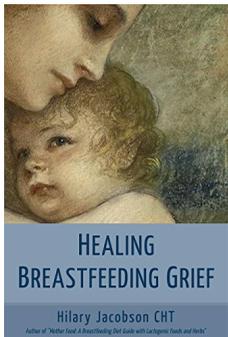


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Healing Breastfeeding Grief: How Mothers Feel and Heal When Breastfeeding Does Not Go as Hoped

Hilary Jacobson, CHT © 2016 Rosalind Press, 160 pages, paperback, \$12.95, Kindle, \$4.99

Available from: <http://www.healingbreastfeedinggrief.com/>

Our word choices have the ability to affect others. The words we use to label women's feelings surrounding infant feeding have become fuel for the so-called "Mommy Wars": Women should not be "made to feel guilty" about their parenting choices (feeding or otherwise). But is it guilt when a woman cannot breastfeed? Or is it grief, frustration, sorrow, or anger?

Many lactation professionals will recognize author Hilary Jacobson's name. Her new book, *Healing Breastfeeding Grief*, is another resource that's sure to become a classic. Jacobson seeks to give voice to women's feelings around breastfeeding struggles as well as to provide mothers with practical exercises to help them move through their grief and on to more positive, confident mothering.

The book is divided into three distinct parts. *Part One: First Steps to Healing* is just that: how to move forward by first identifying your feelings and then finding ways to feel better. Jacobson lays out a plan for women: concrete steps to take to put you on the path to recovering from your grief. Others may say, "But you've got a healthy baby . . . what's the big deal?" Jacobson counters with theories about why women grieve the loss of a breastfeeding ideal and how grief is like trauma in the ways it affects the brain.

One of the most powerful additions to this section is the description from mothers themselves about the emotions surrounding their breastfeeding challenges. Words like *guilt*, *worry*, *rejection*, *anxiety*, *jealousy*, and even *self-hatred* crop up often in this section. Other mothers may find solace from reading these excerpts.

Knowing you are not alone is part of the battle to heal. As a lactation professional, I found these mothers' words instructive. Being able to truly hear mothers—their pain, their sadness, their heartbreak—will help me better support mothers without judgment about the choices they've made for feeding their babies.

Part Two of the book presents tangible healing methods. From breathing exercise to guided visualizations, from meditation to journaling, the tools for dealing with difficult emotions while caring for a baby are laid out in easy-to-follow exercises.

Knowing where to turn for information and support is half the battle when breastfeeding isn't going as planned. Part Three offers insight from various practitioners—midwives, lactation consultants, massage therapists, chiropractors, and more—about how their specialty can serve moms with breastfeeding problems and how they might help moms with breastfeeding grief. The key to *Healing Breastfeeding Grief* seems to be finding support and giving yourself permission to feel both positive and negative emotions as a new mother. As long as you're dealing constructively with those difficult feelings, you will begin to heal and to be a more self-assured mother.

Mothers and lactation consultants alike will benefit from this book. The method of infant feeding doesn't define a mother. Her feelings are valid and need to be dealt with constructively. Lactation consultants are in the perfect position to help, and this volume provides a starting point.

Michelle Roth, BA, IBCLC, RLC, works as a lactation consultant for two pediatric practices in Western Pennsylvania. Her years as a La Leche League Leader helped prepare her for providing women with information and support, to which she now adds clinical knowledge and skill for helping women to achieve their breastfeeding goals. She is also a freelance writer and editor, with prior experience writing reviews for the Journal of Human Lactation and ILCA. Michelle is the mother of four busy kids, and when she does have some free time she loves to crochet and read.

Paid Leave and Breastfeeding Report From *Birth*

The journal *Birth* has released an article entitled, “Paid Maternity Leave and Breastfeeding Outcomes,” using data from the 2006–2010 U.S. National Survey of Family Growth to describe the associations between paid leave duration and breastfeeding rates: <http://onlinelibrary.wiley.com/doi/10.1111/birt.12230/abstract?campaign=wolarlyview>. Employed women who received 12 or more weeks of paid maternity leave were more likely to initiate breastfeeding and be breastfeeding their child at six months than those without access to paid leave.

Source: USBC

“Break Time for Nursing Mothers” Law FAQ Updates, From DOL

The U.S. Department of Labor, Wage and Hour Division has published updates to the “Break Time for Nursing Mothers” Law FAQs regarding which types of employers are covered and how the provision applies to small businesses: <https://www.dol.gov/whd/nursingmothers/faqBTNM.htm>. All employers covered by the Fair Labor Standards Act, regardless of the size of their business, are required to comply with the law. Employers with fewer than 50 employees are not subject to the FLSA break time requirement, however, if the employer can demonstrate that compliance with the provision would impose an undue hardship. Whether compliance would be an undue hardship is determined by looking at the difficulty or expense of compliance for a specific employer in comparison to the size, financial resources, nature, or structure of the employer’s business.