In This Issue

Welcome to our January issue!

In this issue Linda Smith steers us through the **Global Health Agencies and Documents Relevant to Breastfeeding** and Barbara Higham reminds us what a wonderful resource ***Breastfeeding Today*** is for mothers and for promoting LLLI. Tova Ovits shares how to adapt a soft-bodied doll into a teaching tool for a good latch and we reprint her article from Leaven **Asking about Childbirth Interventions.** We also have many ideas for **Raising Group Funds** and tips for **Writing With Respect** in true LLL style.

Please send in your ideas and articles
Whether you have an idea for a great meeting plan, fundraising tips for your Group, a photograph, an 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 editorlt@llli.org
Philippa Pearson-Glaze, Leader Today Managing Editor

Keeping Up to Date

An Informal Look at Global Health Agencies and Documents Relevant to Breastfeeding

The World Health Organization
The World Health Organization (WHO) currently has 193 Member Nations and convenes the World Health Assembly (WHA) once a year (geography.about.com). Only *nations* are members of the WHO, and only nations send *voting delegations to WHA meetings*.

WHA Resolution
A World Health Assembly Resolution is a recommendation passed (after a great deal of discussion and negotiations) by a World Health Assembly. Resolutions are developed and passed with the intention and expectation that nations will implement the resolution by passing legislation (laws) in that country. Resolutions carry a high degree of moral authority—"we should do this"—but not legal authority. There's no legal penalty for a nation to NOT implement a Resolution that they voted for, but the WHO monitors implementation of WHA Resolutions and expects nations to report on progress in implementing them. Resolu-

tion 34.22 (the International Code of Marketing of Breastmilk Substitutes) was passed in 1981 by 118 Member countries in favor, one against, and three abstentions. Since then, several Resolutions have expanded and filled in gaps in the initial Resolution (Code)'s language. When referring to the International Code, the proper term is

> International Code of Marketing of Breastmilk Substitutes and Subsequent WHA Resolutions.

The United Nations
The United Nations (UN) currently has 193 Member States (nations) and convenes the General Assembly yearly (un.org).

A UN Convention
A UN **Convention** has the same legal standing for the nations that ratify it as a treaty: it is legally binding on the nations that ratify it. It is a very serious decision for a nation to ratify a UN Convention. The *Convention on the Rights of the Child* (CRC) is the most rapidly and widely ratified human rights treaty in history. The *Convention to Eliminate All Forms of Discrimination against Women (CEDAW)* is the only human rights treaty that affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations. The United States is the only nation that has not ratified the CRC, and one of only a few nations (others are Iran, Somalia, South Sudan, Sudan, Palau and Tonga) that has not ratified the CEDAW.

A UN Declaration

A UN ***Declaration*** brings global attention to an issue. Declarations are passed at the UN General Assembly by delegates of the member nations of the United Nations or at specially convened meetings of high-ranking global leaders. When a nation's official representative votes for and signs the Declaration, it provides a legal basis for the nation to take substantive (legislative) action to work toward the Declaration's goals.

The *Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding* was produced and adopted by participants at the WHO/UNICEF policymakers' meeting co-sponsored by the United States Agency for International Development (USAID) and the Swedish International Development Authority (SIDA) held at the Spedale degli Innocenti, Florence, Italy, on 30 July - 1 August 1990. The Declaration reflects the content of the original background document for the meeting and the views expressed in group and plenary sessions. The Declaration was endorsed by the UNICEF Executive Board, and by WHA Resolution 45.34. In November 2005, an update meeting was held in

Florence, where delegates re-committed to the original Declaration and added more specific outcome measures.

The Millennium Development Goals (MDGs)
The Millennium Development Goals (MDGs) were adopted at the Millennium Summit in September 2000;

> The Millennium Development Goals (MDGs) are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions—income poverty, hunger, disease, lack of adequate shelter, and exclusion—while promoting gender equality, education, and environmental sustainability. They are also basic human rights—the rights of each person on the planet to health, education, shelter, and security.

The US Assistant Surgeon General Dr. Audrey Hart Nora signed the *Innocenti Declaration* of 1990, which made it possible for the US government —Department of Health and Human Services (DHHS)—to provide some funding for developing documents created by the US Breastfeeding Committee. That action also gives US government agencies justification in sending official representatives to meetings held by non-governmental organizations (NGOs) that exist to implement the Declaration. Like the WHA Resolutions, there's no legal mandate for a nation to carry through on a UN Declaration, but there is strong moral and peer pressure to do so, and the UN monitors progress in implementing declarations. The USA and many other countries have prepared periodic reports on progress reaching the 2015 MDGs.

Non-governmental organizations
There are two types of non-governmental organizations (NGOs)
• **Public interest NGOs known as "PINGOs"**

PINGOs such as La Leche League International (LLLI) and the International Lactation Consultant Association (ILCA) have earned official recognition by the WHO and/or UN through a detailed, complicated, and rigorous process. PINGO's are the "pure voice of the people" and presumably not swayed by political interests in individual countries. PINGOs that have earned recognition by the UN or WHO are considered to be highly qualified to speak and provide advice and input on various topics. LLLI, ILCA, International Baby Food Action Network (IBFAN), and World Alliance for Breastfeeding Action (WABA) are all PINGOs registered with the UN and WHO. PINGOs develop the language and format of Declarations, Conventions, and Resolutions, which is a long, tedious and often contentious process. They then work at the UN General Assembly, UN special meetings, and WHA meetings alongside national delegates to convince nations' delegates that their points have merit; the nations may eventually bring them to a vote. Once a document is passed by the UN or WHO, the PINGO

stays involved to monitor what nations actually DO about it, propose addendum documents, and track which countries are taking their legal or moral obligations seriously. PINGOs play an active role in encouraging nations to follow through on Declarations and other global commitments.

- **Business interest NGOs known as "BINGOs"**

These include think tanks funded by industry, and include "charitable arms" of commercial interests and others.

The Conflict of Interest Coalition

The Conflict of Interest Coalition is a broad international group of organisations working in various aspects of public health, including NCDs (non-communicable diseases), nutrition, and infant feeding. In their statement, the Coalition calls for a clear separation between public interest NGOs (PINGOs) and business interest NGOs (BINGOs). Public health policy should be decided by government, advised by health experts and NGOs working in the public interest. The Coalition believes it is inappropriate to have commercial interests involved in the development of health policy.

Once health policy has been decided by government, with the advice of health experts and public interest groups, then business interests would be welcome to participate in the implementation of the plan.

"The policy development stage should be free from industry involvement to ensure a 'health in all policies' approach, which is not compromised by the obvious conflicts of interests associated with food, alcohol, beverage and other industries that are primarily answerable to shareholders.

'These industries should, of course, be kept informed about policy development, through stakeholder briefings for example, but should not be in an influencing position when it comes to setting policy and strategies for addressing public health issues, such as NCD prevention and control."

http://coicoalition.blogspot.co.uk/2012/04/explanatory-note.html

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Legal obligations

There is no legal obligation for an NGO to adhere to any of these global policy documents. Nobody in the UN or WHO monitors the NGOs to see if they're still interested in the documents or actually follows them internally, because membership in the UN and WHO is for nations, not organizations. But once an NGO puts its logo (and influence) into development of a UN or WHO document, it is expected to carry through in some robust manner. Most remain highly involved and influential over many years. The UN and WHO liaisons from ILCA, LLL, and other breastfeeding organizations have formed effective teams over the years.

NGOs choose their liaisons (delegates) very carefully, or should. Representing an NGO at the UN or WHO is no small spur-of-the-moment indulgence for a loyal member, because there's an enormous amount of work and diplomatic correspondence that occurs between meetings. Ideally, the delegate develops trust and expertise over the years that serves both the UN/WHO and NGO, and like-minded NGOs and dedicated government representatives well.

The good news
Many of the individuals who serve as liaisons from one breastfeeding-related NGO are members of more than one NGO and/or have worked closely with other liaisons. (For example, I am ILCA's official liaison to WHO for the Baby Friendly Hospital Initiative (BFHI) program; ILCA has other active liaisons for Baby Friendly purposes. As a liaison, I can speak officially for ILCA, and am responsible to the Board for reporting and communicating regularly as a requirement of my appointment. I'm also a member of LLLI, and IBFAN North America and stay in touch with many other liaisons as part of my role.)

The bad news
Occasionally an NGO's Board of Directors or executive director (often a new person) doesn't fully understand the importance of the organization's status as an official NGO for the UN or WHO, and considers cutting funding for the delegate, and/or appoints someone with little or no expertise in international policy work but who happens to live near a UN or WHO event. That's an unfortunate decision, because it tends to weaken the NGO's "moral authority" and reputation at worldwide policy meetings. The same can be true of high-level national meetings where an NGO can send a delegate. Continuity, tenacity, diplomacy and tact are important characteristics of NGO delegates/liaisons.

Healthy Documents
It is important for all those in leadership positions in LLLI and ILCA to maintain a broad view of the role of NGOs and policy documents/instruments on the national and global policy stage. In 2001, WABA compiled "Healthy Documents," a source book of important documents and instruments that impact on peoples'health. (I helped write the section describing ILCA and lactation consultants.) Healthy Documents is now a website that is regularly updated and highly useful. LLLI and ILCA are original core partners of WABA.

Bio
Linda J. Smith, MPH, FACCE, IBCLC, FILCA is a lactation consultant, childbirth educator, author, and internationally known consultant on breastfeeding and birthing issues. Linda is ILCA's liaison to the World Health Organization's Baby Friendly Hospital Initiative and consultant to Infant Feeding Action Coalition (INFACT) Canada/IBFAN North America. As a La Leche League Leader and Lamaze-certified Childbirth Educator, she has provided education and support to diverse families over 40 years in nine cities in the USA and Canada. Linda was a founder of the International Board of Lactation Consultant Examiners (IBLCE), founder and past board member of ILCA, and is a delegate to the United States Breastfeeding Committee from the American Breastfeeding Institute. She owns the Bright Future Lactation Resource Center, http://www.BFLRC.com

Growing Your Group, Helping mothers

Breastfeeding Today

Barbara Higham, Managing Editor of *Breastfeeding Today*

On July 22, 2015 La Leche League International (LLLI) launched a mobile-friendly version of our signature magazine *Breastfeeding Today*. Founded in 2010 in an online magazine format, this publication contains uplifting and empowering stories, helpful referenced information, news, and reviews. It is aimed at expectant parents, breastfeeding mothers, families, and supporters at all stages of the parenting journey.

Goodbye old format

The launch of the responsive, digital version of the magazine this summer is intended to better serve our audience, allowing them to read the posts on all mobile devices. The online magazine was at best a compromise because back in 2010 readers still wanted the option of buying the paper magazine. Producing an online publication that worked on paper *and* online was a challenge. Many found the online magazine version difficult to read and navigate on screen. In addition, while it looked nice in print, it was very expensive to buy the paper magazine—and, of course, the live links did not work and could not be updated once in print.

Hello new website format!

The new website format http://breastfeedingtoday-llli.org enables readers to share articles easily with the click of a button. Down the lefthand side of each post you have the option of sharing any individual article on Facebook, Twitter, LinkedIn, Google or via email. You can engage in the content by commenting directly on the website below every post. Please share both the articles and your thoughts on them and help reach our global audience!

Protect copyright

Authors give their time and expertise to write articles for us, and photographers share their beautiful images. Please be sure to share articles with a link to the original rather than adapting them or "LLLovingly Lifting" the text for other LLL publications or websites. This breaches copyright and affects our viewing statistics.

A rich resource, a great search function

I have been busy updating and uploading the *Breastfeeding Today* material from the last five years in addition to producing new issues every eight weeks.

I have enjoyed revisiting the magazines and making the information more accessible and, most importantly, searchable. It has been a matter of great frustration to me to see Leaders sharing stories and articles from non-LLL sources when we have had our own up-to-date ones all along, but no one knew how to find them! The search function on http://breastfeedingtoday-llli.org works well and the more posts we add the better it will become.

Categories

The new website has the same categories as the magazine:

- **Features** (these are referenced articles, reflective pieces, news or reviews),
- **Mothers' Stories** (personal stories),
- **Mom To Mom** (responses to a mother's situation posed in the previous issue and inviting responses to a new situation),
- **What's Cooking?** (recipes and nutrition).

We have two new sections:

• **Translations**
As many of our readers speak a native language other than English, some articles are now being translated into Spanish, French, and German. In fact, in the next issue, we have a mother's story written for us first in Spanish and translated into English and a feature translated from Dutch into English by its author. LLLI is excited about new opportunities to raise awareness, and,

through these translations, we hope to continue to expand the breastfeeding community through a growing number of posts.

• **BT Feed**
This contains a selection of videos and a couple of audio recordings. We really want to build on this part of the website and welcome your contributions, please!

Submission guidelines

Without your contributions to all sections of the website there would be no *Breastfeeding Today,* so please write and share your stories. The submission guidelines can be found at http://breastfeedingtoday-llli.org/submission-guidelines/

Tell your story

Every mother has a story of her own to tell. Storytelling has been at the heart of cultures since the beginning of time. Projecting ourselves through stories helps us understand the world around us better. As mothers, our stories are incredibly important; they connect us on a deep and intimate level.

Making it easier for readers to access the posts in *Breastfeeding Today* online and on-the-go supports our mission to connect and support mothers and their communities. Whether it is a simple and straightforward story or an unusual and challenging one, sharing the experience helps both teller and listener. That is a fundamentally female approach to problem solving. Mother-to-mother sharing is at the heart of all LLLI support, in the referenced research, in evidence-based information, and in the reflections, as well as in personal stories. It's what makes LLLI support extra special.

Please visit us at breastfeedingtoday-llli.org**!**

The new format for *Breastfeeding Today* gives LLLI the ability to reach an ever-growing number of mothers and families worldwide. It offers new ways to engage with a wider audience.

Please visit, explore, comment, and share what is there! It is YOUR resource to make available to the mothers you support. Use it!

Barbara Higham is an LLL Leader and has worked in LLL Publications since her accreditation in 2004. She lives with Simon and their three children, Felix (17), Edgar (14), and Amelia (10) in the spa town of Ilkley in West Yorkshire, United Kingdom. She is the Managing Editor of *Breastfeeding Today*: breastfeedingtoday-llli.org

Helping Mothers

Converting a doll to demonstrate latching technique

Tova Ovits, Brooklyn, New York, USA

Plastic dolls, no matter how lifelike, cannot be cuddled to a mother's body to demonstrate helpful breastfeeding positions. Some open-mouthed plastic dolls sold for breastfeeding demonstrations can instead be more useful for demonstrating the need to get therapy for torticollis (a twisted neck)! After searching for a better option, I adapted an inexpensive soft-bodied doll by adding an open mouth and tongue. The new mouth opens widely enough to show a nipple tilt or breast sandwich with a knitted or crocheted breast.

I bought a soft-bodied doll with a fabric face and embroidered lips for about $10. It was one that could rotate its arms and legs at the shoulder and hip, allowing the “baby” to hug the mother’s breast and curl around her body. For the new lips and tongue, cut two fingers off a cheap pair of stretchy one-size-fits-all winter gloves (or stretchy shower glove fingers if you are adapting a doll in the summertime, see the pictures below).

Opening the mouth

Step 1

Cut two fingers off a stretchy glove and place one finger inside the other, with the fingertip sticking out and the cut end inside the other finger. The outer finger will be the mouth. The cut edges of the outer finger will be folded back to create the new lips and keep the fabric from unraveling. The inner finger is the tongue. It can be sewn into place in the mouth at the back of the tongue, but ensure there is enough length for it to stretch past the bottom lip.

Step 2

Carefully cut open the doll’s embroidered mouth. Cut a little bit more than the width of the mouth, to allow it to open wider. Use your finger to separate the top and bottom of the mouth and press the embroidered lips into the new hole to support the new mouth.

Step 3

Insert the new mouth and tongue (glove fingers) into the hole you created. Use your finger to push it in deeply, making sure that the tongue (glove fingertip) lies flat inside the mouth (cut edge of the glove finger). Extend the edges of the new mouth to cover the outer edges of the doll’s embroidered lips.

Step 4

Fold the edges of the outer glove finger against the doll's face, so the cut end does not unravel, and sew the folded edge along the outer edge of the doll's (embroidered) lips. You can sew the corners of the new lips upward, to create a smile. Or you can sew a philtrum (the vertical groove on the upper lip) into the top lip by stitching a vertical line between nose and the center point of the top lip.

Step 5 (optional)
To demonstrate tongue-tie, tie a knot at the end of your thread and insert your sewing needle from the doll's chin into the doll's mouth, then tack the tongue down through the chin. Pull the knot down, so the thread has room to let the tongue elevate and extend, and knot the other end of the thread. The knots let you pull the tongue back down; hold them tightly to show how a tie keeps the tongue from moving properly.

Adding weight to the doll
After completing the mouth, carefully open the seams along the neck, back, arms, and legs. I used florist sand (also available from IKEA®) in some of my dolls, and organic cedar chips (kitty litter!) in others. I put the filling material into zipper-type snack bags or sandwich bags and carefully stuff the bags back inside the doll through the open seams before sewing them shut. The finished dolls weigh between two and four pounds when filled. You can make your doll as heavy as you want by adding more or less weighting material. I carry a lightweight doll in my bag for home visits where only the head is weighted, to allow the doll to "look up" to latch.

Bio:

Tova Ovits lives in Brooklyn, New York, USA, with her husband, Mordechai, and their three children, Chaya Mindy (15), Zack (13), and Hillel (5). As the oldest of six breastfed children, Tova grew up knowing she would breastfeed. Since 2011 she has been a Leader with LLL of Marine Park/Madison and compiles an online resource list for breastfeeding supporters in a Google Document found at http://bit.ly/1eVC23V. Tova is also a Certified Lactation Counselor in private practice, blogs about breastfeeding at FirstLatch.com, and plans to sit for the International Board of Lactation Consultant Examiners (IBLCE) exam in 2016.

Group Fundraising Ideas

Expenses involved in running an LLL Group include buying new books and leaflets for the library. For some Groups it might involve room rental or refreshments when the venue is a public building. Leader or Group dues, travel

expenses, and conference fees are also legitimate expenses. How does your Group raise money?

We asked for your most effective fundraising ideas and here they are:

Photographs

Several Groups have had success with professional photographers donating their time to take photographs. Stacey Kaplan Voynov, Des Moines, Iowa, USA, says, “A local photographer donates her time and offers short nursing photo sessions (three digital pictures) in exchange for mothers making a $30 to $50 donation to our Group.”

Garage sale/Table top sale

Ruth Schwantje McAllister held a garage sale in Victoria, British Columbia, Canada, for the Victoria Central Group and raised $1568.05! Another Leader, Sarah Jean explains, “We have a garage sale in Fort St. John, British Columbia, Canada—all the items in the sale are donated by members and the surrounding community and then we sell them ‘by donation’ as well (people decide how much they want to give). Everyone is always very generous! We've done it for two years now. Last year we made just over $200 and this year we made just over $500. It's fun, and a great chance for our mothers to feel like they are contributing to the Group, even if it's just to help for a couple of hours at the tables.”

Cake bake sale

Leaders from Isle of Man, LLL Great Britain, held a very successful cake sale. Members and visitors baked and brought delicious cakes, visitors paid a small fee to sample and then voted on their favorite cakes.

Baby and child expo (public exhibition)

LLL of Ocean Springs/Biloxi in Mississippi, USA, hosts an annual Baby & Child Expo at their local shopping center. Leader Katie Hughes explains, “Vendors pay for tables and sponsorships and Leaders sell raffle tickets for donated raffle items. The Group earns enough money to pay dues, provide continuing education for Leaders, buy library materials, and even help other Groups in the Area pay their dues.”

Donations/Donations for home visit

Helen Schermerhorn Bratzel’s (Ontario, Canada) most successful fundraisers were inadvertent. “I did a number of home visits over a year or two, and a few mothers donated several hundred dollars in gratitude. Now, when asked what my fee is for doing a home visit, I always say that a donation to the Group is welcome. We also received a large donation from a local dentist, who provides laser treatments for tongue and upper-lip ties, because she has

learned so much about breastfeeding from us. I went along with two women to their babies' appointments with the dentist, and we all gained so much."

Film screening

Laurel Edwards Franczek from Madison, Wisconsin, USA says, "This year we did a screening of *The Milky Way* (a documentary about breastfeeding in the US). The majority of the income was from sponsorships and memberships, rather than tickets sold. Local birth and breastfeeding related businesses each paid $50 to set up a table to present their information. And we gave one free ticket to anyone taking out a membership."

Tempting memberships

Jennifer Kaczynski, South Carolina, USA, has raised income by selling more memberships. Her Group makes them attractive by including an LLL book with the deal. Her Group has also sold advertising space on the back of T-shirts for their yearly fundraising event.

Online auction

Laura Soisson, LLL of Frederick, Maryland, USA, ran an online auction during World Breastfeeding Week. Sandy Moore-Furneaux in Norman, Oklahoma, USA, also runs a regular online auction. Sandy explains, "We encourage mothers to ask their favorite restaurant, hair stylist, artist, chiropractor, or massage therapist to donate gift certificates. We also ask the local museums, Gymboree, music teachers, play spaces, and anyone else we can think of, to donate. We also ask artist friends to donate—two years ago, one friend of mine donated a beautiful wire sculpture of a mother and baby, which I won!"

Charity fun run

Abigail Yonekura Henke says that LLL of Lincoln, Nebraska, USA just held their fourth annual La Leche Loco Run—a five-kilometer race and one-mile fun run. She says it is always very successful and great fun.

Car wash

A car wash is another favorite fundraiser. Corrie David, Salem-Lisbon LLL, Ohio, USA shared, "We made about $300 in four hours by holding a car wash. This was with two Leaders, one adult helper, and nine children. We did not do much advertising ahead of time, other than cute children holding up signs."

Maternity clothes library

Jayne Joyce, Oxford, Great Britain, runs a successful maternity clothes library which the Group finds is an easy way to make money with the added bonus of contacting women before their babies are born. “We originally got our clothing from Freecycle[1] but library users have since donated a lot more. It is currently run by a Leader Applicant from her home. Women come by appointment, usually in the evening. They are given the box of clothes in their size and try things on in a private room with a mirror. They choose what they want and we charge £3 ($4.58) per item and they can keep it for as long as they need it. We also give them LLL Group meeting details and information sheets. We advertise via local Children's Centres. We have been running our maternity clothes library since 2006 and when it's active it can bring in up to £300 per year.” For further information contact leader@llloxford.org.uk

Goodsearch/Good shop/Everyclick

Sandwich Area La Leche League, Illinois, USA raises funds by Goodsearch and Goodshop—which make a donation to the nonprofit or school of your choice for almost every purchase you make. In the United Kingdom a similar system is Everyclick. Everyclick is a fundraising website and charity search engine. Using this search engine raises money for La Leche League Great Britain without costing parents anything. See http://www.everyclick.com for more information.

Equal Exchange

Christina Neumeyer, La Leche League of North County Coastal, California, USA says, “The most successful fundraising our Group did was with Equal Exchange. We had two fundraisers with the company during holiday seasons and raised about $1100. Stik-ees’ window-clings is the other company we used, but I think the profit was only about $80.”

Festival duties

Ruth Lewis, Nottingham, La Leche League Great Britain, explains how her Group raises funds at a local festival. “Our Group is paid to staff the baby-change cabin at a local festival. It's our biggest single source of funds each year. Leaders, Leader Applicants and mums take slots to cover the three days it takes place.”

Community grants

Mary Lawler, Cumbria, La Leche League Great Britain, applied for two community grants very successfully: £250 from Warburton’s (British baking firm) and about £1300 from a local community chest grant. Lottery funding is also very popular in Great Britain. Groups may also search local community voluntary services for details for raising funds in their area.

Code of Ethics: Funding

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[1] Freecycle is an international network of reusable goods found online.

Leaders are reminded to check with the *LLLI Policies and Standing Rules Notebook* when accepting funding from commercial sources. LLLI fully supports the WHO International Code of Marketing of Breast Milk Substitutes (see Appendix 33) and subsequent World Health Assembly resolutions relevant to the International Code.

The Code of Ethics: Funding says:
LLLI, LLL entities and LLL representatives may seek a diverse range of funding from
- *memberships*
- *individual donations/contributions*
- *grants from acceptable charitable foundations, governments or public agencies*
- *appropriate commercial sources (see below).*

LLLI, LLL entities, and LLL representatives shall choose sources of funding carefully. Before choosing a funding source, we will research its products and ownership structure, using our international networks and any relevant publications in print and on the World Wide Web. Leaders and employees working on funding issues will support each other by sharing information and will be mutually affirming and accountable world-wide.

For the full text , please refer to the Code of Ethics: Funding on the LLLI website, (sign in with your lllid when prompted).

Thanks to the following Leaders for their contributions: Stacey Kaplan Voynov, Des Moines, Iowa, USA; Jennifer Kaczynski, South Carolina, USA; Laurel Edwards Franczek, Madison, Wisconsin, USA; Kristy Shank, Manassas, Virginia, USA; Laura Soisson, Frederick, Maryland, USA; Ruth Schwantje McAllister, Victoria, British Columbia, Canada; Melinda Toumi, Kansas/Oklahoma, USA; Abigail Yonekura Henke, Lincoln, Nebraska, USA; Katie Hughes, Ocean Springs/Biloxi, Mississippi, USA; Melanie Moncrieff Ells, Manassas (and Haymarket), Virginia, USA; Helen Schermerhorn Bratzel, Ontario, Canada; Corrie David, Salem-Lisbon LLL, Ohio, USA; Connie Chiavario, Sandwich, Illinois, USA; Sarah Jean, Fort St John, British Columbia, Canada; Sandy Moore-Furneaux, Norman, Oklahoma, USA; Christina Neumeyer, North County Coastal, California, USA; Ruth Lewis, Nottingham, La Leche League Great Britain (LLLGB); Mary Lawler, Cumbria, LLLGB; Kimberley Wells, Kidderminster, LLLGB; Siobhan Molloy, Isle of Man, LLLGB; Helen Gray, London, LLLGB; Rachel O'Leary, Cambridge, LLLGB.

Writing with Respect

Juanita Watt, Los Alamos, New Mexico, USA
Adapted from *LADders* 2015-3 No. 22. Newsletter for members of the Leader Accreditation Department

Respect. This word is used frequently in La Leche League (LLL). As Leaders we respect the mothers we help, as well as Leader Applicants and co-Leaders, as individuals and as adults responsible for making their own decisions. The language we choose—both written and spoken—is one way to show our respect. Here are some examples:

Possessive verbs, phrases, and pronouns

Language that implies other mothers are our possessions can come across as condescending. For example: "Janet has a Leader Applicant," "We have five members," "My/our Leader Applicant," "Our/your mothers." On the other hand, possessives used with entities, such as Groups or Areas, only seem to indicate affiliation.

Here are some ideas for avoiding using possessive language with mothers by having the possessive refer to an entity instead of a person:

- Janet's Group has a Leader Applicant.
- There are five members in our Group.
- Our Group's Leader Applicant is also the Group librarian.
- The mothers in our Group are excited about the conference.

Words and phrases usually associated with children, animals, and objects

When used to refer to adults, certain terms may come across as condescending or manipulative. For example, "grow," "nurture," "groom," "train," "generate," "locate," and "prepare" are commonly used with children, animals, or objects. Children and plants "grow" or need "nurturing." We "groom" or "train" our pets, "generate" electricity, "locate" our car keys, and "prepare" dinner. When referring to mothers or Leader Applicants, how about using these words?

- help
- encourage
- assist
- work with
- inspire
- interest
- invite
- attract
- mentor

Another example: "Last week I met with Stephanie, a Leader Applicant in our Group, to discuss the *Checklist* and other pertinent items to **help her prepare** for leadership." This wording indicates Stephanie is the one doing the preparing.

Avoiding the word "process" with "application" and "accreditation" reflects the Leader Accreditation Department's goal to design each application to meet the needs of the individual Applicant. Often just "application" or "accreditation" is enough, or try "accreditation journey," "application period," "application time," or "accreditation procedures."

"Which" and "that" are generally used with animals and objects and can sound condescending when used with people: "mothers that attend LLL meetings." Using "who" and "whom" with people shows our respect: "Mothers who attend LLL meetings share encouragement and support."

Sensitivity to a word's context helps when using analogies and metaphors. Although these can add excitement and imagery to our writing, we need to be aware of whether we are personifying objects or "objectifying" people.

For example, "what she learns at LLL meetings can help a mother grow" sounds condescending because it compares the mother to a growing plant (or child). However, "what she learns at LLL meetings can help a mother's confidence grow" avoids this because "grow" is used to describe the mother's confidence, not the mother herself.

Language that sounds controlling
Words like "advise," "counsel," "teach," "educate," "guide," "warn," "should," and "must" can come across as controlling because they imply that a Leader is responsible for a mother or her decisions. Here are some alternatives that reflect a peer relationship between adults:

- suggest
- encourage
- help
- support
- inform
- offer
- can
- might

For example, "Leaders can encourage mothers to consult their baby's doctor if they have concerns about . . ." Using "encourage" (instead of "advise" or "counsel") keeps the responsibility and decision to consult the doctor with the mother.

Some sentence structures can sound controlling or imply that a suggestion will work for everyone. For example, "Nurse every two hours" and "Nursing more often will build your supply" can come across as advice or a "guarantee" of results. "Many mothers have found that nursing every two hours . . ." and "Nursing more often might help to build up your supply" are more open-ended and leave the decision up to the mother.

When we do need to state an expectation or requirement directly, using simple present tense or adding a reason and "please" to a request for action sounds more respectful and polite, and less like an "order." For example, "Leaders offer information and options, not advice" or "To help avoid delays, please sign and send in the Statement of Commitment promptly."

The language used in spoken conversations and in our letters, emails, and other written material is a powerful way of communicating respect. I hope these ideas inspire you to continue to express your thoughts vividly and creatively and in ways that respect each individual.

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Helping mothers

Asking about Childbirth Interventions

Tova Ovits, Brooklyn, New York, USA
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"Hello? Yes, this is La Leche League. How can I . . . ? Mmm hmmm. Yes. Wow. Sounds really painful! Let's start from the beginning. Can you tell me a little about your labor and delivery?"

This seemingly unrelated question does more than let a mother share her birth story and build rapport. It may also give a Leader the information she needs to help a mother figure out where her troubles started and options for how to proceed. Simple questions can confirm which birth interventions may have impacted—and perhaps continue to impact—early breastfeeding.

The "normal" birth
La Leche League has always believed that alert and active participation by the mother in childbirth helps to get breastfeeding off to a good start. However, popular opinion promotes a perception that inductions and interventions are part of a "normal" birth as long as the baby is born vaginally. Also, one in three American mothers will leave the hospital with an abdominal incision [CDC Birth data 2013]. Because of these factors, helping calls from mothers who had natural, unmedicated births seem rare in the United States.

Birth interventions interfere with breastfeeding
In the United States, many laboring mothers today enter the hospital expecting unbearable pain and immediately request an epidural. Numbing a mother from her waist down requires that she stay in bed, immobile, and fight gravity when told "it's time" to push. If labor slows or contractions weaken because gravity is no longer moving the baby down, pitocin (a synthetic oxytocin) is often given intravenously to speed up the contractions. Pitocin requires internal monitoring to ensure that the baby can tolerate the unnaturally strong contractions. If labor doesn't progress along the doctor's anticipated time frame, a cesarean section or forceps/vacuum extraction, along with an episiotomy, often appear in the birth story.

Breastfeeding helps prevent hemorrhaging due to the natural oxytocin produced when the baby suckles which both helps trigger the let-down reflex and helps the uterus contract. However, whether they plan to breastfeed or not, most mothers receive more Pitocin by intravenous drip (IV) to prevent hemorrhaging after delivery.

Each intervention can interfere with early breastfeeding. Asking specific questions about her birth experience can guide the Leader's suggestions for each mother who calls.

Can you tell me more details about the induction?
The World Health Organization (WHO) recommends limiting inductions to those that are medically necessary, less than ten percent of all births (*The Womanly Art of Breastfeeding* Eighth edition, 2010, page 55). Inductions based on estimated due dates can result in premature births. Babies who aren't ready to be born may not suck well. In addition, the drugs used during an induction can disorient babies after birth. See Bell et al, 2012 and Handlin et al, 2009.

Keeping mother and baby skin-to-skin can help as the drugs leave their systems. Induced babies may need more guidance, including breast shaping (such as tilting the nipple, narrowing the "breast sandwich," etc., *The Womanly Art*, page 75) and breast compressions (*The Womanly Art*, pages 112–113) before they are able to self-latch and breastfeed well.

Did you have an epidural? For how many hours was the catheter in?
The 2009 Leader Accreditation Department booklet, *Childbirth and Breastfeeding,* can be used by Leader Applicants to meet the childbirth learning requirement. The booklet states:

"Possible side effects [of an epidural], such as maternal fever or a drop in maternal and/ or infant blood pressure, may lead to further postpartum/postnatal intervention. Epidurals may be more likely to result in either cesarean birth or a forceps/vacuum-extractor delivery than an unmedicated labor. Research shows that after an epidural, babies are less alert, less able to orient themselves, and have less organized movements; these differences are measurable during the baby's first month. After an epidural, the mother's back may feel stiff, achy, or sore."—page 8.

If the epidural was in place for hours before the birth, it can take hours, days, or weeks for the baby to "wake up" to nurse easily. The instinctual latching and bonding are further delayed if babies are not kept skin to skin with their mothers and are whisked away to be weighed and bathed, or if the baby was sent to the nursery overnight.

If a mother says she had an epidural, we can suggest that she keep her baby skin to skin at home, whenever possible for as long as possible. This constant access to mother's breast can help the baby orient himself and awaken his natural feeding instincts.

The injection site on the mother's back may be sore where the epidural catheter was inserted. She may be uncomfortable sitting to nurse for the long, frequent periods that a newborn often requires. Using a laid-back (*The Womanly Art*, pages 63–66) or side-lying position (*The Womanly Art*, pages 72–73) when nursing can make mother comfortable enough to look at the baby's feeding cues instead of the clock to start and end feeds.

Did you have an intravenous line during or after labor? Are your ankles swollen?
Many mothers who call about being engorged when their mature milk comes in are actually experiencing edema caused by IV fluids. Their ankles are often swollen because of the fluids or pitocin given by IV during labor or after birth. Those fluids can also go into the interstitial spaces [small, narrow spaces between tissues] of the breasts, between the milk ducts. The edema can make the areola too hard and firm for a baby to latch well and transfer milk efficiently.

Reverse pressure softening
If a mother received IV fluid and complains of engorgement during the first two weeks, we can tell her how to do Reverse Pressure Softening (RPS), as explained in *The Womanly Art* on page 387 and in the *Leaven* article by K. Jean Cotterman, "Too Swollen to Latch On? Try Reverse Pressure Softening First" 2003.

Using RPS pushes fluids away from where the baby's mouth needs to be, softening a "landing platform" for him so that he can attach deeply and remove milk effectively. Encouraging a mother to relieve the pressure by using hand expression instead of

pumping can also help resolve the painful engorgement caused by IV fluids without exacerbating the swelling. Sometimes a mother's breasts are so full of fluid that they are like shiny, plastic breasts that stand up like a fashion doll's breasts, even if the mother is lying on her back. Gently massaging the fluid up toward the lymph nodes in her armpit can relieve the pressure of engorgement as well. For more engorgement cautions and suggestions, see pages 385–388 in *The Womanly Art of Breastfeeding*.

Did the doctor perform an episiotomy?
Many mothers who have a perineal incision and closure with stitches are more uncomfortable when they sit to feed than mothers who gave birth without perineal injury. If mother and baby were separated during the suturing, the interruption or delayed skin-to-skin time can also inhibit early breastfeeding, according to Linda J. Smith and Mary Kroeger in their book, *Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum*. We can suggest that the mother consider breastfeeding in the side-lying or the laid-back positions to take pressure off the sore area. She might try sitting on a breastfeeding pillow to become more comfortable.

Did the doctor use forceps or a vacuum extractor?
Sometimes the answer is obvious if you see the baby because the vacuum extractor can leave a golf-ball size lump on the baby's head, and forceps can leave long bruises down his cheeks. Babies are normally pushed out of the birth canal. Being pulled out can hurt a baby's head, neck, and nerves, making it difficult for the baby to latch well. Tilting baby's head for the typical asymmetrical latch may bring discomfort to his head. Instead, using the clutch or "football" hold (described in *The Womanly Art* on page 72) while supporting his neck helps make the baby comfortable enough to latch.

How long were you in labor before your cesarean?
In the United States, one in three mothers gives birth by cesarean section: about 33%, far above the WHO-suggested maximum of 10 to 15%. At one local LLL Group's recent Topic 2 Series Meetings, five of the six new mothers in the room had had a cesarean; the mother who birthed naturally had attended LLL meetings while pregnant, while the others had not.

Cesarean section births include many of the aforementioned interventions: drugs, edema-causing IVs, separation, and pulling the baby out by his head. Babies born via scheduled cesareans may also be born before they are ready. Babies are often separated from mothers after a cesarean and are sleepy or disoriented from the drugs. Skin-to-skin contact can help elicit baby's instinct to breastfeed. The trauma of surgery can delay lactogenesis II (the onset of copious milk secretion, when the milk "comes in"), and a mother may fear that she doesn't produce enough milk for her baby, even though a newborn's stomach on Day 1 is only about the size of a small marble (1/2 inch or 1.3 cm in diameter).

If babies can't be put to the breast and are bottle-fed instead of fed colostrum via spoon, syringe, or cup, these babies often find it harder to latch on. A silicone nipple shield (*The Womanly Art*, pages 405–407) can help trigger the baby's sucking reflex if he is used to a bottle teat touching his palate. Expressing drops of colostrum before latching may give the baby the instant reward he is used to receiving from a bottle.

A mother's incision site may make it hard to find a comfortable position to hold the baby to breastfeed. *The Womanly Art* (page 58) suggests that mothers try breastfeeding in the recovery room after a cesarean section, perhaps with someone else helping to position the baby. If you are helping a mother after she is home from ce-

sarean surgery, you can suggest a number of possible nursing positions: baby at her side, across her chest or below the opposite breast, in mother's armpit, or even along mother's face with his feet near a bed's headboard. For more about positioning after a cesarean, see page 74 in *The Womanly Art*.

Preparing for next time
As we help and support mothers and their babies as they learn to breastfeed, we also listen to their birth stories. Active listening helps women process their births. As they tell us about the interventions they experienced, we can offer information, and then they can help their friends and family members who may be having babies soon (and themselves, of course, when the next birth takes place) to avoid the cascade of interventions and get breastfeeding off to a better start.

Smith, L. J. and Kroeger, M *Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum*, Second Edition, Jones & Bartlett Learning, 2010: 160–161.

Bio
Tova Ovits lives in Brooklyn, New York, USA, with her husband, Mordechai, and their three children, Chaya Mindy (15), Zack (13), and Hillel (5). As the oldest of six breastfed children, Tova grew up knowing she would breastfeed. Since 2011 she has been a Leader with LLL of Marine Park/Madison, USA and compiles an online resource list for breastfeeding supporters in a Google Document found at http://bit.ly/1eVC23V. Tova is also a Certified Lactation Counselor in private practice, blogs about breastfeeding at FirstLatch.com, and plans to sit for the International Board of Lactation Consultant Examiners (IBLCE) exam in 2016.