

In This Issue

Welcome to our July 2016 issue!

In this issue Mary Francell takes a look at **Positioning: A New Perspective** and Justine Fieth shares a novel idea for discussing **The Advantages of Breastfeeding** in a Series Meeting. We hear how LLL of Kansas ran a very successful breastfeeding tent at a medieval fair. Mariana de Petersen shares tips for **The Pre-Application Dialogue** and Linda Wieser guides Leaders through **Responding to Someone Interested in Becoming an LLL Leader and an IBCLC**. Finally we pay tribute to Karin Gausman who sadly lost her battle with cancer in April of this year.

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

Positioning: A New Perspective

Mary Francell, Atlanta, Georgia, USA

When I first became an LLL Leader over 20 years ago, I was told that breastfeeding is a learned behavior. This always struck me as a little odd. After all, aren't we mammals? Other mammal babies seem to know what to do. Not surprisingly, it turns out that human babies know what to do too. When held on a caregiver's chest, healthy newborns will bob their heads and begin moving towards the closest breast—whether it contains milk or not!

Suzanne Colson, the British midwife who coined the term “biological nurturing,” states that the learned breastfeeding theory began with obstetrician Mavis Gunther, who believed that because chimpanzees in zoos sometimes need to be shown how to breastfeed, human mothers also need breastfeeding instruction. Ultrasound studies of nursing infants in the 1980s led to specific teaching about the best way to latch a baby. These positioning and attachment instructions included directives such as “sit upright,” “tummy-to-mummy” and “tickle baby's lips with the nipple,” but Colson was unable to find any supporting research for such “rules.” In fact, obstetrician Christina Smilie believes that this sort of cognitive learning activity interferes with the right-brained, instinctual behavior of new mothers, possibly even inhibiting oxytocin release.

Laid back breastfeeding

In her research, Colson found that when placed tummy down on their reclined mothers, primitive neonatal reflexes (PNRs) such as stepping, head bobbing, arm cycling and rooting all helped the baby find the breast. This had previously been described by other researchers and popularized in an online video from UNICEF called [Breast Crawl](#), although many people believed this only applied to newborns shortly after birth. Babies actually retain this ability for the first month or two of life. Smilie's video, "Baby Led Breastfeeding, the Mother Baby Dance" (see link below), shows how mothers instinctually know how to help their infants with self-attachment as long as mother reclines with baby tummy down on her chest.

In hospitals today, new mothers are typically taught several upright breastfeeding positions (cradle, football/rugby, cross-cradle) that place pressure along the infant's back. Colson calls this dorsal feeding and states that this pressure can inhibit PNRs or produce behaviors that thwart latching, such as head shaking and arm thrashing. In addition, these upright postures can be uncomfortable during long nursing sessions, particularly the cross cradle position, which may lead to mothers leaning forward with the arm holding the breast out to the side like a "chicken wing." Of course, these positions can sometimes be very useful but may not be useful for most new mothers.

Breastfeeding expert Nancy Mohrbacher believes that these popularly taught upright positions are actually modified bottle feeding holds—and indeed, many mothers often try to push the breast into the baby's mouth like a bottle. Mohrbacher's Natural Breastfeeding program encourages mothers to lean back and let gravity stabilize the baby on mother's body so baby can latch naturally. She encourages mothers to first adjust their body, then adjust their baby, then adjust their breast by compressing or lifting if the baby needs extra help latching. In addition to a program online that mothers can purchase, Leaders can also refer to Mohrbacher's free videos on YouTube (see link below).

Swaddling can interfere with natural reflexes

New parents often assume that swaddling is an expected part of baby care when hospital staff hand their newborn to them wrapped like a burrito. While swaddling has been part of traditional cultures for thousands of years, in the past it was primarily used for transportation (carrying a swaddled baby on mother's back) or safety (keeping baby quiet and out of harms way). In the early part of the 20th century, swaddling became popular in Western societies as a way to soothe newborns who were routinely separated from their mothers in hospital nurseries.

Swaddling has recently seen a resurgence with the popularity of Dr. Harvey Karp's *The Happiest Baby on the Block*. In 2010, there was a debate between Mohrbacher and Karp on the merits of swaddling in the pages of the *International Journal of Childbirth*

Education. Mohrbacher commented that “...research has found that regular swaddling can contribute to negative breastfeeding outcomes. Routinely swaddling babies during the first few days of life is associated with a delay in the first breastfeeding, less effective suckling at the breast, decreased intake of mother’s milk and greater infant weight loss.”

Swaddling an infant, especially in a tight wrap, interferes with a baby’s natural PNRs. Babies suck their hands to organize themselves as well as use their hands to feel for the breast and nipple, so it’s also a good idea to avoid the use of baby mittens. Some mothers swaddle because in upright positions, the PNR of arm cycling can become breast boxing. Encouraging these mothers to lean back instead and to place baby’s hands on either side of the breast allows baby’s arms to help rather than hinder nursing. Newborns also use their feet to propel themselves into position, so mothers might be encouraged to “unwrap the burrito” fully before nursing.

Nursing pillows, yes or no?

Nursing pillows are recent inventions that sometimes cause more problems than they solve. The popular Boppy® Nursing Pillow was invented in 1989 as a tool to help babies around six months of age to sit unassisted; it quickly gained popularity as a breastfeeding aid. However, these types of pillows often place a baby too high or too low, usually in a horizontal position that does not allow for other angles where baby’s head is higher than her bottom. Nursing pillows tend to reduce contact between mother’s and baby’s bodies, often contributing to baby rolling onto her back while latched.

These products can contribute to back pain by encouraging a mother to lean forward in an awkward position and can also result in dependency (and difficulty nursing in public) when a mother “can’t” nurse without one. Nursing pillows can even be dangerous—an exhausted mother runs the risk of her baby rolling into the gap between her body and the pillow without her noticing. While a nursing pillow can sometimes come in handy for a mother of multiples, even in this case regular pillows often work just as well.

Of course, there are times when a mother needs extra help or support to nurse her baby—that’s where LLL Leaders and other lactation personnel come in. But often, a healthy mother just needs to lean back and spend time holding her baby while they learn breastfeeding together. Other mammals don’t need specific instructions, special swaddling blankets or expensive pillows to nurse their babies. Most of the time, human mothers and babies don’t either!

Videos

Breast Crawl (UNICEF India)

<http://www.breastcrawl.org/video.shtml>

Biological Nurturing (Colson)

<http://www.biologicalnurturing.com/video/bn3clip.html>

Baby Led Breastfeeding, the Mother-Baby Dance (Smilie)

<https://www.youtube.com/watch?v=hKXFhjuzpsA>

Global Health Media Project self-attachment video

<https://www.youtube.com/watch?v=VYGP-Llligw>

Natural Breastfeeding (Mohrbacher)

www.nancymohrbacher.com

References

- Bergman, J., Bergman, N. Whose choice? Advocating birthing practices according to baby's biological needs. *The Journal of Perinatal Education* 2013; 22.1:8–13. *PMC*. Web. 26 Aug. 2015.
- Bystrova K. et al. The effect of Russian maternity home routines on breastfeeding and neonatal weight loss with special reference to swaddling. *Early Hum Dev* publication year; 1.83:29-39. Web. 25 Aug. 2015.
- [Bystrova K.](#) et al. Early contact versus separation: effects on mother-infant interaction one year later. *Birth* 2009; 10.1111:97-109. Web. 26 Aug. 2015.
- Colson, S. D. et al. Optimal positions for the release of primitive neonatal reflexes stimulating breastfeeding. *Early Human Development* 2008; 84(7):441-449.
- Colson, S.D. Biological nurturing: the laid-back breastfeeding revolution. *Midwifery Today* Spring 2012; 9-11, 66. Web. 15 Oct. 2015.
- Colson, S.D. What happens to breastfeeding when mothers lie back? Clinical applications of biological nurturing." *Clinical Lactation* Fall 2010; 1(issue #?):9-12. Web. 17 Oct. 2015
- Colson, S.D. Does the mother's posture have a protective role to play during skin-to-skin contact? Research observations and theories. *Clinical Lactation* 2014; 1(2):41-48.
- [Dumas L,](#) M. et al. Influence of skin-to-skin contact and rooming-in on early mother-infant interaction: a randomized controlled trial. *Clin Nurs Res* 2013 ; 10.1177:310-36. Web. 26 Aug. 2015
- Esteves, T.M.B. et al. Factors associated to breastfeeding in the first hour of life: systematic review. *Revista de Saúde Pública* 2014; 48.4:697–708. *PMC*. Web. 25 Aug. 2015.
- Genna Watson, C. *Supporting Sucking Skills in Breastfeeding Infants*. Burlington, Massachusetts: Jones & Bartlett, 2013. Print.

- [Grassley, J.S. et al.](#) Reasons for initial formula supplementation of healthy breastfeeding newborns. *Nurs. Womens Health* 2014. 10.1111:196-203. Web. 26 Aug. 2015.
- Kaplan, R. [An Interview with Catherine Watson Genna](#). 17 April 2012. LactationMatters.org. Web. 26 Aug. 2015.
- Kassing, D Clarifying the confusion over cross-cradle hold. *Leaven* 2008; 44.1:16-17. Web. 26 Aug. 2015.
- Klaus M.H. Mother and infant: early emotional ties. *Pediatrics* 1998; 102:1244–1246.
- Mohrbacher, N. [Rethinking swaddling](#). *International Journal of Childbirth Education* 2010. 25.3:7-10. Web. 26 Aug. 2015.
- Mohrbacher, N., Karp, H. More debate on swaddling. *International Journal of Childbirth Education* 2011; 26.3:26-31. Web. 26 Aug. 2015.
- Mohrbacher, N. *Breastfeeding Answers Made Simple*. Amarillo, Texas: Hale, 2010. Print.
- Moore, E.R. et al. Early skin-to-skin contact for mothers and their healthy newborn infants. *The Cochrane database of systematic reviews* 2012; 5:CD003519. *PMC*. Web. 25 Aug. 2015.
- Newman, J., Pitman, T. *Dr. Jack Newman's Guide to Breastfeeding*. Toronto, Ontario: HarperCollins, 2014. Print.
- Pearson-Glaze, P. [Do I Need a Breastfeeding Pillow? breastfeeding.support](#). Web. 11 July 2015.
- Pitman, T., Smilie, C. [Baby-Led Latch: How to awaken your baby's breastfeeding instincts](#). BreastfeedingUSA.org. Web. 26 Aug. 2015.
- Ritter, N. [Nursing Pillows: Who Needs Them?](#) BreastfeedingUSA.org. Web. 26 Aug. 2015.
- [Van Sleuwen, B.E. et al.](#) Swaddling: a systematic review. *Pediatrics* 2007; 4.120:1097-106. Web. 26 Aug. 2015.
- Varendi H. et al. Does the newborn baby find the nipple by smell? *Lancet* 1994; 344(8928):989-990.
- Widström, A.M. et al. Gastric suction in healthy newborn infants: effects on circulation and developing feeding behaviour. *Acta Paediatrica Scandinavica* 1987; 76:566-572.
- Wiessinger, D., West, D., Smith, L.J., Pitman, T. *Sweet Sleep*. New York: Ballantine, 2014. Print.
- Wiessinger, D., West, D., Pitman, T. *The Womanly Art of Breastfeeding*, 8th Revised Edition. New York: Ballantine, 2010. Print.
- Zanardo, V., Straface, G. The higher temperature in the areola supports the natural progression of the birth to breastfeeding continuum. Ed. Rajeev Samant. *PLoS ONE* 2015; 10.3:e0118774. *PMC*. Web. 26 Aug. 2015.

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 a 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.

Preparing for Leadership

The Pre-Application Dialogue

Mariana de Petersen, Guatemala City, Guatemala

As Leaders it's important that we have a thorough dialogue with an interested mother before writing her recommendation and asking her to fill out the application form. Some Leaders may not be aware of this important step. The conversation needs to include:

- A discussion of La Leche League's philosophy and each of the ten concepts as they relate to her experience.
- The LLLI Prerequisites for Applying for Leadership.
- The LLLI Criteria for Leader Accreditation.
- Basic Leader responsibilities.

The prerequisites and criteria can be found in LLLI Policies and Standing Rules Notebok (PSR) Appendix 18, Applying for Leadership at: <http://www.llli.org/docs/lad/PSR-Appendix18.pdf>

The Leader Accreditation Department (LAD) wants to make sure that all Leaders are aware of this first step, as we still encounter some Leaders who expect the LAD representative to have this discussion with the Leader Applicant. It is the recommending Leader who is responsible for the pre-application dialogue.

To prepare for your pre-application discussion:

- Consider holding a workshop for interested mothers (see [Interested Mothers' Workshop](#), Leaven, 1992).
- Make sure you and the interested person have access to and have read the *Thinking About LLL Leadership? web pages* or an equivalent resource.

- Use the [Pre-Application Dialogue web page](#) or an equivalent resource as a checklist or guide for the discussion.
- Use Appendices 17, Concept Policy Statements, <http://www.llli.org/docs/lad/PSR-Appendix17.pdf>, and [18](#), Applying for Leadership, as references to broaden and deepen the dialogue about LLL philosophy.
- Know the role of the recommendation and how to fill it out. If an incomplete recommendation is received, the LAD representative may send it back and ask you to provide more details. Sometimes Leaders write “She lives the philosophy.” That is not enough to give the LAD representative a “picture” of the person you are recommending. You’ll want to share specific examples of how the person lives the philosophy, how she meets the prerequisites and how she supports mothers in the Group.
- Contact the Coordinator of Leader Accreditation (CLA) for your Area if you have any questions about what to cover in the pre-application dialogue or what to include in your recommendation.

If, after this discussion, you have any questions regarding the interested mother, contact the CLA before writing your recommendation. It is important that any concerns are sorted out before the person sends in her application. It is desirable to find any surprises before the application starts and to discuss them with the mother to see how she meets the prerequisites.

Mariana is a mother of three. She is an an active LLL Leader and an International Board Certified Lactation Consultant (IBCLC). For 33 years she has been a volunteer with LLL in Guatemala, where she leads a Group and supports Leader accreditation for Guatemala and Central America. She also manages the LAD for Latin America. Mariana has worked at the Roosevelt Hospital promoting UNICEF’s Baby-Friendly Hospital Initiative.

The Advantages of Breastfeeding

An Idea for Series Meeting 1

Justine Fieth, La Leche League Great Britain

As I prepare my bag for the monthly LLL Group meeting, I collect a condom, some chocolate, some chewing gum and a clothes peg (or clothes pin)—an

unusual collection! As an LLL Leader, I often have random or unusual items in the bag, nestling next to my woolly (knitted) breast. On this occasion, I'm preparing a plan for Series Meeting 1: Looking at the Advantages of Breastfeeding.

We have a large Group in LLL Cambridge and can have up to 20 mothers in a room, so sometimes facilitating discussion can be tricky. We normally do this particular topic as a discussion, but once a year the meetings are more interactive and Leaders use a "magic bag of tricks."

What I love about this meeting is that every time we do it, mothers bring up new ideas that were not mentioned before but that are important to them.

Setting the scene

After the usual introductions and meeting notices we say:

"Today we are going to take a lighthearted look at the advantages of breastfeeding. In this bag are lots of items that represent something about breastfeeding. It could be something that is good for you or good for your baby, or some other aspect of breastfeeding that is convenient or advantageous.

"What's useful to remember during our discussion is that rather than breastfeeding having special advantages or benefits, breastfeeding is a normal event, one that your baby and your body expect. Babies are born to breastfeed!

"There may be times, and that might include today, when you are facing challenges and sometimes it is hard to see the positive aspects about breastfeeding. Please do bring these challenges to the discussion. You may talk with one of the Leaders afterwards if there is something specific you would like covered. Please don't go home with unanswered questions.

"So let's pass the bag around, delve inside and pull something out. See if you can guess what it represents about breastfeeding. There is no right or wrong answer. If you would rather not take part, please pass the bag to the next person!"

What's in the bag?

The items included in the bag are listed below, next to the idea they represent:

Knitted breast—represents reduced breast cancer and positive impact on maternal health

Empty medicine bottle—symbolizes the antibodies, immune factors and health benefits breastfeeding has for baby

Stethoscope—reduced chest infections, reduced allergy and asthma (fewer visits to your doctor)

Blu Tack (reusable putty-like substance to attach to a dry surface) or Velcro—represents bonding, and the idea that breastfeeding can fix anything from hunger to being fussy or tired

Calculator—symbolizes intelligence (breast milk is perfect for human brain development)

Chocolate—you can have extra calories while breastfeeding

Washing up/household sponge—to represent the idea that breastfeeding doesn't require any washing up or sterilizing

Condom—opens a discussion about the contraceptive value of breastfeeding

Tampon—represents a delay in the return of a mother's periods, which may or may not be seen as a benefit

Coins—breastfeeding is cheap!

Old lady figure—breastfeeding protects against osteoporosis in later life

Chewing gum—breastfeeding helps with a baby's jaw and muscle development

Toy fridge or picture of a fridge—breast milk is always the right temperature

Flower—breastfeeding is good for the environment

Clothes peg/pin—breastfeeding creates nice smelling nappies (diapers)

Car—it is easy to travel or pack for a journey when breastfeeding

Aeroplane—when traveling breastfeeding occupies and feeds the baby

Glitzy handbag—there is no need to carry lots of bottles or feeding accessories around when breastfeeding

Children's vitamins—breast milk has everything a baby needs

Children's book—breastfeeding leaves one hand free to entertain older children, drink a cup of tea or phone someone

Cow—symbolizes the right milk for the right mammal

Watch—represents saving time; watch the baby not the clock

Water bottle—represents perfect hydration whatever the weather

Star—symbolizes easy night times, the ease of getting baby back to sleep, and the ease of getting back to sleep yourself.

Top tips

- Lead the way by being the first to remove an item from the bag or start with a Leader Applicant or confident member
- Ensure that the discussion doesn't slip into a negative discussion bashing formula or bottle feeding
- Collect all the items back in again, so that they don't go back in to the bag to be picked a second time, and are not borrowed by a toddler
- Finally, it may be helpful to explain to your husband or partner why you are putting a condom in your bag as you leave the house!

Justine Fieth has been a Leader in Cambridge, United Kingdom, since 2011. She co-leads the local Group and is co-Editor of the LLL Great Britain (LLLGB) membership magazine, *Breastfeeding Matters*. She is one of the LLLGB social media team working mostly on Facebook. Justine works as a postnatal doula and is one of the co-founding Trustees of Cambridge Breastfeeding Alliance, which runs a weekly breastfeeding drop-in for mothers and babies. She lives in Cambridge with her husband and two children.

Preparing for Leadership

Responding to Someone Interested in Becoming an LLL Leader and an IBCLC

Linda Wieser, Nova Scotia, Canada

As Leaders, we often get inquiries from women who want to become both LLL Leaders and International Board Certified Lactation Consultants (IBCLCs). Since the Leader Accreditation Department (LAD) is an international department, we want to make sure that all Leaders are responding the same way to such inquiries.

When contacted by a mother interested in becoming a Leader as part of a pathway toward becoming an IBCLC, help the mother decide on her goals. Ask her why she wants to become an LLL Leader and whether this is something she wants to do even if she never reaches her goal of becoming an IBCLC. Discuss with her the volunteer responsibilities of a Leader and the time commitment and requirements for accreditation. She may have no idea how extensive the La Leche League accreditation program is.

Like many of you, LAD representatives in La Leche League Canada (LLLC) receive frequent inquiries related to this issue. To help mothers understand the difference between being a volunteer LLL Leader and being a lactation health professional (IBCLC), the LLLC LAD developed the resource *Thoughts on Becoming an LLL Leader and IBCLC*. (http://www.llli.org/docs/lad/thoughts_on_becoming_leader_and_ibclc_llli_version_1.pdf) This is available on the LLLI website: : <http://www.llli.org/> Click "Become a Leader" which is linked to *Thinking About LLL Leadership?* <http://www.llli.org/lad/talll/talll.html> The document is listed in the section "PRINT and READ."

Before initiating a discussion, you may want to thank the person for her interest in becoming a Leader and send her this resource. If she is still interested, encourage her to start attending Series Meetings if she is not already a member of an LLL Group. If she lives in an isolated town or city where there is no LLL Group, please refer her to the Coordinator of Leader Accreditation (CLA) for your Area.

One of our responsibilities as a Leader is to identify and support Leader Applicants. In order to apply for leadership, it is necessary to meet the prerequisites as outlined in *LLLI Policies and Standing Rules* (PSR) Appendix 18, "Applying for Leadership" (<http://www.llli.org/docs/lad/PSR-Appendix18.pdf> [LLLID and password required]) and have a recommendation from a Leader. An interest in becoming an IBCLC does not disqualify someone from applying for leadership. As with any interested person, you will need to have a thorough pre-application discussion. Share the resource *Thinking About La Leche League Leadership?* (http://www.llli.org/docs/lad/thinkingaboutleadership_feb-2016.pdf) and use *Pre-Application Guidelines for Leaders* (<http://www.llli.org/docs/lad/TaLLLPre-ApplicationGuidelinesforLeaders.pdf>) as a checklist for your discussion. (Some entities may use a different document for those interested in leadership.) If she meets the prerequisites to applying for leadership and understands what is involved in becoming an LLL Leader, then any other related goals such as becoming a doula, IBCLC, or childbirth educator may be irrelevant.

There are currently many Leaders who are also IBCLCs. Some were certified after being accredited as a Leader; others may have been an IBCLC and then decided to become an LLL Leader; and others may have become accredited almost simultaneously. Being a volunteer LLL Leader and a paid health professional are two different roles that can overlap, and it is important to keep the two roles separate and avoid mixing causes. Discussing this with the interested person before she applies is encouraged. As part of your discussion, it may be helpful to share the LLLI policy statement [Code of Ethics: Leaders with Personal, Professional, or Commercial Interests](#) and the [Mixing Causes Statement in PSR Appendix 10](#), Cooperative Action Guidelines for Leaders (LLLID and password required). Some LLL entities have specific policies which you can share and discuss as well.

If you have further questions about this topic, please contact the CLA for your Area.

Linda Wieser lives in Mahone Bay, Nova Scotia, Canada, where she and her husband, Jim, have a large garden and several boats for playing around on the water. They have two grown daughters and one grandson who will be two in October. Linda has been a Leader since 1984. For many years she worked in the Professional Liaison Department as Area Professional Liaison for Michigan, USA, and then Atlantic Canada. In 2008, she became a member of the LAD and is currently the Administrator of Leader Accreditation for LLL Canada. She is also the Contributing Editor for the "Preparing for Leadership" column in Leader Today.

Growing your Group

LLL Hosts a Breastfeeding Tent at the Oklahoma Medieval Fair

By Sandy Moore-Furneaux and Rebecca Keepers, LLL of Kansas (Oklahoma), USA

In addition to being a La Leche League (LLL) Leader with LLL of Cleveland County Families in Oklahoma, USA, Sandy Moore-Furneaux is a member of the Norman Emergency Response Volunteers Team (NERVT) in Norman, Oklahoma, as well as a member of the Oklahoma Medical Reserve Corps (MRC). The MRC is a volunteer organization under the auspices of the Office of Emergency Management in the U.S. Department of Health and Human Services. One focus of the organization this year is to support breastfeeding as a means of enhancing public health and resilience in local communities. Being a member of the MRC is very compatible with La Leche League leadership. Sandy is “on call” with the MRC to support breastfeeding mothers in emergency shelters and during the aftermath should a disaster occur in Oklahoma. In turn, the MRC sometimes offers grants that local Groups may receive to develop support in their communities.

In February, Sandy was asked if La Leche League would be interested in hosting a breastfeeding tent at the Medieval Fair on April 1-3, 2016. So the planning began! The Norman “Med Fair,” as it is commonly known locally, was started in 1977 by the English Department at the University of Oklahoma as a celebration of William Shakespeare’s birthday and a living representation of their study of the medieval period. It is great for families because it is one of the few free medieval fairs in the nation. Each year the fair attracts several hundred thousand visitors from Oklahoma and nearby states.

The display

The MRC provided a 10 x 10 ft (about 3 by 3 meters) pop-up tent, tables, chairs, electricity, and a large banner presenting their sponsorship of “La Leche League of Oklahoma” and our website URL. LLL provided woman-power, a medieval art display, breastfeeding information, decorations and several hundred copies of our meeting and contact information. We also set up two clipboards with sign-up sheets for mothers who might have questions or who wanted us to send them meeting information.

Leader Rebecca Keepers brought lovely fabric to decorate the tables and tent and we provided seating as well as a changing table. Leaders took turns to do shifts. We all dressed in medieval costumes to suit the medieval theme and add to the fun of being there. In all, our tent, display, and appearance were very welcoming! Best of all, we offered a quiet oasis where breastfeeding dyads could get out of the Oklahoma sun and wind and concentrate on breastfeeding.

To help mothers focus on their nurslings, Rebecca also set up activities to keep older siblings entertained while mom nursed the baby. These included a simple version of a toss-the-ball-in-the-bucket game and bubbles for the adults to blow for the children, and

we had some party-size bubbles to give away. The little ones loved chasing the bubbles. Keeping the siblings happy while baby was nursing went a long way to making our tent a happy and successful experience.

Medieval fact

Breastmilk was considered a magical fluid akin to blood, and it was believed that breastmilk could transmit both physical and psychological characteristics of the mother or wet nurse. The belief resulted in protests against the hiring of women for wet-nursing, as wet nurses were from lower classes. It was preached that a mother nursing her own child was her saintly duty (Osborn MS. The rent breasts: A brief history of wet-nursing. Midwife, Health Visitor & Community Nurse. 1979a;15(8):302–306. [PubMed]).

Special memories from Sandy

Multiple times, older women came up with adult children and announced, “This is my breastfed baby!” Fortunately, most of those adult children grinned, although a few were a bit embarrassed and rolled their eyes! Several times, men of all ages came by to say, “I was breastfed—I was one of 11 children my mother breastfed!” or “All five of my children were breastfed!” At one point, three older women exclaimed, “We just have to thank you for being here! You all do such fabulous work!”

We also received heartfelt thanks from many current breastfeeding families. Some had tried to sit on the hard concrete picnic table benches to nurse and felt exposed and uncomfortable with so many fairgoers. Others had tried sitting on the dusty grass to nurse and struggled with the never-ending Oklahoma wind that blew dirt in their and their babies’ faces.

Successful outreach

Many mothers and families who visited us took a copy of our meeting notice, and 29 mothers signed up requesting specific information about meetings or about their concerns. Best of all, the tent was occupied with nursing dyads much of the time on Saturday and Sunday. Overall, this was a very successful outreach with hundreds of people looking at the displays of breastfeeding in the medieval period as well as the current information. We counted at least 746 visitors.

Invitation to return next year

The invitation from the MRC to staff the tent was a fantastic chance to provide a service to breastfeeding families and give positive LLL exposure to the crowds who attended the very popular three-day Medieval Fair. We took notes and look forward to next year—yes, we will participate! Next year we have been promised a bigger tent and more publicity! We are going to add to the displays and strengthen them to withstand the wind, too. With more time to plan, we hope more Leaders will be involved in the fun!

Oklahoma Groups and Leaders who supported this outreach effort:

- LLL of Cleveland County Families; Sandy Moore-Furneaux and Elise Shrabel
- LLL of Mustang/Yukon; Rebecca Keepers and Alexis Boryca

Medieval fact

Archaeological researchers have found that infants who were breastfed were more likely to survive and thrive. Evidence from bones found in a medieval Yorkshire village reveals that breastfeeding protected infants from otherwise-expected high levels of mortality. While breastfeeding continued, the babies grew as well as today's babies. With complete weaning, which generally occurred after 18 months in the village, children revealed evidence of high rates of malnutrition and disease and an increased incidence of stunted growth. (<http://www.telegraph.co.uk/news/uknews/1439563/Medieval-babes-thrived-because-of-breastfeeding.html>)

Sandy Moore-Furneaux and her husband, John, a physicist, have a blended, multicultural and multi-faith family with six adult children, all of whom were breastfed, and six grandchildren, also all breastfed. Sandy has been a Leader for nearly 25 years. She is currently the Coordinator of Leader Accreditation for La Leche League of Kansas (and Oklahoma), is on the LLL USA Social Media Team, and is a member of the Global Leaders Council. She still works with La Leche League of Cleveland County Families, the local Group in Norman, Oklahoma, USA.

Rebecca Keeper is a founding Leader of the Mustang/Yukon, Oklahoma La Leche League group, Rebecca Keepers has now been a Leader for thirty years. She and her husband Glenn have two grown sons. Rebecca has served as Chapter Leader, Area Leaders' Letter Editor and has been a presenter at LLL Area Conferences.

Keeping up to date

Tribute to the Life of Karin Gausman

5 September 1946 to 21 April 2016

Karin Gausman and I were Directors of the LLLI Leader Accreditation Department (LAD) for five years from 2005 to 2010. Karin's youthful, sunny outlook on life made her death in April this year (as she approached 70) come as a huge shock. She had quietly and stoically borne cancer and its treatment since 2011. Yet she continued to correspond with friends and colleagues until a short time before she died.

Karin moved around a great deal as a child. Her father's work took the family from place to place, including an extended period in Germany. As an adult, Karin continued to move around, living in Canada as well as several different US states. For a time she dreamed of becoming a professional dancer; instead, she discovered her true vocation as a mother and then LLL Leader. Her husband Jim describes how she promoted the LLL philosophy of loving guidance both in her personal life and as a mentor in her LAD work. He wrote: "Her ability to turn difficult problems into positive solutions was a natural gift. Her boundless love was always available to anyone who wished to receive it."

When I first met Karin, I remember being terribly impressed that she was working with about 90 Leader Applicants at the same time in different parts of the world. I still don't quite know how she did it, except that she was extremely well-organized, had an excellent memory and an eye for detail, and she was totally dedicated to the LAD. She accredited more than 400 Leaders around the world. Her legacy includes a range of resources for application work, as well as the many LAD representatives she inspired and mentored. When faced with drafting a response to a challenging question, Karin's approach was to ask, "Is it necessary? Is it truthful? Is it kind?"—surely, a guide to us all for a harmonious, respectful and fulfilling life.

Karin leaves behind her husband Jim, three children and four grandchildren. After Karin's death, Jim shared: "I personally am thankful for the great joy that LLL brought to her life. Watching her work tirelessly to help others is one of the things that gives me strength now."

Karin, we can't thank you enough for all you did for La Leche League. We will miss you.

Alison Parkes, Colchester, England

Karin and I first met as we prepared to present sessions at the International Mastery Symposium close to 20 years ago. Our paths continued to cross when we were both appointed as Associate Directors of Leader Accreditation for the respective geographical Divisions we connected to. Our constant communications regarding Leader accreditation led us to form a very special friendship.

Karin was soft-spoken, had a very kind heart, and incredible warmth. She also had strong convictions, keen insight, and a heightened attention to detail. Her commitment to La Leche League and Leader accreditation was unparalleled. I have never known anyone to be able to work with such an abundance of Leader Applicants and supporting Leaders, while fulfilling administrative responsibilities. She never missed a beat.

Karin and I would share many stories of our families, our lives outside of La Leche League, and of course, her battle with breast cancer. When Karin heard of others in La Leche League battling breast cancer, she would ask me to let others know she was a resource for them and happy to speak with them. As she fought her own battle, she continued to reach out to others, providing information and support so that they could make their own informed choices. Karin not only promoted the leadership skills and philosophy of our organization, she lived them each and every day. She was a wonderful source of inspiration and support to me over the years and had her own special way of putting things in perspective. Her sense of humor also served to lighten the intensity of many situations.

La Leche League has gained so much thanks to the long term commitment and dedication Karin made. Her talents have enriched us all and her spirit has had a profound impact on my life. I picture Karin with her sweet smile and that sparkling gleam in her eye. There will always be a place in my heart for my dear friend Karin Gausman.

Amy Shaw, Massachusetts, USA

La Leche League International

Karin Gausman Fund

Leader Accreditation Department Council

A fund has been set up in memory of Karin Gausman to express our deep gratitude to her for helping Leader Applicants and LAD representatives worldwide with their education and enrichment opportunities.

Funds will be used to help Leader Applicants with their application and accreditation fees with priority given to Applicants with financial difficulties. LAD representatives with financial difficulties will receive help with attendance at LLL conferences and other LLL-related educational opportunities.

Donations can be sent in one of the following ways:

1. Donations in dollars

Please make paper checks payable to “LAD West” and write on the memo line of the check “Karin Gausman Fund.” Post these by mail to:

Janna O’Connell

N140 W18100 Cedar Lane

Richfield, WI 53076

USA

2. Donations in euros

Please donate via paypal through the [La Leche League Europe PayPal account](#) or through bank transfer:

La Leche League Europe Bank account

IBAN: NL66 INGB 0005 0556 36

BIC-code: INGBNL2A

Mark your donations “Karin Gausman Fund”

3. Donations to La Leche League International

Please donate via: <https://llli.thankyou4caring.org/lllidonatenow>

Indicate in the section "Tribute Information": First name [Karin], Last name [Gausman],
Type [In Memory of], Description [LAD use]. Donations will go toward LAD expenses.

Donations to the Karin Gausman Fund through LLLI are tax-deductible in the USA.

Applications for the fund will start in September 2016. More information will be available in August.

LERB 2016

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

Reserve

Helen Gray helengray123@yahoo.co.uk
Katrina Soper jijmumma@googlemail.com
Jaime Gassmann jaimegassmann@gmail.com
Ginny Eaton ginnyeaton@hotmail.co.uk

Contributing Editors

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