation is largely dependent on maternity legislation in individual countries. There are still big differences within Europe, as we found out.

We considered that good maternity regulations would allow six months' paid leave following birth with the possibility of an additional eighteen months unpaid leave with the right to return to work. The father should also be allowed leave, if he so desires.

Working mothers are divided into those who can choose whether to go back to work and those who cannot. The first group of women may need help in finding out what they really want (not what is expected of them!). The second group needs practical information on how to handle breastfeeding while working and they need support to succeed in this, preferably from experienced breastfeeding working mothers.

WHO can provide a list of paid and unpaid leave in European countries. The International Labour Office (ILO) has outlined a legal framework to help and protect working breastfeeding mothers.

#### 3.4.5 Practical use of the WHO Code

Breastfeeding mothers' support groups' main aim is to help mothers breastfeed their babies. We do not want to appear as pressure groups against "the baby-food industry".

The Code of Marketing of Breastmilk Substitutes has been developed for the protection and promotion of breastfeeding. So, in this sense, we as breastfeeding mothers' support groups not only have the option, but also the obligation to make use of the Code. There are several possibilities. The main ones applying to every European country are:

- to inform and educate breastfeeding mothers' support groups' members about the Code via discussions and/or newsletters;
- to inform and educate health personnel. It is not enough to get them to believe that breastmilk is best, they must know the practical management of breastfeeding so that they do not resort to bottle-feeding through lack of information;
- to get hospital staff, pharmacies, stores, etc. to take down posters and advertisements of infant formulas, by telling them how mothers are influenced by these;

- to meet with IBFAN representatives (International Baby-food Action Network) to gain more information about each other and perhaps develop a joint strategy;
- to send details of companies breaking the rules of the Code to IBFAN.

### 3.5 International network

After an introduction of the International Breastfeeding Affiliation (IBA) by Thelma Kraft and Elisabet Helsing, both from Norway, a discussion on the advantages of the IBA began. The participants were handed a copy of the draft IBA Constitution and we talked carefully over some points of the constitution. No disadvantages of an IBA could be found. However, our aim was not to come to a unanimous vote, but rather to discuss the advantages that an international breastfeeding affiliation could bring to the European breastfeeding mothers' support groups.

Our expectations for the inaugural IBA Conference, planned for 1985 in Nairobi, were discussed with reference to the "proposal for funding" of this conference.

All the participants were requested to carefully report back to their organizations and give their opinion in writing. We did, however, agree on the following statement, which has been forwarded to the IBA Interim Committee:

"The participants of the Regional Meeting of Breastfeeding Mothers' Support Groups in Europe, 19-24 June 1984, in Bonn, Federal Republic of Germany, have agreed that it would be useful to have an International Breastfeeding Affiliation".

### 4. Conclusion

Everyone was grateful for having had the opportunity to be at this meeting. Our sincere thanks to the WHO Regional Office for Europe for making possible this first large Regional Meeting of Breastfeeding Mothers' Support Groups in Europe!

In addition to learning a lot from each other's different experiences we had an opportunity to compare the various ways in which groups handle organizational matters of a general nature. Sharing knowledge and opinions within the European Breastfeeding Mothers' Support Groups was the first step for further relationships:

In the future, groups will share newsletters; invitations to national group meetings will be extended to all European groups and the results will be shared; articles of scientific research from various medical journals will be collected and abstracts distributed to all groups. For this project and for a future "European Newsletter for Breastfeeding Mothers' Support Groups" we may need further WHO help of a practical nature.

Because we felt that this meeting was a real boost in keeping up involvement in breastfeeding mothers' support groups, we are aiming at another European meeting in a few years' time. The spirit of a meeting like this will be shared with all members of each organization via the newsletters, thus ensuring a lasting and enlarging effect.

Knowing that we are not single persons but rather a crowd working towards the same goal, gave reassurance to all:

Together we are strong!

We also had a lot of fun once the serious work was done. Even then some women were quite productive and, accompanied by laughter, presented the "Bonn Breastfeeding Chorus" (BBC) (see Annex 2). The "Breastfeeding Mothers' Ballet" to the tune of Beethoven's Elise (she too was a breastfeeding mother some time ago) is left to the imagination of the reader!

For some delegates the meeting also meant a further step in personal achievements: a few participants have on this occasion been separated from their family for the first time for more than a day or two. From what I heard, this was looked upon as a chance for women to develop in their field of interest and also for fathers to enjoy and strengthen their relationship with their children.

Some mothers had left their breastfed toddlers at home. They did not regret this decision but were eager to get home after being away for a week! Their feelings were beautifully expressed in a poem by Hallfridur Ingimundardottir from Iceland. The poem plus the English translation can be read in Annex 3.

Those mothers who brought their breastfed children along, seven altogether, had the tough task of attending to their children's needs and concentrating on lectures or taking part in discussions at the same time. They managed beautifully and have my admiration for this. These mothers with their children played an important part in the meeting: they reminded us constantly that promotion of breastfeeding and practical breastfeeding help, on a mother-to-mother basis is above all for the sake of our children.

They also showed us while we were talking about problems in breastfeeding and in organizing breastfeeding mothers' support groups that

breastfeeding is really quite simple!



Foto: Rosi Tholin

LCP/NUT 102/m02  
9092L  
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Annex 1AN OVERVIEW OF SOME OF THE  
BREASTFEEDING MOTHERS' SUPPORT GROUPS IN EUROPE  
AS OF DECEMBER 1984

## BELGIUM

Regionale Stillgruppe des deutschsprachigen Gebietes Belgiens

This group was founded in July 1983.

Breastfeeding counsellors need own breastfeeding experience and have to participate in group meetings before starting their own group. Communication between groups through regular meetings and correspondence. Information to members is circulated through a monthly newsletter.

The groups work on a regular basis with health personnel. They also counsel in maternity wards, give talks in antenatal classes and offer regional, educational meetings.

Contact address

Regionale Stillgruppe des deutschsprachigen Gebietes Belgiens

c/o J. Maes

Am Neudorferberg 4

B - 4730 Raeren

Phone: 087-86 60 31

## DENMARK

Forældre og Fødsel - Ammeraadgivningen

Fældre og Fødsel is an organization concerning pregnancy, childbirth and the postnatal period. The aim of the organization is to support the family whatever might be the problem. Forældre og Fødsel has 4000 members in Denmark and they all receive a monthly newsletter.

One of the 27 subgroups concerns breastfeeding and is called Ammeraadgivningen.

Breastfeeding counsellors must qualify through specific training led by trained counsellors which takes one year.

Activities of the groups are regional meetings and, on request, cooperation with health personnel, counselling in maternity wards and teaching in antenatal classes. Pamphlets on breastfeeding subjects are published in the national language.

Contact address

Ammeraadgivningen

c/o K. Fano

Herlufsholmsallé 2

DK - 4700 Næstved

## FEDERAL REPUBLIC OF GERMANY

Arbeitsgemeinschaft Freier Stillgruppen

Founded in March 1980, this organization consists at present of approximately 300 breastfeeding mothers' support groups all over the country. Counsellors are not specially trained, but special subgroups on various subjects, such as medical problems, drugs in breastmilk

and a library can be used for advice, if needed. Communication between groups by means of a monthly newsletter and regular regional meetings.

Cooperation with health personnel is sought, regional, educational meetings are organized and the dialogue with medical students and trainee midwives is practised on a regular basis.

The organization has published pamphlets in German, a poster and a film on breastfeeding.

Contact address

Arbeitsgemeinschaft Freier Stillgruppen  
c/o Ms S. Brunn  
Rheingastr. 14  
D - 5429 Welterod

Phone: 06775 - 13 68

FRANCE

Solidarilait

This group was founded in 1981 by professionals with their own breastfeeding experience. The group offers advice on breastfeeding mainly by telephone and group meetings.

Major efforts are being made to motivate experienced breastfeeding mothers to help others. Further activities include cooperation with health personnel, counselling in maternity wards and conducting regional meetings.

Contact address

Solidarilait  
c/o Dr V. Barrois  
Le Lactarium de Paris  
26 Bd. Brune  
F - 75014 Paris

Phone: 5 39 22 15

Info-Allaitement

An organization of breastfeeding mothers, founded in 1983. As well as breastfeeding counselling and other measures to raise the incidence and duration of breastfeeding, the group's main interest lies in implementing the requirements of the WHO Code of Marketing of Breastmilk Substitutes in France.

Contact address

Info-Allaitement  
c/o Ms D. Coutourier  
Bayers  
F - 16460 Aunac

ICELAND

Ahugafélag um brjóstagjöf

This group concerned with encouraging breastfeeding was founded in 1982. Counsellors need special qualifications, acquired through training offered by experienced breastfeeding counsellors. Written material is circulated for information on breastfeeding.

Group meetings are extremely difficult because of distances and weather conditions, so phone - and letter - counselling is in strong demand.

Contact address

Ahugsfélag um brjóstgjöf  
Hólavegur 13  
Is - 550 Saudárkrókur

NETHERLANDS

Vereniging Borstvoeding Natuurlijk

Founded in 1978, this organization has nearly 1000 members at present who are supplied with a regular newsletter.

Breastfeeding counsellors have to complete a training course of about one year and measure up to certain requirements. Communication between counsellors is through circular letters and regional training sessions.

In addition to the regular work of the subgroups, the organization is engaged in cooperation with health personnel, lectures to maternity personnel, nurses, medical students and in antenatal classes.

The group has published material on all aspects of breastfeeding as well as produced films, posters and slides.

Contact address

Vereniging Borstvoeding Natuurlijk  
Postbus 119  
NL - 3960 Wijk bij Duurstede

NORWAY

Ammehjelpen

This self-help group was founded in 1968 and has at present got 450 active voluntary counsellors and 500 members. The standard of knowledge of the counsellors is kept on a high level through lectures and seminars arranged by local groups and the executive committee. Communication between the groups is mainly done through newsletters.

The groups cooperate on a regular basis with health personnel and organize regional, educational meetings.

Material from the organization includes pamphlets on breastfeeding subjects, visual aids such as slides and a video tape called "Amning".

Contact address

Ammehjelpen  
St. Olavsgate 5  
N - Oslo 1

SWEDEN

Amningshjälpen

This breastfeeding mothers' group was founded in 1973 and has 250-300 active counsellors at present.

Counsellors do not have to have had their own breastfeeding experience but must answer 20 questions on breastfeeding and attend meetings and mothers' groups.

Group leaders are engaged in courses at the mother health clinics and help with "wet nurse" education. They work on a regular basis with health personnel, counsel new mothers in maternity wards and give talks in antenatal classes.

The International Group in Amningshjälpen has given financial aid and moral support to different projects all over the world.

A newsletter is published four times a year and various pamphlets, a poster and postcards on breastfeeding have been published.

Contact address

Amningshjälpen  
Box 209 51  
S - 93102 Skelleftea

UNITED KINGDOM

Association of Breastfeeding Mothers

Founded in August 1980, this registered charity group has had a steady growth to 40 active voluntary counsellors.

Qualification for counsellors includes having breastfed their own children for a minimum period of one year, reading and practice counselling questions. Communication between groups is mainly through newsletters to all members, and "Complement", a newsletter for counsellors only.

Areas of work include breastfeeding counselling by phone and post and running mother and child groups around the country. The Association of Breastfeeding Mothers has printed material on every aspect of breastfeeding as well as leaflets which are widely distributed to clinics, schools and hospitals.

Contact address

Association of Breastfeeding Mothers  
c/o P. Thomas  
131 Mayow Road  
UK - London SE 26 4HZ

Phone: 01 - 461 00 22

National Childbirth Trust  
Breastfeeding Promotion Group

The National Childbirth Trust was first founded in 1956 by a group of women to help prepare other women for pregnancy, childbirth and the post natal period. In 1968, the Breastfeeding Promotion Group was founded within the National Childbirth Trust to deal specifically with everything to do with breastfeeding. There are currently about 540 voluntary counsellors and 500 in training.

The specific areas of work of the Breastfeeding Promotion Group are breastfeeding counselling, antenatal talks on breastfeeding, workshops for professional health workers on all aspects of breastfeeding, postnatal support groups for breastfeeding mothers, study days for counsellors and interested mothers and counselling in maternity wards.

The National Childbirth Trust publishes leaflets on all aspects of childbirth, and the Breastfeeding Promotion Group has a wide range of leaflets on breastfeeding, including one produced specifically for the Asian community in five Asian languages.

NCT produces a quarterly magazine called "New Generation" and the Breastfeeding Promotion Group also produces an occasional news sheet for its breastfeeding tutors who train new counsellors.

Contact address

National Childbirth Trust  
Breastfeeding Promotion Group  
9 Queensborough Terrace  
London W2 3TB

Phone: 01-221-38 33

There may be further breastfeeding mothers' support groups in Europe, not yet identified, which will qualify as a group with true national and/or local characteristics.

Breastfeeding mothers' support groups in Europe qualify as "national" if they are

1. self-responsible
2. not connected to, or supervised by, or responsible to or part of any national or international public health authorities or international private organizations.

Other breastfeeding mothers' support groups belonging to the international group of La Leche League are represented in various countries of western Europe.

Annex 2

Bonn Breastfeeding Chorus  
by  
Shirleyanne Seel

There were ten worried mothers phoning for advice,  
Ten worried mothers phoning for advice,  
But one gave the breast as often as she liked,  
so there were

Nine worried mothers phoning for advice,  
Nine worried mothers phoning for advice,  
But one worried mother got help from all her friends,  
so there were

Eight worried mothers phoning for advice,  
Eight worried mothers phoning for advice,  
But one mum and babe stayed in bed all afternoon,  
so there were

Seven worried mothers phoning for advice,  
Seven worried mothers phoning for advice,  
But one worried mother nursed her baby through the night,  
so there were

Six worried mothers phoning for advice,  
Six worried mothers phoning for advice,  
But one stopped worrying and breastfed in the park,  
so there were

Five worried mothers phoning for advice,  
Five worried mothers phoning for advice,  
But one baby learnt to suck and latched himself on right,  
so there were

Four worried mothers phoning for advice,  
Four worried mothers phoning for advice,  
But one played some music and the milk began to flow,  
so there were

Three worried mothers phoning for advice,  
Three worried mothers phoning for advice,  
But one got bold and ignored her ma-in-law,  
so there were

Two worried mothers phoning for advice,  
Two worried mothers phoning for advice,  
But one mother's husband stayed at home to help her out,  
so there was

One worried mother phoning for advice,  
One worried mother phoning for advice,  
But she phoned the rest and formed a self-help group,  
so there were

No worried mothers phoning for advice.

Annex 3

## Brjóstabæn í Bonn.

Ljúfingur ljúfi, nú finnurðu brátt  
mömmuna mjúku þína,  
Óþreyjufullur faðmur tekur þér mót  
og sólin fer aftur að skína.

Milli svefns og vöku vellíðunar ég finn  
hlýju hnékollana smáu,  
Þetta hönd sem gælir blítt  
við brjóstkonuna sína stóru.

Brjóstin belgjast af disætri mjólk  
og biða þess eins að tæmast,  
kitlandi straumur fagnaðar og friðs  
flæðir um allar taugar.

*Hallgrímur Ingimundardóttir*

Translation

A breastfeeding prayer in Bonn

Dearest dear, you soon will find  
your soft mummy,  
longing arms will embrace you  
and the sun shines anew.

Half awake, feeling good,  
I find the soft, little knees  
and a tiny hand gently touching  
its big mother's breasts.

The breasts are bulging with sweet milk,  
waiting to be emptied,  
a tickling stream of joy and peace,  
floating through all nerves.

Annex 4

Information day - open to the public

Open day: invitation to the public

The Open Day of the Regional Meeting was designed to draw the attention of the German public to the theme: "Breastfeeding - more than infant nutrition" (see the programme, Annex 5). The various aspects of breastfeeding and the list of well-known speakers attracted especially doctors and medical personnel.

Welcome

Sylvia Brunn welcomed the audience of approximately 120 people.

Mrs Ellen Wolf from the Federal Ministry of Youth, Family and Health addressed the meeting. Mrs Wolf who is in charge of women's politics within the Ministry said that breastfeeding one's child was the right of every mother. In the Federal Republic of Germany several measures have been taken to help women breastfeed, such as developing rooming-in facilities in hospitals and extending paid maternity leave to six months after birth. She also mentioned the value of self-help groups in the field of health, and the support these groups receive from the Government.

A threat for mothers who wish to breastfeed can be seen in the fact that there are pollutants in mother's milk, but further research is being made on this subject with the help of the Government of the Federal Republic of Germany.

Mrs Wolf wished the Regional Meeting luck and success and a good stimulation for future work in all European breastfeeding mothers' support groups.

Breastfeeding mothers' support groups - what do they do?

Barbara Reuter from AFS Germany gave an insider's view on the work within the breastfeeding mothers' support groups to familiarize the audience with the WHY and HOW of our work. Active in breastfeeding counselling since 1977 and a founding member of the AFS, she spoke on the development of groups in Germany and the growing demand for practical counselling. Support of new breastfeeding mothers' support groups is Barbara Reuter's main interest. These groups often need help or just special hints from an experienced counsellor in organizational as well as in practical matters.

"It is not a shame for a new breastfeeding counsellor not to know the answers to each and every problem that may occur, it is more important to know where to turn to for the right answers."

Breastfeeding counselling in hospital

Professor Christoph Werner is head of the department of gynaecology and obstetrics in the Bethesda Hospital in Duisburg, Federal Republic of Germany. Since 1977, he had invited women from breastfeeding mothers' support groups to speak at antenatal classes run at the hospital.

These practical breastfeeding lessons were very successful and led to the regular employment of a breastfeeding counsellor in the hospital. For a start, many discussions between all professions in the maternity ward and the breastfeeding counsellor, a lay person, were necessary. Only the unanimous opinion of medical staff and lay counsellor on all practical and medical aspects of breastfeeding grants optimal information and reassuring counselling for mothers concerned.

"After seven years of experience with breastfeeding counselling through lay persons in hospital, we can say that the breastfeeding counsellor plays an important role which extends beyond caring for new mothers in the hospital well into months after discharge. This is a great help not only for breastfeeding mothers, but for the hospital staff as well", Professor Werner said.

Breastfeeding in regard to contamination of mother's milk

Professor Hubertus von Voss is head of the Children's Clinic at the Florence Nightingale

Hospital, Düsseldorf, Federal Republic of Germany. He is a strong advocate for breastfeeding premature and/or sick children. He has also worked on the possible reasons for the breastfeeding decline (?).

The organochlorine concentration in human milk is dependent on the levels in the blood, the degree of solubility and ionization and mechanism of transport across membranes. Side effects of these substances in human milk on the organism of newborn children are not well known. It could be demonstrated, however, that organochlorine compounds stimulate the metabolism by increasing the oxydation rate of liver cells. Furthermore, elevated rates of cell division can be expected. Lymphatic cells may thus be partially damaged and antibody production may be diminished.

Milk from mothers on different diets has been analysed in order to study the possible relationship between levels of pesticide and PCBs in human milk and long-term dietary habits. New results of investigation show a decline since 1967 of organochlorine contaminant levels in human milk. These levels differ from country to country.

"Although the calculated intake by some breastfed infants perhaps exceeds the acceptable daily intake, it does not constitute a reason for recommending any restrictions on breastfeeding", von Voss said.

#### Nutrition of the breastfeeding mother

Professor Gerhard Schöch is director of the Institute of Infant Nutrition in Dortmund, Federal Republic of Germany. He has reported the benefits of mother's milk in infant nutrition in numerous scientific publications.

"In the past, the nutrition of nursing mothers has not always interested the scientific community in a way corresponding to its practical importance. Thus, simple instructions for converting theoretical recommendations into practical terms are still missing."

Professor Schöch presented a concise extract of current knowledge, drawn from the recommendations of the committees on nutrition from various countries. Consideration is restricted to mid-European women whose average nutrition is known to be satisfactory.

During the nursing period a mother should eat in a way to keep her body weight constant, because human fat reserves are a depot for persistent environmental pollutants. The concentration of these pollutants in milk fat will increase with catabolism of body fat. Considering this, the mother should supplement all of the 660 kcal needed for the production of 800 ml milk, the approximate amount a mother produces after about the eighth week.

A varied, mixed diet maintained by a mother during pregnancy and nursing will protect mother and infant against easily avoidable nutritive deficiencies. Mineral and trace element supplements mainly protect the mother from exhausting her reserves. Vitamin supplements in the mother's diet also lead to an increased vitamin content of mother's milk, with vitamin A, folic acid and vitamin C being the ones to be supplemented in particularly large quantities.

The nutritive goals can be met with:

1/2 l of full-cream milk, which covers the requirements for high-quality protein, calcium and vitamin B2. Half of the meat consumption should be pork since it contains more vitamin B1 than any other meat; pork liver is rich in iron (low in pollutants since the animals are killed when less than one year old). Sea-fish is a good source to improve the iodine supply. Vegetables with large amounts of folic acid should preferably be eaten raw since most folic acid is destroyed by cooking. An important source of vitamin C is potatoes, often underestimated.

#### The psychosocial aspects of breastfeeding

Dr Jutta Peters has been counselling breastfeeding mothers for some years now in the area of Frankfurt, Federal Republic of Germany. She has acquired a vast knowledge of the advantages of mother's milk as well as own breastfeeding experience.

The cerebral immaturity of the newborn child makes it totally dependent on its mother's care for a long time. Breastfeeding offers the possibility for optimal development of the child, according to its individual needs. Close physical, mental and emotional contact between the breastfed child and its mother enables the child to get to know and understand its surroundings very early.

Under the protective influence of the mother, social attitudes are learned at an early age. At the same time, the breastfed infant is very mature as far as feeding habits are concerned: by intensity and frequency of sucking, the child cares for his food himself and also shows when he is ready for "adult food".

"In a natural breastfeeding relationship, the baby gives up maternal protection and breastfeeding when he is ready to. The breastfed child thus has the possibility to become an independent, self-assured and socially integrated individual in his very own rhythm", Jutta Peters said.

#### Breastfeeding in a feminist perspective

Elisabet Helsing, founder of the Norwegian "Amnehjelpen" is at present working as a nutrition adviser for WHO.

During pregnancy, birth and breastfeeding, women receive a double message from society: they carry out a sacred duty, but they are unclean at the same time. In reality, such societal sanctions are well-known suppression mechanisms, designed to arouse confusion and weaken the "victim".

Some early feminists saw in fact the only solution to this problem in liberating women from their biological reproduction cycle: they welcomed the test-tube babies and bottles of the Brave New World.

Knowing that it will never be possible to imitate nature successfully in this respect, the new feminist movement on the contrary will not separate out the biological part of womanhood, but rather work towards less negative attitudes within society in regards to menstruation, pregnancy, birth and breastfeeding. These functions should not be looked upon with shame or secretive behaviour but be accepted as natural, normal and proud parts of womanhood.

Elisabet Helsing spoke on behalf of many women when she said: "There must be room for breastfeeding outside the private home, and life must be made easier for breastfeeding women working outside the home".

#### The WHO International Code of Marketing of Breastmilk Substitutes

Nancy Jo Peck is a biologist and works for the Geneva Infant Feeding Association. She is also engaged in the work of IBFAN.

"The WHO Code of Marketing of Breastmilk Substitutes is a tool that can help us to stop unnecessary suffering of the smallest and most sensitive human beings", Nancy Jo Peck said. Infants were dying because they were not breastfed and therefore WHO has formulated this Code which regulates the advertising and marketing practices for breastmilk substitutes on important points. The Code requires:

- no direct advertising, aimed at consumers;
- no contact between marketing personnel and pregnant women, mothers and their families;
- no gifts or donations to health workers;
- no posters and no direct or indirect distribution of free samples or other advertising material in institutions of the health system;
- no pictures of infants or terms such as "humanized", "maternalized", etc., on labels of infant formula containers.

What can we do in Europe to make this Code work? The Code is to be used worldwide! All members of the WHO (except one) have voted for its implementation. The Code is valid in third-world countries as well as in industrialized countries. The Code is independent of and stronger than national legislation. Watching the use of the Code should be a duty for all of us!

Anyone can find out where and when manufacturers of infant formula do not stay within the regulations of the Code. As consumers and citizens of export countries of these products, we have the obligation to work actively for the health of our children.

### The breastfeeding mother in the arts

Professor Hans Czermak, paediatrician from Vienna, is known as the initiator of a "breastfeeding renaissance" in Austria. In the course of decades of practice he has gathered the probably largest collection of items of "The breastfeeding mother in the arts".

Ancient Egypt was the centre of the type of "mother goddess with child" in the form of Isis with her child Horus. A first item of this scene can be dated back to 1900 BC.

In Greece, pictures and sculptures of mother and child can be traced back well into 3000 BC.

600 years after Christ, the last Isis culture was forcefully suppressed, and instead of Isis and Horus, it was now the deeply honoured Mother Mary and her child Jesus who became an object of the artists over centuries.

From the 12th century we know mosaics, statues and reliefs depicting the "Madonna lactans": Perhaps these expressions of breastfeeding madonna were a sign for the melting of understanding and believing the mystery between mother and child.

The artists of the 15th century created the most beautiful paintings of lactating women. In the 16th century Leonardo da Vinci, Tintoretto, Tizian, El Greco, Rafael, Breughel, to name just a few, took to this theme with unbound variety.

In the 19th and 20th centuries, pictures of breastfeeding mothers not only show a more or less idyllic scene, they also gave witness of the social environment: Picasso and Chagall, Käthe Kollwitz and Paula Becker-Modersohn. Their breastfeeding mothers can also be seen as a personal expression of the artist's understanding of motherhood.

Annex 5  
PROGRAMME

Tuesday, 19 June 1984 - Arrival of participants, check-in

Wednesday, 20 June 1984

- 9.30 - 12.00 - Welcome  
- Presentation of self, organizational experience  
- What do I expect of this meeting?
- 14.00 - 16.30 Technical and social aspects of breastfeeding and breastfeeding mothers' support groups  
- Changes in maternity ward routines  
- Self-help and help in breastfeeding mothers' support groups  
- Meetings with health personnel  
- Common problems in getting a group started  
- The media - how can they help us promote breastfeeding?  
In between: films and slides on breastfeeding

Thursday, 21 June 1984

- 9.30 - 12.00 Practical matters of breastfeeding counselling - pick your choice!  
- How to give advice on breastfeeding  
- Reaching low-income groups  
- Breastfeeding older children  
- The use of nipple-shields  
- Premature babies, care of those in  
- Cooperation with the hospital  
- Telephone counselling  
- Training of breastfeeding counsellors  
- Where are the limits of nonmedical counselling?  
- Inadequate milk supply  
- Cooperation with similar groups of interest  
- Funding - how to get it?

Working groups on:

- Antenatal preparation for breastfeeding  
- Breastfeeding in the first days  
- Breastfeeding and weaning  
- Breastfeeding and the working mother  
- How to use the WHO Code of Marketing Breastmilk Substitutes  
- Working with health personnel

Friday, 22 June 1984

- 9.30 - 17.00 Breastfeeding - more than infant nutrition  
An information day, open to the public

Saturday, 23 June 1984

- 9.30 - 12.00 International network  
- International Breastfeeding Affiliation - an introduction to IBA  
- Questions and answers on IBA  
- Regional network for Europe
- 14.00 - 16.30 Working groups' reports  
- Discussion and final adoption of working groups' reports  
- Results and recommendations  
Summing up

Sunday, 24 June 1984 - Departure of participants