An Easy Guide to
Breastfeeding for
American Indian
and Alaska
Native Families

U.S. Department of Health and Human Services
Office on Women’s Health
This guide is for all American Indian and Alaska Native women and their families who embrace life. It is a supportive tool for all women who choose to breastfeed.

Breastfed babies are less likely to have:

- Ear infections
- Diarrhea
- Colds
- Flu

Breastfed babies may be less likely to become obese. Research shows that obesity is part of the reason that many of our people suffer from type 2 diabetes.

Babies were born to be breastfed.
Dear Reader,

The Department of Health and Human Services encourages all women to exclusively breastfeed for 6 months before introducing solid foods and continue to breastfeed for 12 months and thereafter for as long as desired. Choosing to breastfeed honors the traditions of American Indian and Alaska Native families. The practice of breastfeeding respects our heritage and culture and strengthens our children, our communities, and our future.

You will learn about:
- Benefits of breastfeeding
- Risks associated with not breastfeeding
- Answers to your breastfeeding questions
- Where to go for help
- Tips for breastfeeding success

The Easy Guide to Breastfeeding for American Indian and Alaska Native Families is part of a series of Guides by the Department of Health and Human Services' Office on Women's Health to help all women breastfeed. The Office on Women's Health encourages all women to breastfeed for at least 6 months.

Breastfeeding is especially important for American Indian and Alaska Native families. Many of our families and communities struggle with serious health problems such as obesity and diabetes. The people of Gila River Indian Community in Arizona, working together with the scientists from the National Institutes of Health (NIH) found that breastfeeding lowers the risk of an infant becoming overweight and possibly developing diabetes in later life. The Breastfeeding Promotion Group of Arizona came together to share this important message of hope with our communities. The Easy Guide to Breastfeeding for American Indians and Alaska Native Families is the result of the fruit of these partnerships and the generous support of the Department of Health and Human Services' Office on Women's Health, National Institutes of Health/National Institute of Diabetes and Digestive and Kidney Diseases, and the Diabetes Center of Excellence at Phoenix Indian Medical Center.

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Babies are born to be breastfed

Breastfeeding has kept our people and traditions strong since the beginning of time.

“We are all one child spinning through Mother Sky.”
~ Shawnee proverb

Is breastfeeding easy?

- Once breastfeeding is established, it is easy. Breastfeeding is natural, but you, your body, and the baby may need time to get adjusted.
- Breastfeeding makes you part of a miracle that you can share with your baby. Breastfeeding is not painful, although your nipples may be sensitive at first.
- Since before anyone can remember, American Native and Alaska Native women have made enough breast milk for their children, often more than one child at a time. Villages, communities, and entire nations have thrived and grown strong from mother’s milk. Trust your body, you will have enough.
- You are giving your baby a gift that only you can give. We are here today because our ancestors breastfed. All of our great leaders were breastfed. Our ability to breastfeed has not changed. You can do this.
- Being a mother is a new journey with each baby. It is normal to worry a little and wonder. Talking to an Elder, friend, mother, or aunt can help you begin this most sacred passage into motherhood.
- Nurture yourself as you would nurture your baby. Be patient with yourself as you and your baby learn together.

How do I get started?

While you are pregnant, tell your health care provider that you want to breastfeed. Ask women in your community who breastfed to share their stories. They will tell you how breastfeeding is a special gift that only a mother can give to their child.
How do I get started?

<table>
<thead>
<tr>
<th>The mom</th>
<th>Milk</th>
<th>The baby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth</strong></td>
<td>You will be tired and excited. This is a good time to feed the baby.</td>
<td>For the first several days after birth, your body makes colostrum. Colostrum is rich, yellowish, thick, and in small amounts. It gives your baby a healthy dose of early protection against diseases.</td>
</tr>
<tr>
<td><strong>First 12-24 hours</strong></td>
<td>You will be tired too. Rest.</td>
<td>Your baby will drink about 1 teaspoon of colostrum at each feeding. You may not see the colostrum, but it has what the baby needs and in the right amount.</td>
</tr>
<tr>
<td><strong>Next 2-5 days</strong></td>
<td>Your breasts will feel full and leak.</td>
<td>Your white milk comes in. It is normal for it to be yellow or golden at first. It may look thin in the beginning and then becomes thick &amp; creamy at the end. It's natural that your baby will like it.</td>
</tr>
<tr>
<td><strong>First 4-6 weeks</strong></td>
<td>Your body gets used to breastfeeding so your breasts will be softer and the leaking will slow down. Don't worry, the milk is still there.</td>
<td>White breast milk, lots of it.</td>
</tr>
</tbody>
</table>

Don't let challenges in the first few weeks keep you from sharing the gift of breast milk with your baby. The beating of your heart, the rhythm of your rocking, and the sweetness of your special milk teaches your baby to love the world they are now part of.

### How do I hold the baby when I breastfeed?

There are 3 common ways to hold your baby. Use the positions that are comfortable for you and your baby. Keep your baby's face, belly button, and knees close, next to your body. Tummy to tummy. Use pillows, rolled up towels, or blankets to keep your back, arms, and shoulders comfortable.
To latch:

1. Support your breast with thumb on top and four fingers underneath. Keep your fingers behind the areola (the darker skin around the nipple).
2. Brush or tickle the baby's lip with your nipple to help get the baby's mouth open wide.
3. Hug the baby in close. Your baby will take a mouthful of all of the nipple and most of the areola. Keep your baby close.
4. Look for both of your baby's lips to be flanged out and relaxed— if you can't tell if the lower lip is out, press on the lower chin to gently nudge the mouth open and lower lip out.

How do I know that my baby is getting enough milk?

Trust yourself to do what our women have always done. In the first few days, expect the baby to eat every 1-2 hours and have several diaper changes. As your white milk comes in, there will be more and more diaper changes. The baby's stools will become runny, yellowish, and may have little white “seeds.” By the end of the first week, 5-6 or more diaper changes and 8 to 12 feedings every 24 hours will tell you that the baby is getting enough.

This chart shows the minimum number of diapers for healthy, full-term babies. It is fine if your baby has more.

<table>
<thead>
<tr>
<th>Baby's Age</th>
<th>Wet Diapers</th>
<th>Dirty Diapers Color and Texture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 (birth)</td>
<td>1</td>
<td>Thick, tarry and black</td>
</tr>
<tr>
<td>Day 2</td>
<td>2</td>
<td>Thick, tarry and black</td>
</tr>
<tr>
<td>Day 3</td>
<td>3</td>
<td>Greenish yellow</td>
</tr>
<tr>
<td>Day 4 (or when milk increases)</td>
<td>5-6</td>
<td>Greenish yellow</td>
</tr>
<tr>
<td>Day 5</td>
<td>5-6</td>
<td>Seedy, watery mustard color</td>
</tr>
<tr>
<td>Day 6</td>
<td>5-6</td>
<td>Seedy, watery mustard color</td>
</tr>
<tr>
<td>Day 7</td>
<td>5-6</td>
<td>Seedy, watery mustard color</td>
</tr>
</tbody>
</table>

Why does my baby want to eat so often?

- It is normal and important for new babies to breastfeed often. Your milk is the perfect match for what your baby needs. It is easily digested and your baby's stomach is small, so your baby needs to “refill” often.
- After the first few weeks, your baby will be an expert breastfeeder and have a larger stomach to hold more. Feedings will spread out and begin to take less time.
• In some American Indian and Alaska Native communities, it is traditional for women to be secluded with their babies for several weeks. Staying close to your baby in the beginning encourages you and your baby to learn together.

• When it is time for a growth spurt, your baby will eat more often. Growth spurts happen about every 2 weeks in the beginning, and less often as the baby gets older. Extra feedings tell your body to make more milk for your growing baby.

My breasts are full, hard, painful and my baby can’t latch. What is wrong?

When the mature, white breast milk comes in at 2-5 days, your breasts may swell. This is called engorgement. This swelling can happen even if the mom is not breastfeeding. The tender fullness will go away in 1-2 days. To help engorgement:

• Use heat packs before feeding, to get the milk flowing. Use cold packs after feeding, to reduce swelling.

• Before feeding, release a little milk. It will soften the nipple area, so the baby can latch.

• This is not a good time to quit breastfeeding. The key to relief is removing the milk, so keep breastfeeding your baby. It will get better in 1-2 days. If it doesn’t get better or if you have a fever, contact your health care provider.

What do I do if I have sore nipples?

Sore nipples go away quickly. Once you are sure the latch and position are okay, try these tips:

• Start feeding on the least sore side first and try a different position with each feeding.

• Try a putting little breast milk or lanolin on the nipple and let it air-dry.

• Don’t tug if clothing or pads stick to your nipples. Wet the clothing or pads before gently peeling them off.

• If sore nipples start after the first three weeks, ask your baby’s health care provider to check for thrush. Thrush is a fungal infection that grows quickly in warm, damp places. If you or your baby has thrush, both you and your baby need to be treated. Be sure to see your healthcare provider for treatment.

Is it okay to use formula, bottles, pacifiers, and water?

No, it is not recommended in the first 6 months. In the early weeks, formula, plastic nipples, pacifiers, and water can easily interrupt breastfeeding. New babies quickly get used to the simple way of sucking from plastic nipples and pacifiers and then will refuse to latch.

Exclusive breastfeeding means feeding your baby only breast milk - no formula, water, rice cereal, or baby food. Exclusively breastfeeding for 6 months is linked with many important health benefits for you and your baby. Your milk has everything
your baby needs for the first 6 months. Regular use of formula and pacifiers can stop the benefits by breaking the natural cycle of breastfeeding.

Your baby does not need extra food or water. If you are worried that your baby is thirsty or not getting enough to drink, you can drink more water, count diaper changes, or call your clinic or WIC. Trust all the generations that came before us. We are here because they could breastfeed. You can too.

If you need to be away from your baby, leave bottles of pumped milk. Be proud because while you are gone, your baby still receives your special gift.

Remember: The early weeks of breastfeeding are a learning time for you, your baby, and your family. It will get easier, and you will feel more confident. Your baby will be healthier because you mothered with your milk. Breastfeeding has touched all of our people’s yesterdays and will touch all of your baby’s tomorrows.

**What about cereal, juice, and solids?**

Wait until the baby is 6 months old. By then, the baby’s stomach is more grown up and can handle more complex food. Your baby will breastfeed less when solids start.

**Can I still breastfeed if I go back to work or school?**

**Yes, you can do it!**

Breastfeeding keeps you connected to your baby, even when you are away. Employers and co-workers benefit because breastfeeding moms need less time off for sick babies.

**Consider some of these combinations:**

- The caretaker brings the baby to you 1 or 2 times each day or you go to the baby at nearby childcare.
- Check with your work or school. Many schools and worksites have breastfeeding areas for breastfeeding moms or onsite day care.
- Pump and save your breast milk. Pumps vary in effectiveness and price. Hand pumps often work for short term, occasional separations. If you will be missing 2 or more feedings on a daily basis, consider a hospital grade electric pump. They will keep your milk supply going and make pumping easy and quick.
- Hospital grade electric pumps are usually purchased or rented from a lactation consultation, hospital, or breastfeeding organization. Try the yellow pages under "breastfeeding" to find a pump. Sometimes local hospitals will let moms have access to their pumps. Also, check with WIC. They may have hospital grade pumps to loan.

**The following are tips for pumping and storing:**

- After washing your hands, pump into a clean plastic bottle or storage bag.
- Store the milk in the refrigerator or freeze. Try 2-3 oz portions to start with.
- Label the portion containers with the date, and use the oldest milk first.

**You can store your breast milk:**

- At room temperature - for up to 6 hours
- In the refrigerator - for up to 8 days
- In the freezer - for 2 weeks or longer

To thaw and warm frozen breast milk, leave it in the refrigerator overnight or put it under warm, running water or in a bowl of warm water. It will thaw quickly. Don’t microwave. Microwaving breast milk will kill the
antibodies and may be so hot it will burn your baby. Do not refreeze your breast milk. It needs to be used within 24 hours.

Your breast milk might look different each time you pump or after it is cold or frozen. Breast milk changes in color, consistency and odor depending on what the mother eats. The cream and any colostrum will separate and rise to the top. Just stir or shake and it will be fine. Don't worry. It is safe, perfect, and the baby will still drink it.

Remember: You are a wise mother to give your baby the gift of mother's milk. You, and others will benefit from your decision to continue breastfeeding.

What foods do I need to eat while I am breastfeeding?

The same kinds of healthy foods that you ate during your pregnancy are ideal to eat while breastfeeding. If you notice that your baby is fussy after you eat certain foods, avoid them and then try eating them again several weeks later. There are no foods that need to be avoided, unless it is part of your tradition or customs to do so.

If you drink coffee, 1-2 cups a day is usually okay. If you drink several cans of soda with caffeine or several ounces of chocolate, it will probably not bother the baby, either. But, if you notice that your baby is sleeping less and seems fussy, try cutting back on foods and beverages that have caffeine. If you do not eat well, your milk will still be good. Your body will adjust to make sure your baby's milk supply is protected.

How long should I breastfeed?

The longer a mom and baby breastfeeds, the greater the benefits are for both mom and baby. Exclusive breastfeeding for 6 months before introducing solid foods gives you and your baby the most benefits. Every time you breastfeed, you give the gift of life. Traditionally, our babies were kept healthy by breastfeeding over a year. Breastfeeding is such an important part of a healthy start that the goal of the Department of Health and Human Services is for all babies to receive only breast milk for the first 6 months. Ideally, babies should receive breast milk through their first year of life. Although our lives are different from our great-grandparents, our babies can be breastfed exclusively for the first 6 months. If you need help or ideas, see the “Where to Get Help” section starting on page 19.

Can I breastfeed if I use street drugs, alcohol or tobacco?

It is important not to breastfeed if you will be using street drugs, even once while breastfeeding. Street drugs go into the breast milk and can stay there for many days, harming the baby.

When you breastfeed and drink alcohol, your baby does too. Alcohol does not honor you or your baby's future.

If you choose to drink alcohol while breastfeeding, it is important to limit the amount of alcohol. If you regularly binge drink and cannot stop, formula feeding the baby will be a better choice.

Recreational tobacco, smoked or chewed is harmful to you and your baby. Whether your baby breastfeeds or bottlefeeds, second hand smoke will damage your baby's lungs. Do not let your baby be around smoke. If you or others smoke, smoke outside, away from the baby. In their most recent statement, the American Academy of Pediatrics announced that newer research shows that the benefits of breastfeeding outweigh the negative effects from the mother's smoking. If you smoke, try cutting down. The less that you smoke, the better for you and your baby.
I have diabetes, can I still breastfeed?

YES! Breastfeeding is especially important for families with diabetes. American Indian and Alaska Natives have the greatest risk of any population group for this disease. If you have diabetes while you are pregnant, your baby may have an even greater risk of developing diabetes early in life. Breastfeeding will help lower your baby’s risk of becoming diabetic. Breastfeeding helps you too. Your blood sugars will be lower and you may lose weight. Your milk will be fine, even if your blood sugars are high. It will be important to let your diabetes health care provider know that you are breastfeeding.

I have heard that some babies may not get enough vitamin D. Does my baby need vitamins?

In April 2003, the American Academy of Pediatrics (AAP) noted that some babies are at risk for vitamin D deficiency and rickets. Rickets is a bone softening disease caused by too little exposure to sunlight, dark skin coloring or inadequate vitamin D intake. The AAP now recommends that all infants, including those who are breastfed, have at least 200 International Units (IU) of vitamin D per day beginning during the first 2 months of life and through childhood and adolescence. You can get vitamin D supplements, in drop or tablet form, at your local clinic or drug store.

Can I take medicine if I’m breastfeeding?

There are a few medications that make it necessary to stop breastfeeding. Medicines that require stopping breastfeeding include anti-rejection medicines, ergotomine, methotrexate, radioactive isotopes, and chemotherapy drugs. Drugs for anti-anxiety, anti-depressant, and anti-psychotic concerns can be of special concern for nursing mothers also. Be sure that your health care provider or pharmacist knows that you are breastfeeding. It is also important to mention any traditional medicines, herbs, and teas that you are using.

If you get sick, keep breastfeeding. Your baby is exposed to the germs before you know that you are ill, whether you are breastfeeding or not. If your baby gets sick, breastfeeding will help your baby get better quicker.

What about traditional medicines, like herbs and teas?

Ask a person that you trust to provide traditional medicine. Be sure that they know you are breastfeeding.

If you are taking other medicines, be sure that both your health care provider and traditional healer know about all medicines, herbs and teas you are taking. If you have questions, ask your traditional healer, health care provider, breastfeeding counselor, pharmacist, or Helpline.

What about lumps in my breast?

Lumps are common with early breastfeeding. As your body gets used to the milk being there, the lumps will go away. If the lump stays for more than a day or is uncomfortable, it might be a plugged duct. Use a heat pack before feeding, massage, and offer the side with the lump first;
breastfeed often. Rest. In a day or two, the lump or plugged duct will go away.

Once in a while, a plugged duct can become a breast infection. A breast infection will make you feel like you have the flu and give you a fever. Call your health care provider. Your provider will prescribe antibiotics and you will feel amazingly better in 1-2 days. Be sure to use heat packs and massage, nurse often, and rest.

Can I breastfeed more than one child at one time?

Yes. “Tandem” nursing has worked for centuries in American Indian and Alaska Native country. It is usually okay to breastfeed your older child throughout your pregnancy and then breastfeed both after delivery. Try to give the newborn first choice each time you nurse or nurse both at the same time. Your milk supply will adjust to meet your newborn’s early needs.

If you have twins, you will have enough milk to feed both. Some moms like feeding both babies at the same time because it saves time and helps keep up the milk supply.

Can I breastfeed if I have HIV or AIDS?

No, you should not breastfeed. The HIV virus that causes AIDS can pass through your breast milk. Babies can get HIV and then AIDS this way.

Where can I go for help?

If you have questions or would like more information on breastfeeding, call the National Women’s Health Information Center’s (NWHIC) Breastfeeding Helpline at 1-800-994 WOMAN (9662); TDD 1-888-220-5446 (9am - 6 pm, Monday through Friday, EST). If you call during times that the Helpline is not staffed, leave a message and you will be called back on the next working day. The Breastfeeding Helpline is a project of the U.S. Department of Health and Human Services and is staffed with trained peer counselors. For serious problems, they will refer you to a lactation consultant organization or association or will advise that you follow up with your healthcare provider. They do not give medical advice.

The Helpline also offers a breastfeeding packet with pamphlets on basic breastfeeding issues as well as special breastfeeding situations. You also can find more information on the NWIC web site: www.4woman.gov.

NWIC can also provide you with a copy of the HHS Blueprint for Action on Breastfeeding by the Department of Health and Human Services’ Office on Women’s Health. This concise, current, scientifically based publication was compiled by the Office on Women’s Health with the support of many other governmental agencies including the Office of the Surgeon General, Food and Drug Administration (FDA), Environmental Protection Agency (EPA), Centers for Disease Control (CDC), and the USDA. Use this publication for information about the benefits of breastfeeding, managing breastfeeding in the health care system, supporting breastfeeding at work or school, and how increased breastfeeding will help our communities’ futures.

WIC

The Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutrition education, breastfeeding promotion and support, and supplemental foods to pregnant, breastfeeding and postpartum women, and to infants and children up to age 5. Some WIC offices have special breastfeeding peer counselors and professional breastfeeding counselors to help you. You can usually find WIC by asking the staff at your local clinic, health department, or social services. You can also check the national WIC web site at www.fns.usda.gov/wic/ for local and state WIC programs.
Indian Health Service Hospital /Clinic, Local County/Community Health Department, or Tribal Health Clinics

Many local clinics and health departments have breastfeeding support staff and hotlines. Phoenix Indian Medical Center, Diabetes Center of Excellence has a toll-free breastfeeding support hotline 1-877-TOT-WISE (1-877-868-9473).

La Leche League

La Leche League is recognized by many as a leading authority on breastfeeding. The La Leche League helps new mothers with monthly group support meetings. Most groups have large lending libraries. La Leche League also does free phone counseling. Like the Helpline, they will refer you to a doctor for serious problems and they do not give medical advice. For more information call 1-800-La-Leche (1-800-525-3243). Visit their website at www.lalecheleague.org.

Breastfeeding Counselors or Lactation Consultants

A breastfeeding counselor or lactation consultant is a professional health worker. Counselors and consultants are trained to help families succeed with breastfeeding. If a consultant has “IBCLC” written after her name, she’s been certified by the International Board of Lactation Consultant Examiners. To find an IBCLC nearby, check the IBCLC organization web site at www.ibclc.org for a list of all the currently certified IBCLCs who are registered in the United States. You can also look in your local yellow pages under “Breastfeeding”.

In summary, for breastfeeding success from the beginning

Before birth - Let your family and provider know that you will be breastfeeding. Consider these questions:

1. What will help me to be successful with breastfeeding?

2. If I need help, where can I go for breastfeeding support?

3. How do I want the family, health care providers, and hospital to help me with breastfeeding?

4. If I will be going back to work or school, what are my options?
At the hospital

• Be sure the hospital staff knows that you want to breastfeed.
• Let the nurses and nursery staff know that you are exclusively breastfeeding. Have your doctor also let them know.
• Plan to feed the baby within an hour after birth.
• Ask to keep the baby with you as much as possible, instead of in the nursery.

At birth

• Latch after delivery. The baby's suck is usually strong in the first hour after birth.

While you are in the hospital

• Keep the baby near you.
• Breastfeed as often as possible; cuddling helps.
• Keep in mind that babies and moms are often sleepy and feedings can be disorganized. It is ok for babies to nuzzle, lick and not latch well in the first 24 hours.
• If the baby needs to go to the nursery, ask the nurse not to give a pacifier, water or formula without consulting with you first. Let the nurse know that you will feed the baby when the baby is hungry.

When you go home

• Breastfeed every 2 hours, around the clock. Feedings usually take at least 20 minutes.
• Your baby becomes a better eater by practicing and gets just what is needed from the colostrum that your body makes.
• Soon your white milk will come in. Breastfeed every 2-3 hours or at least 8-12 times in 24 hours. The more you breastfeed, the more milk you will have. As you and your baby learn the art of breastfeeding, it will become easier.
• Safe bedding practices and back to sleep:
  - Place your baby on his/her back on a firm tight-fitting mattress in a crib that meets current safety standards.
  - If you are using a blanket, put your baby with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as your baby's chest.
  - Try dressing your baby in sleeper instead of using a blanket.
  - Do not place your baby on a water bed, sofa, soft mattress, pillow, or other soft surface.

After the first few weeks

• The feedings will likely begin to spread out and may not take as long.
• Congratulate yourself; You are doing what no one else can do for all your child's tomorrows.

Notes
Breastfeeding is a timeless thread in our cloth of life. All American Indian and Alaska Native children are precious. We honor them by blessing their tomorrows with mother's milk. We can help our families to choose breastfeeding by sharing information about the benefits of mother's milk and by encouraging new families as they learn about breastfeeding.

The proud tradition of breastfeeding is part of our tomorrows. The generations ahead will be ready for challenges in their lives because they were breastfed. As our families pass the gift and wisdom of mother's milk to their children and families; our leaders, communities and futures will be stronger and healthier.

The message is hope and it begins with mother's milk.

“All things are connected, whatever befalls the earth, befalls the children of the earth.”
~ Chief Seattle