

52.7 An example of traditional Breastfeeding Advice in Japan



I'm currently in Japan and naturally, it hasn't taken me very long to find a brand new baby and to get talking about breastfeeding with his mother. That's how I heard of the Sun Clinic, in Takasaka, which claims a 100% exclusive breastfeeding rate (upon leaving hospital at 5 days old) and a 0% mastitis rate. Babies born there **always** gain weight by day five. Of course I had to go and check it out!

Until about ten years ago (anecdotally, I have been unable to find official statistics) almost all babies in Japan were exclusively breastfed until the 4-5 month stage. Traditional Japanese nursery rhymes and songs have frequent references to breastfeeding. I recently saw examples of seven year olds' writing about their babyhood, they all included how long they breastfed for. Can you imagine asking children in the UK to write about this? Breastfeeding is considered normal and there is no question that formula is better than, or even the same as, breastmilk.

More recently babies are still breastfed and I don't think many do not get a single drop of breastmilk. However, more mothers are combining breastfeeding with formula feeding and it seems that only a tiny percentage manage to get through to solids without some

formula these days. I'm not sure what has changed in the national psyche.

So, back to the Sun Clinic, where I went to speak to Dr Kamuta. He is the only doctor there, working with minimal staff. They average four births per month, all natural, no drugs on the premises and no operating theatre. Any (rare) caesareans are dealt with by a nearby hospital.

Dr Kamuta is 75 years old, and says he learnt all he knows from his grandmother when she was 85. He thinks he is the only person left in Japan giving women traditional breastfeeding advice, which he considers common knowledge which has been lost as the culture has changed.

It seems that producing "good" breastmilk is all about well-functioning adrenal glands. As the adrenal glands sit on top of the kidneys it is important always to keep the back and tummy area covered and warm so they can work effectively and don't lose heat. Similarly, it is important to breathe deeply to move the diaphragm and allow good blood flow to that area. This is also true for the baby. If the baby loses heat from the back or tummy then it will need to feed more often to regain the lost heat and energy. So, no matter how hot it is (37 degrees C as I write) a baby always needs to be kept warm with a short sleeved vest. If this is done the stomach will also expand slightly and more milk will be taken at one sitting. For the pregnant, mother, this back/belly area must be kept warm so that food eaten is converted quickly into nutrition for the baby via the placenta.

On the other hand, Dr Kamuta recommends always wearing a v neck top to keep the chest cool. This avoids diverting energy from milk production into producing sweat. Also, water sweated out is available for breastmilk, making it more creamy which he considers

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bad for the baby. Furthermore, Dr Kamuta says that childbirth only hurts when the upper body sweats.

To feed, mothers should lift their breasts out of a low neckline, rather than by pushing clothing up and exposing the belly/back area. They should lean back on something when nursing to keep the back warm and protected. Ideally the head should be held high to avoid overheating in the chest area. Women and babies should also sleep on their backs, with their chest exposed.

Dr Kamuta recommends and teaches his ideal position for breastfeeding. Women should sit wide-legged, leaning back with support. Once the baby is attached, in a semi-upright position, it can be supported there with a thigh. This not only keeps the baby's back warm but also leaves the mother's hands free. He is against the cross cradle hold which he says causes the nursing couple to overheat.

Dr Kamuta recommends women eat one and a half of their usual amount of food whilst breastfeeding and never drink anything very cold. Two litres of warm tea should be drunk every day, including before and after meals to warm the stomach and improve uptake of nutrition.

Other advice Dr Kamuta gives to new mothers is to wear their hair long to absorb and take away toxins (in particular he mentioned dioxins). They should also wear their hair up to expose the ears and lose heat. One particular piece of advice he had for babies who have reflux or frequent hiccoughs is to make sure the baby's feet are kept warm.

When women follow his advice, Dr Kamuta claims that they all breastfeed successfully to at least 18 months and the children are in good health at least until they finish primary school. Unfortunately I have no way of verifying this claim!

I spoke to a mother in the waiting area who chose this hospital because there is rooming-in (after an 8 hour separation after the last birth

elsewhere). She said that all the other ladies who were in the Sun Clinic with her had put their babies in the nursery except when feeding to allow them to rest. In a Western situation this separation after birth is used to explain breastfeeding problems but not here. In fact, Japanese women expect to have no problems latching on after separation, and consequently appear not to have any.

The relaxed attitude to early separation seems at odds with the prevailing style of attached parenting. Prams are rarely seen. All babies up to the walking stage are strapped to their mothers' chests or back as they go about their life. Children sleep with their parents for years ...it is not unusual to hear of a child moving into their own bedroom when starting Junior High School at 12. In any shopping centre you will see lots of women carrying sleeping toddlers in their arms, including high heeled fashionable women. It seems this is just considered the easiest way of going about things. Why struggle with a pram when a carrier is easier. Why get up and walk to your child in another room at night if you needn't?

Despite his pro-breastfeeding stance Dr Kamuta has a contract with a formula manufacturer and is obliged to give out samples of formula milk to new mothers. We did not discuss whether money changes hands. I don't know whether this has an effect on exclusive breastfeeding rates further down the line but it doesn't seem to affect things in the first few days in the clinic.

I have found the exposure to a different set of breastfeeding beliefs very interesting and I hope to others do too. There is probably not that much we can use when talking to mums but it is interesting to know how things are in other countries, cultures and subcultures.

(Pictured: Satoshi, born at the Sun Clinic)

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