



Clinical. Lactation



Official Journal of the
United States Lactation Consultant Association

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Improving Maternity Practices and Working Toward Baby-Friendly in Hangzhou, China

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Hangzhou is a city of 21 million on the coast of Eastern China. The Hangzhou AIMA Maternity Hospital invited me to spend a week training staff and teaching new parents about depression and breastfeeding. This is a private maternity hospital that serves both international and Chinese clientele. Many of the parents had basic questions about labor, breastfeeding, and postpartum. This article describes some of the programs the hospital put into place to increase breastfeeding, lower their cesarean section rate, and now, address postpartum depression.

Keywords: breastfeeding, postpartum depression, Hangzhou

In May 2015, I was invited to spend a week at the Hangzhou AIMA Maternity Hospital in Hangzhou, China. Hangzhou is the capital of the Zhejiang Province in Eastern China. It is on the coast between Shanghai and Ningbo. I was invited to train their staff about postpartum depression and breastfeeding. I did two training sessions for the hospital staff and six pre- and postnatal classes for parents.

Hangzhou is the fourth largest city in China, with a population of 21 million people. It is a major tourist attraction for the Chinese and is an affluent city. Even in the middle of the week, the tourist sites were packed with people. It is also a very mobile-friendly society, and most of the young people walked around carrying their phones in their hands. Facebook, Google, and other social networking sites are blocked in China. But there are Chinese equivalents and many young Chinese spend their time on a social site called “We Text.”

There are very few Westerners in Hangzhou, and the ones I saw at the tourist sites were speaking German. I was often the only Westerner and was enough of an oddity that people would openly stare. I would smile at them, and they would usually respond with friendly grins and waves. (And a few people gestured that they wanted to take a picture with me.)

This hospital is Chinese but was founded by Americans. They are a private maternity hospital and have a large clientele among the internationals who live in Hangzhou. They also have many Chinese patients who have private health insurance. Some spoke a bit of English, but most did not. The hospital furnished me with a wonderful translator, Alisa Hu, who spent the week with me. I’m so glad they gave me a translator because it would have been tough to get around without her. There are English words

on signs, but they are often not very helpful. For example, the local convenience store was called “You Easy.”

The younger people had a wonderful sense of style, and they were very curious about Westerners. A couple of young women I met told my translator that they could never tell the age of White women. I laughed and said that we often said the same thing about Asian women. They also asked me a lot of questions about hair. Did Westerners color their hair? Yes. Did they have perms? Also yes. Chinese women are also starting to perm and color their hair. On my first night, we went to a high-end shopping mall for dinner. Alisa asked me if I normally shopped at these stores. I taught her the word *outlet*.

At the Hospital

The AIMA Maternity Hospital was taking several steps to change both their birth and breastfeeding practices (Figure 1). They have started a doula program, have

Figure 1. Out in front of the Hangzhou AIMA Maternity Hospital.



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Figure 2. Huge sign in the hospital courtyard listing the 10 steps.



Figure 4. Bottle-feeding symbol outside women's restroom in Shanghai.



midwives, and they are fairly far along in their work toward Baby-Friendly. They have a large sign in their courtyard listing the 10 steps (Figure 2) and have another large sign in their teaching room announcing their launch of their Baby-Friendly initiative that they had their staff sign (Figure 3). They are working to lower their cesarean section rate, which is currently more than 40%. They also want to improve their breastfeeding rate. As you can see from the sign that was posted in the Shanghai airport (Figure 4), they still live in a culture where bottle feeding is the norm. They want to change that for their patients.

One thing that surprised me was that all of their breastfeeding materials had White women on them (see Figure 3). I was curious and asked them about it. I

wondered why they didn't have Chinese women on their materials. They said that they were trying to appeal to their international clientele and no one seemed to think anything of it.

Staff Trainings

I taught two trainings on depression and breastfeeding for the nurses and medical staff. While teaching these, I met a lovely midwife named Liz Jiang (Figure 5). She told me it was her dream to become an IBCLC. I sent a quick email to Cathy Carothers (once I figured out how to bypass the block on Google). Cathy sent me the name of an IBCLC in Shanghai. Liz is now connected with a group of IBCLCs in China. She is thrilled. She recently wrote to me to tell me that she attended an 8-day training

Figure 3. Sign in education room announcing the launch of Baby-Friendly Project.



Figure 5. Teaching a staff training with midwife Liz Jiang.



Figure 6. Training class in Shanghai for aspiring IBCLCs. Liz, front row, fourth from left.



course in Shanghai for aspiring IBCLCs (Figure 6). She is well on her way.

At the second training for the medical staff, the chief of medicine presented me with an academic appointment: Outpatient Expert for International Medical Care—Postpartum Depression Care. We had a long talk about acupuncture. She was surprised, and rather pleased, that I knew about it. When I started talking about meridian points, she was convinced. She was happy to hear that it could be a treatment for depression because she thought it would be more acceptable for her patients.

Pre- and Postnatal Classes

I also taught six classes for new and expecting parents (Figure 7). I realized fairly quickly that my normal slides

Figure 7. Parents in a prenatal class, many expecting their second babies.



Figure 8. A new mother with her daughter and mother.



on depression and breastfeeding were far too academic for these groups of parents. So what I started doing was presenting for 15 to 30 minutes and then pulling up a chair and offering to answer their questions. In every class, we had more than an hour and a half of questions. The parents asked about breastfeeding, sleep, labor, and stress postpartum. I answered lots of basic breastfeeding questions, often using my fist to represent the breast and my other hand to represent the baby's mouth. That always made the mothers and fathers laugh. (I stopped using my other visual aids once I realized there were dads in the classes.)

I taught basic breast massage and breast compression. Many also reported that their babies were falling asleep quickly at the breast. We talked about possibly removing some of the babies' clothing while nursing. Babies are often quite bundled up, even when it's warm outside, because Chinese mothers, and their mothers, are worried that babies (and new mothers) will get cold. I mentioned that having a lot of clothing on could be making their babies sleepy. The conference room was typically more than 90°F.

Grandmothers often came to the class with the mothers and fathers (Figure 8). They were often all living together. Grandparents provide much of the child care for the new babies.

The hospital also hosts a party for women who are newly postpartum. They come in their pajamas and are served an elegant tea (Figure 9).

International Day of the Nurse

On my final night, I was invited to join the nurses for their dinner for International Day of the Nurse

Figure 9. At the postpartum tea with a group of mothers still in the hospital.



Figure 11. With midwife, Liz Jiang, and my translator, Alisa Hu.



(Figures 10 & 11). Dinner was placed on a large lazy Susan and we all helped ourselves with chopsticks right off the serving dishes. The hospital CEO and nursing director came around to each table. There were multiple toasts throughout the evening. My translator warned me to not empty my glass because it was a tradition in China to keep refilling your glass. Soon you've had way more to drink than you intended.

At the dinner, the hospital CEO presented me with a beautiful scarf made with Hangzhou silk. He told me that based on my visit, they decided to hire a psychologist to help new mothers with depression. I was quite happy about that. I was also happy that I had a chance to meet

such warm and lovely people. I have promised that I would return. We are all still in touch.

The following text is a bit more about this beautiful city. It's no surprise that it is a popular place to go.

Some of the Sites That Make Hangzhou a Tourist Destination

Hangzhou does a brisk business in tourism. Even on a weekday, in the middle of the day, there were huge crowds of people. West Lake is a major attraction in Hangzhou, and it is easy to see why. The following are a few pictures from West Lake (Figures 12–15).

Figure 10. With some of the nurses at International Day of the Nurse celebration.



Figure 12. From the top of the Lingyin Temple with view of West Lake and the city in the background.



Figure 13. Lingyin Temple, with escalators that go up, but none that go down.

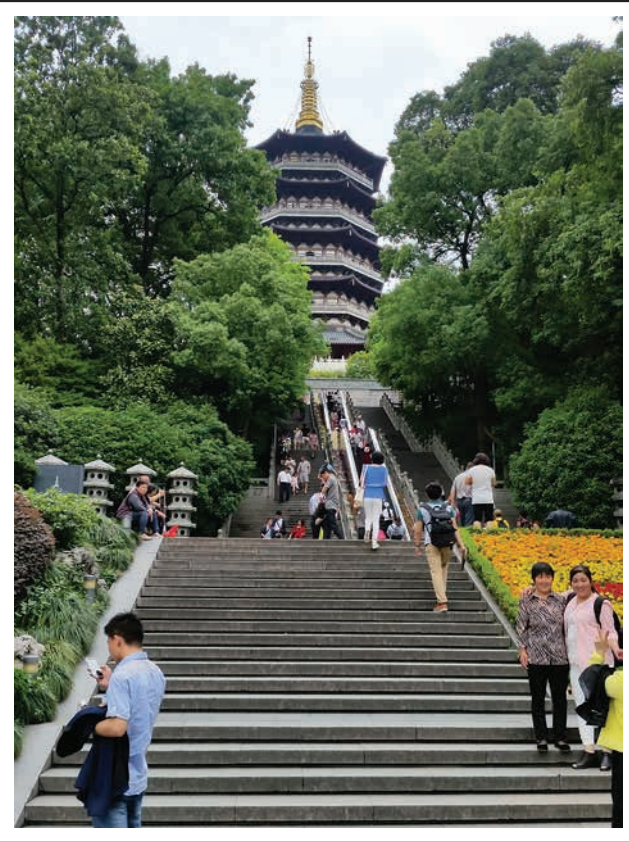


Figure 14. With my translator Alisa at the Lingyin Temple.



Figure 15. One of many babies we saw, this one was enjoying the statues in the West Lake Shopping District.



Kathleen Kendall-Tackett, PhD, IBCLC, RLC, FAPA, is a health psychologist and IBCLC and the owner and editor-in-chief of Praeclarus Press, a small press specializing in women's health. Dr. Kendall-Tackett is editor-in-chief of two peer-reviewed journals, *Clinical Lactation* and *Psychological Trauma*. She is a fellow of the American Psychological Association in Health and Trauma Psychology and past president of the American Psychological Association Division of Trauma Psychology. Dr. Kendall-Tackett specializes in women's health research including breastfeeding, depression, trauma, and health psychology. Her research interests include the psychoneuroimmunology of maternal depression and the lifetime health effects of trauma. Dr. Kendall-

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Minutes from 2015 USLCA Annual General Meeting (AGM)* Washington, D.C.

Meeting called to order by President Alisa Sanders at 6:30 p.m.

- **Welcome**

Alisa Sanders, USLCA President, welcomed everyone to the 2015 Annual General Meeting of the United States Lactation Consultant Association.

USLCA asks that everyone fills out an attendance card. As a small thank you at the end of the meeting we have a USLCA lapel pin for everyone who turns in an attendance card.

- **Thank you to Dick Padlo and Jessica Garrett**

USCLA thanks ILCA's Executive Director, Dick Padlo and staff, especially Jessica Garrett for their support and assistance in organizing the USLCA Board meeting, exhibit booth, and AGM.

- **Updates to USLCA**

Along with many of the changes USLCA has made over the past year, USLCA has a new Executive Director, Danielle Herbert, MPH. Over the past year, USLCA has implemented a rolling membership structure so that you will always receive a full 12 months of membership, introduced half-price webinars for members, and updated the membership and webinar software to improve quality.

- **Accept 2015 minutes via email**

- **Financials**

In a brief overview of the financials for 2014, Danielle broke the expenses into 3 main categories of Board of Directors, Administrative, and Programming/Member benefits. The Administrative costs have been budgeted into 2015 as fixed expenses that exist regardless of membership size. The Programming/Member Benefits budget is flexible and can grow as USLCA membership increases.

In an effort to be fiscally responsible with member dollars, the board has converted 1 of the 3 annual meetings into an online format to reduce travel and lodging expenses. Additionally, the board size will be decreasing from 7 members to 6 as the role of treasurer is combined into an existing board position. Michele Bunker-Alberts will leave her role as secretary/treasurer but remain the chair of the equity task force. Sylvia Edwards will take on the role of treasurer as well as her duties as Director of External Affairs. Ginger Carney will assume the role of Secretary.

Lastly, a portion of the 2014 budget was invested in automating the USLCA office to reduce staff time and costs associated with many of the administrative roles. This automation is not only decreasing costs but is also increasing efficiency to ensure member needs are met quickly and effectively.

- **Change in board members**

USLCA thanks all of our volunteer Board of Directors, but especially those who are leaving the board. Alisa Sanders, President; Laurie Beck, Director of Professional Development; and Michele Bunker-Alberts, Secretary/Treasurer have completed their terms and USLCA thanks them for their service. In their place, Debi Ferrarello will step in as President, Christine Staricka will take Debi's role as Director of Marketing, Genae Strong will step into the role of Director of Professional Development, and Ginger Carney and Sylvia Edwards will assume the duties of Secretary and Treasurer, respectively.

- **Thank you webinar speakers**

The USLCA Professional Development committee strives to provide meaningful webinars and continuing education for all lactation professionals. USLCA could not deliver this high quality educational material without the time and expertise donated by our volunteer speakers. USLCA thanks everyone who has been a speaker for USLCA.

- **Awards**

USLCA strives to highlight the high quality work that IBCLCs are doing all across the country. The awards program developed by USLCA recognizes those members who are an example for all.

- **Excellence award**

- **Finalist: Ginni Baker**
- **Winner: Deborah Lang**

- **Terry Jo Curtis Award**

Terry Jo Curtis has been called a “Fearless champion for mothers, fathers, and babies.” She was founder of the Indiana Black Breastfeeding Coalition. Ms. Curtis dedicated her work to providing support for all breastfeeding families and to bridge the great racial divide in breastfeeding rates. Hers was a powerful voice for change and for love, and she was very proud of being an IBCLC. Sadly, Terry Jo Curtis passed away in May of last year. Terry Jo’s daughter, Paris, is deeply honored that this award has been established in her mother’s name.

- **Finalist: Linda Smith**
- **Winner: Delicia Shimkoski**

- **President’s Award**

- **Finalist: Lisa Davidson**
- **Winner: Pat Lindsey**

- **Marketing campaign**

Based on the needs assessment sent out earlier this year, USLCA learned that you, our members, want help promoting the importance of what you do. In an effort to meet that need, USLCA has launched a marketing campaign that will reach mothers across the United States to let them know the value of receiving care of an IBCLC.

The campaign “Together, We Nourish and Flourish” focuses on all of the important relationships that are nourished through the breastfeeding relationship and how this will make them flourish.

USLCA has used a portion of the budget to get the campaign started but needs help from our members to fully develop the concept and reach our target audience. T-shirts can be purchased for \$25 with all profits going to the marketing campaign.

A brief presentation from our marketing firm, Springboard Brand & Creative Strategy, shared a summary of the interviews conducted with USLCA member IBCLCs. This summary indicated that members want a campaign that will:

- Differentiate the important role of the IBCLC to moms, hospitals, and insurers
- Highlight the high level of training and extended scope of knowledge of an IBCLC
- Help IBCLC stand out in the alphabet soup of credentials

- **Social Movement-Because I said I would**

Alisa Sanders urges all USLCA members to show their commitment to the IBCLC profession and to USLCA through a social movement campaign called “Because I said I would”. In pledging to do one thing in the next year to “advance the IBCLC in the United States”, you can be the change that you want to see in our profession.

- **Welcome Debi; Thank you Alisa**

USLCA welcomes Debi Ferrarello as the new president of USLCA. Debi will be an asset to the organization through her professionalism and knowledge.

USLCA thanks Alisa Sanders for her exemplary service to the organization over the past 3 years as president. Alisa has accomplished so much and it has all been done with you, the USLCA member, at the center

- **Q&A**

Q: Can you add Directors' term information to the website?

A: Great suggestion! *This has since been done.*

Q: Can we get more information about HOW the new campaign will roll out?

A: HOW we roll out the campaign depends on fundraising success! Stay tuned!

Q: How does this new logo and campaign apply internationally & will it be used internationally?

A: USLCA efforts and funds will be used to market the logo within the United States with knowledge that social media will allow it to spread beyond our borders.

Q: IS it possible that the new logo is not quite as professional or representative of breastfeeding as we might have chosen?

A: We are aware and committed to the concept of the IBCLC as a stand-alone credential. We will take this feedback about the campaign under advisement.

Q: A request to all in attendance to ALWAYS say IBCLC and never abbreviate with LC

Q: A call to all in attendance to contribute to the effort for licensure and reimbursement

Q: Why don't I see a lot of emphasis on, recognition for hospital-based IBCLCs or WIC IBCLCs?

A: Representatives of your USLCA Board *just this week* were on Capitol Hill Representing WIC IBCLCs during WIC reauthorization.

Q: A Challenge to participate in your local breastfeeding coalitions/task forces

Q: Can we briefly discuss licensure, reimbursement during AGM?

A: Rhode Island is the first state to achieve licensure. The work of two USLCA members was key in making that happen. Work continues in many states. Licensure must be accomplished state-by-state. USLCA writes letters to national organizations and individual insurers advocating for reimbursement for the IBCLC.

Q: Why is liability insurance no longer available to USLCA members?

A: While USLCA does not and never has offered liability insurance, we can connect you with a company that does.

Q: Will you please make the website mobile-friendly?

A: Yes, we are already working on ensuring our website is available and optimized on your mobile devices and tablets.

Meeting adjourned at 7:35 p.m. by President Debi Ferrarello.

*Pending the approval of voting members USLCA. Approved minutes can be found at www.uslca.org.