



In this groundbreaking issue, *Stork Magazine* brings you a new non-profit, **Babes for Breastfeeding**, to show you how to be inspired, prepared, and empowered to breastfeed successfully and feel fabulous. Our glamorous cover photo made history!

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Babes for Breastfeeding™

by Danielle Rigg, JD, CLC and Bettina Forbes, CLC

Two mom-preneurs have founded Babes for Breastfeeding™, Inc., a not-for-profit, and Best for Babes™, LLC, its funding arm—BfB for short—to “market breastfeeding to be as mainstream as motherhood itself”™. “Our vision is to do for breastfeeding what the Demi Moore/Annie Leibovitz cover of Vanity Fair did for maternity, what Nike did for fitness, and what Susan G. Komen has done for breast cancer” say co-founders Bettina Forbes, CLC and Danielle Rigg, JD, CLC. “Women are being urged to breastfeed, but are still being set up to fail. It’s a lot like telling someone they should learn to ride a bike—except they’ve never seen one, and all they’ve heard about are skinned knees,” explains Forbes. “We feel that new moms don’t need more pressure or more guilt,” adds Rigg. “Our mission is to inspire, prepare and empower women to breastfeed successfully and feel fabulous about it.”

BfB is bringing new moms positive and inspiring images and messages, great celebrity and every day role-models, evidence-based, smart info and stylish products. “I was one of those women myself who wasn’t initially keen on breastfeeding, even though I knew it had many benefits, so I can identify with women who are ‘on the fence’” says Forbes. “Many of my friends and peers didn’t identify with the traditional breastfeeding image, either, and were not adequately motivated or prepared. We ended up with problems that could easily have been avoided” says Forbes. Rigg tells another but equally challenging story. “I was fully planning to breastfeed, but neither my hospital, my midwife, nor my pediatrician helped me, so I got off to an unnecessarily rough start.” “I thought I was prepared but clearly wasn’t aware of other factors that tripped me up.” Rigg became a certified lactation counselor because she wanted to help other moms. Both founded BfB to give new moms what they need to get ahead of the game, beat the booby traps

and fit nursing into their modern, multi-tasking lifestyles.”

Under the leadership of actress and NY Times best-selling author Marilu Henner, noted celebrity pediatrician, professor and author Dr. Jay Gordon, and internationally renowned breastfeeding expert Marsha Walker the new organization is the first of its kind. “Until now, no one has brought together an interdisciplinary team of corporations, celebrities, foundations, fashion, and the media to spur a top-down, pro-breastfeeding culture change. Breastfeeding has had no Bill Gates, Gore, or Bono,” states Forbes. BfB’s growing corporate alliance already includes Glamourmom, Hotslings, Lilabeau, Spa Botanical, Expecting Models, Power of Birth and The Family Groove. Fellow social entrepreneur Farley Boyle, founder of non-profit Chase for Life, is also aligned with the group, and others are expected to follow suit.

“Our society is still squeamish about breastfeeding”, explains Ms. Walker, “and because of insidious and complex barriers, not enough moms are making it past the first few weeks. Moms, babies, society and even the environment are losing out.” Despite mounting evidence of the irrefutable and remarkable benefits of breastfeeding exclusively for at least six months, as recommended by the American Academy of Pediatrics, rates of exclusively breastfed infants—at 11.4% at six months in the U.S., according to the Centers for Disease Control—lag well behind other industrialized nations (e.g., Sweden’s rate is nearly triple). The World Health Organization and UNICEF have declared low rates of breastfeeding worldwide to be an international public health crisis.

Dr. Gordon notes, “Breastfeeding can be a problem-free and wonderful experience. Unfortunately, too many moms are not getting the help they need, leading to unnecessary difficulties, and many wind up feeling regret and unfairly blaming themselves. More emphasis needs to be put on eradicating the obstacles as outlined by the American Academy of Pediatrics.” These include “insufficient prenatal education about breastfeeding; disruptive hospital policies and practices . . . the absence of workplace facilities and support for breastfeeding; lack of family and broad societal support; media portrayal of bottle feeding as normative; commercial promotion of infant formula through distribution of hospital discharge packs, coupons for free or discounted formula, and some television and general magazine advertising; misinformation; and lack of guidance and encouragement from health care professional[s].”

The glamorous cover and feature articles of online Stork magazine are BfB’s first in a series of initiatives aiming to promote a broader cultural acceptance and celebration of breastfeeding. “Nursing women deserve to see themselves as beautiful and to feel fabulous while giving their best to their babies,” says Liza Elliott-Ramirez, founder of www.storkmagazine.com and Expecting Models East/West. Rigg and Forbes point to the iconic nude photo of Demi Moore at eight months pregnant, the fitness craze and the environmental movement. “Celebrity pioneers and independent advertising and media campaigns have been very helpful in moving progressive trends quickly into the mainstream.” “Breastfeeding needs a similar, highly visible makeover,” adds Ms. Henner, “and I am appealing to other celebrities to join me and Babes for Breastfeeding.” The Stork magazine issue features articles by Henner, Walker, and popular New York City lactation consultant Heather Kelly.

“Like promising athletes, new breastfeeding moms need to be motivated, coached and cheered on,” said Forbes and Rigg. BfB’s initiatives are designed to do just that, packaged in a way that mainstream moms will love.

Super (Nursing) Model Jessica Hebert: Taking it to a Whole Mother Level

by Danielle Rigg, JD, CLC and Bettina Forbes, CLC, Founders of Babes for Breastfeeding, Inc.

Watching new mother and cover model Jessica Hebert breastfeed her baby girl, Luna, born this May, during our cover shoot, was absolutely breathtaking. The grace, dignity and confidence she radiated while striking a pose was incredible. You would never have thought that, like most new mothers in America, she originally knew very little about breastfeeding.

Jessica and her partner Marcus set out to get educated before Luna's birth. "Neither Marcus nor I were breastfed as babies. But he was 100% for breastfeeding and I am so grateful to him for doing a lot of research in advance. We both watched baby shows and read a ton about breastfeeding while I was pregnant. Marcus' support was and continues to be invaluable. We are also very passionate about not wasting more of earth's resources when my body produces everything this child needs for a strong start in life."

Jessica was also smart to spend a lot of time with her best friend who was nursing. "It was great to have 'hands-on' experience and to learn from her." By the time Luna was born, Jessica knew to put her immediately on her bare chest for her first feeding. The two began what has turned into an awesome breastfeeding relationship. "We have had no problems, I still can't believe nothing has gone wrong. I breastfeed anywhere and everywhere." Jessica breastfeeds Luna on Luna's cues, not according to a schedule, and "Luna is such a happy baby, and rarely cries. We have also taught her to self-soothe by encouraging her to suck on her fist or thumb because we read that pacifiers can lead to more ear infections." On the subject of sleeping, Jessica finds that co-sleeping safely with Luna in bed "gives everyone a better night's sleep." And, she adds, "it is so, so sweet."

Jessica's story is a clear example of how well breastfeeding can go. All too often vulnerable new mothers only hear horror stories about breastfeeding, most of which could have been avoided by following a few basic tenets. First, having a commitment to breastfeed is essential. Women who have the clear intention to breastfeed before they deliver give themselves a better chance of succeeding. But having that commitment is not necessarily enough. So, secondly, expecting mothers need to get educated about breastfeeding while they are still pregnant. Seeking out lactation support, attending a comprehensive breastfeeding class and, very importantly, watching other mothers nurse, are all key parts of the education process. It is also very helpful to reflect on any personal barriers you may have—like squeamishness or family disapproval. This is why, even though mom is the one with the boobs, having a partner who is informed about breastfeeding and behind you is very important and will contribute to your success. You will both want to be on the same page because this is your first parenting opportunity together.

Lastly, like Jessica, you want to trust your instincts. Breastfeeding isn't about rules, it's about following your heart and tuning into your baby's needs. When you do that you get an experience that you just can't bottle. In Jessica's own words: "Ohhh, it has been the most wonderful thing

for us...when she looks up and stares into my eyes. It's the most heart-warming and comfortable thing for me."

Like modeling, breastfeeding is a confidence game, and because of that, Jessica excels at both.

It's Your Baby, Babe!

by Marilu Henner

Why is it that some babies latch on and others don't? Why is it that some women find it so difficult to breast-feed and others find it to be as natural as a cat with her litter of kittens? I was obsessed with these questions long before my own pregnancies and did extensive research on the subject while I was pregnant. Perhaps the most important information I found was in several nonconventional books. They said that it's very important to put your baby to your breast immediately after birth, when the natural sucking instinct is strongest. This might not seem like a big deal, but it can make the difference between getting off to a great, easy start and a so-so, possibly frustrating start. If a baby doesn't suckle right away, he may not get another urge to do so for a while, and by the time he does, he may be too tired or too upset to nurse well. This makes it all the more likely that he will be fed formula in a bottle, which can easily become the baby's first choice, since it was the method of his first meal. That is why breast-feeding must be started before he does anything else, before the nurses take him away to be washed, measured, and weighed. I tried this with both of my boys and both of them latched on immediately. They were barely out of me (the cord was being cut!) when I put them on my breast. And they both took to it without any problems. I had an agreement with my doctor and the hospital in advance of the birth. At the time it was not considered normal procedure. The problem for many moms is that most hospitals have very organized procedures that seem to be more concerned with hospital efficiency and speed than with the needs of the mother and child.



So it's very important that you create such a contract with your doctor long before your due date. Your doctor should know that it's *your* baby and give you what *you* want. And because you're the mother, you shouldn't let anyone talk you out of this. Start standing up for what's best for your child. Because of the volume of patients, hospital administrators want to make everything convenient for their staff. The more moms stand up for themselves and their babies, the more likely this is going to change.

In the old days, hospitals would immediately take your baby away, wash her, measure her, put silver nitrate in her eyes, get her little footprint, and eventually get her spanking clean. How shocking this must have been for a newborn. It was also a way to get mom out of the room, get everything moved on, give the baby a bottle, and park her in the nursery with other babies. It was much easier for the hospital to keep all the babies in the same room and feed them with a bottle instead of carrying them all the way back to their mom when it was time to feed them. If babies are given bottles, especially in those first couple of days when it's so difficult for them to develop the skills that are necessary for suckling, the convenience of the bottle may keep them from adapting to the breast. That is why it is so important not to confuse a baby and give her a

bottle in the early stages. Hospitals were, and some still are, concerned about the day or two that mother and child are spending with them and have little regard for the long-term effects their procedures could have on the mother and child's bonding and breast-feeding.

Breast milk is truly amazing

When Nicky was a month old, we traveled to Colorado, and the change in altitude made him congested and gave him his first stuffy nose. I was in a panic, and didn't know what to do for him, so I called my pediatrician. He said, "Get a small eyedropper, fill it with breast milk and put drops of it in his nose." I couldn't believe it! Breast milk as a decongestant? But I was desperate, and sure enough, within seconds of inhaling a familiar taste, he was able to sleep through the night. The whole time I breast-fed I was able to use breast milk for everything. Every time my boys had diaper rash or a cut or and allergic reaction to a new food, all I had to do was apply breast milk and the condition went away. Breast milk truly is one of God's miracles.

Babes for Breastfeeding comments: The steps Marilu took to ensure her sons latched right after birth made a huge difference. Believe it or not, a baby can even be laid across the mother's chest while an emergency c-section is being closed up, and that baby will have an opportunity to latch on and get off to a much better start! But you will need to make your wishes clear in no uncertain terms. Better yet, try to find a breastfeeding-friendly hospital (see list at www.babyfriendlyusa.org) in your area. Occasionally (but more rarely than we are often led to believe) there may be an unforeseeable situation where it becomes necessary to supplement with pumped breastmilk--either your own, or breastmilk donated or purchased through a milkbank--or artificial milk (in case human milk is not available). In that case, make sure the baby is fed using a teaspoon or with the technique of cup-feeding which will not interfere with the baby's latching on the breast. Always make sure to get help from a qualified, certified lactation counselor or consultant, and consider switching to a breastfeeding-friendly pediatrician.

Employment and Breastfeeding: Making it Work

By Marsha Walker, RN, IBCLC

Almost two thirds of new mothers return to work during the first year after the birth of their baby. However, maintaining breastfeeding in the absence of rational maternity leave policies, unsupportive employers, and uncertainties in child care has proven to be difficult for many mothers.

Communicating with your employer

Do some advance planning during your pregnancy to maximize the amount of your maternity leave and assure that arrangements are in place for you to either nurse your baby at work or pump milk during your work day. Check with your union and/or employer regarding maternity leave options, parental leave, sick leave, vacation time, personal days off, unpaid family leave, short term disability, alternative work schedules, and lactation support programs or arrangements. Thirteen states have laws related to breastfeeding in the workplace, California, Connecticut, Georgia, Hawaii, Illinois, Minnesota, New Mexico, Oklahoma, Oregon, Rhode

Island, Tennessee, Texas, and Washington. If you live in any of these states make sure you know what the law says. Have your pediatrician write a letter to your employer stating that breast milk and been prescribed for your infant and requesting that your employer accommodate your pumping needs. See <http://www.workandpump.com/letter.htm> for a sample letter.

In the hospital

The best way to assure an abundant milk supply is to get off to a good start in the hospital. Right after your baby is born make sure he/she is placed on your chest and offered an opportunity to latch to the breast at that time. If you have a cesarean delivery, assure that your baby will remain with you in the recovery room and breastfeed while the anesthesia is still in effect. Keep your baby with you during your hospital stay, feeding 8-12 times each 24 hours. If your baby is sleepy, keep him/her skin-to-skin and use feeding cues to know when it is time for a feeding (rapid eye movements under the eyelids, sucking movements of the mouth and tongue, hand-to-mouth movements, body movements, and small sounds). Request that interruptions be kept to a minimum with visitors discouraged from coming unannounced. If baby does not sustain sucking at the breast, use alternate massage to help him/her swallow more colostrum. Alternate massage involves massaging and compressing the breast each time baby pauses between sucks. Avoid the use of pacifiers and supplementing with bottles of formula. If your baby does not latch to the breast, hand express colostrum into a spoon and spoon feed two teaspoons 8 or more times each day until baby is latching well. If you encounter problems in the hospital ask to see the lactation consultant.

Pumps and Pumping

If you are returning to work full time you will need a pump that is capable of handling the work of heavy duty pumping. The 2 pumps most frequently used are the Medela Pump in Style and the Ameda Purely Yours that pump both breasts simultaneously. Do not borrow a pump or buy these pumps used on eBay. There is no way to assure that they are not contaminated or that the motors are not weakened unless you are using a new machine. Use the collection kit that is made for the particular pump. If you are returning to work within 6 weeks of your delivery, breastfeed your baby very frequently and pump several times each day after 2 weeks. The goal is to build a 50% oversupply to account for the normal fall off in milk production that often happens when returning to work very early. If pumping is painful or you see only small amounts of pumped milk you may need a larger flange (the part of the pump that fits on your breast). At work, store your milk in a cooler with “blue ice.”

Finding help

Resolve any breastfeeding problems prior to your return to work. You can locate professional assistance from an international board certified lactation consultant (IBCLC) in your area by accessing the website www.ilca.org.

Helpful Resources

<http://www.workandpump.com/>

<http://www.kellymom.com/bf/pumping/bf-links-pumping.html>

Nursing Mother, Working Mother, Revised Edition

by [Gale Pryor](#) and [Kathleen Huggins](#)

Working without Weaning: A working mother's guide
by Kirsten Berggren

Pumping breast milk successfully
by Susan Stafford