



Breastfeeding Matters

Breastfeeding Coalition of Washington ~ a program of WithinReach

Vol. 10, No. 3
Winter 2007

Happenings

March 14-15, Honoring Cultural, Social and Physical Diversity, Comprehensive Lactation Care

Berkeley, CA.

SWAGconferences@aol.com.

April 11, Breastfeeding: A Practical and Evidence Based Approach

Swedish Medical Center, 7:30 a.m. - 4:45 p.m., Seattle, WA.

www.swedish.org/cme or 206-386-2755.

May 14, WithinReach Making Connections for Health Fundraising Luncheon and Awards

Seattle, WA.

www.withinreachwa.org.

June 23-25 & 27-29, Professional Education in Breastfeeding and Lactation

Seattle, WA.

www.seattlemidwifery.org.

July 23-27, One Voice, Uniting the Profession – Practice, Professionalism, Policy

International Lactation Consultant Association, Las Vegas, NV.

www.ilca.org.

Oct. 1-3, A Worldwide View of Breastfeeding

European Lactation Consultants' Association (VELB), Vienna, Austria. www.ilca.org.

Oct. 17 - 19, The Caring Continuum

La Leche League of Washington, Redmond, WA.

www.lllwaconf.org.

Check Out BCW's New Website!

The Breastfeeding Coalition of Washington has a new website! The previous site was part of the WithinReach website and was difficult to locate unless given a direct link. The new site stands alone, has an easy to remember URL, www.breastfeedingwa.org, and includes some new information and resources.

In the section, "About Breastfeeding" there is information geared toward families such as, "Why Breastfeed?," "Getting Started and Breast Care," "Breastfeeding Premature Infants," and more. Previously, this information was on the WithinReach website under "For Families." The WithinReach website is now focused on the agency and has a BCW page that links to the new BCW site. All information targeting families was either moved to the new coalition websites or to www.parenthelp123.org, another program of WithinReach.

Parental Leave Information

In addition, within the "Legislation and Discrimination" pages, there is new information about parental leave including details about the new Washington State law, a fact sheet released by the Institute for Women's Policy Research, the Office on Personnel Management; *Report to Congress on Paid Parental Leave*.

The site still contains information about local breastfeeding coalitions including a dynamic map showing coalition locations, descriptions of local and state-wide activities, and related organizations and resources.



WithinReach Acknowledged for Workplace Support

On October 11, WithinReach received the **Alfred P. Sloan Award** for the second consecutive year. This national award recognizes exemplary employers that use flexibility as a tool to enhance business and employee success.

WithinReach believes workplace flexibility creates healthy families, devoted employees, and exceptional work performance. To support this balance, WithinReach maintains family-friendly practices such as the ability to bring young children or grandchildren to work, flexible schedules, and a reduced or compressed work week. Parents of newborns are allowed to ease back into their work schedule. "Being flexible as employees transition back to work helps them continue breastfeeding," says Patty Hayes, Executive Director of WithinReach. A space for pumping and storage of breastmilk is maintained and staff

cont. on page 6, see 'Award'

**MaryAnn O'Hara, MD, MPH,
FAAFP, FABM**
Western Region Chair of BCW

**Anne Montgomery, MD, FAAFP,
FABM, IBCLC**
Eastern Region Chair of BCW

Jean O'Leary, MPH, RD
WIC Breastfeeding Coordinator,
Department of Health

Patty Hayes, RN, MN
Executive Director, WithinReach

Kimberly Radtke, RC
Program Coordinator of the BCW

The Breastfeeding Coalition of Washington (BCW) is a program of WithinReach and works to promote, protect and support breastfeeding as a vital part of the health and development of children and their families. The BCW includes over 20 local breastfeeding coalitions across the state.

Breastfeeding Matters is published electronically three times a year by WithinReach, 11000 Lake City Way NE, Suite 301, Seattle, WA 98125. The goal of this publication is to provide information and networking specific to the needs of those promoting breastfeeding. BCW and WithinReach do not accept responsibility for the application of any information to individual medical conditions where consultation with a health care provider is needed. The Breastfeeding Coalition of Washington is a program of WithinReach and is supported by Washington State Department of Health Funds for this newsletter are provided by the Washington State WIC Program. The Washington State WIC Program is an equal opportunity provider and employer.

To view back issues and to receive this electronic newsletter go to:
www.breastfeedingwa.org/newsletter

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Getting a Head Start with Breastfeeding

Head Start (HS) and Early Head Start (EHS) are comprehensive child development programs, offered in either home-based or center-based models, serving children from birth to age 5, pregnant women, and their families. The overall goal is to increase the social competence of young children in low-income families.

Provide Breastfeeding Education

Last Spring, the Breastfeeding Coalition of Washington (BCW) learned that HS and EHS are federally mandated to provide breastfeeding education to families enrolled in the program. Upon contacting the Region X Office of Head Start, and speaking to Allison Hertel, MPA, CHES, Training & Technical Assistance Health Specialist, the BCW learned that individual HS programs approach breastfeeding education in different ways and that many would welcome more support and guidance in this area. "Head Start and Early Head Start understand and value breastfeeding. Our teachers and home visitors are required to teach and inform families about many topics. Connecting with breastfeeding professionals would be helpful and would encourage partnerships with other organizations," said Allison. Head Start embraces a core set of values, many of which directly address health. Practices that prevent illnesses and promote positive, culturally relevant health behaviors are encouraged as is the fostering of relationships with other community organizations.

Present at Conference

In August, Kimberly Radtke, Coordinator of the Breastfeeding Coalition of Washington and Amelia Psmythe, Director, Breastfeeding Coalition of Oregon and Nursing Mothers Counsel of Oregon presented at the Region X Early Head Start

Conference in Portland. Their presentation, Easy Steps to Supporting Another Kind of Early Head Start, addressed barriers breastfeeding women face, the risks of not breastfeeding, and ways to support and educate families about breastfeeding. The presentation was well received and led to discussions about opportunities for breastfeeding coalitions and Head Start programs to collaborate together. In September, Allison spoke at the BCW Annual Meeting with Nora Gonzalez and Ruth Leslie both of whom work for a Head Start program in Wenatchee. They provided a comprehensive overview of the program and a realistic picture of the array of services teachers and home visitors provide to families.

Collaboration Opportunities

Local breastfeeding coalitions are encouraged to connect with their local Head Start and Early Head Start program. Not only can breastfeeding professionals help educate families, they could potentially serve on a local Head Start advisory group helping to support the program as well as enrolled families. "There are many opportunities for collaboration," says Allison. "We hope connecting with Head Start also builds support for local breastfeeding coalitions. This is a win-win relationship."

In Washington, there are approximately 50 Head Start and/or Early Head Start programs throughout the state. Many of these programs have multiple centers in different communities, offering both home and center-based options. To learn if there is a Head Start program in your area go to; www.acf.hhs.gov/programs/hsb

Reference: 45 CFR Part 1304. *Head Start Program Performance Standards and Other Regulations.* (February 2001).



Breastfeeding Coalition of Washington, Annual Joint Steering Committee Meeting 2007, Wenatchee, Washington.

BCW Annual Meeting

In September, nearly 30 breastfeeding advocates representing 13 out of 23 local breastfeeding coalitions and several allied organizations, Public Health and the Department of Health, attended the annual BCW Joint Steering Committee Meeting, held in Wenatchee, WA. The meeting included information on Washington State and national breastfeeding promotion activities; presentation and discussion on the CDC Breastfeeding Report Card for the United States, (*see related story, Healthy People 2010 Breastfeeding Objectives, page 4*); a presentation from Head Start about how Head Start provides breastfeeding education and support to families, (*see related story, Getting a Head Start, page 2*); an update about breastfeeding legislation including tips for meeting with elected officials; and a video about Blue Bird, Inc., recipient of the 2007 the Outstanding Employer Award. Meeting participants also enjoyed a tour of the Wenatchee Blue Bird plant and a networking dinner at a local restaurant. "The meeting was fun and successful," said Kimberly Radtke, BCW Coordinator, "Sharing information, networking and celebrating our successes provides an opportunity to reflect on the impact our work has on the health of Washington families."



Meeting participants (wearing hair nets) tour the Wenatchee plant of Blue Bird, Inc., recipient of the 2007 Outstanding Employer Award.

Thank You to Laurie Reigert and the Wenatchee Breastfeeding Coalition for your assistance and financial support with the Annual Meeting logistics and food.

Healthy People 2010 Breastfeeding Objectives

When the Healthy People 2010 breastfeeding goals were first established in 2000, the only available data source for target setting and monitoring progress was the Ross Laboratories Mothers Survey (RLMS). The targets for initiation, 6 and 12 month duration (75%, 50%, and 25%, respectively) were carried over from Healthy People 2000.

Recognizing the need for nationally representative data, CDC added breastfeeding questions to the annual National Immunization Survey (NIS) in 2001, including questions on initiation, duration of any breastfeeding, and exclusive breastfeeding. The NIS now replaces the RLMS as the data source for monitoring progress toward the Healthy People 2010 breastfeeding goals. As a result, monitoring of breastfeeding objectives is no longer dependent on data from an infant formula manufacturer (Ross Laboratories).

Objectives Expanded

In 2006, using NIS data, the Healthy People 2010 objectives for breastfeeding were expanded to include two new objectives on exclusive breastfeeding (to increase the proportion of mothers who exclusively breastfeed their infants through 3 and 6 months of age). The wording of the NIS exclusive breastfeeding questions had been changed in 2006,

based on the results of cognitive testing of the question wording. The testing, conducted in 2004-2005, indicated that although the earlier NIS questions had accurately reflected overall breastfeeding, they had overestimated exclusive breastfeeding duration nationwide. The revised questions currently in use provide better estimates of exclusive breastfeeding. To read the current survey questions, go to; www.cdc.gov/breastfeeding/data/NIS_data/data_2004.htm.

Washington Achieves Objectives

The targets for the percent exclusively breastfed were initially established based on the original NIS questions. It is the policy to revise Healthy People 2010 targets when the data source or methodology changes, as it did in the NIS 2006. In keeping with Healthy People 2010 standard target revision methods, new targets for exclusive breastfeeding have been established. They are 40% for the proportion of mothers who exclusively breastfeed their infants at 3 months and 17% for the proportion who exclusively breastfeed at 6 months. Washington State is one of eight states that has achieved the 2010 Health People Breastfeeding Objectives.

Source: Division of Nutrition, Physical Activity, and Obesity; Centers for Disease Control and Prevention.

INCREASE THE PROPORTION OF MOTHERS WHO BREASTFEED THEIR INFANTS	HP 2010 BREASTFEEDING OBJECTIVES	WASHINGTON STATE BREASTFEEDING RATES (2004)
In the early Postpartum to:	75%	88%
At 6 Months to:	50%	57%
At 12 Months to:	25%	32%
Exclusively at 3 Months to:	40%	49.6%
Exclusively at 6 Months to:	17%	22.5%

International Formula Council Wins Award

The International Formula Council (IFC) has been awarded a bronze 'Falsie.' What's the reason for this distinction? The IFC's continued marketing strategies designed to undermine breastfeeding. The Falsies Awards, presented by the Center for Media and Democracy (CMD), seek to uncover and rank (via reader voting) "the year's worst cases of corporate forces and their efforts to misinform." The CMD is a non-profit, non-partisan, public interest organization that strengthens participatory democracy by investigating and exposing public relations spin and propaganda, and by promoting media literacy and citizen journalism.

Suspicion Verified

How did the CMD learn about the work of IFC? The *Mothering* magazine website, www.mothering.com, reports that while fact-checking her editorial, *Is Breastfeeding In Trouble?* for *Mothering's* September/October 2007 issue, Peggy O'Mara enlisted the aid of CMD. The CMD verified O'Mara's suspicion that several websites initially appearing to promote breastfeeding were actually "stealth mouthpieces" for the formula industry. In addition, the CMD learned about the "shrewd, dishonest and manipulative tactics" of the IFC, and of *Mothering's* history of reporting on the topic. An example of one of the websites is, www.momsfeedingfreedom.com, an IFC website opposing restrictions on formula marketing in hospitals as attacks on "women's access to information to make a legitimate choice." In addition here is an example of the websites' diatribe:

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Pyramid for Pregnant & Breastfeeding Moms

The US Department of Agriculture (USDA) has released a new Nutritional Pyramid, focusing specifically on pregnancy and breastfeeding. “My Pyramid for Moms” is interactive, allowing women to customize nutritional advice by entering their own information such as due date, height, weight, and amount of physical activity. Nutrition information including serving suggestions is given in a colored-coded printable PDF. If pregnant, the information is presented by trimester.

The website provides additional details, such as nutritional needs during pregnancy, prenatal weight gain, dietary supplements, special health needs, food safety, nutritional needs during breastfeeding and weight loss while breastfeeding.

“The website gives good, sound nutrition information and much more nutrition information than most women get from their health care provider,” says Carrie Pfab, MS, RD, CD, Executive Director of the Washington Association of Local WIC Agencies. “However, only two benefits of breastfeeding are listed and they are somewhat buried. There’s a link to the “4women.gov” site, which provides more information

about breastfeeding. Ideally, women would

be congratulated for breastfeeding on the very first page of their customized food plan.” To learn more about this new USDA resource, go to www.mypyramid.gov/mypyramidmoms.



Portland Eliminates Formula Sample Packs

Portland, Ore., has become the first city in the nation to have both public and private hospitals ban the distribution of formula sample packs since the launch of the national “Ban the Bag” campaign just over one year ago. Dr. Susan Allan, Public Health Director for Oregon Department of Human Services, presented “Maternity Care Best Practices” awards to 15 Portland area hospitals, which have eliminated formula sample packs from the discharge bags customarily given to mothers with new babies.

At the same time, debate raged in the New York Times blog and spin-off press about a similar announcement that New York City public hospitals banned formula sample packs. Many reports inaccurately state that the hospitals have banned formula. In actuality, the policy makes formula available to mothers who request it and stops the practice of giving free formula samples to mothers as they leave the hospital. Some NYT bloggers felt the formula is a free gift that low-income mothers need; others recognize it as a marketing ploy by the pharmaceutical companies, which sell infant formula.

Research indicates that free formula sample packs lower breastfeeding rates and increase brand loyalty. As with pharmaceuticals, infant formula is marketed to and by health care professionals. Mothers often purchase infant formula based on health provider recommendations.

Low-income mothers can receive free formula through federally funded programs such as Medicaid and WIC.

“New research has shown that the distribution of formula sample packs has a detrimental effect on breastfeeding,” acknowledge Dr. Allen. “The presence of a can of formula in the early days undermines a

mother’s confidence that she can successfully breastfeed.”

“The bags are not free,” says Amelia Psmythe, Executive Director of the Nursing Mothers Counsel of Oregon, “we are all paying for them through the decrease in breastfeeding rates and associated increase in health problems. Mothers who want the free formula

can request it from the formula companies, but hospitals should market health and nothing else.”

The awards were presented as part of a benefit luncheon for the Nursing Mothers Counsel of Oregon. The event was hosted by Legacy Children’s Hospital, and served as a kick-off for World Breastfeeding Week, August 1-7. Oregon House Speaker Jeff Merkley was the keynote presenter at the luncheon, where he made his first public announcement of his candidacy for US Senate. He also made his first campaign promise: If elected, Merkley will sponsor workplace accommodation legislation on the federal level, similar to what he just helped pass in Oregon. Oregon’s ‘Breastfeeding and Return to Work’ law goes into effect January 1, 2008.

“...hospitals should market health and nothing else.”

**Amelia Psmythe,
Exec Dir., NMC**

Recent Research

Association Between Infant Breastfeeding and Early Childhood Caries in the United States

New research published in the October issue of the journal *Pediatrics* finds that breastfeeding does not increase the risk of toddler tooth decay. Prolonged and unrestricted breastfeeding has been thought by some, to be a potential risk factor for early childhood caries (ECC). A recent animal study, the results of which were recently published in *Pediatrics*, found breastmilk to be more cariogenic (caries producing) than cow's milk. However, the epidemiologic evidence linking infant breastfeeding and its duration and ECC in children is very limited. The purpose of this study was to use nationally representative data about children to assess the potential association of breastfeeding and its duration, as well as the association of other factors that may contribute to ECC among young children in the US.

Moms Deserve Congratulations!

The study found that contributing factors to cavities that affect one in four young children include; smoking during pregnancy, birth to a teen mother and poverty. Mexican-American children are cited as experiencing higher than average rates of early childhood tooth decay. The research team found that breastfeeding had a limited protective function against childhood caries. Specifically, nursing was associated with a 40 percent reduced risk, but only until factors such as poverty status, maternal age and maternal prenatal smoking entered the analyses. "This is very important data that warrants wide

circulation in order to dispel the common, erroneous dental advice against nursing at night or beyond some arbitrary age," commented MaryAnn O'Hara, MD, co-chair of the BCW. "Whereas breastfeeding moms are frequently blamed if their children develop cavities, this study affirms yet another reason moms deserve congratulations and support to succeed with breastfeeding, including into the toddler years." For the complete study go to; <http://pediatrics.aappublications.org/cgi/content/abstract/120/4/e944>.

WHO Review of Long-Term Effects of Breastfeeding

The World Health Organization (WHO) has just published a 57-page document entitled, Evidence on the Long-Term Effects of Breastfeeding; Systematic Reviews and Meta-Analyses. The primary objective of this series was to assess the effects of breastfeeding on blood pressure, diabetes and related indicators, serum cholesterol, overweight and obesity, and intellectual performance.

The available evidence suggests that breastfeeding may have long-term benefits. Subjects who were breastfed experienced lower mean blood pressure and total cholesterol, as well as higher performance in intelligence tests. Furthermore, the prevalence of overweight/obesity and type-2 diabetes was lower among breastfed subjects. All effects were statistically significant, but for some outcomes their magnitude was relatively modest. The document can be found here; http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/ISBN_92_4_159523_0.pdf.

Nominations for 2008 BCW Awards

How and when the 2008 BCW Awards are presented is being discussed as this goes to print. Traditionally, Spring is the time when award recipients are acknowledged at the WithinReach *Making Connections for Health* Luncheon.

The BCW awards presentation may take place at a separate event. This year, the 2008 WithinReach luncheon is being held Wednesday, May 14, at the Seattle Sheraton. Mark your calendars for this inspiring event! For details and nomination information about the Breastfeeding Coalition *Outstanding Employer Award*, *Spirit of Service Award*, and *Commitment to Health Award*, go to www.breastfeedingwa.org.

Award...cont. from page 1

can pump when needed.

Christine Wiley, an Information and Referral Specialist at WithinReach, had a baby in October. "Everyone has been so supportive. I had some complications before my baby was born and needed to start my leave early. It was so helpful that this was not viewed as a problem. It also made a huge difference that I can ease back to work," shared Christine.

Staff can also work from home in order to care for aging parents, sick children or to accommodate shortened school days or burdensome commutes. "A flexible schedule allows staff to attend to their family member's health care issues, volunteer at their children's school, or participate in their children's extra-curricular activities," commented Patty. "The goal of fostering healthy families and healthy lives guides everything we do." For more information about the Sloan Foundation and the award go to www.sloan.org and www.whenworkworks.org.

Breastmilk and Airport Security

Until recently, there has been uncertainty on the part of airport security officials and the Transportation Security Administration (TSA) as to how to handle pumped breastmilk at security checkpoints. This confusion stems from August 2006, when an alleged plot by suicide bombers to smuggle liquid explosives on to transatlantic flights was thwarted. Overnight, breastmilk, gel packs (used to keep breastmilk cold), and other liquids were viewed as potentially dangerous. There were numerous incidents of security officials denying mothers the ability to carry on their pumped milk and demanding they dump it and in some cases, taste it. After many complaints, the TSA made a short-sighted decision to allow pumped milk on planes provided the baby was also present. In most cases, if a baby is with his or her mother, there is no need for pumped milk. With approximately 70% of employed mothers with children under 3 years of age working full-time (US Department of Labor), many mothers travel without their children.

In October, 2006, a petition requesting that the TSA add human milk to the list of “life supporting and life sustaining bodily fluids that can be visually inspected and be brought on board in any amount” was circulated widely via email. Over 4,000 signatures were collected (see ‘Expressing Concern,’ *Breastfeeding Matters*, Vol. 9 #3, Winter, 2006).

Petition Circulated

Perhaps that petition influenced the right people. Nine months later, in July, 2007, the TSA started allowing mothers flying without children to bring breastmilk in quantities greater than three ounces through the security checkpoint, provided the breastmilk is declared for inspection prior to screening. Breastmilk is now in the same category as liquid medications.

While these changes are helpful and more realistic, this information is not widely known. For instance, in October, Julia Huber, MD, contacted the BCW as she was coming to Seattle for a three-day medical convention. She was planning on pumping and needed to keep her breastmilk frozen until she returned home to Kentucky. She called the BCW for assistance in locating dry ice and to see if the BCW had additional information about flying with pumped milk. She explained that she had spent hours on the phone with the airline trying to clarify the guidelines for transporting pumped milk. “I was given inconsistent information. I was very concerned that my breastmilk might end up being discarded at the airport

because no one could figure out the answers to my questions,” shared Dr. Huber. In addition, it was imperative that her milk remain frozen, as it was for her sister’s premature baby. Her sister had just given birth and has a double mastectomy; every drop of milk was precious.

While researching her options for dry ice, she contacted one of the fish vendors at Pike Place Market who was not fazed by her request. He explained that fish is packed for shipment with gel packs and they would be very willing to help her as they had other mothers in similar predicaments. Fortunately, Dr. Huber had an uneventful flight home with only a small problem. As suggested by the airline, Dr. Huber requested her box be hand inspected by security before being checked. The representative who

screened it wasn’t aware that more than three ounces was allowed. At the recommendation of the BCW and the CDC, she had a copy of the updated recommendations and provided them to the representative who then approved the package.

Information Not Widely Known

When carrying formula, breastmilk, or juice through the checkpoint, the liquids will be inspected, but parents and children will not be asked to test or taste

these items. Security Officers may test liquids for explosives.

Greater than 3 ounces of baby formula, breastmilk, or juice are permitted through the security checkpoint in “reasonable quantities” for the duration of the travelers’ itinerary, if the following are performed:

- Separate these items from other liquids, gels, and aerosols in a quart-size zip-top bag.
- Declare the items to a Security Officers at the security checkpoint.
- Present the items for additional inspection once reaching the X-ray. These items are subject to additional screening.

No special precautions are necessary for airport security screenings while breastfeeding. A breastfeeding mother expressing her own milk while traveling does not need to declare her milk at U.S. Customs when returning to the United States. Electric breast pumps are considered personal items during air travel and may be carried on and stowed underneath the passenger seat, similar to a laptop computer, purse, or diaper bag. In addition, parents can print multiple copies of the TSA guidelines, with the breastmilk sections highlighted.

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International breastfeeding symbol indicates a private room for nursing at the Minneapolis/St. Paul International Airport.

Do You Know a Place Where Breastfeeding is Welcome?

In 2006, an international breastfeeding symbol was created to identify breastfeeding-friendly facilities (see 'New International Breastfeeding Icon,' *Breastfeeding Matters*, Vol. 9 #3, Winter, 2006). Have you seen it in use? Please send us a picture for consideration in future issues of *Breastfeeding Matters*. Tell us who took the picture, when it was taken, and where (name and location of business). If possible, please ensure the picture depicts the business.

Formula...cont. from page 4

"There is lots of information available on the benefits of breastfeeding and new moms are responding by choosing to breastfeed in greater numbers than ever before. But some moms can't or choose not to make this choice. And there is no reason, given the highly regulated and nutritious infant formula on the market today, for those moms to be made to feel guilty about their choice."

This year was the first time there was an organized campaign in favor of one of the nominees. The organized campaign came from 'Ban the Bags,' (www.banthebags.org). They posted a call for their readers to participate in the Falsies Awards survey. The CMD judges were divided on if this constituted 'spinning a survey on spin,' and decided to discount survey responses where people only voted on the formula industry nominee. The CMD reports that this year, more people responded to their survey than ever before with over 1,400 people submitting votes.

The Gold Falsie award is shared by the leadership of the U.S. Democratic Party (on the account that they have not done much since obtaining control of both Houses of Congress) and Freedom Watch, a Republican-associated lobbying group that advocates "peace through strength." The Silver Falsie was awarded to "global warming skeptics."

Source: www.mothering.com and <http://www.prwatch.org/falsies2007>.

Airport...cont. from page 7

For Additional Information

- For details on traveling with formula, breastmilk, and juice; <http://www.tsa.gov/travelers/airtravel/children/formula.shtm>.
- Travel recommendations for the nursing mother, centers for disease control and prevention: <http://www.cdc.gov/breastfeeding/recommendations/travelrecommendations.htm>.

ParentHelp123.org – New features in 2008!

ParentHelp123.org, a program of WithinReach that helps families find out if they qualify for health insurance and food programs is now available in Spanish. In addition, the Resource Finder allows users to search for programs and services in their community by zip code and keyword, such as 'Breastfeeding Support' or 'Immunization.' Order free ParentHelp123 materials at www.withinreachwa.org/materials.

