



**National Breastfeeding Week (1- 7 August 2011)**

**Questions and Answer Guide**



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

## **BACKGROUND**

The question and answer guide provides information on key message to be communicated during the breastfeeding week (1-7 August 2011). This guide provides accurate, easy-to-understand answers to most commonly asked questions that could be raised during media/interviews. The answers in this guide are based on the latest evidence and international recommendations. The guide may also be used to raise awareness during breastfeeding week to different targeted audience without changing the content. This guide has been adopted from a fact sheet that was developed to address key message to be communicated during the breastfeeding week (see attached fact sheet).

### **1. What is exclusive Breastfeeding?**

Exclusive breastfeeding is defined as giving the baby only human milk with no supplementation of any type (no water, no juice, no nonhuman milk, and no foods) except for vitamins, minerals, and medications prescribed by a doctor / health care worker when medically indicated.

### **2. What are the key benefits of breastfeeding for the Baby?**

- o Breastfeeding is fundamental to the survival of all children.
- o Some of the key benefits of breastfeeding are: -
- o Breast milk provides all the nutrients your baby needs to grow and develop for the first six months, it also continues to provide most of the nutrients your baby needs from 6 to 12 months. Breast milk contains antibodies that helps strengthen the immune systems of the baby and hence helps prevents common illnesses such as diarrhoea and pneumonia. Breastfed babies are less likely to have respiratory and middle-ear infections than formula fed babies.
- o Breast milk contains special substances that keep the gut lining strong, this helps in reducing chances of infection.
- o Colostrum (the first milk the baby gets just after birth) is regarded as the first immunization. This milk is rich in protective substances and is vital the baby

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who has now made a transition from being protected in the womb to being exposed to all sorts of infections in the environment. The baby cannot get these protective substances anywhere else (even in the most expensive formula). Breast milk is the normal way to feed a baby and is also the best gift the mother can give to her child to start life well equipped to survive diseases and infections.

- o Breastfeeding promotes bonding between the mother and baby.
- o Breastfeeding contributes to a lifetime of good health. Adults who were breastfed as babies have a lower risk of developing chronic diseases of lifestyle such as obesity, coronary heart disease and type 2 diabetes.

### **3. Does breastfeeding have any benefits to the mother?**

- o Breastfeeding also helps the mother's health. It may reduce the risks of breast and ovarian cancer later in life.
- o Breastfeeding helps women return to their pre-pregnancy weight faster if they exclusively breastfeed and provided that they do not overeat during the breastfeeding period.
- o Mothers who breastfeed **exclusively** and have not had their menses returning have about 98% protection against falling pregnant soon after delivery. . It is important for mothers to know that contraceptives can safely be used while breastfeeding and will give the mother an opportunity to regain her optimal health after delivery. Discuss contraception options with your health care provider.

### **4. Can all mothers breastfeed, under what conditions is breastfeeding not feasible?**

- o Statistics show that only 1% mothers are unable to breastfeed, this includes mothers (a very sick mother) or babies with certain medical conditions.

### **5. When should mothers start with breastfeeding?**

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- o Breastfeeding should start immediately and preferably at least within the 1<sup>st</sup> hour of birth.

### **Why is it important to start immediately or within the 1<sup>st</sup> hour after birth?**

- o This helps the mother to initiate early stimulation of milk production
- o At this point, babies are most eager to feed.
- o Early initiation of breastfeeding helps regulate the baby's temperature and blood sugar level.
- o This also helps the mother and baby to start bonding.

### **6. How often and for how long should I breastfeed my baby?**

- o A small baby needs to be fed often both day and night. Letting the baby feed as frequently as he/she wants helps to make more breast milk. This is called demand feeding
- o During a feed a baby needs to be left to feed for as long as they want. At the beginning of each feed, the early milk called the foremilk, this milk contains enough water to satisfy the baby's thirst, even in hot weather. The milk that follows (hind milk) when the baby feeds for longer, this provides the higher amount of important fats that are more concentrated at the end of a breastfeed (the hind milk). Let the baby finish the first side of the breast and offer the second side if he/her wants more breast milk.
- o A baby may feed at least 8 -12 times per day.
- o The frequency of feeding should not be schedule.

### **7. Why should babies not be given other foods before six months (mixed feeding)?**

- o Other foods does not provide all the important nutrients found in breast milk that the baby need for the first six months, this will affect the baby's growth and development.
- o Other foods may be contaminated with germs that could cause diarrhoea or other illnesses.

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- o Other foods such as (porridge, water, teas, juice, and formula milk) during the first six months may damage the baby's young intestines and make it easy for infections (including HIV) to get into the baby's body. Breast milk is gentle and does not irritate a baby's sensitive gut lining for the first six months.
- o Other foods will fill up the baby's small stomach and then the baby will not breastfeed enough.
- o The baby may not breastfeed as many times a day which could lead to the mother not making enough milk to meet the baby's needs. Milk is produced on demand, the more the mother breastfeed; the more the milk is produced.

### **8. What should happen at six months?**

- o As the baby grows and become more active from six months of age, breast milk alone is no longer sufficient to meet the baby's nutritional needs. Breast milk however still plays an important role in the growth and development of the baby. Therefore from six months, babies need solid foods in addition to breast milk. At this stage, the gut is more matured/ developed to handle solid foods.
- o The recommendation is that breastfeeding should continue until the baby is 2 years or older when their immune system is fully developed.

### **9. Should mothers who are HIV positive, breastfeed exclusively?**

- o Yes, recent evidence shows that mothers who are HIV-positive should exclusively breastfeed because of the many health and survival benefits to babies, so long as the mother or baby receives antiretroviral treatment or prophylaxis.
- o We now know that when antiretroviral treatment or prophylaxis is used by either the mother or baby significantly reduces the amount of HIV in breast milk. This reduces the risk of HIV transmission through breastfeeding and also makes it safer for mothers to breastfeed longer. Research has also shown that there is much less transmission of HIV when mothers who are HIV-positive breastfeed exclusively rather than using mixed feeding (giving both breast milk and formula feeding or other foods or fluids)
- o Exclusively breastfed babies whose mothers are HIV-positive grow well and benefit like all babies, from the many nutritional benefits of breast milk. They

are also at less risk of dying from diarrhoeal diseases and malnutrition than mixed-fed babies.

**10. How can HIV transmission through breast milk be prevented?**

- o New evidence shows that if a mother or baby is on antiretroviral treatment or prophylaxis throughout the period of breastfeeding, the chances of HIV transmission to the baby through breast milk is much lower.
- o The likelihood of HIV transmission increases when there are higher viral loads in the mother's blood or breast milk - antiretroviral treatment or prophylaxis lowers the viral loads in the blood and breast milk. This helps a lot in reducing the likelihood of mother-to-child transmission.

**11. What about wet nursing, is it recommended?**

Wet nursing is where an infant is breastfed by a woman other than his/her mother. This is not advisable.

**If wet nursing is considered for any reason, the following should be taken into consideration: -**

- o The wet-nurse must understand and agree to the implications of HIV counseling and testing (HCT), as she will need HIV testing before wet nursing and 6–8 weeks after starting.
- o In addition, she should be counseled about HIV infection and how to avoid infection during breastfeeding.
- o If no HCT is available, the potential wet nurse should undergo a HIV risk assessment as a minimum requirement.
- o The mother should be sure of the wet nurse lifestyle

**12. Should a mother who is HIV positive and breastfeeding be on antiretroviral treatment?**

- o Yes. Promoting continued breastfeeding while antiretroviral treatment (ART) is available for mothers and babies, will help to reduce malnutrition and deaths among babies.
- o In order to significantly reduce the chances of HIV being transmitted to the baby, either the mother or the baby should be on antiretroviral treatment or prophylaxis.

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- o If a mother is already on lifelong antiretroviral treatment (ART), She must
  - Continue taking the treatment as normal throughout the breastfeeding period.
  - *In addition*, the baby must receive antiretroviral prophylaxis daily for six weeks after birth.
- o If the mother's CD4 count is above 350 she will probably not be on antiretroviral treatment (ART). In this case
- o The baby must get antiretroviral prophylaxis throughout the breastfeeding period, until one week after breastfeeding stops.

### **13. If the baby tests HIV-positive, should the mother continue breastfeeding?**

- o Yes, If a baby is tested and found to be HIV-positive, the mother should definitely continued breastfeeding for as long as possible
- o Continued breastfeeding will provide protection against many infections and help the baby stay healthy and grow.
- o The mother should also have her own health checked. The HIV-infected child should also be referred for care and treatment.

### **14. How can mothers access this treatment and how much does it cost?**

- o This treatment is available, free of charge, from government clinics and hospitals.

### **15. Can a mother choose not to breastfed?**

**Yes, however, the mother should have been counseled on the benefits of breastfeeding and should also be educated by a health worker other suitable options.**

- o If the mother has decided to formula feed, an assessment with her should be done to ensure that all necessary conditions for safe formula feeding can be met.
- o Before deciding to use formula, a mother and her family must be able to meet e ALL of the following criteria which provide an indication as to whether or not she will be able to feed consistently and correctly for her baby:

- Safe water and sanitation are assured at the household level and in the community
- The mother, or caregiver, can reliably provide sufficient formula milk on her own for 12 months to support normal growth and development of the baby.
- The mother or caregiver can prepare the formula hygienically and frequently enough so that it is safe and carries a low risk of diarrhoea and malnutrition
- The family is supportive of this practice
- The mother or caregiver can access health care that offers comprehensive child health services.
- A mother must be advised that she should only use formula if she can ensure that her baby will get it consistently and that it will always be correctly prepared.

**Whether a mother or caregiver chooses to breastfeed or formula feed, it is important that no solids are introduced before the baby is six months old. However, the baby may continue to receive drops and syrups (vitamins, minerals and medicines) if needed.**

#### **16. When should breastfeeding stop?**

- o **HIV-Negative mothers** should exclusively breast feed for six months, and introduce complementary foods at six months while breastfeeding continues until 2 years of age or beyond. If the mother decides to stop breastfeeding, it can be done gradually.
- o **HIV - positive mothers** should exclusively breast feed for six months with the introduction of complementary foods at six months and continue breastfeeding until 12 months with ART. The mother should gradually stop breastfeeding over a period of one month, infant ARV prophylaxis continues for one week AFTER breastfeeding is fully stopped.

#### **17. Can home-modified animal milk be used as a replacement food?**

- o Home-modified animal milk is **not recommended** as a replacement food in the first six months of life.

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- Pasteurized full cream milk may be introduced to the non breastfeed baby's diet at a12 months of age. However in the absence of commercial infant formula and in families where allergies are not common, full cream milk could be given at 9 months but ideally introduction of full cream milk should be delayed until the baby is 12 months old.
- Meals, including milk-only feeds, other foods and combination of milk feeds and other foods, should be provided four or five times per day. All children need complementary foods from six months of age.

### **18. Why do mothers stop breastfeeding early or give other foods or fluids?**

Most of the difficulties that mothers encounter during breastfeeding can be preventable if support is given and can be conquered with little support.

**The following are the most common difficulties that may lead to women not breastfeeding successfully.**

#### **18.1. Not having enough milk**

Almost all mothers can produce enough breast milk for one or even 2 babies provided that the baby suckles effectively and breastfeeds as often as he/ she wants. The amount of milk the breast produces is determined by the amount that the baby takes, it increases when the baby takes more. Even if the mother's diet is not sufficient, she will be able to produce enough breast milk that is adequate for good infant growth.

What about babies who cry often?

- Babies may cry when they are poorly attached and therefore not getting enough milk.
- At around two weeks, six weeks, three months. These are faster growth periods (growth spurts)
- The baby may not be well

How does the mother know that the baby is getting enough milk?

***The following are reliable signs that the baby is receiving enough milk:***

The baby is passing urine, stools, and is alert and growing. Weight gain is a reliable sign if there is an accurate scale available and consecutive weight checks are on the same scales.

Between 0- 4 months a baby should gain about 780 grams a month, between 4 - 6 months around 500 grams and from 6 - 12 months between 300 - 400 grams. Babies generally double their birth weight by 6 months and triple it by 1 year old. Mothers should visit their clinics regularly for growth monitoring for the baby.

***What can mothers do to increase milk intake and milk production?***

Improve how they position and attach their babies to the breast. Mothers should visit their clinics for support;

- o Breastfeed more often and for longer and use breast compression while breastfeeding
- o Avoid giving other foods and dummies.
- o Increase the frequency of feeding and your body will start producing more milk for the growing baby.

***Is it necessary for mothers to take milk stimulating products or supplements?***

Before the mother decides on taking products or supplements

- o She should first ensure that the baby is well attached
- o The mother is relaxed and that she is not stressed
- o That she is breastfeeding as often as possible

***Does the mother need more fluids when breastfeeding?***

Milk is a fluid that also needs to be replenished in the body, so taking fluids will be necessary for this purpose.

**18.2 Engorged breast (Painful / swelling breasts)?**

This often result when the milk is not removed, the breasts become congested (with milk and blood) and the milk stops flowing. The breasts will become painful, hot, shiny, tight and hard. This may also result in nipples becoming painful as they become tight and flat, which makes it more difficult to attach the baby.

***Causes include the following:***

- o If the mother delays to start breastfeeding soon after giving birth
- o If the baby is not well attached to the breast
- o If the mother does not feed as often as possible or not feeding long enough, not feeding at night
- o Stopping breastfeeding abruptly

***How can mother be supported?***

- o Every mother should be encouraged to breastfeed on demand and for as long as the baby is interested. Mothers should not use dummies, artificial teats or bottles as this will replace suckling at the breast.
- o The mother should be assisted early to make sure that the baby can attach correctly.
- o Remove the milk from the breast by breastfeeding, if this does not help, the mother should express
- o A warm shower or bath can help the milk to flow
- o Back and neck massage
- o Use cold compressions

**18.3 The mother's breasts are inflamed and swollen, red, hot, painful and she may have a headache and fever, what could be the cause?**

This often results when the mother's breasts are engorged or when she has blocked ducts. This is called mastitis

- o Check the baby's attachment and correct/improve if needed.

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- o The mother should keep feeding from both breasts to help keep up the milk flow.
- o The mother will need to breastfeed often to empty the breasts thoroughly
- o Apply a moist, warm cloth to the area before a breastfeed to help milk flow.
- o Cold packs can be applied to the breast after the feed
- o Rest the mother not the breast.
- o If the mother who is HIV-positive develops mastitis or an abscess she should:
  - ✓ Avoid breastfeeding from the affected breast while the condition persists. She will then need to express from the affected breast
  - ✓ Express the milk from that breast and discard.
  - ✓ Rest, keep warm, and take extra fluids and pain relief

When the fever persists for more than 24 hours and the condition worsens, the mother should be treated at a health care centre. An untreated mastitis can lead to breast abscess which needs to be medically treated.

### *18.4 Cracked or sore nipples and what could be done to prevent or treat this?*

- o Poor latching–on / attachment to the nipple and poor positioning of the baby are the main causes of sore nipples because the baby is not getting enough of the areola (the dark part surrounding the nipple) in to his/her mouth and is sucking mostly on the nipple. Thrush infections can also cause sore nipples

#### *What can be done to treat sore nipples?*

- o After feeding, express a few drops of milk and gentle rub on the nipple (human milk has natural healing properties) to sooth them.
- o Also allow nipples to air dry after feeding.
- o Do not use soap: soap causes the areola to become too dry
- o Apply a warm wet cloth to the breast before the feed to stimulate milk flow.
- o Do not stop breastfeeding to rest the nipple this may cause the breast to be too full which will make it hard for the baby to feed, rather begin each breastfeed on the least sore nipple.

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- o If the mother needs to apply any substances, they should discuss this with a health worker, these may be harmful to baby or can be sensitive to the mother's skin and make the nipple more sore.
- o A breastfeeding mom should avoid wearing tight bras
- o Breastfeeding should be an enjoyable experience: "If it hurts, you're not doing it right. You need to get help, and it'll be fine."

### **19. Do breastfed babies get constipated?**

- It is unusual for a breastfed baby to have constipation
- A baby who is being exclusively breastfed usually has stools which are bright yellow, sweet-smelling and the consistency of scrambled eggs. If you introduce anything else into a baby's diet, like [formula](#) or [solids](#), then the stools will change, usually to become more like an adult's (more brown, solid and foul smelling)

### **20. At what stage do children sleep throughout the night?**

- o Children are different; however breastfeeding at night is important and may even help both mother and baby to sleep better
- o Older babies are able to regulate their feeds

### **21. Babies who refuse to breast-feed, what could be the cause?**

A baby may seem to be refusing to breastfeed for many reasons. In the first few days, it may simply be that the mother and baby need time to learn how to breastfeed.

- o The baby may not be hungry, may be cold, held in a poor position, may have a sore or blocked nose, the nappy may need to be changed etc.
- o Breast milk might taste different because of the mother's change in diet, the mother should assess the new food she ate.
- o The mother should keep the baby close to her, a lot of skin to skin contact with the mother and offer the breast frequently

- o The mother can hand express until there is a “let down”, when the baby is interested he or she can have an instant reward

**22. What are the dangers of using Nicotine, alcohol and drugs during breastfeeding?**

- o Cigarette smoking can affect the mother’s milk supply and may cause gastrointestinal upset. Mothers are advised to give up smoking, if this is not possible they should reduce their smoking as much as possible and they should completely avoid smoking in the hour before feeding and during feeding to reduce the harmful effects. No one should smoke in the same room as a baby because of the dangers of passive smoking. Smoking is also linked to a lower milk production
- o When a breastfeeding mother takes even one standard alcoholic drink that is passed into her milk and is subsequently taken by the breastfeeding baby. So breastfeeding mothers are advised not to take alcohol. If the mother takes an occasional drink, she should avoid breastfeeding for 2 hours after drinking

**23. Can working mothers breastfeed?**

**Working mothers can breastfeed; however this needs proper planning and support. The mother should tell her employer before she goes on maternity leave that she is planning to breastfeed and will need to express at work. She should negotiate time and private space to do this.**

***Employers who support women to continue breastfeeding benefit also:***

- o Mothers are away from work less because their children are healthy.
- o Mothers can concentrate on their work because they have less concern about their babies’ health.
- o Employers retain skilled workers.
- o Women are more interested in working for employers who are supportive.
- o Breastfed babies grow up to be a healthy future workforce.

***What advice can be given for a mother preparing to return to work?***

- o The mother need to be prepared for this some weeks before the mother is due to go back to work
- o The mother needs to start expressing a few weeks before she is due to go back to work and build a supply of breast milk in the freezer.
- o The mother should try to go back to work on Thursday or Friday to make the adjustment easier.

***The following can be explored by working mothers in preparation to return to work***

- o Is it possible for the mother to take the baby with to work?
- o Is it possible that the baby can be cared for near the mother's workplace so that she could go to feed the baby at break times or could the baby be brought to her?
- o Could the mother work shorter hours or fewer days until the baby is older?

***If it is not possible to breastfeed the baby during the working days, what other options are available for mothers?***

***The following is advised***

- o The mother should breastfeed exclusively and frequently during maternity leave. The mother can take maternity leave and annual leave together after the birth of the baby as this will give her more time to exclusively breastfeed.
- o The mother should continue to breastfeed whenever mother and baby are together –during the nights, early mornings, and days off.
- o The mother should learn to express milk and leave it for the caregiver to give to the baby.
- o The mother should express milk about every 3 hours at work, if possible. This keeps up the milk supply and keeps the breasts more comfortable. The breasts will make more milk when the milk is removed.
- o The mother will also need further advise on safe storage of expressed breast milk.

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- o Teach the caregiver to give feeds in a safely by cup rather than by bottle, so that the baby wants to suckle from the breast when mother is home.
- o The caregiver should not feed the baby before the mother ids due to collect her, so that the baby is hungry and the mother can feed her immediately.
- o Establish contact and support from other mothers who are working and breastfeeding.

### **What can employers do to support their breastfeeding employees?**

- o Employers can give time for mothers to breastfeed or express breast milk, approximately an additional hour to the usual breaks spread throughout the day
- o This is stipulated in the basic conditions of employment Act of good practice- that breastfeeding mother should be given 2x 30 minutes breaks during the day to express or feed their baby- excluding tea and lunch.
- o A clean space to breastfeed/ express can be made available
- o Negotiate flexi times for the mother to breastfeed
- o An onsite or near site child care facilities can be provided
- o Implementing South African maternity protection policy (4 months paid maternity leave) **and better where possible**

### **24. How can communities support breastfeeding mothers?**

- o Create an environment that is comfortable, non discriminatory and accepting to breastfeed in the community.
- o Families and friends can be an important source of support for breastfeeding mother.
- o The health worker should help and support the mother in feeding and caring for her baby.
- o If the health worker cannot do so themselves, they may be able to refer the mother to someone else who can provide support.
- o Shopping centers should provide a clean, comfortable, private breastfeeding rooms for mothers, so they do not have to breastfeed in the toilets

**Mother to mother support –**

- o An experienced mother can provide individual support to a new mother. Ask the experienced mother for permission to give her name to new mothers in her area. A group may be started by a few mothers themselves or by a health or community worker.
- o There may be special support groups for women who are HIV-positive.
- o Some hospitals establish mother support groups that are lead by a health worker and meet in the hospital. There may also be a feeding clinic where the mother can attend if she has a feeding difficulty.

**o La Leche League of South Africa**

- La Leche League (LLL) South Africa is a voluntary organization which provides information and support to women who want to breastfeed their babies.
  - La Leche League Leaders are experienced breastfeeding mothers, trained and accredited by LLL, who are happy to help other mothers with questions and concerns about breastfeeding. The organization provides a one-to-one approach which is one of the most effective - and friendly ways of getting the support you need. LLL also provides support and information for women in special circumstances (premature babies, multiple births, babies with cleft of the soft palate, babies with Down's syndrome and many others).
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- o Partner – Partners often lack basic breastfeeding knowledge and are typically unsure of their role in breastfeeding. A study showed that a strong approval of breastfeeding by the father is associated with a 98% of babies being breastfed, compared to just 26% when the father is indifferent about the feeding choice. Family and community support influence the mother's decision to continue breastfeeding.

**Where can mothers or pregnant women access information and support on feeding their babies?**

**Provincial Nutrition Units**

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**La Leche League (LLL) South Africa**

To find the group nearest you, phone one of the following Leaders.

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