April 2016 Leader Today

In This Issue

Welcome to our April 2016 issue!

In this issue Mary Francell and Cathy Heinz look at the Role of the LLL Leader in the Breastfeeding Support Landscape, and Philippa Pearson-Glaze and Mary Francell explain the role of the Professional Liaison Department. Deborah Robertson shares the contents of her amazing Leader Applicant Kit and Helen Gray discusses a Day in the Life of a Leader. Mary Francell updates us on the LLL of Georgia Breastfeeding and Parenting Conference and Soledad Etchemendy describes the great work our team of volunteer translators is doing to make LLLI publications more international.

I would also like to welcome Linda Wieser as a contributing editor for our Preparing for Leadership column.

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

The Role of the LLL Leader in the Breastfeeding Support Landscape

By Cathy Heinz, Virginia, USA and Mary Francell, Georgia, USA

As La Leche League Leaders, we are accredited by LLLI to support families through the normal course of breastfeeding from birth through weaning (and sometimes beyond!). We have an important role in the breastfeeding landscape: supporting, informing, educating, and listening to families during this magical and sometimes challenging time of their lives.

There are times when breastfeeding is not so simple and families need specialized, “hands on” medical care from a lactation professional, such as a physician who trained in breastfeeding medicine or an International Board Certified Lactation Consultant (IBCLC). When a family needs help that goes beyond supporting, informing, educating,

or listening, it is time to refer them to someone who can dig deeper into the potential causes of the issues and hopefully bring the family's situation back to the normal course of breastfeeding. Leaders are generally devoted to helping others and may feel they "should" take on time-consuming and complicated cases if the lines between volunteer breastfeeding counselor and breastfeeding health care provider are not clearly drawn.

A distinction in roles

La Leche League International has long recognized this difference in roles. In 1982, the LLLI Board of Directors provided financial support and personnel to establish a lactation consultant program, which became the International Board of Lactation Consultant Examiners (IBLCE), the body that accredits IBCLCs. When applying to take the exam, LLL Leaders can use their volunteer experience as lactation-specific clinical practice hours, one of several requirements involved in the move from volunteer breastfeeding counselor to professional lactation consultant.

Sometimes Leaders feel confident that a baby or mother should be evaluated for a medical condition. In this type of situation, it is appropriate to provide information for a family to discuss with their health care provider, but Leaders must be careful to maintain the support/information/education role and not cross the line into diagnosis. For example, if a Leader suspects an issue like tongue tie or insufficient glandular tissue, it is important to not only share information, but also to allow the family to decide what to do with it. Whether you have been a Leader for five minutes or more than five years or fifteen, your role as a Leader remains the same. The families we serve may not fully understand the difference between community volunteer breastfeeding counselors like LLL Leaders and medical professionals like IBCLCs. This is why providing information/education and not diagnosis is so crucial in these situations. This protects the reputation of La Leche League International, since all Leaders are seen as equally capable of helping parents deal with situations encountered during the normal course of breastfeeding.

Worldwide, Leaders all receive similar education from their supporting Leaders and the Leader Accreditation Department. This base knowledge provides consistency for families to know that if they call on any LLL Leader they can expect a similar proficiency no matter where they live. Providing care that is beyond the Leader role not only involves risk of liability, but has the potential to imply to families that the same level of assistance would be available everywhere. Clear role separation prevents this possible issue.

For example, a parent may ask an LLL Leader to look inside her baby's mouth to check for a tongue- or lip-tie. While this may seem like a simple request, observation alone is insufficient to determine the types of restriction that can affect breastfeeding. IBLCE-

accredited[1] lactation consultants perform oral assessments based on both appearance and function, using a gloved finger to feel subtle variations in tongue and jaw movement. A Leader who uses her finger to check a baby's mouth should carefully consider her liability and other possible ramifications, including passing an infection to the child. In addition, even those Leaders who have done extensive research in this area should be careful not to overstate their ability to recognize tongue restriction, and they should always suggest these parents consult their health care provider for evaluation.

Many Leaders are also concerned about recommending the use of breastfeeding products. Products are defined as anything the baby was not born clutching in his or her tiny fist: nipple shields, baby scales, at-breast supplementers, devices to evert nipples, or the like. While products can often help save a breastfeeding relationship, they can easily cause harm if used incorrectly or without proper guidance. What if the product is not the right one or the baby has an underlying condition that is contributing to breastfeeding difficulties? Often, medical issues that affect the nursing relationship can only be ferreted out with an involved medical history that goes beyond the Leader-nursing parent relationship. In addition, if there is a problem with the device itself due to a manufacturing defect or damage during storage, the liability rests with the Leader for any product not sold by LLLI or the Leader's Direct Connect Area Network (DCAN). Because of this, Leaders are encouraged to avoid providing or using breastfeeding products while working with a family. Leaders are free to inform families about what products exist, their proper use, and possible pros and cons, but the family decides if that product is appropriate in consultation with their health care provider.

When to suggest other resources

If the issues a family faces are beyond a volunteer counselor's role, assisting with latch, or providing information or resources, the best course of action is to suggest the family consult a provider who can assist with assessments and breastfeeding products that may help maintain the nursing relationship. One reason this is so important is that the liability insurance held by La Leche League International only covers Leaders in the volunteer roles of mother-to-mother support and education. Leaving the boundaries of that role could put La Leche League at risk of litigation or cause public confusion about La Leche League's place in the breastfeeding support landscape. Medical providers deal with pathology. Leaders work with the normal course of breastfeeding, which covers the vast majority of challenging breastfeeding situations.

Be prepared to know the types of possible providers for referral when a family needs more help than you are able to offer. IBCLCs can be found by searching a global directory such as the International Lactation Consultant Association's 'Find An IBCLC' directory at http://www.ilca.org/why-ibclc/falc or http://breastfeeding.support/

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[1] International Board of Lactation Consultant Examiners

directory/. Alternatively find the IBCLC directory for your Area/Area Network such as United States Lactation Consultant Association (USLCA), Lactation Consultants of Great Britain (LCGB), or Lactation Consultants of Australia and New Zealand.

Resources vary by country, so part of a Leader's training includes learning about local resources available to families. In addition, your DCAN may have their own set of guidelines to follow, or may work on a case-by-case basis as concerns arise. Contact your support Area Administrators for additional information on this subject. If your DCAN has a policy in place, use that policy as your guide.

La Leche League Leaders have been helping families around the world breastfeed their babies for almost 60 years. LLLI originated peer-to-peer lactation support, a proven strategy for improving breastfeeding outcomes that has been recognized and copied by many other organizations. LLL Leaders provide help that touches hearts and lives every day, all over the world. IBCLCs and other health care providers complement the invaluable roles offered by volunteer community breastfeeding counselors. We all have our place in the breastfeeding support landscape.

Useful resources

Here are a few other resources that may be helpful in clarifying the role of a Leader:

*A document highlighting the differences between an LLL Leader and an IBCLC is available on the LLLI website by clicking on "Become a Leader" in the upper right column, then on "Thoughts about Becoming an LLL Leader and an IBCLC."

*Use of baby scales for test weighing: Is Weighing Baby to Measure Milk Intake a Good Idea?

*Information on tongue tie: Tongue-Tie and Breastfeeding

*LLL USA Policy: LLL USA policy on keeping roles separate

Mary Francell and her husband Howard are the parents of three breastfed children, aged 24, 20 and 17. She has been an LLL Leader for over 20 years and is currently Area Professional Liaison for LLL of Georgia, USA and Contributing Editor for *Leader Today*. An International Board Certified Lactation Consultant, Mary works part-time at a pediatric office and also sees clients on contract with a private lactation practice in Atlanta, Georgia, USA.

Cathy Heinz is a Leader in Virginia Beach, Virginia, USA and leads the Northeast North Carolina Group. She has been a Leader since 2007, an IBCLC since 2011 and a postpartum doula since 2014. Cathy lives with her two children and a spouse.

Helping Mothers/Keeping Up to Date

What Is the Professional Liaison Department?

Philippa Pearson-Glaze and Mary Frances

The Professional Liaison Department (PL Dept) of La Leche League is available in many parts of the world to provide support and information to Leaders dealing with medical and legal queries. While some PL Leaders are medical professionals, such as doctors or International Board Certified Lactation Consultants (IBCLCs), others are Leaders who are interested in researching complex legal or medical situations related to breastfeeding. Contact your local Area Network or Affiliate to find out how to contact a PL Leader who can help you. Or consider joining the PL Department yourself!

When might a Leader contact a PL Leader?

If an enquiry is medical in nature, such as a medication question, or has a possible legal aspect, it is recommended that the Leader to be in touch with a PL Leader. It may be that a Leader feels she has exhausted her own resources, such as the *The Womanly Art of Breastfeeding*. In this case, she should contact the PL Dept for further help and information and for her own support.

How can the PL Dept help?

PL Dept Leaders often have access to recent lactation textbooks, such as *Breastfeeding and Human Lactation* (Wambach and Riordan, 2015) or *Breastfeeding Answers Made Simple* (Mohrbacher, 2010), and may be aware of reliable online resources for a particular situation. They can also draw from the experience and knowledge of fellow PL Leaders or have contact details for a professional advisors in your Area/Area Network.

Like all Leaders, the PL Leader can't give medical advice but will provide information from the resources that are available to her. This information is then relayed to the Leader who adapts it for the mother with whom she is working. The information will not usually be suitable for forwarding to the mother verbatim, nor for sharing on social media, as it will be addressed to and tailored for the Leader. The Leader replies to the mother in her own words, giving the same care and attention to respectful communication as she would to handling an LLL Help Form or LLL Helpline call. This way, the Leader maintains personal contact with the mother as well as adding to her own knowledge base about complex breastfeeding situations.

Using a medical query form
When contacting the PL Dept it is important to get as much specific information as possible from the mother. Many Areas/Affiliates/Area Networks have a medical query form that can be filled out and forwarded to the PL Leader. A fuller history helps the PL Leader find the relevant information needed and saves time.

Support for the Leader
When helping a mother deal with a challenging situation, it can be reassuring to know that you as a Leader do not have to carry the load alone. PL Leaders are members of an experienced and friendly team who can help and support you, as you support and inform the mother. Contact your Area or Area Network administrators to get in touch with a PL Leader near you.

Bios

Philippa Pearson-Glaze has been an LLL Leader since 2002 and an International Board Certified Lactation Consultant since 2011. She lives in the West Midlands, United Kingdom with her husband and four children. She is Managing Editor for the LLLI publication *Leader Today* and currently serves on the Professional Liaison panel for La Leche League Great Britain. Philippa also regularly writes for her informational website Breastfeeding Support.

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Helping Mothers/Keeping Up to Date

LLL of Georgia, USA, Breastfeeding and Parenting Conference

Mary Francell, Georgia, USA

The LLL of Georgia, USA, Breastfeeding and Parenting Conference with a concurrent Healthcare Provider Seminar and Leader Enrichment Workshop took place November 6-8, 2015 at the beautiful Jekyll Island Club on the Georgia coast. While parents enjoyed the lovely architecture, children at the conference were much more interested in playing among the huge, Spanish moss-draped live oaks throughout the property or visiting the beach to splash in the waves.

Featured speaker James McKenna, PhD

We were fortunate to welcome Dr. James McKenna, leading infant sleep expert and professor in the Department of Anthropology at the University of Notre Dame, where he directs the Mother-Baby Behavioral Sleep Laboratory. He is the author of over 140 scientific articles, as well as the book, *Sleeping with Your Baby: A Parent's Guide to Co-sleeping*. Dr. McKenna presented three sessions: "Origins of Humankind's Most Successful Sleeping and Feeding Arrangement," "Breastsleeping, A New Concept," and "Helping and Supporting Stakeholders…Mother, Fathers and Babies: What to Say?"

Dr. McKenna emphasizes that until recent history (in Western industrialized societies), "….no human (primate) ancestral or modern infant ever slept separated from its caregiver…" Human infants are contact seekers for a number of reasons based in evolutionary science. When our ancestors moved from walking on all fours to walking on two legs (bipedalism), pelvic openings became smaller to accommodate this innovation. Humans evolved to have the largest brains of any primate, so with this change, infants needed to be born "earlier"—partly due to the need to fit through the birth canal and partly due to the placenta's inability to sustain such huge brain growth. The result is that human neonates are by far the most helpless at birth of any animal and require constant nourishment and care for the first few months of life.
More evidence for this comes from mother's milk itself. Nesting or cache animal species (those animals that hide their young in camouflaged locations) have milk that is high in fat and protein and low in carbohydrates, enabling the mother to leave her young for extended periods. The milk of contact/carry/co-sleeping species is opposite in composition, necessitating very frequent feeds. In addition, constant contact requires infants to be attractive to their caregivers—babies are cute for a reason! Big eyes, chubby cheeks, soft skin and cooing all attract parents emotionally and convince them to invest time and energy in child rearing.

Breastsleeping
In the current issue of *Acta Paediatrica*,(1) Dr. McKenna and Dr. Lee Gettler propose the concept of breastsleeping, because "neither normal human healthy infant sleep, nor normal human optimal breastfeeding is understood independent of the other."

Breastsleeping refers to a sober, breastfeeding mother sleeping with her baby on the same surface in the absence of all hazardous factors. In his research, Dr. McKenna has found that breastsleeping dyads synchronize their breathing and sleep cycles so that baby latches on and mother adjusts coverings, kisses baby's head, etc. without either waking up fully. Breastsleeping babies also maintain higher body temperatures and breastfeed double or triple the number of times during the night compared with solitary sleeping infants. Both increased nighttime arousals and breastfeeding protect against Sudden Infant Death Syndrome (SIDS).

Public health campaigns promote solitary sleep
In the United States, the American Academy of Pediatrics (AAP) recommends that babies sleep in the same room as their parents, but not bedshare. Public health campaigns routinely promote solitary crib (cot) sleeping as the only safe form of infant sleep, often including the tagline "Alone. Back. Crib – No Exceptions." However, Dr. McKenna points out that other groups, such as the World Health Organization and the Academy of Breastfeeding Medicine, support bedsharing when it is done safely. The AAP recommendation is based on epidemiological data that is not controlled for such risk factors as formula feeding, soft surfaces, and parental alcohol and drug use.

Rates of bedsharing are increasing
In addition, case controls (observational studies where cases with a certain outcome are compared with cases that do not have the outcome) are difficult to verify. UK sleep researcher Dr. Helen Ball (2) has found that parents often under-report bedsharing, stating instead where they think a baby is supposed to sleep (crib/cot) or reporting where the baby began the night, even if the baby was later brought into the parents' bed. According to Dr. McKenna, other studies[2] with appropriate controls have found that bedsharing is dangerous for infants only in the presence of hazardous factors and is actually protective against SIDS for babies over three months old. Because rates of bedsharing are increasing in the U.S. despite public health warnings, Dr. McKenna believes that efforts must be refocused on telling parents how to do so safely. Messages that simply emphasize "no bedsharing" may increase the risk when it results in exhausted parents falling asleep with their babies on such unsafe surfaces as sofas and chairs.

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[2] Blair PS, Sidebotham P, Pease A, Fleming PJ. Bed-sharing in the absence of hazardous circumstances: is there a risk of Sudden Infant Death Syndrome? An analysis from two case-control studies conducted in the UK. *PLoS ONE* 2014; **9**: e107799.

Breastsleeping is biologically normal

Much of the emphasis on solitary infant sleep in the U.S. is based on Western cultural values, including early independence, the sanctity of the marital bed, and moral judgments of what makes a "good" baby. When an infant sleeping alone is seen as "normal," a baby protesting sleep isolation is considered a problem to be solved. On the other hand, viewing breastsleeping as biologically normal considers a baby who wakes at night to breastfeed as well adapted. Dr. McKenna stresses that much of Western sleep research is flawed because it uses a cultural construct as its base and focuses on infant sleep consolidation (i.e., "sleeping through the night") at the expense of breastfeeding—both of which (fewer arousals and artificial baby milk feeding) are risk factors for SIDS. The millions of years of evolution that have shaped parent/infant biology and instincts also contradict this Western cultural idea.

According to Dr. McKenna, U.S.-based "Safe to Sleep" campaigns are being imported to other parts of the world. These public health messages, some of which compare same surface co-sleeping to putting a baby to bed with a metal cleaver or rolling pin (truly!), are both scientifically incorrect and create unnecessary fear among breastfeeding families. He believes that these hierarchical dictates by medical "authorities" must be counteracted by a "bottom-up" groundswell of parents asserting their rights to make informed decisions about where babies sleep.

Dr. McKenna encourages parents to talk openly about their nighttime sleeping arrangements, particularly with their health care providers. Breastsleeping is biologically normal and should be treated as such. "After all," emphasizes Dr. McKenna, "the mother's body remains the only environment to which the human neonate-infant is adapted."

Breastsleeping Facebook group

Anyone interested in Dr. McKenna's concept of breastsleeping is welcome to join a new Facebook group called Biologically Normal Infant Sleep. Please send an email to mary.frsh@gmail.com with a sentence about why you want to join the group. For more information, consult *Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family* by La Leche League International, Dr. Helen Ball's Infant Sleep Information Source (https://www.isisonline.org.uk/); and the Mother-Baby Behavioral Sleep Laboratory at the University of Notre Dame (cosleeping.nd.edu).

1 1 McKenna J J and Gettler LT. There is no such thing as infant sleep, there is no such thing as breastfeeding, there is only breastsleeping. *Acta Paediatrica* 10 October 2015; (105)1:17-21.

2 Ball HL, Hooker E, Kelly PJ. Where will baby sleep? Attitudes and practices of new and experienced parents regarding co-sleeping with their newborn infants. *American Anthropologist* 1999; 101(1):143-151.

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Growing Your Group/Preparing for Leadership

A Leader Applicant Kit

Deborah Robertson, Rochester, United Kingdom

LLL Kent is a busy Group in the United Kingdom with 14 active co-Leaders. Over the last 22 years, LLL Kent has seen 22 Leader Applicants become accredited LLL Leaders. There are currently six Applicants in LLL Kent attending monthly Applicant Workshops. The Leaders in LLL Kent have collected various visual aids to use when helping mothers and as a result of this they have developed a collection of fabulous resources to give to each Leader Applicant. They call it the Leader Applicant Kit.

Instead of providing Leader supplies or sharing existing Group resources with Applicants during their application, more recently LLL Kent has provided them with a comprehensive Leader Applicant Kit at the beginning of their journey. We have found that providing Applicants with these useful resources has helped them to become successful, skillful, knowledgeable, and confident Leaders.

Fundraising

The kit contains most things that a new Leader might need, from a knitted breast and a baby doll to demonstrate positioning, to a Leader Log pad and other useful forms. LLL Kent funds this through dedicated Group fundraising. With the help of careful bargain hunting and a little home printing, the kit is provided at the cost of about £35, €45 or US$50 per Applicant. See Group Fundraising Ideas (*Leader Today* 2016-January) on this website.

If an Applicant withdraws or discontinues the application, there is an understanding that the kit is to be returned. This rarely happens however, as the pre-application dialogue is very thorough. Withdrawals usually happen long before mothers reach the stage of becoming an Applicant and receiving the kit.

Supplying the Leader Applicant Kit at the start allows our Group's Applicants to practice using the forms and tools while working on Leader skills during the application period and helps the Applicants feel that they are a valued part of La Leche League. Once accredited, a new Leader also receives the *Breastfeeding Answers Made Simple*, Pocket Edition.

What is in the Leader Applicant Kit?

The Leader Applicant Kit comprises:

• **A good quality cotton bag** printed with the LLL logo from La Leche League Great Britain (LLLGB). http://www.lllgbbooks.co.uk/store/p119/Cotton_Bag_with_gusset.html

• **A Leader Log pad** from La Leche League Great Britain (LLLGB) which is available online at http://www.lllgbbooks.co.uk/store/p111/Leader_Log.html along with a zipped folder or binder with many pockets and pouches from an office supply or stationery store.

• **Stationery**
In LLLGB we regularly mail our excellent printed information sheets to mothers after speaking to them on our Helpline. The kit includes:
Envelopes
Compliments slips (a thank you note printed with LLLGB's name, address and logo).
LLL business cards
Postage stamps
Pen and pencil
Notepaper

• **Handouts**
1. Ground rules—a sheet outlining LLL Kent's Series Meeting guidelines.

2. Venue risk assessment form—a form provided by LLLGB to check the safety aspects of a meeting venue.

3. Helping conversation articles—tailored collection of communication skills collected by Group co-Leaders.

4. Phrase lists—commonly used phrases in LLL (e.g. see Writing With Respect on this website).

5. Evaluation tool—developed by LLL Kent as a way to assess meetings (see Chapter 4 of the Leader's Handbook).

• **Knitted breast**
A useful tool to demonstrate latch and hand expression.
Pattern available here http://www.lcgb.org/wp-content/uploads/2015/03/Knitted-Breast-LCGB.pdf

• **Knitted Knappy or diaper**
The Knitted Knappy gives a very powerful message that antenatal women really remember. I explain "If you do not see transitional poo by day three, then it is important to contact an LLL Leader or other breastfeeding specialist for suggestions to increase baby's breast milk intake. It is too late to wait for day five and then discover there isn't any yellow poo yet."
Pattern available here (link to Leader Today page).

• **Belly or tummy balls**
These are little balls in different sizes to correspond with a baby's stomach capacity at one-day, three-days, and five-days of age. We make our own but you can buy them from various sources (search belly balls online).

• **Soft-bodied baby doll with a moveable neck**
Co-Leaders and mothers in the Group search for these dolls second hand in charity shops/thrift shops or at car boot (garage) sales. Smaller ones work as well as life-size and are more compact for carrying to meetings!

• **Shoelace timeline**
An 80-centimeter shoelace represents 80 years of life. One centimeter sections are coloured with a pen to signify the one year in a mother's life for every baby she has at the age she has them. The shoelace timeline is a valuable Leader tool, illustrating to a tired, discouraged mother that although this intense time may seem overwhelming, it is but a short period of her life in the whole scheme of things.

Deborah's biography
Deborah Robertson was accredited as a Leader in 1993 and began a new Group as a lone Leader. She currently co-leads with 14 other active Leaders with meetings in seven towns in Kent. Keen to spread LLL throughout her county, she has been creative in recent years in using both the LLLGB (12 module) Leader Applicant Handbook and also Facebook as tools for distance learning to help Applicants and add new LLL meetings throughout local communities. Deborah is an experienced graduate teacher and an IBCLC (International Board Certified Lactation Consultant), and has her own business providing a LEAARC (Lactation Education Accreditation and Approval Review Committee), an approved course of breastfeeding education for health care providers.

Preparing for Leadership

A Day in the Life of a Leader

Helen Gray, London, Great Britain

There are five traditional responsibilities of leadership: helping mothers, planning and leading Series Meetings, managing the Group, keeping up to date, and helping mothers prepare for leadership. Helen Gray, a Leader in London, Great Britain wrote this for her Group's interested mothers and Leader Applicants to explain the day-to-day role of an LLL Leader.

1. Helping mothers

I receive about two to three phone calls from the La Leche League Great Britain (LLLGB) Helpline each week. Depending on the complexity of the situation, and how upset the mother is, calls can take 20-45 minutes. They usually require a variety of listening skills, reflecting the mother's feelings, some basic breastfeeding information, and details on how to find a local Group. I take brief notes during the call. This is important for any follow-up with a mother and for insurance purposes. Using the Leader Log helps me collect as much information as possible.

If the mother expresses an interest in further information, I send her some LLL leaflets such as "My Baby Needs More Milk" plus a LLLGB membership leaflet, an LLLGB Books catalog, and a little note with suggestions. I let her know that donations are welcomed and include the cost of the mailing. I also help mothers one-to-one in person, usually after our regular LLL meetings and sometimes by email.

2. Planning and leading Series Meetings

LLL Groups usually have at least one Series Meeting every month, cycling through four repeating themes: "The Importance of Breastfeeding," "Birth and Getting Off to a Good Start," "Overcoming and Avoiding Difficulties," and "Nutrition and Weaning and Loving Guidance." I schedule two hours for a Series Meeting, although mothers tend to stay for another hour or so for extra help or just to feed their babies. I allow a couple of hours to prepare the meeting topic, set up the room and clean away, count the money in the donation box, and record the meeting numbers. Many Groups have a team of Leader Applicants or keen mothers who help out with various jobs, so the work can often be shared. If you have co-Leaders, then you can take turns preparing and leading meetings too.

Many Leaders find it helpful to have regular or occasional Planning and Evaluation Meetings with a core group of mothers or an Enrichment Meeting each month. Some Groups have informal coffee mornings, Toddler Meetings, evening, or Saturday meetings for working parents, or Couples' Meetings. It's important to do what works well for you and your community.

3. Managing an LLL Group
I find that the time required for this varies widely depending on the help available from co-Leaders, Applicants, and mothers in the Group. The main aspects of Group management include:
• Administration: keeping a record of and reporting meeting attendance and number of helping calls.
• Group library/resources: the core books of the Group library are *The Womanly Art of Breastfeeding* and a comprehensive birth book. In addition, we have books/DVDs on various breastfeeding, birth, and parenting topics and LLL leaflets and magazines.

- Publicity: this varies! Some Groups place posters in the local maternity ward, some produce flyers for waiting areas, and some post meeting information on Facebook.
- Memberships: our group Treasurer is usually responsible for processing membership applications and fees.

• Funds and finance: I've been lucky that in over ten years of being a Leader, I have always had someone who could help with the Group accounts. Being Group treasurer involves keeping accurate records of money in (donations, memberships and fundraising profits) and expenses (such as book and leaflet purchases, venue hire, Leader registrations for workshops, and parking costs.)

4. Keeping up to date
There are many places to continue learning about breastfeeding management and to keeping-up-to date on LLL policy and procedure changes. For example;
• LLL online "journals" for Leaders: *Feedback* (LLLGB) and *Leader Today* (LLLI). Applicants can access them online.
• LLL magazines for mothers: *Breastfeeding Matters* (LLLGB on paper); Breastfeeding Today (LLLI - online); New Beginnings (LLL USA - now a weekly blog format); Aroha (La Leche League New Zealand) and more.
• LLL Leader Workshops: in the United Kingdom (UK), every region has an annual spring workshop in April/May for Leaders, Leader Applicants, and interested mothers (babies and non-separating little ones are always welcome, of course). LLLGB has an annual National Workshop or Conference in October each year. Although attendance is not required, it is expected that Leaders will make an effort to attend when they can. Groups can fundraise to pay Leaders' conference expenses. Attending workshops and conferences is a great way to meet other Leaders and Applicants, as well as to learn more about breastfeeding topics and to brush up on our Leader listening and group dynamics skills. See our Events page for forthcoming LLL events across the globe.

5. Helping mothers prepare for leadership
I usually hold an Interested Mothers Meeting about once a year to help mothers find out more about how LLL works and what being a Leader involves. This year we are experimenting with doing this via Facebook. Once a mother officially begins her preparation for leadership, she works at her own pace with regular correspondence with a representative from the Leader Accreditation Department (LAD). Regular one-to-one meetings with her supporting Leader cover both breastfeeding topics and the practicalities of leading an LLL Group, as well as lots of communications skills practice. Some Groups help their Applicants move through the application by holding regular Leader Applicant meetings or workshops, perhaps monthly.

Variation
As you can see, there is a lot of variation from week to week and from Leader to Leader! Some of us allocate one day or morning a week as an "LLL day." We schedule Series Meetings or Leader Applicant Workshops on that day, or use the time to do other LLL work. That way we avoid regular conflicts with playgroups, etc. Other Leaders prefer not to have a set "LLL day" and fit their Leader work around other commitments.

Although these are the basic responsibilities for an LLL Leader, some Leaders find they have the time and energy to do more. They may decide to do other roles within LLL, such as writing for and editing LLL journals, joining an LLL social media team, working with Leader Applicants as a member of the LAD, or supporting other Leaders as a member of the Leader Department or the Professional Liaison Department. Some national roles require a significant time commitment, so a Leader might do that instead of working as a Group Leader.

There are also national roles on the LLLGB Council of Directors or equivalent in your area such as on the governing board of a Leader's Direct Connect Area Network (DCAN). There are also international roles with LLL International—see Being an LLL Leader - Is It All for Nothing? (*Leader Today*, 2015-October) on this website.

No two days are alike! I love being a Leader and the way I can fit it around the rest of my family; the endless variety means there is never a dull moment.

Helen Gray Bio

Originally from the USA, Helen Gray is a La Leche League Leader in London, UK, where she and her husband Julian live with their three teenaged children. Helen is an IBCLC (International Board Certified Lactation Consultant) and joint coordinator of the UK working group of the World Breastfeeding Trends Initiative (WBTi). She represents LLL Great Britain on the Baby Feeding Law Group, which works to implement the WHO International Code of Marketing of Breastmilk Substitutes into UK and European law. Helen tweets as @HelenGrayIBCLC.

Helping Mothers

Making LLLI Digital Magazines Really International

Soledad Etchemendy, Barcelona, Spain

I did not grow up bilingual, but I count myself lucky that my parents wanted me to learn other languages and paid for lessons. For me, this opened up a window into other worlds. I remember the thrill I experienced when, as a teenager, I could understand part of what popular songs were about. I also vividly remember the disappointment of realizing that the song with the super catchy tune had the most ridiculous lyrics! Then came books and movies: authors who seemed to talk to me across cultures and oceans, the pleasure of listening to an actress deliver her lines unmediated. I loved this other world so much that I eventually dropped out of chemistry at university and got a degree in translation instead.

Language barrier

I enjoy some things much more if I share them, and so I was frustrated when in issue after issue of LLLI's *Breastfeeding Today*, I read wonderful articles that I couldn't share with my fellow Spanish Leaders and the mothers and families we support. Fortunately, at a session entitled *Us and Them: Encouraging Leaders to Play a Part in the Area's Management* during the 2014 EMS (European Management Symposium) in Frankfurt, I realized that if I wanted to share those articles, it was up to me to do it! Almost two years later, and thanks to *Breastfeeding Today*'s new web format—there are articles being published in French, German, Spanish, and Russian. Our online magazine is finally more international than ever, and we can offer families well-researched articles and mothers' stories that were previously only accessible to English speakers.

Recruiting volunteers

To recruit volunteers for the Spanish translation team, I reached out to Leaders in Spain and to Spanish-speaking Leaders from the rest of the world via the EnLLLace email group. The team has grown over the months to include Leader Applicants, and currently the translations come from 17 volunteers throughout Peru, Mexico, Costa Rica, Spain, and France. With the help of *Breastfeeding Today*'s Editor Barbara Higham, I have set up some guidelines for all translators to follow. We have worked out a system where I keep track of who is doing what, and when the translations can be expected. When they arrive, I do a bit of editing work (not much, since I really like the regionalisms used by the different translators, provided they are understandable to all

readers), and send them on to Barbara. She deals with the publishing end of things—which means her work has multiplied with every new language added to the web publication.

Until now, when I thought an article I had read was perfect to share with a mother, I used to smile apologetically and ask her: “Do you read English? There is a fantastic article about this in the latest issue of *Breastfeeding Today*!” Not anymore. It is so satisfying to share *Breastfeeding Today* articles in Spanish with Leaders around the world, and to know that after a meeting I can email a mother a recent article that deals with her questions from one of LLL’s own publications!

Translators welcome

Now that *Leader Today* is online, we would also like to translate these articles too. However there are only so many hours in the day; the team members are all volunteers. If you are able to help translate for LLLI, please get in touch with me at soledad.etchemendy@gmail.com

Soledad Etchemendy attended her first LLL meeting in 2007 and has been a Leader since 2011. Originally from Uruguay, she now lives with husband Eric and daughters Maite and Eleanor in Barcelona, Spain. There, she leads an English-language LLL Group. She has been a professional translator since 1997 and is very happy to use that experience to help bridge languages and cultures within LLL.

The Happy Knappy Knitting Pattern

The Happy Knappy is a knitted nappy complete with five circles of different coloured poop to represent the normal colour changes that accompany a good intake of breast milk in the first five days of baby's life. Day one is represented by black knitted poop, day two is black with a hint of bottle green, day three is a transitional khaki green colour, day four is a rich brown with day five being mustard. The creator of the Happy Knappy shares her pattern here.

Knappy
Cream or white chunky or two strands of DK wool (20-25gm) and size seven or eight needles.
Cast on 36 stitches loosely.
Knit six rows (slip the first stitch loosely of each row, to keep the edge neat).
Row seven: decrease one at the beginning and end of the row—this looks neatest by reversing the direction of the stitch at opposite ends, i.e. slip one, decrease one, (slip one, knit one, pass slipped stitch over), knit to last three stitches, knit two together, knit one.
Row 8: knit.
Continue to decrease one at each end of alternate rows until 16 stitches remain (27 rows).
Knit 19 rows.
Row 47: increase one1 at the beginning and end of alternate rows to get 36 stitches (i.e., slip one, increase one, knit to last two stitches, increase one, knit one).
Row 66: knit six rows.
Cast off firmly.

Poos
Wool—double-knit thickness, or two strands of four-ply which can give a mottled or in-between effect if you can't find the right colour. Two strands also makes for neater increases. Textured wool is good for the last two days. You will need four to five metres (13-16 feet). Size 10 or 11 needles.

Colours and stitches for the different days:
Black—stocking stitch right side out.
Dark green/black plus dark green—stocking stitch right side out.
Sludgy browny-green—stocking stitch wrong side out.
Browny-yellow, garter stitch is fine if textured, or stocking stitch wrong side out
Golden/mustard yellow, garter stitch is fine if textured, or moss stitch.

Cast on 7
Work as above; for days one to three (and four if not using moss stitch).
First row: purl
Second row: increase at each end of alternate rows until 15 stitches (experiment to get the shape you want). If using two strands of wool, increase by working each strand separately

Decrease at each end of alternate rows until seven stitches remain.
Cast off.
Sew poos invisibly on knappy as shown in picture.

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Use to illustrate the song ‘The Five Days of Feeding’ from Alison’s book *Fit to Bust, a comic treasure chest,* chapter 5.

On the first day of feeding,
your babe will give to you
a wee and a sticky black poo.
On the second day of feeding,
your babe will give to you
two little wees
and a less sticky, thinner dark poo.
On the third day of feeding,
your babe will give to you
three little wees, two little burps
and a big greeny-browny soft poo.
On the fourth day of feeding,
your babe will give to you
four little wees, three little farts, two little burps
and a nice runny toffee-brown poo.
On the fifth day of feeding,
your babe will give to you
five bi-ig wees;
four little farts,
three big burps,
two overflows,
and a large golden mustard-seed poo!

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Biography
Alison Blenkinsop qualified as a midwife in 1974 and worked in Pakistan for 13 years. After returning to her United Kingdom practice, she became an International Board Certified Lactation Consultant in 1999. She retired from the National Health Service (NHS) after five years as a hospital Infant Feeding Adviser, and continued in private practice as an IBCLC until 2009. She combined these experiences with her love of song-parodies to write *Fit to Bust*, now in its second edition (pub. Lonely Scribe). The book celebrates breastfeeding and motherhood in songs and stories from around the world, and includes research-based information for parents and teaching resources for health workers. The sales support the work of Baby Milk Action, which campaigns to

protect all babies by limiting unethical formula promotion. Visit Alison’s Facebook page here https://www.facebook.com/Fit2Bust/?fref=ts

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Juanita Watt juanitaewatt@gmail.com
Fran Dereszynski dereszyn@verizon.net
Barbara Higham barbara.higham@gmail.com
Toshi Jolliffe toshijapan@pt.lu
Judith Gibel judithgibel@gmail.com
Mary Lofton rmlofton@sbcglobal.net
Ginny Eaton ginnyeaton@hotmail.co.uk

Reserve
Helen Gray helengray123@yahoo.co.uk
Katrina Soper jijmumma@googlemail.com
Jaime Gassmann jaimegassmann@gmail.com

Contributing Editors

Mary Francell mary.frsh@gmail.com
Linda Wieser wieser.linda@gmail.com