

In this Issue

Farewell to Kathy Grossman

This issue we say a fond farewell to Kathy Grossman, Leaven's Managing Editor for the past four years. Kathy has retired from La Leche League after a 30-year LLL career spanning three different countries and six different states within the USA. In addition to her Leader role, and mothering her three sons Sam, Ed and Monty, Kathy is best known for her extensive work in LLL publications including her popular cartoons "A SLLIce of Life." In her retirement Kathy plans to spend more time painting and wants to explore the deserts of the American West. Her sons visit when they can and she looks forward to spending time with her new granddaughter Lucy (Sam and his wife Jess's new baby). I am sure I speak for us all in sending her warm wishes for the future.

New name, new editor!

In a chapter of change, your Leader publication has both a new name and a new Managing Editor for 2015! The name Leader Today, a La Leche League International Journal for Leaders has been selected from Leaders' suggestions and I have taken over from Kathy as Managing Editor. I have worked in LLL Great Britain (LLLGB) publications for ten years, initially as Toddler Column Editor, and then both as graphic designer and co-editor of LLLGB's Breastfeeding Matters with Barbara Higham (Managing Editor of Breastfeeding Today). I look forward to hearing your ideas for inclusion in your Leaders' Journal and hope to chat with some of you on the LLL Leaders Facebook group.

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Send in your ideas and articles

Whether you have an idea for a great meeting plan, fundraising tips for your Group, a photograph, experience to share or a request for an article on a specific subject we would love to hear from you. Please send contributions for Leader Today to editorit@llli.org

Philippa Pearson-Glaze, Leader Today Managing Editor

Philippa Pearson-Glaze is an LLL Leader and International Board Certified Lactation Consultant in Stourbridge, West Midlands, United Kingdom with four children aged 12, 16, 19 and 21.

Psoriasis and Breastfeeding

Christine Jones-Wollerton
Kathy Grossman

As a breastfeeding mother Christine Jones-Wollerton has personally experienced the challenges of living with psoriasis and psoriatic arthritis. Today she uses her experiences gained over the last decade to help mothers through her work as a doula, peer counselor and LLL Leader. In this article Christine and Kathy Grossman share information about psoriasis as it relates to breastfeeding and ways Leaders can support mothers.

Various skin irritations and conditions can affect a mother's comfort while she is breastfeeding. These conditions can include impetigo, bacterial infections, eczema and other types of dermatitis, thrush, poison ivy rashes, and psoriasis (so-RYE-uh-sis). A health professional will make the diagnosis of psoriasis.

Two forms of psoriasis

Psoriasis (Ps) and psoriatic (so-rye-AT-ick) arthritis (PsA) are conditions of the immune system that affect the normal production of healthy skin cells on the body. These often misdiagnosed and misunderstood conditions have lifelong consequences, as there is currently nothing to guarantee a cure or to even stimulate long-term remission. Both conditions can be passed on genetically but cannot be spread from one person to another. Researchers are only now beginning to isolate the genes responsible for their development in the body. Psoriasis is estimated to affect two to three percent of the world's population and affects males and females equally.^{1,2}

1. Scientists use DNA from NPF BioBank to identify first gene linked to the disease National Psoriasis Foundation (NPF) (accessed 23 January 2015).

2. Statistics, National Psoriasis Foundation (accessed 23 January 2015).

Christine's story

I was diagnosed with psoriasis in 2002, six months after the birth of my first child. Soon after, large patches of plaque [raised, scaly patches], guttate [small lesions] and erythrodermic [generalized redness] areas, and pustular blisters [raised bumps on the skin filled with pus] covered more than 85% of my body. Twelve months later, I developed psoriatic arthritis. At that time, my arthritis was so severe that I had to retire from my career as a doula. I was accredited as an International Board Certified Lactation Consultant (IBCLC) in 2009. This gave me more flexibility to arrange clients according to how I felt on a particular day. Since that time, I have birthed, and safely breastfed three children while receiving compatible medication and using topical corticosteroids under the supervision of my dermatologist and rheumatologist, my obstetrician, and children's pediatrician. I am no longer in practice as an IBCLC, but the knowledge I gained is invaluable to help me continue to support mothers as an LLL Leader.

Complications of psoriasis

Psoriasis is associated with numerous other serious, chronic and/or life-threatening comorbidities. [A comorbid condition is when one or more diseases or conditions occur together with the primary condition.] According to the Executive Summary of “Psoriasis and Comorbid Conditions Issue Brief,” January 2012, people with psoriasis:

- Can develop potentially disabling psoriatic arthritis.
- Are at a 62% increased risk of developing diabetes, independent of factors such as weight, hypertension, and high cholesterol.
- Are at an increased risk of cardiovascular disease and associated factors, such as heart attacks and hypertension.
- Have a higher prevalence of stroke, atherosclerosis [a common form of arteriosclerosis in which fatty substances form a deposit of plaque on the inner lining of arterial walls], chronic obstructive pulmonary disease (COPD), Crohn’s disease, lymphoma, metabolic syndrome [a collection of heart disease risk factors], cancer, and liver disease.

Psoriasis and psoriatic arthritis can also place people at risk of side effects from the long-term use of medications such as steroids and injectable medications.

What causes psoriasis?

Psoriasis is linked to smoking, alcohol use, obesity, and other factors that negatively impact health. But actual triggers for psoriasis, according to the National Psoriasis Foundation psoriasis.org, can be stress, certain medications, skin injury or trauma such as sunburn or scratches, and streptococcus infection (strep throat). 3,4,5 Psoriasis and psoriatic arthritis can affect people physically, emotionally, financially, and socially. The consequences can range from the minor (mild itching, embarrassment) to the severe (inability to work, physical disability, and public and workplace harassment). When polled about the emotional effects of having a disease, patients with psoriasis rank higher than those with cancer and heart disease.

3. Psoriasis Causes and Known Triggers National Psoriasis Foundation (accessed 23 January 2015).

4. Infection National Psoriasis Foundation (accessed 23 January 2015).

5. Can Removing Tonsils Improve Guttate Psoriasis? National Psoriasis Foundation (accessed 23 January 2015).

Psoriasis and the misfiring immune system

In a non-psoriatic person, skin cells typically cycle (grow and shed) every three weeks. In a person with psoriasis, the skin cycles every three to four days, causing scaly skin to build up in excess, forming plaques and inflammation of the skin and joints. Plaque psoriasis (silvery, scaly patches which may be red beneath) can cause itchiness, bleeding, and excessive shedding of skin flakes. Inflamed areas may bleed, secrete a pus-filled liquid, and be tender to the touch. In severe cases, the constant cycle of skin shedding may also cause nerve damage underneath the affected areas.

The National Psoriasis Foundation website further explains:

“A normal immune system protects the body against ‘invaders’ by destroying bacteria, viruses, and other foreign proteins. In the person who has psoriasis, the immune system ‘misfires’ and inappropriately causes inflammation and an accelerated growth of skin cells. The skin cells reproduce too quickly, and the skin (and the joints in some people) becomes inflamed. Many steps in this misfired immune response are targeted by specific treatments such as systemic and biologic drugs. One goal of treatment is to block or modify the response by focusing on very specific immune cells, thus avoiding widespread effects on the rest of the body.”

Classifications of psoriasis and psoriatic arthritis

There are five classifications of psoriasis and five types of psoriatic arthritis. A person may be diagnosed with one or more of these. While 30% Body Surface Affected (BSA) is considered moderate to severe, the full impact of psoriasis is not determined by the BSA number but by how the disease impacts the individual physically and emotionally. A person may have 5% BSA, but, if the areas affected include the palms of the hands and soles of the feet, this is likely to drastically impact the ability to perform simple functions. Psoriatic arthritis is diagnosed when a person with psoriasis also develops arthritis. This arthritis is directly related to the person’s psoriasis, and, while it is similar in nature to rheumatoid arthritis, it is a separate disease.

Psoriasis and motherhood

As Leaders, we may encounter mothers who have questions about the safety of breastfeeding while being treated for these conditions. We may also encounter mothers whose babies or older children have been diagnosed with one of these conditions.

The pregnant mother with psoriasis

During pregnancy, the same functions of the body’s immune system that are boosted in order to protect the development of a new life may also decrease the mother’s inflammation. Some mothers find that their condition improves during pregnancy, while others may see no change or even an increase in symptoms.

Some mothers may choose to delay attempts to conceive until they are no longer taking pharmaceutical medications and therefore may also believe it is best to avoid breastfeeding once medications are resumed. See below for online resources to check the safety of individual medications while breastfeeding.

Quote from Durocher, H.J. Psoriasis and Psoriatic Arthritis: What You See and What You Don’t 2014

“Dr Mandelin⁶ says that while some medications are known to be too dangerous to use during pregnancy (Trexall® [methotrexate], for example, is often prescribed for psoriasis but can potentially cause birth defects), other treatments are safe and can provide symptom relief both when a woman is expecting and during breastfeeding.”

A mother with moderate to severe psoriasis or PsA may find labor physically uncomfortable as she tries to position her body to minimize pain and discomfort to her skin surfaces and joints. A labor assistant such as a doula may help her with suggestions; however, some mothers plan a

cesarean delivery, hoping to avoid any physical trauma they perceive as a risk related to a vaginal birth.

A Leader can help a mother with psoriasis by reassuring her that her baby will not contract psoriasis from her milk. You can suggest comfortable positioning tools such as nursing pillows, or you can demonstrate how she can nurse in the side-lying position. She may also need more time to attend to wound care on other parts of her body other than her breasts or nipples. She may need suggestions regarding how to make expressing breast milk less painful.

6. Arthur Mandelin II, MD, PhD, is the assistant professor of medicine in the Department of Medicine, Division of Rheumatology, at Northwestern University Feinberg School of Medicine in Chicago, Illinois, USA.

The baby with psoriasis

Psoriasis is not transmitted through breast milk, though it is possible that a child may later develop a form of psoriasis because of shared genes. The benefits of colostrum and breast milk's nutrients will help a baby develop a healthy immune system in general and may help delay the onset of symptoms. The physical appearance of a baby with psoriasis may be upsetting to parents. They may feel guilt and need time to grieve, process, and accept this information. Leaders can provide information and resources about the advantages of breastfeeding for the entire family. Mothers may also need practical tips about how to nurse to minimize physical discomfort to the baby.

The breastfeeding mother with psoriasis

Postpartum hormones coupled with the emotions of severe arthritis can affect a mother's confidence. You can help her achieve her breastfeeding goals by offering her, her family, or other helpers information and emotional support while she dialogues with doctors, specialists, and postpartum staff. Encourage the mother to describe how her condition impacts her daily life, and help her create a realistic postpartum care plan so that she feels she has tools and resources. Perhaps encourage her to join an in-person or online support group. Leaders may want to be aware that some mothers might be very self-conscious about nursing at meetings, even among other supportive mothers. A mother may worry about exposing her body when breastfeeding, in case she reveals lesions, scaly, or blistered skin.

Ask what comfort measures the mother uses in her daily routine. She could apply ointment and wrap her skin with gauze or bandages to cushion any active lesions on her arms or torso. Pillows may help to support her wrists or a rolled-up washcloth or cloth diaper may support her breast as the baby nurses. A mother with plaque psoriasis on her body might try a breastfeeding pillow that wraps fully around the torso. She could also place a soft towel or baby blanket between the pillow and her body to provide extra cushioning against her skin. If she has arthritis in her hands, she could try side-lying, laid-back nursing, or the football hold position with her legs bent at the knees or propped up to raise the baby's head to breast level. Another idea is to use a flat nursing pillow on a low table, or even stand against a high counter supporting the baby's body.

Certain biologic (injectable) medications that are commonly used to treat the mother's psoriasis and PsA place her at an increased risk of developing infections such as the common cold. As Leaders, we know that an advantage of nursing is that breastfed babies and children in the home are quite often the only ones who do not catch a cold that has affected other family members.

Medications and breastfeeding

A mother might receive her initial diagnosis of psoriasis within a year of a child's birth, or she may find that her psoriasis "flares" within a few weeks or months after the birth of a child. These flares are often severe and may cause the mother significant distress, leading to or heightening a postpartum mood disorder. Leaders may find that these mothers also have concerns about antidepressant medications (especially selective serotonin reuptake inhibitors, SSRIs) that were taken during pregnancy as well as after giving birth and whether they are compatible with breastfeeding. The most common medications for psoriasis are steroids (oral and applied locally to skin area), systemics (prescription drugs), and biologic (injectable). Leaders can encourage mothers to consult with their and their baby's physicians about their concerns and refer to the most recent edition of Thomas W. Hale and Hilary E. Rowe's Medications and Mother's Milk, or online at Medsmilk (needs a subscription), LactMed or e-lactancia for information on the safety of drugs during breastfeeding.

Topical medication can be gently wiped off nipples before breastfeeding. In general, mothers may wish to take care using topical prescriptions on nipples because some products may thin out the skin and thus create more sensitivity for the mother. Mothers may be surprised to learn many medications do not enter breast milk or may only appear in negligible amounts. They may be relieved that they do not have to choose between their own health and the desire to breastfeed.

Support is important

As Leaders we have an opportunity to help mothers find current information about psoriatic disease to share with their healthcare providers. This can help them make truly informed decisions with confidence when others may be judgmental or pressuring them about their desire to breastfeed in this situation. We can validate the mother's concerns and provide positive words when she faces challenges. With a good support system, including Leaders and Group members, mothers do not have to feel isolated.

Resources

Buescher, E. S., and Hatcher, S. W. Breastfeeding and Diseases: A Reference Guide, Hale Publishing, 2008.

Hale, T. W. and Berens, P. Clinical Therapy in Breastfeeding Patients, Third Edition. Hale Publishing, 2011.

Hale, T. W. and Hilary E. Rowe. Medications and Mothers' Milk, 16th Edition. Hale Publishing, 2014.

International Lactation Consultant Association (ILCA) at 1-888-ILCA-IS-U or www.ilca.org

La Leche League International (LLL)

Infant Risk Center at Texas Tech University

National Psoriasis Foundation (NPF)

Organization of Teratology Information Specialists (OTIS). A nonprofit organization providing information to patients and health care professionals about exposures during pregnancy and lactation. Call toll free at 866-626-6847.

Durocher, H.J. Psoriasis and Psoriatic Arthritis: What You See and What You Don't 2014 (accessed 14 January 2015).

The Womanly Art of Breastfeeding, 8th Revised Edition. Schaumburg, IL: La Leche League International, 2010.

Accredited in 2004, **Christine Jones-Wollerton** is a Leader with the LLL of Toms River AM Group, New Jersey, USA. She and her husband Christopher live in Toms River and are the parents of Aisling (12), Damien (6), and Coraline (4).

Kathy Grossman lives in Moab, Utah, USA. Her grown up sons Sam, Ed, and Monty visit when they can and Kathy has a new granddaughter Lucy. Kathy was Managing Editor of Leaven from 2011 through 2014.

When Breastfeeding and Culture Meet

Carrie Richardson, Kathy Grossman

Adapted from "Culture: Some Introductions," from Rocky Mountain Leader, LLL of Colorado/Wyoming's Area Leaders' Letter, Summer 2014

The other day, I met a work colleague, Stan, in the middle of a doorway. We laughed as we passed each other, because he had to duck to avoid hitting his head on the overhead hinge, and I could easily walk under his arm as he held the door. We joked that what we had just done was completely outside the other's realm of experience. At 5 feet 1 inch (1.5 meters), I never hit my head on anything. At 6 feet 5 inches (1.95 meters), Stan never walks under another person's outstretched arm. After we parted ways, I imagined life as Stan: he must see the tops of other peoples' heads; he's never lost in a crowd; he doesn't have to climb on the kitchen counter every day!

This doorway scene about Stan and me is a fitting analogy for beginning to think about culture. Culture is the essence of those attitudes and core values that define who we are and what we believe. Culture shapes our lives in so many ways, and yet, many of us don't often think about it until we meet someone who is very different from us. In fact, I work with Stan all the time, but it took getting quite close to him to reflect on how different his life experience is from mine. Everyone, meet culture

If you were the same size as the majority of the people in your town, it would be hard to imagine what life with a different height is like. But when you really think about it, or have an experience as I did with Stan, you realize that no one is seeing exactly what you see, and everyone experiences his height differently. One thing unites us, though: everyone has a height.

Culture is the same way: we all have it. As we embark on an ongoing discussion about diversity and breastfeeding support, keep in mind that just as Stan and I see the world from different perspectives, so do people with varying backgrounds. All of us have a cultural background that has shaped our attitudes about breastfeeding and children.

Culture, meet breastfeeding

Articles about culture and breastfeeding 1,2 often contain assertions like these:

- Some Japanese kindergarten admission forms might ask whether a child has weaned from the breast.^{1,2}
- In Korea, some believe that declaring a baby to be beautiful could invite the jealousy of the gods.¹
- Women in Kenya are told to avoid nursing after arguments to prevent “bad blood” from entering their milk and impacting their babies.¹
- Women of East Asian and Southeast Asian cultures may follow a custom called “doing the month”—staying home, avoiding drafts and dressing warmly for 30 days after having a baby to overcome a perceived vulnerability to cold, wind and magic.²
- Traditional groups in Papua New Guinea and the Gogo tribe of Tanzania encourage women to be celibate while breastfeeding. A mother may have to choose between her breastfeeding goals and her desire to be close with her husband, who is often not expected to also remain celibate.¹
- One study of 120 cultures showed that 50 cultures delayed breastfeeding for two or more days due to the belief that colostrum is “dirty,” “old,” or “not real milk.”³

These assertions can be eye-opening and help us realize that different belief systems impact a mother’s perspective. However, I noticed all of these assertions are about cultures other than my own. I have a culture, too, and it is not represented in the items above. So, I’ll add the following:

- Women in Western industrialized countries tend to value individuality and independence, and they may be strongly encouraged to make their infants as independent as possible as quickly as possible. For example, some mothers are advised to “train” babies to sleep on a schedule by gradually responding less to their cries.
- In the United States, the female breast is especially sexualized, so breastfeeding in public or breastfeeding an older infant may therefore be considered indecent.

Breastfeeding, meet culture

Does this mean you have to become an expert in every world culture in order to support a woman from a different background? This misleading idea of “cultural competence” can cause a lot of fear and anxiety. You may worry that you have to study for 40 years to become “competent” before you can talk to a family from another culture. No, not true! Learning about cultures other than our own (and reflecting on our own culture) is never ending, and none of us will ever know everything about every culture.

Even if we could, we would still not know what an individual’s culture is. Let me explain.

Reading those last items in the list above, I can recognize that, yes, women in my culture are pressured to impose a schedule on a baby. But at the same time, that is not representative of me. I think, “You can’t just assume that because I’m American, I let my baby cry it out!”

Precisely! We cannot conclude that a woman's racial, religious, national, or linguistic identity is a reliable predictor of attitudes about breastfeeding. In other words, when supporting a mother from a different background from her own, a Leader appreciates that each individual within a culture takes what works for her and leaves the rest. However, even if a mother doesn't buy into a particular expectation, the pressure is still there. To take an example from within my own culture: I won't assume that every mother I help is "watching the clock." However, you can bet I will ask her open-ended questions about how often she nurses and listen carefully for hints about her prevalent cultural attitudes.

The goal, then, is to work with a cultural lens, not cultural blinders.

Cultural lens, meet relationship

When in doubt,

respond with empathy.

When rapport is lost,

all is lost.

from USA Communication Skills "Listening from Your Heart" Session One handout.

It is very important to establish a relationship with the breastfeeding mother, so that you are viewed as a helper, not as someone who "just doesn't get me." We can get to know a mother and her unique cultural understanding of breastfeeding, by doing what Leaders already do all the time: listen, ask questions, show empathy, and empower.⁴ By applying a cultural lens to this practice, we might also listen for and ask: Are there any rituals, special values, or taboos around infant feeding in her culture? Which ones does she agree with? Which ones does she struggle with?

If a Mexican family believes that atole (a cornmeal drink) helps a breastfeeding mother produce milk, then by all means you can acknowledge it. If a Mexican mother believes that colostrum should be discarded, then you can discuss the potential impact on her breastfeeding goals and then, as always, let that information support and empower the mother to make her own decision. All of this takes place in a context of mutual respect.

Mouth, meet foot

It can be scary to reach out to someone different from ourselves, because we just don't want to make a blunder. We don't want to offend anyone. We don't want to look insensitive. The truth is: you will make mistakes. We all make mistakes. You might get called out or you might notice nonverbal cues. You will be embarrassed.

What can you do when this happens? Use your reflective listening skills! Contact a Communication Skills Instructor (CSI) for support.

Here's the good news: it is actually important to make mistakes on these levels to truly get to the heart of a helping relationship. If a mistake is made within the context of a relationship, it can

be met with humor and understanding. The best person to learn from is the person you are hoping to learn about! The learning process starts anew with the next mother you help, and the process is lifelong. Don't fear mistakes, but be prepared to make them, and then learn from them. Keep working with empathy, remain thoughtful, aware, and respectful, and you will be doing much more good than harm. And then come back and share the experience with other Leaders so we can all do better.

Helping without giving advice

Vicky Tanco, a Leader from Sao Paulo, Brazil, developed a method she calls "LACE" for helping without giving advice. This was in the article, *Avoiding the Advice Trap*, LLLI, Leaven, August-September 2001.

1. **Listen.** Wait for the question. Allow the mother to give you an insight into herself—her feelings, attitudes, and relationship with her baby. It takes time to get to know someone. A phone call may not be enough. However, by listening actively, letting the mother use us as a sounding board, we can better help her go on to the next step.
2. **Ask questions.** Ask specific questions. Use How and What. ("What is your baby's feeding pattern?" "Can you describe to me how his diapers look."), rather than questions answerable by yes or no. Also ask a mother about her thoughts, such as "How do you feel about that?" and "What feels right to you?" or "What would you like to see happen?"
3. **Give choices.** Impart enough information to allow the mother to make an informed decision. Avoid telling her what to do. Use phrases like "Many mothers have found" or "Let me read to you what I have on the subject." Her choice will stem from her own discernment of the situation and the responsibility will rest on her.
4. **Let information and support empower her.** It is the mother's responsibility to decide what's best for her family. She is the expert in her baby's care. Information and support are seeds that will help her confidence grow in her mothering. An important point to remember is that the Leader is not responsible for persuading the mother to choose one way or the other. You do not need to feel that you have somehow failed if the mother makes a choice different from one you yourself would have made, or one that runs counter to LLL philosophy. That new mother who perhaps chooses to wean early with her first baby will probably come to LLL for help and support with successive babies if she goes away with a positive feeling about her relationship with you. She may pass the word along to her family and friends who have babies. And who knows, someday she may become a Leader herself.

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 4. Whelan, J. Avoiding the advice trap. *Leaven* August-September 2001; 37(4):84 (adapted from Leaders' Line, the Area Leader's Letter of LLL of Indiana, USA, Spring 2000).
- Bolton, R. *People Skills: How to Assert Yourself, Listen to Others, and Resolve Conflicts*. New York, New York: Touchstone, 1979; 22

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Face to Face or Facebook?

Emma Gardner

More and more mothers are communicating on Facebook and many local LLL Groups have found it is a good way to announce meetings and stay in touch. In the first of two articles on using Facebook for support, Emma Gardner talks about the differences between a traditional helping situation and online forums and offers tips and insight to Leaders who are moderating Facebook groups. In a second article in our series on social media Guidelines for Leaders on Facebook Sara Dale-Bley lists some useful guidelines for Leaders who are offering mother-to-mother support through LLL Facebook groups.

Adapted from Emma Gardner's blog post, Breastfeeding Support Pages on Facebook, 2012.

Breastfeeding support pages on Facebook can be very different from real life support at an informal breastfeeding group or a La Leche League Series Meeting. In a face-to-face group, women with babies and toddlers sit together to talk about everything that needs discussing, just like small, close communities do. Facebook—a recent communication newcomer, having been launched in February 2004—can involve posted comments from a huge, even global, community.

Supportive atmosphere

In a support group, women usually know each other already. Some observe others' journey and are there when needed with wise words and support. Sometimes mothers don't know each other, though in both cases there will be a facilitator or La Leche League Leader to encourage the women to relax, get to know each other, and guide conversations if needed. The social environment is supportive and giving, and at times it can be intimate. There may be cups of tea or coffee available with some tasty snacks, too.

Sometimes we may be surprised to hear how another mother and family see breastfeeding and parenting. There can be inner gasps when we hear a mother's experience perhaps, but we are sitting face to face with this mother, so we listen to her story. We might hear of family customs, or practices from her country or religion. She might go over a few things repeatedly until she explains just how she feels. She may amend her story.

We can learn so much by listening and watching a mother. Her body language gives us information, as does the tone of her voice. She may even become so choked up that she can't talk for a while. We give her space to compose herself and perhaps pass her a tissue. We see

how she interacts with her baby, and we build a rapport with her from what we have learned and observed.

Then comes the support. There may be a flurry of “It’s so hard, but it will get better,” or “You’ve done so well. Be proud of what you have achieved.” Then come suggestions and information, and encouragement. Perhaps another mother will tell some of her story. There are nods and affirming noises from mothers in the group. Questions will be asked of the mother so that a clearer picture can emerge. Perhaps some will remember other things to share and add them to the mix. Various books may be suggested, too. In this way, we help the mother move her situation forward, maybe only in the emotional sense at first, but all changes need to come from somewhere.

It is easy for women to make a “discussion tree.” Think of a tree with branches going off in many directions, each with its own topic. The Leader will help the chat to stay on the same branch so all responses stay on topic—much more helpful for the woman in need.

The mother asking for help has so much to think about now, but she feels listened to, and that is so supportive! She goes home with renewed energy from the group, and hopefully a smile on her face or at least hope of one to come. It can be very hard to open up sometimes. We all need to feel safe to do that. This mother has felt vulnerable, showing a weakness perhaps. But she has been brave today.

Facebook initially seems very similar to the groups we visit in person. Mothers who are at the same parenting point as we are may turn to Facebook, or perhaps they are at the next stage, which is helpful. They may be health care professionals. We might assume that because we all “like” the same page, we hold the same or very similar parenting views. It’s a quick way to ask a question and receive answers and replies without leaving the comfort of one’s own home; we can get almost instant feedback. It’s an easy way to socialise and share our knowledge while our children play, or our baby sleeps. Facebook can help prevent us from feeling isolated in today’s society.

From supportive to destructive

Facebook members are essentially unknown to each other in an online support group. We don’t know the mother to whom we are responding. We don’t know her ethnicity, her background or her family situation, or her vulnerabilities. When we post a question, we are likely to shorten it to fit Facebook parameters and thus omit information we might otherwise include in a person-to-person conversation. We also can’t include tone of voice or body language, or emotion. Even if we use emoticons (pictorial representations of facial expressions), they are just not the same as communicating in person. There is so much we can’t convey. Yet, from the post, we may all make instant assumptions and form opinions.

It is very easy to reply quickly with compassion, support, and information. But, it is just as simple to reply with disbelief, shock, strong viewpoints, and at times perhaps inadvertently, insults. These kinds of responses may appear when there is a particularly emotive issue being discussed, and this is where responsive threads can turn from being supportive to being destructive.

Potentially, a huge number of people can read the poster's emotive question. More posts may come in thick and fast in response to the original poster's question. These comments can at times be blunt, cutting, sarcastic, or just plain rude. There sometimes seems to be no thought for the mother behind the question, her emotional state, and her well-being. I've read comments like, "If you can't handle it, you shouldn't have had a baby." Would a poster say that to someone's face, or would she be welcome at a women's group after saying something like that?

Of course, there is the facility to delete your own post if you regret your impulsiveness, or a page's administrator can delete the post or indeed the whole thread. But many people may receive copies of the messages by email, and the comments can linger for a while longer. The poster is likely to receive backlash for her impulsive words and may defend her position. Yet if she tries to undo her words or make them clearer, she can inadvertently dig herself deeper into a hole.

Tears in her eyes

So, how might the mother who has asked the original question feel? She came for support and opened herself up to others. How many of us have said or heard, "You only know what you know" or "You can only do your best with what you know at the time." This mother may realise she needs to know more. She might be at the end of her tether. She might have gathered up all her courage that day just to post her question. That's why she posted. She probably feels shocked and hurt by the strong comments. If she were sitting in front of you, you would be able to see the tears in her eyes.

The page's administrator can step in to smooth things over and validate people's opinions, share factual information, and bring the thread back to the topic. She also needs to decide if she wants such strong and possibly insulting opinions on the Facebook wall at all. People can comment hours after the initial furor has died down. It is very likely that the page's administrators are volunteers. It is also likely that when a thread goes wrong, the administrators are otherwise occupied with their families and can't intervene as they would in person.

Deleting whole threads can be a simple way out of a tricky situation. But the decision to delete a whole thread is not taken lightly, and it denies people the right to talk after all. In all probability, there were some informative, supportive posts in the thread that will still be useful to the mother. It is likely that the page's administrators feel a responsibility towards the page's contents, and they can feel protective towards the person on the receiving end of the unhelpful harsh words and judgments.

Phone helping also has the distance and some of the anonymity that Facebook does, but Facebook is very public in a way that a one-to-one phone call is not. Facebook posts are read by anyone and, even with a moderator, unedited responses can then come from anyone. A mother posting on Facebook may be at home and in her pyjamas (and perhaps nursing her twins or trying to cook a meal), but other people cannot see what she is doing and only her words can be viewed. And though Facebook comments may almost look like the transcript of a support group discussion, an important difference is that comments may get submitted around the clock—24 hours a day, seven days a week—without a consistent Leader's presence during the entire time. A Leader-administrator-moderator may find it more difficult to use her usual communication skills.

Effective helping skills

An LLL Leader's key communication skills for mother-to-mother help remain the same:

- Encouraging the mother to feel at ease
- Establishing a feeling of rapport with the mother
- Listening carefully to demonstrate genuine interest in helping
- Asking questions to clarify the mother's situation
- Helping the mother identify her feelings, where appropriate
- Offering information, making suggestions, and discussing options, so the mother can evaluate the advantages and disadvantages, and make up her own mind
- Recognizing the mother as the expert on her own baby

—Page 1, "Mother-to-Mother Help," Chapter One, Leader's Handbook

No matter the format—the phone, an in-person meeting, Facebook post or text message—consider these skills and helping basics as you offer mothers breastfeeding support.

Emma Gardner was accredited as a Leader in 2005 with LLL Northampton, England, where she and her husband home educate their three children, ages 5 to 15. Emma also co-administers LLL of Great Britain's Facebook page, is a contributing editor of Breastfeeding Matters (LLL Great Britain's bimonthly magazine for members), and administers LLL Northampton's Facebook group. She blogs at <http://gardnersword.wordpress.com/>

Guidelines for Leaders on Facebook

Sara Dale-Bley

Adapted from Sara Dale-Bley's article in eConnect Number 31, the LLL US West Area Network publication for Leaders and LLL Administrators, April–June 2014

Facebook, a useful tool

As an online social networking platform, Facebook can be a useful tool to create bridges between mothers and La Leche League, where none may have existed in the past. However, as with any method of communication, it is vitally important that we consider all the implications of interactions that take place on Facebook before designing a presence on that platform. Although it would be difficult to issue guidelines for all the interactions between LLL Leaders and breastfeeding families that may occur, here is some general guidance for Leaders and Groups as they decide whether or not to use Facebook for conducting LLL work.

Security online cannot be guaranteed

Although Facebook makes every attempt to protect the privacy and information of users, nothing online can ever be guaranteed to be completely secure. Because companies change ownership and privacy policies change, Leaders need to remain aware that, when representing themselves online as Leaders, what they say in a secure forum may not remain private in the way they intended. Even if Leaders are approached for support by a mother, it is important to remember that if the “conversation” about a topic becomes specific to her situation, it would be wise to direct the conversation to a more protected medium. A good rule of thumb is to keep the information shared on Facebook as general as possible. For instance, avoid saying or asking anything that you would not say or ask in a crowded elevator.

Discuss with co-Leaders

If your Group or Area decides to keep a presence on Facebook, discuss with your co-Leaders what it will look like, how it will be maintained, and what kinds of interactions with breastfeeding families (if any) will be permitted. Whenever possible, it is good practice to keep your personal and LLL information separate. If your Group maintains a business page, Leaders can be given administrator privileges and their posts will not be seen to come from the individual, but rather originating from the page’s title entity.

The page can be configured in such a way that only administrators are able to post to the page. However, posts and the “posts by others” section will need to be monitored for comments that need to be addressed, redirected, or deleted.

Another option: manage invitations

The other option on Facebook is to maintain a Facebook group discussion page whereby members are able to post and receive input from other members of the Facebook group. Who is invited to join these Facebook groups can range from only the Leaders in the LLL Group or Area, to LLL members, or to anyone who wants to join. These Facebook groups can also be configured so posts are visible to the public or not, and the Facebook group itself can be public, private, or secret. If you and your co-Leaders decide to have a private Facebook group page (meaning only group members of the Facebook group can see the group page’s contents) and if you have decided that anyone can apply to be a member of the group, it will be helpful to think of these discussion group pages as online Series Meetings. It will be the Leader administrator’s job to keep the discussions on track and positive. However, because of the inherent insecurity of the online format, it will also fall to the Leader-administrator(s) to ensure that each family’s privacy is protected. She can indicate that any mother with specific individual concerns can contact an LLL Leader by phone or email for individualized support, and refer mothers to the “Find local support” banner and “Use the map” feature on the LLLI home page.

It would also be good practice to remind members that even though the Facebook group administrators make every effort to protect their privacy, anything disclosed online could be shared beyond the private Facebook group by individuals determined to do so. I have even heard of information being shared through screen shots of discussions in a private Facebook group. Revocation of member privileges may be appropriate after such a violation if it is discovered.

Designing an LLL presence

When designing your LLL Group's presence on Facebook, it will be important to place disclaimers in a prominent location, easily viewed by all visitors. Addressing issues up front—such as how to discern the posts from members from those of Leaders, and what kinds of discussions will be allowed—will help minimize problems as your Facebook page gains fans or your Facebook group gains members. Many Facebook groups have found ways for disclaimers and rules of conduct to be well placed with a “pinned post” that remains at the top of the page with new discussions appearing below.

Additional resources

As an additional avenue of support for Leaders, Groups, or Areas that choose to maintain an LLL presence on Facebook, there is an LLL Facebook support group. This group is maintained as a “secret” Facebook group strictly for Leaders, so you will need to request permission to join—you can ask a member of the informal LLL Leaders group to add you.

For a discussion about the differences between traditional series meetings and online support see our article Face to Face or Facebook?

Sara Dale-Bley was accredited as a Leader in 2007 and is the Area Professional Liaison for LLL of Colorado/Wyoming, USA. Sara is also an International Board Certified Lactation Consultant, and Founder/President of the Colorado Lactation Consultant Association, and Colorado Breastfeeding Coalition Legislative Team Leader. Sara and her husband, Dave, have two children: son, Max (10) and daughter, Annabelle (6).

Coaching Leader Applicants

Linda Wieser

Adapted from LLL of Michigan's Area Leaders' Letter, Great Lakes Grapevine, Summer 2009

A coach is someone who encourages, supports, teaches, and provides guidance to someone else, just as an administrator in business or an experienced sports player often helps someone new. In La Leche League, the supporting Leader and the representative from the Leader Accreditation Department (LAD) can act as coaches for potential Leaders.

Working with Leader Applicants

As Leaders, one of our most important responsibilities is working with Leader Applicants. It is an investment of time and energy for everyone. The more time we put into working with a Leader Applicant, the more likely she will feel confident and well-prepared when she signs her *Statement of Commitment* and takes on the responsibilities of her new role as an LLL Leader. A Leader who hasn't had this coaching and encouragement from the beginning often feels lost as a new Leader and may not have a good grasp on how LLL functions.

In 2009 I completed my orientation for Associate Coordinator of Leader Accreditation (ACLA). At the same time, a Leader was accredited in the Group I was leading. Experiencing the application period from two different perspectives—Group Leader and ACLA— reinforced for me the importance of the role of the supporting Leader. Twenty-six years ago when I became a Leader, most of my application discussion was conducted through correspondence with an ACLA. Now preparation for leadership is viewed as a dialogue triangle among Leader, Leader Applicant, and ACLA. Dialogue can be a conversation in person, via telephone, electronically, or on paper. It is the exchange of information, ideas, and opinions. Each member of this triad is important as the Applicant prepares for leadership.

Getting to know the mother

Whether the Leader approaches a potential Leader within the Group or a mother comes to a Leader asking about leadership, it is the Leader's responsibility to take the time to get to know the mother and start the dialogue about LLL philosophy and leadership responsibilities. The Leader needs to be confident that the mother meets the LLLI prerequisites to applying for leadership. If, after her observation of the mother at meetings and their discussions about the responsibilities of leadership the Leader is still unsure, it's helpful for her to consult with her co-Leaders and/or contact the LAD. The LAD representative for the Area is willing to help with any questions or concerns. The handout *Thinking about La Leche League Leadership?* (TaLLL) can be a good beginning to these discussions. The compact version of TaLLL is included in the Leader's Pre-Application Packet and is available online at the LLLI website. The web version can be viewed [here](#).

Once the potential Leader has read the prerequisites to applying for leadership and the criteria for Leader accreditation found in "Thinking about La Leche League Leadership" and wants to proceed, it is important to arrange a time to meet face to face, if possible, in a relaxed environment. At this meeting, the Leader and the mother can talk in detail about her birth and breastfeeding experiences and about each of the ten concepts that represent La Leche League philosophy. A Leader might ask the mother for examples of how each concept is reflected in her breastfeeding and parenting. The Leader can give her feedback and ask more questions as needed in order to have a clear picture of who this mother is and whether the mother feels LLL leadership would be a good fit for her. Many Leaders have also found that taking notes during this meeting is helpful when it comes time to writing the Leader Recommendation. Some choose to fill out the recommendation form during the meeting.

Staying neutral and objective

It can be challenging to dialogue with a potential Leader whose experience may not appear to agree with the prerequisites to applying for leadership. In these cases, it is helpful to remain neutral and objective while discussing the specifics of the situation.

When a Leader is evaluating whether she can recommend someone for leadership, she looks at her as a total person: how she represents each concept in her words and actions and how her mothering has developed. LLL philosophy is the guideline for what is important to us as Leaders. A Leader wants to feel confident that the mother meets the prerequisites to applying for leadership, can represent LLL, and can fulfill the responsibilities of leadership before she submits the Leader Recommendation. If a Leader, who knows this mother best, is unsure about

recommending her, she can consult the LAD representative for her Area for help, suggestions, and guidance.

Give prompt feedback

Frequent contacts and providing timely feedback during the application period are important parts of the Leader-Leader Applicant relationship. From the beginning, the supporting Leader needs to be conscious of responding to questions and scheduling meetings with potential Leaders and Leader Applicants in a timely fashion. Prompt acknowledgment, if only to say, “I’ll get back to you after I have. . .” conveys the message that the mother and her call are important. Right from the beginning, it is important for Leaders to show how LLL expects her to function as a Leader.

Face to face meetings

For many Leader Applicants, regular face to face meetings work best, especially to discuss the Leader’s Handbook checklist and review any information that the Applicant chooses to talk about with a Leader. This would include the *Breastfeeding Resource Guide* (BRG) and topics on the Leader Applicant web pages (Note: your LLLID will be needed to log in). Some Groups or Chapters (a collection of Groups) organize regular meetings for Leader Applicants. Through these meetings, the Applicants can support each other, as well as have the opportunity to dialogue with Leaders who work with other LLL Groups—a great advantage. Some Areas have online discussion forums for Leader Applicants.

Role-play

The *Preview of Mothers’ Questions/Problems and Group Dynamics/Management (Preview)* provides the opportunity for the Applicant to put into practice what she has been learning. It can be done at any time during the application period and does not have to be the last thing the Applicant does. In fact, some Leader Applicants find it helpful to mix role-playing practice sessions with additional reading and research. For example, the Applicant may research a topic from the BRG and then discuss or role-play one of the Preview questions related to this topic with her supporting Leader. Although many people may feel uncomfortable role-playing at first, most Leader Applicants find it very helpful to practice actually saying the words they would use when responding to a mother’s helping call.

While many Leaders and Leader Applicants do the Preview in person, one suggestion that has worked well is for the Leader call at a random time to help the Leader Applicant practice responding to a helping call. This makes the role-playing seem “real” because the Applicant may have to manage a baby or toddler while talking with the “mother” and taking notes. Other Leaders have sent helping questions to Applicants via email and dialogued back and forth about how best to respond to the mother’s concern. Many Leader Applicants will use all three approaches—in person discussion/role-playing, simulated phone helping calls, email helping questions—with their supporting Leaders.

For a Leader Applicant, the supporting Leader is a crucial part of the dialogue triad for accreditation. She is the Leader Applicant’s coach: the person who sees her interact with her baby or children; the person who hears how she responds to other mothers at meetings; the person who can assist her in all aspects of the application itself. She is the LLL Leader who

knows the Applicant best. To be an effective supporting Leader, Leaders will often dedicate a significant amount of time dialoguing with a potential Leader and then continue to give her timely feedback throughout the application period.

Linda Wieser was accredited in 1984 and lives in Mahone Bay, Nova Scotia, Canada. She is the Associate Coordinator of Leader Accreditation for LLL of Michigan, USA, and LLL Canada-Atlantic Canada, and the Administrator of Leader Accreditation for LLL Canada. She and her husband, Jim, have two grown daughters, Heidi and Erica.

LLLI 60th Anniversary Celebrations

October 1, 2016–September 30, 2017. Sheri Parpia, former LLLI Board member and Board Chair, and Carolyn Driver-Burgess, Board member from Zone South Pacific/Asia, are heading a taskforce for LLLI's 60th birthday. The official LLLI 60th anniversary year will run from October 1, 2016 to September 30, 2017. To unite friends of La Leche League around the world, your local conferences and celebrations could be planned within this time frame.

The overall theme for our anniversary is "Building a Legacy," which relates to breastfeeding and La Leche League on many levels. By breastfeeding our children, we lay the foundations of a legacy for good health. The work we do as Leaders builds a legacy of breastfeeding knowledge in our communities and the families we work alongside. La Leche League as an organization has been building a legacy for future generations and the Founders have built a legacy of values. ecelebration plans and items that will be available include a film featuring interviews with the Founders, a breastfeeding song, online conference sessions, an anniversary logo, and a necklace with beads collected from around the world.

Contact carollyndb@hotmail.com; or sheralyn.parpia@gmail.com for more information or to join the taskforce. Watch this page for 60th Anniversary updates.

LLLI Board Selects Bostrom as Management Partner

From the announcement to the La Leche League International Community, November 4, 2014

For nearly 60 years, La Leche League International has been a global forum, marketplace, and education organization for mothers, healthcare professionals, and the public. La Leche League's unique style of mother-to-mother support continues to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother. Today, LLLI has advanced its mission in many areas. In order to build on that success and maintain a sustainable, growing organization, the LLLI Board of Directors has made the strategic decision to move the business operations from Schaumburg, Illinois, USA, to Bostrom, an international US Chicago-based professional association management firm. Bostrom is celebrating 80 years of providing management, outsourcing, and consulting services to professional societies, trade associations, foundations, and other not-for-profit organizations.

Bostrom is dedicated to its simple mission: to build successful organizations and enhance value for clients through trust, experience, personalized service, and solutions. For more information, visit the Bostrom website bostrom.com or view this video

This management model will provide LLLI with expanded flexibility in today's fast-changing world. LLLI will have access to expertise in areas of marketing, publications, technology, and education if and when we need it. Employing Bostrom's extensive resources in business management will allow the LLLI Board of Directors to continue its focus on governance and activities directly related to advancing our mission.

Goodbye to Renee Schleicher

We are saying goodbye to LLLI Interim Executive Director, Renee Schleicher, Certified Association Executive (CAE). We would like to formally thank Renee for all she has contributed to LLLI. Renee has been instrumental in streamlining the office operations to build a solid infrastructure to support LLLI's future goals and opportunities. We wish her tremendous success in her future endeavors.

Announcing Katie Keel as Executive Director

On November 15, 2014, the new LLLI Executive Director will be Katie Keel, an account executive with Bostrom. Katie has worked with professional membership associations and nonprofit organizations for more than fifteen years. She will focus on strategic growth and organizational development and brings significant experience in financial management, fundraising, marketing, program and volunteer support, and publications. Katie holds a Master of Public Administration with emphasis in nonprofit management from Portland State University and a Bachelor of Liberal Arts degree from Michigan State University and is currently on the path to securing her Certified Association Executive (CAE) credential. She is also the mother of twins with experience of breastfeeding her own children.

New contact information

Please note the new contact information for the office below. The LLLI website and email addresses will remain the same and any postal mail already sent to the former Schaumburg office will be forwarded.

La Leche League International

35 East Wacker Drive Suite 850

Chicago, IL 60601 USA

Tel +1.312.646.6260

Toll Free (US only) 800-LALECHE (525-3243)

Fax +1.312.644.8557

In partnership with LLLI, the Bostrom team will focus the first phase of the transition on building a strong operational foundation including finance, information technology, marketing, communications, and programming to position LLLI for the future. As always, if you have any

questions, please feel free to contact us at landerson@llli.org and lderaad@llli.org or the Executive Transition Team at ett@llli.org

The entire Board looks forward to many opportunities for LLLI to continue helping mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education.

Sincerely,

Linda J. Anderson and Lydia de Raad

Co-Chairmen, La Leche League International

A Board Meeting Isn't Boring!

Ann Calandro, former Member of the LLLI Board of Directors

Each year, an *LLLI Update* containing the Board actions from the spring Annual Meeting, is distributed electronically to the LLL Community. Some may feel our Board meetings sound a little boring and dry but they are rich with interaction, laughter, and sharing. The Board is an interesting and diverse group of women made up of Leaders and former LLL members, from all over the world. The Board members are from Canada, Norway, Greece, the Netherlands, New Zealand, Saudi Arabia, and the US. [Editor's note: Founders Mary Ann Kerwin and Mary Ann Cahill participated by phone. Marian Tompson, who is returning to the Board, was present by phone as an "observer."] This makes for some lively and stimulating conversations as well as reminding us to stay aware of what the "I" of LLLI stands for! Our meetings usually begin at 9 am and often end around 10 pm, with breaks for meals. We eat our meals together as well as sharing rooms. We mix up roommates at each meeting, so that we can get to know each other better. We typically stay at a hotel that provides breakfast and dinner as part of the room rate in order to save money for the organization and to provide unity.

There have been several Virtual Board Meetings this year, but in this article we are describing the "in person" Board meeting that was held in Frankfurt, Germany, March 14–19, 2014, in conjunction with the LLL European Management Symposium (EMS). This was the first time this Board met outside Schaumburg, Illinois, USA.

During the Board meeting this year we were able to teleconference several times with LLLI staff members and Founders who could not attend. It was very useful to discuss various issues with staff members and to have our questions answered in a timely way. The Board has been grateful for the dedication and hard work of the office staff.

New Committee members

The Annual Meeting is where the Board elects its officers for the coming year. This year's Executive Committee includes Co-Chairmen, Linda Anderson and Lydia de Raad; First Vice-Chairman Anne Batterjee; Second Vice-Chairman Carolyn Driver-Burgess; Treasurer Cathy Marquis; Secretary Diane Jeffer; and Member-at-large Villy Kaltsa. The new Nominating Committee members are Carolyn Driver-Burgess (Chairman), Linda Anderson, Villy Kaltsa,

Constance Pond, and Lydia de Raad. The Nominating Committee also presented a slate of candidates for the Board. From Zone US East Diane Jeffer and Constance Pond were elected. From Zone Latin America, Yanet Olivares was elected. Re-elected were Carolyn Driver-Burgess from Zone South Pacific/Asia and Anne Batterjee from Zone Africa/Middle East. Two vacant seats for Zone USA were open at the time of the Board meeting, but they have subsequently been filled. June Winfield and Katherine Velasquez were elected in July 2014.

The Board appointed eight new members to the Ombudsperson's Committee to review and make recommendations regarding grievances that have not been resolved at the local Area or entity level.

Cindy Garrison was appointed Interim Director for the Leader Accreditation Department. Sheri Parpia was appointed LLLI's official Liaison to the World Alliance for Breastfeeding Action (WABA). Sheri Parpia and Carolyn Driver-Burgess will be coordinating a task force for organizing LLLI's 60th Anniversary celebration in 2016. We have two years to plan and prepare to celebrate LLLI in regions around the world!

We approved hiring Renee Schleicher as interim Executive Director for a six month term. As of November 15, 2014, Katie Keel of Bostrom was hired as Executive Director.
Committee reports

The Board is made up of several committees whose work continues throughout the year. Their reports were heard, their work discussed thoroughly, and their proposed projects shared during the meeting. The committees are Audit, Bylaws, Finance, Nominating, Personnel, Program Services, and Resource Development.

All decisions are the product of a great deal of time spent by the Board analyzing the needs of the organization, prioritizing them, and setting goals for the future health, strength, and growth of LLLI. Mary Ann Kerwin and Mary Ann Cahill (and now Marian Tompson, as well) have kept us grounded with the history and wisdom they shared throughout the year. The Board is greatly saddened by the loss of Mary Ann Cahill in October and will miss her very much. The next Board meeting was held in Schaumburg, Illinois, USA, in September 2014 and we had virtual meetings in July and December. The next Annual Session will be in Schaumburg in March, 2015.

We hope this report gives each of you more insight into the work of your Board. We are all very special, but none of us is more special than you, the Leaders. We respect and appreciate the work you do. We are here for you and our goal is to be accessible to you. If you want to communicate with the Board, send an email to board@llli.org

2015 EVENTS

Fran Dereszynski

LLL Madrid Leader Enrichment Day

February 21. Madrid, Spain. Leader Enrichment Day for Leaders in Madrid District. Featuring Inma Mellado, Area Coordinator of Leaders and Myriam Bugallal, District Coordinator. For more information, contact noe.corpa@gmail.com

LLL of Kansas/Oklahoma

March 6. "Breastfeeding 2015: Real Strategies for Real Life." The Meridian Center, Newton, Kansas, USA. Continuing Education Event. Featuring Cathy Carothers, BLA, IBCLC, FILCA.

March 7. Leader Day. Leader Applicants and interested mothers invited.

For more information, contact Melinda at melindatoumi@gmail.com or go to kansaslll.org

LLL of Connecticut Health Care Provider Seminar and Leader Enrichment Workshop

March 27. "Hot Topics in Breastfeeding." Four Points by Sheraton, Meriden, Connecticut USA. Featuring Catherine Watson Genna, BS, IBCLC.

March 28. Leader Enrichment Workshop for LLL Leaders, Leader Applicants, and interested mothers. Four Points by Sheraton, Meriden, Connecticut USA. For more information, contact Meg at meg.g@lllct.org or go to lllct.org/events

LLL of Western Pennsylvania Breastfeeding and Parenting Area Conference

April 11. "The Voice of the Ages, Wisdom of Our Instincts." Double Tree by Hilton Hotel Pittsburgh-Green Tree, Pittsburgh, Pennsylvania, USA. Featuring Dr. David Lobur. For more information contact Janet at j_burtt@comcast.net or go to lllofwp.org/conference/

LLL of Alabama, Mississippi, Louisiana and Arkansas

April 15-17. "The Dyad, Public Health and Policy." Natchez Grand Hotel and Convention Center, Natchez, Mississippi USA. Featuring Marsha Walker, Donna Logan, and Dr. Becky Saenz. For more information, contact Laura at LLLGWright@aol.com or go to breastfeedingthegoldstandard.org

La Leche League Italy Health Care Provider Conference

April 17. Grand Hotel Continental, Tirrenia (PISA), Italy. Featuring Dr. Gherardo Rapisardi, pediatrician and neonatologist. For more information, contact infoconvegno@lllitalia.org or go to lllitalia.org

LLL of the Garden State Breastfeeding and Parenting Conference

April 17-19. "Breastfeeding under the Stars." Hotel Somerset-Bridgewater, Somerset, New Jersey, USA. Featuring Linda K. Smith, MPH, FACCE, IBCLC, FILCA, co-author of Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family. For more information contact Annmarie at GSADconference@gmail.com or go to LLLgardenstateconference.org or their Facebook page or Twitter @lllgardenstate

LLL of Minnesota/Dakotas Area Conference

May 1–2. Hotel Marriott Minneapolis West, St. Louis Park, Minnesota, USA. Featuring Diane Wiessinger, MS, IBCLC, co-author of Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family. For more information contact Anne at LLLANneMN@gmail.com or go to llofmndas.org

LLL Germany Conference

May 8–10. “Breastfeeding: A Gift for Life.” Haus Hohe Grete, 57589 Prachts/Sieg, Germany. Featuring Anja Bier, IBCLC. For more information, contact Eva at eva.stroh@lalecheliga.de or go to ll.lalecheliga.de

LLL of Spain Leader Enrichment Conference

May 8-10. Barcelona Sailing Hostel, Barcelona, Spain. For more information, contact consultes@lalligadelallet.org

LLL Austria Area Conference

May 15-17. Steinach Am Brenner, Tirol, Austria. For more information contact Anja at anja.harnisch@lalecheliga.at or go to lalecheliga.at

LLL of Southern California/Nevada Parenting and Healthcare Professional Conference

May 22-24. “Supporting a Breastfeeding Culture.” Newport Beach Marriott Hotel and Spa, Newport Beach, California USA. Featuring Miriam Labbok, MD, MPH, IBCLC, FACPM, FABM, FILCA and LLL co-Founder Marian Tompson. For more info, contact Sue at sgarcia199@gmail.com or go to lalecheleaguescnv.org

La Leche League Canada Congress for Families

June 13. College Jean de Breubeuf, Montreal, Quebec, Canada. For more information, contact Mylene at bureau111@allaitement.ca or go to allaitement.ca/services/evenements/congres-2015/

LLL Alliance for Breastfeeding Education: Leader Development Seminars

July 10-12. “Ripples in the Pond: Coming Together, Making Connections, Expanding Horizons.” Vanderbilt University, Nashville, Tennessee USA

July 17-19. “Ripples in the Pond: Coming Together, Making Connections, Expanding Horizons.” St. John’s University, Queens, New York USA. For more information, ask to join “Alliance LDS” on Facebook or contact seminarcoordinator@llalliance.org

LLL of the Sunshine State Healthcare Provider Seminar and Parenting Conference

October 9-11. Hilton Daytona Beach Oceanfront Resort, Daytona Beach, Florida USA. Featuring Kathleen Kendall-Tackett, PhD, IBCLC, FAPA; Peggy O’Mara; and Lawrence J. Cohen, PhD, and Debbie Albert, PhD, BSN, IBCLC. For more information contact Catherine at LLLSunshineStateConference@gmail.com or go to lalecheleagueofthesunshinestate.wildapricot.org

La Leche League of New York Area Conference

October 9-11, 2015. “Foundations for a LLLifetime.” Hilton Albany, Albany, New York USA. Featuring Marian Tompson, LLL co-Founder. For more information, contact Jennifer at Jennifer.acc.llofnny@gmail.com or go to llnyconference.org

LLL Alumnae Association Trip

November 5–9. Charleston, South Carolina, USA. Sightseeing to historical areas, cultural entertainment evening, and group activities. Active LLL Leaders, former LLL Leaders, and current and former LLL members are invited. For more information, contact info@lllalumnae.org or go to lllalumnae.org/news

LLL France Conference

November 7-8. Belambra Club Le Normont, Dourdan, France. More information to be announced or contact Sophie at sophie.chevalier49@wanadoo.fr
2016

LLL France Health Care Professional Day

April 1. La Cite des Sciences La Vilette, Paris, France. Open to Leaders and parents. For more information, contact francoise-marie.nogues@lllfrance.org

Please send news of LLL seminars, conferences, workshops, Leader education events, regional symposiums, or other gatherings with the date, theme, location, featured guests, website, and contact person to Fran Dereszynski, Leader Today Contributing Editor for Events, at LLLconferences@gmail.com or to 5502 Maryport Drive, Huntington Beach, California 92649 USA.