

# Growing Stronger Families

Opportunities for Otsego | 3 West Broadway, Oneonta | 607.433.8071 | www.ofoinc.org

## Watermelon Strawberry Caprese Salad – National Watermelon Day is August 3<sup>rd</sup>!

### Ingredients

- 3 cups watermelon, cubed
- 2 cups strawberries, chopped
- ½ cup feta, crumbled
- ¼ cup extra-virgin olive oil
- Kosher salt
- Freshly ground black pepper
- ¼ cup fresh basil, torn



### Directions

1. In a large bowl, combine watermelon, strawberries, feta and olive oil. Season with salt and pepper and toss to coat.
2. Garnish with basil and serve.

## Zucchini Pizza Bites – National Zucchini Day is Aug 8<sup>th</sup>!!

### Ingredients

- 1 Tablespoon olive oil
- 3 Zucchini, cut into 1/4 –inch thick rounds
- Kosher salt and freshly ground black pepper, to taste
- 1/3 cup marinara sauce
- ¼ cup finely grated mozzarella
- 1 tablespoon Italian seasoning



### Directions

1. Preheat oven to broil
2. Heat olive oil in a large skillet over medium high heat. Working in batches, add zucchini and cook, flipping once, until golden, about 1-2 minutes per side; season with salt and pepper to taste.
3. Place zucchini rounds onto a large baking sheet. Top each round with marinara and mozzarella.
4. Place into oven until the cheese has melted, about 1-2 minutes.
5. Serve immediately, sprinkled with Italian seasoning, if desired.



### Hours of Operation

Monday	8:00AM – 5:00PM
Tuesday	8:00AM – 5:00PM
Wednesday	8:00AM – 6:00PM
Thursday	8:00AM – 5:00PM
Friday	8:00AM – 5:00PM

We are open on the 4<sup>th</sup> Saturday of the month from 8:30AM – 12:30PM. This month we are open on Saturday, August 25<sup>th</sup>.

### Outreach Days

August 3<sup>rd</sup> & 20<sup>th</sup> Richfield Springs  
9:45AM – 2:00PM

August 7<sup>th</sup> Cooperstown  
9:30AM – 2:00PM

August 17<sup>th</sup> Cherry Valley  
9:45AM – 2:00PM

August is Breastfeeding Month and August 1 -7<sup>th</sup> is World Breastfeeding Week. Celebrate and support your breastfeeding Mom!

## It's World Breastfeeding Month

Every year the World Health Organization (WHO) celebrates World Breastfeeding Month. This year the theme is, “Breastfeeding – Foundation of Life”. This topic allows us to explore not only breastfeeding as the foundation for healthy eating but also looks at the link between breastfeeding, food security and poverty reduction.

Food security and poverty aren't often associated with breastfeeding. Breastfeeding is seen as the free and healthy way to nourish our children. Parents that have trouble accessing food or live in poverty with limited access to food bear the brunt of food insecurity as they often put their children first. A breastfed child gets all the nutrients they need from their mother's breastmilk; Moms need to ensure they are eating and have access to the right foods so that they don't become deficient themselves. Breastmilk provides total food security for the baby and changes with the baby's needs. As they grow and are exposed to new environmental stimuli, breastmilk changes nutritionally while providing antibodies to fight any illnesses they may encounter. It supports the growing immune system. Breastmilk truly is the first food.

Breastfeeding benefits the family and is essential for solving hunger issues. When a child is breastfed, parents can focus on providing meals for the rest

of the family, especially in an emergency. Breastmilk is free, always at the right temperature and accessible, reassuring Mom that baby is getting everything needed even in difficult situations. Many parents take advantage of food stamps or SNAP, use the food banks and also receive WIC. Many though, are reluctant to use these services. The cost of formula adversely impacts the food budget.

Breastfeeding doesn't put a strain on the household budget and the World Health Organization's (WHO) #1 Sustainable goal in 2016 is to put an end to extreme poverty by 2030. Breastfeeding promotion is one way they are targeting it. Studies found that those living with lower incomes tend to formula feed due to lack of support at home or work, lack of knowledge, different cultures and difficult work conditions.

Breastfeeding rates are slowly increasing as more information, support and supportive laws become available. There will always be those who are uncomfortable with breastfeeding and try to make Mom feel uncomfortable, especially in public. WIC, WHO and many breastfeeding organizations are working to change that. We understand that while it may not be for everyone and there are instances where breastfeeding doesn't work out, the support will always be out there. All you have to do is ask.

## Breastfeeding Peer Counselor Section

### The Donor Milk Banking Controversy

Donor human milk banking is defined as collection, screening, processing and distribution of human milk from volunteer breastfeeding mothers. It is dispensed by prescription to those with medical and/or nutritional needs who require human milk. Premature infants are the usual recipients.

There are many screening practices in place for mothers who wish to pump and donate extra milk. There are guidelines established by the Human Milk Banking Association of North America (HMBANA), FDA and CDC. There are other controversial organizations that connect moms directly with donors. These recommend but don't require screening. Screening is left up to Mom. She assumes the responsibility for deciding if she trusts a mother's lifestyle. The recipient Mom takes on the expense of making sure that the donor is disease-free.

Reputable organizations that do collect and distribute donated milk don't charge for milk and discourage selling breastmilk. This serves as a deterrent to those who would dilute their milk to increase their profits. Some moms who use donor milk or feed their friends babies, don't feel the need to go through any formal channels. Those that milk share generally have children of the same age to ensure the babies get what they need at that particular growth stage. One drawback is that the donor milk may have viruses that the receiving baby hasn't received antibodies for as yet.

Donor milk is a valuable resource and making sure it is available to those in need is important. It is the prescriber's responsibility to assist parents in getting coverage for the milk should their insurance turn them away. Many insurance plans and the Medicaid programs will cover it. No one is supposed to be denied due to inability to pay.

To learn more about donor milk visit the HMBANA website and if you need to due to insurance restrictions, use [milkshare.org](http://milkshare.org). Always have it tested and never buy it off the internet.

## Breastfeeding Frequency FAQ's

Many new parents are often concerned with making sure their baby gets enough to eat with breastfeeding parents being especially concerned, as they can't measure how much their baby is consuming. La Leche League International put together a list of questions and answers that address this and other topics that focus on the fully breastfed baby.

One of the most frequent questions we get is how to tell if the baby is getting enough milk. One of the best ways to determine if they are getting enough is to measure output, or look at their dirty diapers. In the first few days 2-3 wet diapers and a minimum of 2 poopy diapers indicates they are getting enough. This increases over the first week. Five or more wet diapers and at least 2 stools mean they are getting enough by the fourth and fifth days. For the rest of the first month, they should have 6 or more wet diapers and at least 2 yellowish, loose stools the size of a quarter or larger. After 6 weeks, babies tend to poop less often making it no longer a good indicator. Weight gain and meeting developmental milestones are often used after this point.

Another concern parents have is when baby suddenly wants to breastfeed constantly and not give Mom a break. This often leads Mom to thinking she is not producing enough. These times are known as high demand periods. Frequent nursing by baby is actually building Mom's supply to meet their increased needs. They require more for their growth and development at these times. Babies also increase their breastfeeding while they are teething. Teething causes their gums and jaws to ache and breastmilk has a pain relieving component. Breastfeeding releases endorphins that can decrease baby's pain. It also works during vaccinations! Increased nursing at around 6 months also indicates that they may be ready to start solids, provided they can sit up on their own and can pick up small objects between their thumb and

forefinger.

Many Moms' feel they may be making too much milk and are choking their baby. While it may be the case for some, there are often other issues that may be causing baby to choke. They may have an uncoordinated suck and swallow reflex due to a tongue-tie, issues with position, respiratory problems or congestion. To determine if your baby does have any of these issues, please reach out to your doctor first. WIC peer counselors can help address your milk production issues after other causes are ruled out to avoid infant weight loss or developmental delays.

On the other side of the spectrum, there is always concern about low milk supply. In the first few weeks it is common for breasts to stop becoming engorged which leads Moms to think they are no longer producing enough. In reality, it means that Mom's body has figured out how much it needs to produce to be enough! By continuing to feed when given feeding cues by baby, Mom's body will continue to know how much it needs to produce. If your baby is becoming fussier at feeding times, it may mean they are teething and are uncomfortable and in pain. Remember nursing can help to relieve this pain. Babies are also exploring more and using and developing muscles they didn't use before, so they have muscle aches. It is important to address the possibility of other issues before playing with your milk supply. If you have questions, please reach out.

Many other issues change eating behaviors. For more information on breastfeeding and to look into other topics feel free to check the Le Leche League website at [lil.org](http://lil.org) or the Healthy Children's Center for Breastfeeding at [centerforbreastfeeding.org](http://centerforbreastfeeding.org). There is so much information and support out there!

## Breastmilk; How it Changes to Meet Baby's Needs

Breastmilk changes throughout a child's life to meet their needs. As it changes so does the color and the composition. Breastmilk changes within each feeding, from feeding to feeding and over the course of breastfeeding. Each mammal produces milk specifically for their species and within each species composition varies slightly. Those that produce higher fat milk require less feedings while those containing more water feed more. Human milk is one of the highest in lactose content, is high in water and low in protein and fat. It contains a higher level of nutrients than any food and is the perfect food for brain growth. There are even different types of breastmilk during the feeding, the "foremilk" and "hindmilk". The "foremilk" is simply the milk in the breast at the beginning of the feeding while the "hindmilk" is the milk in the breast at the end of a feeding.

There are three stages of breastmilk: colostrum, transitional milk and mature milk. The colostrum is the very first milk produced. It is yellow to clear and has high protein content because it is produced in small amounts and ideal for brain development. Babies have very small stomachs and have to eat frequently to meet their needs. The composition of the breastmilk is influenced by the baby's age. The colostrum is thick, honey textured breastmilk that is packed with immunological components to protect the newborn. It is often referred to as liquid gold.

Transitional milk is the next stage, occurring within the first few days of life. This milk increases in volume, and become whiter, losing the thickness and yellow color. This transitional milk period lasts roughly three to seven days and gradually changes to mature milk when baby reaches two-weeks of age. Mature milk is what your baby gets for the first year of their life. It contains the same properties as colostrum but diluted for a higher volume of milk. Transitional and mature milk contains higher levels of fat to meet the developmental needs as your baby grows. The longer you breastfeed and the more your child eats others foods, the volume of breastmilk decreases but immunological components are concentrated within decreased volume. Your baby still gets all the benefits of breastfeeding while breastfeeding less as they grow. The WHO, recommends nursing at least two years.

Breastmilk changes during growth spurts and illnesses as well. Mature milk stays fairly consistent with its composition in terms of proteins, fat and sugar content and is quite responsive to changes due to bacteria, viruses in the environment, the baby's feeding behaviors and Mom's diet. Frequent feeding during a growth spurt increases the fat content of the milk. When a baby is sick, researchers believe that a cue in the baby's saliva signals Mom's body to produce more milk with those illness-specific antibodies -cool huh?! Breastmilk goes through many changes and there is so much to learn about it!

For more information visit the [La Leche League Website!](http://LaLecheLeague.org)

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