

## Welcome to our Summer Newsletter



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## Editorial

Hello and welcome to this summer edition of the Breastfeeding Network newsletter. Whether you're planning a long haul trip of a lifetime this summer, a 'staycation' closer to home, or even if you'll be working hard all summer, we hope there's plenty of info in this edition you'll find interesting and useful.

Most BfN services are open throughout the holiday period and there's always plenty of summer babies and families looking for support. The wonderful Wendy Jones has written a couple of new medication info sheets focusing on summer related ailments like travel sickness and foot treatments and you'll find an article about breastfeeding and travel.

It's also the time of year we ask BfN members and their communities to join us for our annual Mums' Milk Run fundraising and awareness raising campaign – this year we're asking everyone to share their breastfeeding stories. We are really excited that Dame Sarah Storey will be getting involved and sharing her own feeding story. Watch the BfN website and social media feeds for more details.

In this edition we celebrate what being a member of BfN offers you and the charity and how much we value your ongoing support.

Last but certainly not least, we are delighted to include a personal and informative article on perinatal mental health written by the NSPCC's Development Manager for Children under One, and Vice Chair of the Maternal Mental Health Alliance, Sally Hogg. We hope you enjoy this edition of the newsletter and whatever your plans for the summer, we wish you all the best.

The BfN Newsletter Team

## **BfN Annual Conference, Community Gathering and AGM**

Our annual event will take place on Wednesday 7<sup>th</sup> October 2015 at Sadlers Wells Theatre, Islington and is partially funded by Awards for All England Big Lottery Fund.

Speakers confirmed so far include:

- Sally Hogg, Vice Chair of the UK Maternal Mental Health Alliance
- Alice Allan, BfN Supporter, IBCLC and LLL Leader
- Abbi Ayers, BfN and Birth Companions
- Gill Rapley, Author and Speaker

The booking form is available through the below link

### **BfN Annual Conference, Community Gathering and AGM 2015**



Thanks to the Big Lottery  
for contributing towards the funding  
of the Annual Conference and  
Community Gathering

[Click here to view the AGM flyer](#)

## Message from the Board

### Personal Story by BfN Director, Madeline Lowe

Three weeks ago I delivered my second baby boy. My older one is now three and a half. I can say without reservation that these years have been both the hardest and the most wonderful of my life. A lot has changed in the last three and a half years.

Three weeks ago I delivered my second baby boy. My older one is now three and a half. I can say without reservation that these years have been both the hardest and the most wonderful of my life. A lot has changed in the last three and a half years.

On a personal level I have moved house, built an extension to the new house, changed jobs 3 times, become a mother, learnt to breastfeed, finished my post graduate exams, became a director with the BfN, and produced a second beautiful little boy. I have also cried more than ever before, eaten more takeaways and pizzas than is healthy, not seen my friends enough, and generally felt like I am failing at everything. When I write it down like this in front of me I realise why these years have been the hardest but most wonderful. Change is hard. The hospital I had my boys at is also changing, its identity shifting with increasing education and training of its staff. My two very different perinatal experiences bear witness to this change.

To be fair, not all of the differences are due to education and training. My first labour culminated in what seemed like the entire staff of the delivery suite sweeping into my room and going into their incredible emergency mode to ensure the safe delivery of my little boy. Thanks to their fast coordinated action, he did arrive safe and well. But those first moments were full of terror and adrenalin and I would argue this had a further reach than I could have imagined. Barney had no gentle skin to skin, no time to discover his Mum, and his first feed was a well-meaning member of staff pushing his face onto my breast as I lay there stunned and shocked from the emergency that had just resolved itself. It took him a long while to learn to feed, which distressed the staff on the ward more than me it seemed. In my efforts to prevent him receiving formula unnecessarily I had to demand to see protocols that meant they could force me to give my baby formula. I succeeded, and eventually managed to express enough colostrum to keep them and him happy.

My breastfeeding relationship with him was never an easy one. He had a tongue tie which I never could quite compensate for with positioning and attachment. Subsequently I battled with damaged nipples for months. And this is where the BfN came in. Without the support and encouragement from 2 members of the BfN I am quite sure that we would never have succeeded in feeding for the first 25 months of my son's life. Sukie Woodhouse and Elizabeth Willis, Thank you. You did more than you could possibly know.

It was this support that carried me through the darkest moments of early motherhood, and that inspired me to learn. To learn about breastfeeding. To learn how to support women in my role as a doctor. To learn to teach other GP trainees about breastfeeding.

To learn how to support women to make their own choices and be proud of them. And it was this support that made me want to be a part of BfN. To be a part of this extraordinary organisation that gives so much to women without judgement or bias. So when the advertisements for directors appeared I jumped at the chance to apply and now feel very privileged to be on the board.

I am happy to say the experience of my second delivery was less dramatic. Since number one, the hospital has started its UNICEF baby friendly journey, and it shows.

Rafferty was placed straight on my chest where he stayed for the next 2 hours. He wasn't washed, weighed, injected or moved at all until we were both ready. They encouraged me to just let him be, to nuzzle, to stroke. And low and behold, quite by himself, he found his milk and had a jolly good feed. From that moment forward he has taken to feeding in a much more easy way. Sadly he too is tongue tied, and when early difficulties appeared, this time staff helped me express and offered me donor breast milk if needed. Not a mention of formula anywhere. And with some help I have achieved some pain free feeds. The infant feeding team now visit women on the wards, and all MSW's have some "no touch" training. There is a way to go still, but from a patients perspective the difference is already enormous.

Now of course my easier feeding journey this time is likely a function of his personality as well as the other changes, but I can honestly say that every single bit of added support makes a world of difference to new mothers. Because supporting women to breastfeed isn't just about the medical benefits. It's about empowering women. And this is what you do.

So that's the crux of it. Every smile, every nod, every "mmm" of encouragement, every call you answer, every bit of funding you raise, every cake you bake and every step you run, means the world of difference to someone. And who knows where that difference will take them.



Madeline Lowe, Member of the Board

## BFN Study Day Saturday February 28<sup>th</sup> 2015



Nearly 100 women from various breastfeeding backgrounds gathered together to attend the BFN Study Day at St James' Hospital in Portsmouth on Saturday 28<sup>th</sup> February 2015. All had the same aim – to widen their knowledge of all things breastfeeding.

There were some motivational, powerful and moving speeches from some very influential speakers, including Dr Helen Crawley, Wendy Jones and Gill Rapley.



There was a web link from midwife Jenny Clarke who very kindly took the time to record a very inspiring talk just minutes after delivering a newborn baby. Such dedication.

Unfortunately Vicky Carne was unable to attend the event to give her talk on 'Small Wonders' but Wendy Jones kindly and expertly stepped in to fill the slot with a moving speech on Oxytocin and empowering women with support and love.



From baby milks to oxytocin, each subject and speaker held the attention and sparked the imagination of each person in the room, and even provoked some tears.



The crowd were honoured with a visit from Mike Brady from Baby Milk Action accompanied by Syed Amir Raza – the real-life inspiration behind the soon to air eye-opening film *Tigers* which tells of his long-term battle against Nestle after discovering the death and suffering that was caused by pushing baby formula in (but not limited to) Pakistan.

Any attendees that gave an opinion on the day unanimously agreed that the study day was a huge success and very well organised. Everyone had learned

something new and were left feeling enlightened, challenged and empowered.

Many thanks go to all the organisers for putting the day together and to the crèche team who rallied together and came to the rescue at the last minute! All who came are looking forward to the next study day and hope it is as inspiring and touching as this one.

Gillian Boorn,  
BFN Support Worker Trainee, Fareham & Gosport Branch



Syed Aamir Raza (featured above) is the former Nestlé baby milk salesman and whistle-blower whom the film *Tigers* is based on. For more information click [here](#)

## **Keep being part of something special - you are helping to make a difference!**

By renewing your membership of the BfN you are helping us continue the charity's important work of providing vital support and information to families across the UK so please look out for your membership renewal reminders which will be coming to you shortly.

For several years now we have given two years complimentary membership of our organisation to all volunteers we have trained. Going forward and in light of funding pressures we will no longer be able to do this and so will introduce a charge agreed with by members that will look to go towards costs of maintaining a member organisation.

Membership gives some important benefits including:-

- registration as a Helper or Supporter (provided you have completed all other necessary steps)
- insurance while you are volunteering for us
- voting rights at the charity's Annual General Meeting
- receipt of the charity's newsletter as soon as it is published
- public liability insurance for drop-ins and public events

Currently, after the two years complimentary membership has expired, members will be asked if they would like to renew their membership and pay the appropriate membership fee in order to continue receiving the benefits listed above. We will be contacting to you shortly about this. Current fees, set by our members at our last AGM, are £20 for all members, subscribers and friends with a low-income rate of £1.

Your ongoing support makes an important contribution to the work of BfN. Over the last two years we have been working hard to professionalise our growing charity and put improvements in place that better support the mums that we help while still being true to our original values.

Some of our notable achievements over the last 12 months include:

- Supporting thousands of mums and their families through 17 breastfeeding peer support projects across the UK
- Answering over 50,000 calls on our helplines, including National Breastfeeding Helpline (run in partnership with ABM), now with a web-chat facility

- Supporting thousands of Mums and Healthcare Professionals with specialist information concerning medication and breastfeeding via BfN's Drugs in Breastmilk line
- Supporting a growing network of over 700 volunteers with important training and information to enable their skills development and continued support for mums and families in their communities
- Refreshing our charity look with a low-cost brand re-design to work on social media
- Updating our website [www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk) to provide an easy to use source of information for mums, families and health professionals, available when other sources of information and support are closed.
- Developing our presence on social media including campaigns to support our vital work such as National Breastfeeding Helpline, BfN's Mums' Milk Run and Big Tea Break challenge in support of Drugs in Breastmilk
- We have also played an active role in several campaigns which are important to mums, volunteers and families including cancellation of Emma's Diary and Bounty, 'No More Page 3' and a campaign to continue the National Infant Feeding Survey.

We would like to take this opportunity to thank you for your continued support and making a difference to so many families.

Shereen Fisher, Chief Executive



So, here's how mums and helpers have benefitted through your membership:



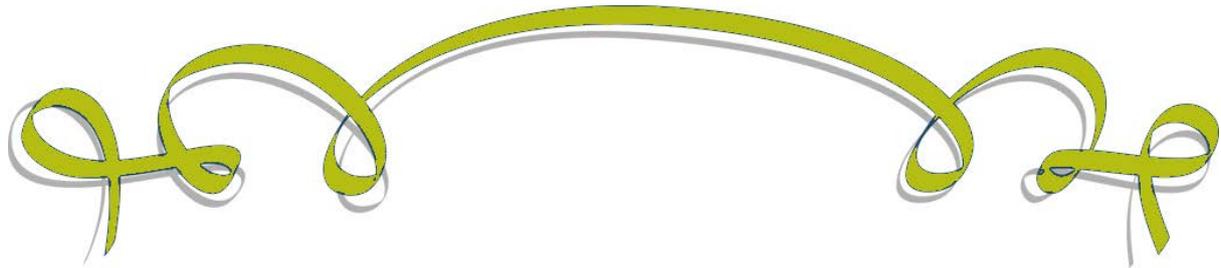
*"It's so nice to have somewhere to come out to, where you feel ok about breastfeeding."*

*"Sometimes you have lots of little questions - not worth a phone call but nice to have the answers."*

*"Before I came here, I was 'breastfeeding lonely.'"*

To read about the life changing experience of a helper through our training we have included a personal story from Lauren Upton.

Click [here](#) to read.



## **Congratulations and well done!**

Congratulations to new tutor Jo Hankinson.

Probationary Supporter: Susan Brush. Thanks to her tutor Lesley Backhouse.

Full Supporter: Lydia Smith and Supporter: Caroline Brough. Thanks to their tutor Jane Neesam.

Belated Congrats to helpers Nicola Roberts, Abigail Walker and Katie Wilkinson. Thanks to their tutor Nicola Worsnop.

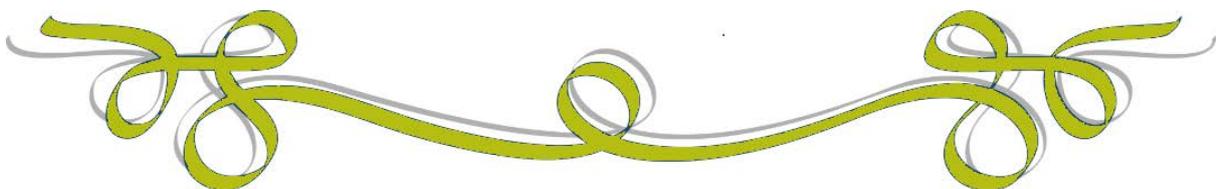
Congrats to helpers Pammie Houston, Carol Douglas. Thanks to their tutor Sarah Edwards.

Congrats to helpers Tracy Zourdani, Rivky Wajzman, Mia Hunt, Erica Harris, Emma Veitch, Elizabeth Kirunda, Kirstie Keegan, Srah Lebovics and Sarah Turner. Thanks to their tutors Joy Jones & Heidi Hembry.

Congrats to helpers Janet Mitchell, Katie Chester and Melanie Perry. Thanks to their tutor Marcelle Benneyworth.

We would like to specially thank Jennifer Chanillor, our Scottish Charity Development officer who has recently left BfN, for all her work with BfN. We wish her success in her future endeavours.

We also use this opportunity to thank Debbie Lawrence a Member of our Board who is currently on sabbatical.



# VOLUNTEERS

**Volunteers** are the foundation of the Breastfeeding Network. A BfN volunteer is herself a mother who has breastfed and offers skilled mother to mother support.

A volunteer gives her time, passion, enthusiasm and commitment for free to support and empower women with information and skills.

*"Volunteering in BfN has allowed me to help families across the country whilst standing in my kitchen at night wearing my PJs, drinking a cup of tea".*

*Kate Snell, Helpline Volunteer, Wirral*

Locally, both the Portsmouth Project and the Gosport & Havant Project are made up almost entirely of volunteers. Currently over 40 women in the area give their time supporting women on the postnatal wards at Queen Alexander hospital, in community groups across the areas covering 6 days a week and at all hours on social media support sites.



As well as this face to face and social media support, volunteers in the area support breastfeeding welcome schemes, study days and community events, raising awareness and bringing together communities. Volunteers often also bring to the Breastfeeding Network skills they have used elsewhere, locally this includes making knitted breasts, designing posters and helping to establish relationships with other services.

A volunteer's role is wide ranging and varies from individual to individual and across projects. Each with an aim to support mothers and babies on their own individual journeys.

Eleanor Johnson  
Volunteer Co-coordinator, Portsmouth

## Success story of a BfN Helper

Five years ago I became a single parent of four young children (then 6, 5, 3 and 1 year old) it was something I had never expected. I had been the "stay at home" mum and this is what I was content with. However, finding your life changing and realising that you have no control in this change really does make you re-evaluate your plans for the future.

Although I loved being "mum", I wanted to start to love being "Lauren"....there was only so much children's TV I could take! I didn't know what I wanted to do, or even who I wanted to be. I had left school with my GCSEs, however I never stuck at anything else....dropped out of my A-level studies....dropped out of several college courses. I had limited work experience due to having my children so young (I was pregnant with my 1st at 18). I felt I wasn't much use to any one in a work place!

I bumped into a friend, who was working for Home-Start, where they were setting up a team of breast feeding volunteers. She explained that this would entail doing a L2 course through Breastfeeding Network with an OCN qualification. Although the course really sounded exciting, I was really concerned about having to do a L2 qualification. It had been such a long time since I had last studied....Would I have the time to do the coursework around the kids? I decided to start the course, and it turned out to have a massive impact on the rest of my life.

My first day and I felt sick with nerves. Would they like me? Was I wearing the right clothes? It was like being back at school! It turned out though that

everyone was just like me.....everyone was a mum. Some had older children, some had younger. Some had more children, some had fewer. But we all shared the same passion to help others.

The 12 weeks flew by. I learnt so much, not just about breastfeeding but about myself as a person and a parent. Getting the OCN certificate was a real boost to my confidence. I was then allowed to start visiting new mums both on the hospital ward and in the community.

I felt that my confidence had increased and that I was able to push myself further, so I obtained a place in college to do a L3 Qualification and also completed my L2 maths. It was during this time that I started to support antenatal mums and realised that I wanted to offer more support for them other than just breastfeeding. I started supporting teenage mums to be, initially as a volunteer but then later as a paid member of staff. I slowly increased my hours from 16 to 37. I also increased my responsibilities within my role and I'm now co-ordinating my own project supporting antenatal mums emotionally and practically. I also deliver sessions to other organisations about the project and how to run a similar project.

If it wasn't for starting the Breastfeeding Helpers' course, I'm not sure if I would have found my direction in life let alone the confidence and self-belief to succeed. I'm hoping to start a degree in Social Policy and Criminology in October with the Open University.

Lauren Upton  
BfN Helper (Wirral)

## Maternal Mental Health: Everyone's Business

When I reflect on the professionals I saw after my baby was born, it was my Breastfeeding Counsellor who did the most to boost my emotional wellbeing. She was there when I needed help; took time to compassionately listen and work through my worries, and followed up afterwards. Had I had mental health problems, this wonderful lady may have been someone I disclosed them to, or who, through her regular and honest conversations with me, might have detected that something was wrong.

If you work closely with mums and dads, you will know that there are many reasons why new parenthood can be emotionally tough. Alongside feeding problems, there are hormonal changes, the stress of crying and sleepless nights. New parenthood can change and test relationships with partners, family and friends, and this huge life transition may trigger difficult reflections on past and future.

Many parents survive these challenges unscathed, but they can trigger the occurrence or recurrence of mental illness:

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*'Up to 20% of new mums and 10% of new dads experience mental health problems during pregnancy and the year after birth (known as perinatal mental health problems). Because it's hard for people to admit when they are ill, we are often unaware of how prevalent mental health problems are.'*

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Postnatal depression is the best known perinatal mental health problem. Symptoms include sadness and hopelessness, which can be accompanied by anxiety and fear. Many parents feel moments like this, but with postnatal depression these feelings don't go away and affect daily life.

Perinatal mental health problems are not just postnatal. Actually, experts suggest that depression is more common antenatally. Problems go wider than depression too. They include, for example, anxiety, OCD, psychosis, and eating disorders. Thankfully many perinatal mental health problems are relatively mild, but this is not always true:

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*Suicide is one of the leading causes of maternal death in the UK.*

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Parents may experience mental health problems for the first time when they have a baby, but parenthood can also trigger the recurrence of an existing problem. Some people with are particularly at risk. A woman who has experienced bipolar disorder, for example, has a 50% chance of an episode soon after birth.

Women taking medication for a mental health problem are likely to have particular concerns about breastfeeding. It is really important that these mums get good advice and support with decisions about medication and feeding.

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*The Drugs in Breastmilk helpline offers a valuable service: 10% of callers to the line are mums taking antidepressants.*

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Mums with mental health conditions are also likely to need face-to-face breastfeeding support. Research tells us that women who experience depression antenatally or postnatally are at increased risk of breastfeeding difficulties and shorter breastfeeding duration.

Breastfeeding is associated with reduced mental health problems, but it isn't a straightforward relationship. One large study in England, for example, found that women who did not breastfeed only had an increased risk of postnatal depression if they had previously planned to do so. This shows the huge importance of supporting women who plan to breastfeed and of compassionate care if this does not prove possible.

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*Mental health problems can be effectively prevented or treated with the right help, which is why it is so important to identify parents who are suffering. If you feel that someone has a mental health problem, trust your instincts, talk about it, and encourage them to get help.*

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Parents with mental health concerns can talk to their midwife, health visitor or GP. They should be able to access a number of treatments such as counselling or other forms of psychological therapy, or medication.

Sadly, health professionals' awareness and understanding of perinatal mental health problems can be poor, and provision of services is patchy, so parents don't always get the help they need.

There are huge gaps in perinatal mental health services in the UK. For example, more than half of areas lack a specialist perinatal mental health service. This is why a number of large national organisations are working together, as the Maternal Mental Health Alliance, to lobby for change. The Alliance's Everyone's Business Campaign

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*There is still a long way to go, but the election manifestos suggest this important issue will stay on the agenda*

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([www.everyonesbusiness.org.uk](http://www.everyonesbusiness.org.uk)) has persuaded this Government to improve midwife training and pledge £75million for new services.

The campaign is called 'Everyone's Business' because everyone can play a role in tackling perinatal mental illness. As breastfeeding counsellors and peer supporters you support many women through the challenges of new parenthood, and through your trusted relationships with families you can encourage and support parents to seek specialist mental health services if necessary. On behalf of all the families you support, thank you.

Sally Hogg  
Vice Chair, UK Maternal Mental Health Alliance

## News from BfNAyrshire



Last year we applied for some funding from the Big Lottery Awards for All programme in Scotland to run Helper training and events for families and volunteers in Ayrshire and Glasgow. In Ayrshire we linked the family events with promoting the local 'Breastfeed Happily Here' scheme and encouraged each venue where we held an event to sign up and

show that they welcome breastfeeding mums. During the year we have held events at the cinema, in a local nursery and at a Maritime museum! We have also invited parents to join us for swimming sessions at a local pool and messy play sessions at a local venue. The events have been well attended by parents and they especially liked the social nature of them as well as them being a chance to try new things and meet other breastfeeding mums. We have also had some volunteer study days and events, which have been a chance for volunteers from across Scotland to meet up and get to know each other.



## A visit from Kathleen Kendall-Tackett

Kathleen Kendall-Tackett, a qualified health psychologist and an International Board Certified Lactation Consultant, took time out of her busy schedule whilst visiting the UK from America to meet a group of BFN volunteers down on the south coast. Kathleen was kind enough to share her expansive knowledge of women's health, postnatal depression and breastfeeding, whilst drawing attention to where the links could be found and how they may or may not be recognised and treated in the correct ways in both the UK and the States.

The afternoon was a very relaxed meet organised by Havant and Gosport, allowing those who came to ask Kathleen questions and for open, group discussion to take place. It soon became evident that Kathleen was just as interested in the BFN and finding out about the tremendous work undertaken by the volunteers, with her asking us just as many questions as we did her! Phyll Buchanan and Wendy Jones kindly spoke about the BFN; our history, aims, successes and plans for the future, to which Kathleen praised us all no end.

Kathleen is a very humbling lady who made everyone feel at ease from the moment she arrived, and with no question being too small or silly. It was lovely to join with someone from another part of the world who has the same interest at heart; to support women in any which way we can when they need it most. We were extremely lucky to have Kathleen visit us and would like to take this opportunity to thank her once again.

NB. Many thanks to Sharpse Copse Children's Centre for donating the use of the room and to Ginny Dupont for organising the day. Click [here](#) to visit her website



## NBH Update for the BfN Newsletter

It's been another busy period for the National Breastfeeding Helpline.

The fast(er) track online course is just coming to an end, with almost a dozen new Helpline Supporters ready to answer calls from mums (by the time you read this, hopefully they will all be active!). We will be conducting a full evaluation of the course, the findings of which we'll share with you next time. All being well, and with a few modifications, we'll aim to run more online courses in future. If you're interested in being involved with future courses, either as a trainee, or a tutor, please [get in touch](#).

A massive THANK YOU to the amazing tutors who have been involved with the course and who have given so much time, energy and enthusiasm and helped make it a success. Thanks too to the fantastic trainees who have shared and learned so much, and been so supportive of each other. Well done on completing the training!

As part of the online course, we've taken the opportunity to make the most of the facilities the Virtual Call Centre can offer, and are now able to offer a 'listening in' option for new or returning volunteers who may want to build up their confidence before taking calls. With the explicit permission of the caller and the Supporter answering calls, the new volunteer can listen in to a few calls and get a feel for what it's like taking real calls on the Helpline. The feedback from those who have been involved in this has been very positive and we can offer this option to any volunteer who wants it. Get in touch with [Fliss](#) to organise this. Thanks so much to all the Supporters who have helped out by offering to be 'listened in to'.

Of course, as you all know, there would be no Helpline without our wonderful volunteers and we're doing our very best to try and begin to recognise the amazing dedication of the mums who take calls week in week out on the Helpline. If you're a helpline regular, you may have recently received one of our new '50 calls answered' certificates, or a special '100 mums supported' pin badges. We're also looking at additional badges for those volunteers who have answered even higher numbers of calls over the last couple of years. Watch this space for more info and speak to your Link Worker if you want an update of how many calls you've taken recently.

A huge thank you of course to every single volunteer who answers a helpline call or web chat. You make a difference with every one.

Felicity Lambert

National Breastfeeding Helpline Manager



## Travelling with a baby

Many of us will be planning a break this summer. For some this might mean a luxury treat in an exotic sun drenched location, for others it might be a cosy tent closer to home. Whatever you have planned, most of us look forward to a relaxing and recharging vacation with family. But it can be a different story for mothers travelling with babies and young children. Mountains of extra luggage, packing dilemmas, frequent stops, tired (but excited) children can all add extra stress to a journey.

So what might breastfeeding mothers expect?

Many mums find breastfeeding is a very convenient way of calming a fractious baby or child while travelling and particularly while flying. The Airport Parking shop have recently run an experiment trying to see how breastfeeding-friendly the UK airports are, and would love to share their findings:

<https://www.airport-parking-shop.co.uk/blog/breasts-will-travel-less-40-airports-confirm-breastfeeding-facilities/>

It turned out that less than 40% of airports confirm having specific breastfeeding facilities, however there are many that welcome nursing mothers to feed their babies just about anywhere at the airport where they feel comfortable.

Their mission is to reassure mums who are still nervous nursing on the go, and encourage families to not exclude air travel as a preferred method of travel.

There have been high profile cases in the media recently about mums being asked to cover up when breastfeeding on an aeroplane, and a celebrity mum recently tweeted her annoyance that her expressed breastmilk was confiscated at Heathrow airport security.

The official NHS information is that:

- Travellers with babies are allowed to take enough expressed breast milk, formula milk, sterilised water and/or baby food required for the journey. In some cases this will be over the 100ml hand luggage.
- Airport staff may open containers of expressed breast milk, formula milk, sterilised water and/or baby food to screen the liquids at the security point.
- The 100ml hand luggage restriction does apply to expressed breast milk, formula milk, sterilised water and/or baby food if the traveller is flying without the baby.

Several airports in the USA have recently introduced 'freestanding lactation suites' - or breastfeeding pods where mums can shut the door and breastfeed their children (or express breastmilk) in peace. Is this something we should celebrate or be disappointed by? On one hand it's great that there are facilities like this provided for mums (especially in the US, where very short maternity leave policies mean working breastfeeding mums have no choice but to express when travelling), but on the other, it doesn't help normalise breastfeeding if a mum is expected to disappear into a box to feed her baby.

What are your thoughts - a useful addition to an airport or a way of hiding breastfeeding from view?



Sometimes the thought of or cost of air travel with small children is just unbearable and breaks in the UK may provide a more relaxing experience.

Here's a lovely travel story sent in by Jodie Golpin:



*“ Just wanted to share this snap of our first holiday when he was 8 weeks old, we had what was a 3 hour journey turn into 6 due to stopping in 2 laybys for emergency feeds in the front seat! This pic was taken on a walk around Holkham Hall estate - halfway round we had to suddenly find somewhere and stumbled across a fallen tree for me to sit on surrounded by cows and deer. Breastfeeding with a view. Loved it.”*

## Foot problems and Breastfeeding

### Athletes Foot, Fungal Nail Infection, Verrucae and Corns

*The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.*

Athlete's foot, fungal nail infections, verruca and corns can be treated with over the counter topical products without interfering with breastfeeding

**Athlete's foot** is a fungal infection usually presenting as sore or itchy areas between the toes. It can also produce blisters on the feet. Symptoms are usually mild and can be treated with creams purchased over the counter from pharmacies. Most packages say that a doctor or pharmacist should be consulted before using the product if you are breastfeeding. This is about the licensing of the product rather than any risk

[www.breastfeedingnetwork.org.uk/wp-content/dibm/patient%20information%20leaflet.pdf](http://www.breastfeedingnetwork.org.uk/wp-content/dibm/patient%20information%20leaflet.pdf)

The skin on the foot is largely dead and absorption of the cream into breastmilk is unlikely. Athlete's foot spreads very easily. It can be passed from person to person through towels, and surfaces. The

fungi can survive and multiply in warm and humid places, such as swimming pools, showers and communal changing rooms.

Treatment for athlete's foot is available as creams including **clotrimazole** (Canesten®, pharmacy own brands), **miconazole** (Daktarin®, **terbinafine** (Lamisil®) **Tolnaftate** (Mycil, Scholl®), **zinc undecenoate** (Mycota®).

Some creams also contain hydrocortisone to help to relieve itching and inflammation e.g. Canesten HC®, Daktacort®. These should not be used for more than 7 days.

There are also sprays: **Miconazole** (Daktarin Activ®, Lamisil® Griseofulvin (Grisol®, liquids **Tolnaftate** Scholl® and powders **Tolnaftate** (Mycil®, Scholl®), **Zinc undeconoate** (Mycota®)

If symptoms fail to clear with topical treatment you may need to see your healthcare provider to discuss oral medication.

The following measures can help treat and prevent athlete's foot:

- Wash your feet regularly and thoroughly using soap and water.
- After washing, dry your feet, paying particular attention to the areas between your toes.
- Wear clean cotton socks.
- Change your shoes and socks regularly to help keep your feet dry.

- Don't share towels and wash your towels regularly.

**Fungal Nail Infections** can affect part or all of the nail, including the nail plate, nail bed and root of the nail. The infection develops slowly and causes the nail to become discoloured, thickened and distorted. The toenails are more frequently affected than the fingernails.

[www.nhs.uk/conditions/fungal-nail-infection/Pages/Introduction.aspx](http://www.nhs.uk/conditions/fungal-nail-infection/Pages/Introduction.aspx)

Treatments can take some months to be effective because of the speed at which the nail regrows. In mild cases soaks of tea tree oil can be effective. Nail paints such as *amorolfine* (Loceryl®), *urea* (Canespro®), own brand pharmacy products, can be applied directly to the nail even when breastfeeding despite the patient information saying otherwise. [www.breastfeedingnetwork.org.uk/wp-content/dibm/patient%20information%20leaflet.pdf](http://www.breastfeedingnetwork.org.uk/wp-content/dibm/patient%20information%20leaflet.pdf)

If symptoms fail to clear with topical treatment you may need to see your healthcare provider to discuss oral medication.

**Verruca** is a wart caused by a virus (HPV) and usually occurs on the sole or under the toes. They generally will disappear of their own accord but are often treated to lessen transmission as well as relieve pain. Due to the pressure on the foot the wart is pushed inwards and a layer of hard skin may develop over

it. They look like miniscule cauliflowers with a tiny black spots in the centre. Most over the counter treatments involve applying a chemical such as salicylic acid to remove the dead surface skin cells. (Bazuka®, Wartner®).

Freezing of the skin destroys the cell structure of the wart and has become more popular in over the counter products (Scholl®, Wartie®, Bazuka Sub Zero®) and may be performed by the GP or chiropractor. Products can be used by breastfeeding mothers without affecting their breastmilk or baby.

**Corns** are often caused by poorly fitting shoes producing hard, thickened skin. They usually develop on the tops or sides of toes. Over the counter remedies such as corn paints and plasters can be applied carefully to the corn (avoiding the healthy skin around it). These products can be used by breastfeeding mothers without affecting their breastmilk or baby.

## References

- British National Formulary -BMA and RPSGB
- Drugs and Lactation Database (LactMed). LactMed. Toxnet Toxicology Data Network. Available from <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT> (accessed May 2015)
- Hale T. Medications in Mothers Milk 2014(16th Ed) Hale Publishing
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Wendy Jones

## Travel Sickness and Breastfeeding

*The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.*

### Optimal Medicinal Treatment Choice:

- Cinnarazine
- Hyoscine
- Promethazine only as third choice if mother needs to sleep

### Causes of travel sickness

Travel (Motion) sickness can occur when you are travelling in a car, ship, plane or train. It is caused by a contradictory set of signals from the eyes and the inner ear balance mechanism. It affects different individuals in different ways and may be very difficult for a mother who needs to respond to her infant

### Treatment of travel sickness

Treatment may be achieved by simple remedies such as avoiding heavy meals and fresh air. However some mothers may need medication if their symptoms are severe or prolonged e.g. a long flight or sea crossing. It may be important that the mother is not made drowsy by the remedy if she has to care for the child during the journey.

- Frequently travel sickness remedies are based on antihistamines e.g. **promethazine** (Avomine®, Phenergan® Lloyds Pharmacy own brand travel

sickness®), although the passage of these sedating remedies may produce some drowsiness in the baby, in the short term this is unlikely to cause major difficulties with milk supply and may assist the journey by sedating the baby. If the baby is excessively drowsy it may need to be woken and prompted to feed to prevent dehydration.

- Another antihistamine but which generally causes less sedation is **cinnarazine** (Stugeron® Boots motion sickness®)
- Other remedies rely on the anti-muscarinic action of **hyoscine** and may make the mother thirsty but less drowsy e.g. Kwells®, Joy Rides®.

Most drugs for travel sickness can be purchased in a community pharmacy. Many of us have remedies which we have come to trust as effective for us. Remedies are often licensed to be taken by children.

### Self help techniques

- **Keep still** – if possible, choose a cabin or seat in the middle of a boat or plane, because this is where you'll experience the least movement. Use a pillow or headrest to help keep your head as still as possible.
- **Look at a stable object** – for example, the horizon. Reading or playing games may make your symptoms worse. Closing your eyes may help relieve symptoms

**Fresh air** – open windows or move to the top deck of a ship to avoid getting too hot and to get a good supply of fresh air.

- **Relax** – by listening to music while focusing on your breathing or carrying out a mental activity, such as counting backwards from 100.

[www.nhs.uk/Conditions/motionsickness/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/motionsickness/Pages/Introduction.aspx)

## Fear of flying

Some people find that they need tranquillisers such as diazepam or a beta blocker such as propranolol if they are very anxious e.g. for long haul flights. These can be prescribed by your doctor. To discuss the safety of the dose you have been prescribed please contact the Drugs in Breastmilk Helpline [druginformation@breastfeedingnetwork.org.uk](mailto:druginformation@breastfeedingnetwork.org.uk)

## Complementary therapies

Several complementary therapies have been suggested for motion sickness, although the evidence for their effectiveness is mixed.

- **Ginger supplements**, or other ginger products including ginger biscuits or ginger tea, may help to prevent symptoms of motion sickness. Although there's little scientific evidence to support the use of ginger to treat motion sickness, it has a long history of being used as a remedy for nausea and vomiting.
- **Acupressure bands** are stretchy bands worn around the wrists. They apply pressure to a particular point on the inside of your wrist between the two tendons on your inner arm. Although acupressure bands don't cause any
- adverse side effects, there's little scientific evidence to show they're an effective treatment for motion sickness.
- **Homeopathic remedies** e.g. Nelson's Travella has limited research but is not

harmful to the breastfed infant if it is a remedy which the mother finds useful

## References

- British National Formulary -BMA and RPSGB
- Drugs and Lactation Database (LactMed). LactMed. Toxnet Toxicology Data Network. Available from <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT> (accessed May 2015)
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- Jones W Breastfeeding and Medication Routledge 2013

Wendy Jones

*Wendy Jones is a qualified pharmacist as well as a Registered Breastfeeding Network Supporter and Tutor. Over the last 20 years, she has developed a passion for providing evidence based information to enable mothers and healthcare professionals to make decisions on the relative safety of drugs taken by breastfeeding mothers and passing through breastmilk to babies.*

*She is a mother to 3 grown up daughters and grandmother to 2 grandsons – all breastfed, not without their own challenges.*

**Mums' Milk Run 2015: Support and Stories 21<sup>st</sup>-27<sup>th</sup> June**  
Calling ALL To Support BfN during National Breastfeeding Week



**Ideas for events and activities**

**Why not run a Mums' Milk Run coffee morning, picnic in the park, afternoon tea, sponsored event or special supervision session**

- Invite families and volunteers to share their breastfeeding stories before and during events.
- Build a 'Storywall' with pictures and written stories collected before the event and on the day or have a washing line and pegs and ask people to bring something that relates to their story to hang up
- Use simple templates to encourage people to share their story e.g. blank speech bubbles on different coloured paper
- Use characters from favourite stories as a theme and read stories at events
- Babies and children could come in fancy dress as story book characters
- Have a collection of breastfeeding friendly books to look at
- Use the Book Trust resources to run Rhymetime sessions at events
- Invite local Book Trust/Rhymetime staff or library staff along to do some storytelling at events.
- Walk your local Gruffalo trail (or other book/story related local walk or activity)
- Run an event in a library for families
- Set up a stall in a local library and invite mums to share their stories at the stall by writing it down/recording it on audio or video

**The theme this year is Support and Stories**

We want to invite women, families and volunteers to share their own unique breastfeeding stories and celebrate these amazing early steps and differing journeys in a family's life together with their new baby. We want to show why mother to mother support is crucial and can help increase confidence and reduce isolation. Through the use of events and social media more women will see they are not alone, and find out where support is available.

We will use the website and our Facebook and Twitter pages to collect and share feeding experiences and stories using #mybfstory and also stories about volunteering and supporting other mums using #herewithyou and #mumssupportingmums. We would love to flood the media that week with positive, hopeful and honest stories about all aspects of breastfeeding to try and balance out the frequent negative stories you see!



## Fundraise

- On your story wall/line at events add the JustTextGiving number and say 'Please donate £3 if this story meant something to you' your £3 will help the BfN reach women with mum-to-mum support
- Income from tea/cake/juice, merchandise etc.
- Sell resources at your event – kids t-shirts, wrist bands, badges, pens etc. available to purchase from the BfN online shop
- Use central Mums' Milk run team JustGiving or JustTextGiving for fundraising or create your own local/project JustGiving or JustTextGiving page/number via linking to the BfN main page
- Women sharing stories via our website will be asked to Support our work by donating £3 by text

## **Resources and support**

We will develop 2 national press releases and a guide for local press releases

These will be available in the Mums' Milk Run 2015 toolkit on line and in shared files. There will be lots of resources, ideas and a guide for running an event on the Mums' Milk Run page of the website soon.

The Mums' Milk Run national event is a great way to all do something together, wherever we are in the UK and to increase awareness, have fun and raise some much needed funds for the BfN. We hope you will join in in whichever ways you can, by arranging a local event; BIG or SMALL, by sharing your story online or via social media or by joining the milk run team and setting yourself a personal challenge. Many thanks

## **Join the BfN Mums' Milk run JustGiving team**

Set yourself a challenge and join the BfN JustGiving page team

### **Ideas for challenges –**

- Run/walk/cycle/swim a set distance
- Run/walk/cycle between the breastfeeding groups in your area (or the equivalent distance)
- Run dressed as your favourite book character
- Read a certain number of books to your little one in the week
- Read stories to other people E.g. local schools/care homes/hospitals?
- A sponsored storytelling event, how long can you tell stories for?
- A challenge to collect and donate 100 books to a local hospital or similar.

For more information please visit our website by clicking [here](#)