

Feed the Baby—And the Microbes

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1/16/2017

Mary Francell, Atlanta, Georgia, USA

In recent years, there has been widespread interest in the role of beneficial bacteria in the human intestinal tract and throughout the body. Commensal microbes (the normal microflora on our body surfaces) are believed to be involved in everything from regulating immune function to secreting neurotransmitters. Babies get these microbes primarily from their mothers—and breastfeeding plays a major role in their colonization.

Breast milk influences the microflora

Infant gut populations are subject to many variations based on life history, genetics, antibiotic use, ancestral diets, type of birth and more. Some research has even suggested that obesity or stress in a mother, or even the baby's gender, can influence the microbial composition of human milk. Geographic location is quite significant as well; for example, subsistence communities (those relying on natural resources) tend to have a wider variety of gut bacteria compared to Western, Educated, Industrialized, Rich and Democratic (WEIRD) societies. However the most important influence on the type of microorganisms on our skin or in our bodies appears to be whether or not a baby receives anything other than breast milk.

An infant's microbiome (the microorganisms in his body) is formed from several sources: skin-to-skin contact, passage through the birth canal, and bacteria acquired in utero. But a significant portion comes from mothers' milk, when maternal gut bacteria migrate to the mammary glands and are ingested by the baby. These milk-oriented microbes (MOMs), particularly *Bifidobacterium longum infantis* (*B. infantis*), are nourished by another remarkable component of breast milk: human milk oligosaccharides (HMOs).

Human milk oligosaccharides (HMOs)

There are approximately 400 to 1000 different types of HMOs and each mother produces her own individual fingerprint of approximately 50 of these types. Even though HMOs comprise the third largest component of human milk, babies cannot digest these complex sugar molecules. HMOs pass through to the digestive tract, where they not only feed MOMs, but also help bind and inactivate pathogenic bacteria (bacteria that cause infection). This binding capacity is thought to be one reason that the human immunodeficiency virus (HIV) is not easily transmitted through mother's milk. In addition, *B. infantis* digests HMOs far more completely than do other beneficial organisms, and in the process releases both short chain fatty acids that feed the infant's intestinal lining and sialic acid, which promotes rapid brain growth.

Better health and development

At the 2016 conference of the International Lactation Consultant Association, anthropologist Katie Hinde, PhD discussed how a preponderance of "breastfed-type" bifidos bacteria in a baby's gut, especially *B. infantis*, is associated with better health outcomes and development, including improved immune function and decreased incidence of necrotizing enterocolitis (a serious intestinal disease) in preterm infants. Another of the fascinating ways microbes may be involved in enhanced immunity is through the interaction of human milk and infant (but not adult) saliva. This combination produces a form of hydrogen peroxide that destroys pathogenic bacteria, while at the same time providing nucleosides and nucleobases (building blocks of genetic material) to nourish beneficial organisms. Dr. Hinde and other researchers have even theorized that some MOMs may secrete specific neurotransmitters (chemical messengers) to help regulate behavior in infants, possibly leading to better growth

through conservation of energy.

We can now add both probiotic and prebiotic benefits to the long list of breast milk's amazing attributes. For more fascinating information on breast milk composition and function, check out Dr. Hinde's blog "Mammals Suck... Milk!" at <http://mammalssuck.blogspot.com/?view=magazine>.

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Mary Francell and her husband Howard are the parents of three breastfed children, aged 25, 21 and 18. 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.

Reporting on Your Series Meeting

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1/16/2017

Annette Green, Modi'in, Israel

Writing a Series Meeting summary for your support Leader or District Coordinator (DC) is a recommended activity discussed in the Leader's Handbook (page 85). A meeting summary can highlight the strengths and weaknesses of a Group and help to improve the quality of Series Meetings. When Annette became a DC, she noticed that she rarely received these summaries. If she gently reminded Leaders via email, a few brief meeting details would be shared one-to-one, but without being a learning opportunity for other Leaders who might encounter similar situations. Annette describes how meeting reports have been transformed in Israel to create a successful support system to benefit many Leaders and mothers alike.

A transformation

In the last two years, the sharing of Series Meeting summaries has been transformed in my Area. It started when a Leader sent her meeting details to our Leaders' email list. She included a summary of the meeting, details of some of the questions that arose, topics that were discussed, the number of mothers and children attending, the donation amount and memberships sold.

She received a warm response and more Leaders followed suit using the Leader email list as a way to share meeting information and also receive support from a wide number of Leaders. When difficult situations arose, or there were questions from mothers that required more information or research, the Leader was able to receive quick and valuable feedback. Leaders started to hear how other Leaders planned and led their meetings and were able to learn and benefit from that shared experience. Sharing our Series Meeting feedback has become an important part of Leader interaction, including healthy competition as Leaders share their statistics and exchange ideas.

Leaders have gained:

Increased confidence and experience

New Leaders benefit from reading the meeting summaries from other Groups. They can learn about potential situations in a wide range of meetings, hear how other Leaders deal with similar situations and gain confidence.

Experienced Leaders who are not actively leading Groups also benefit from reading meeting summaries. It can make them feel more included if they have become distanced by administrative or management activities and they may even be encouraged to get involved with leading meetings again.

Support for lone Leaders

We have a couple of Districts within Israel where the Leaders are spread over a huge geographic distance. Face-to-face District meetings are a challenge and most in-person interaction between Leaders takes place at our Area Conferences or Area Leader Days. Reading detailed meeting summaries from other Leaders helps these Leaders feel more involved and supported.

Acknowledgement of co-Leaders

Sharing meeting summaries provides an opportunity for Leaders to publicly acknowledge their co-Leaders and their

involvement in the meeting.

Processing what happened at the meeting

Some Leaders, intentionally or otherwise, use the meeting summary as a way to process what happened at a meeting. Some meetings can be a challenge due to the number or personality of mothers who attend, the type of questions asked or personal stories that are shared during the meeting. Writing a summary of this can be a concrete way of reflecting on the meeting. Sometimes we might feel like we handled the situation well and other times we will have the chance to think about how we would react if the particular situation would reoccur.

New ideas

One Leader shared that she started her Series Meeting with a 60-second-long prepared topic, e.g., the importance of breastfeeding in the first hour after birth, pumping, the father's role in breastfeeding, or introducing solids. Sometimes these 60-second topics would spin off into more discussion. Soon other Leaders started presenting topics for 60 seconds at the beginning of a meeting. It has become a popular way to introduce a topic and share information with mothers.

Collecting statistics

We have one Leader who reads through the summaries as they are posted and collects the statistics of how many mothers attended each meeting in a spreadsheet. Collecting information for Area reports regarding meeting attendance is easier with this valuable resource.

Better communication

When there is an expectation that Leaders will share meeting summaries publicly and many Leaders do just that, the DC doesn't have to follow up with Leaders to find out what is happening with the Leader and her Group. Likewise, Leaders who are part of the Leader Department have a clear picture of Group activity in the Area.

Revealing trends in real time

Leading a Group can be challenging and the number of mothers attending can be volatile. Sharing information via meeting summaries can help identify the trends that are affecting local Groups. For example, many Groups felt a huge impact of a recent national holiday on mothers' attendance. Leaders felt less pessimistic when they heard it was affecting many Groups and would most likely return to normal attendance levels after the holiday period.

Practical tips

Choice of communication

Leader communication could be via Facebook, WhatsApp groups, email lists or other methods of communication.

Decide on sharing etiquette

In this day and age of social media and email avalanche, constant messaging and notifications can drive even the most even-tempered Leader around the twist. If this is an issue in your Area, decide in advance that not every Leader will respond to every meeting summary unless she has something constructive to add. While we do want to acknowledge Leaders, we don't want to inundate people's inboxes too much.

Using descriptive subject lines, for example *Centre Group Meeting Summary, December 2016*, gives Leaders the

opportunity to read or ignore emails when they are under time pressure. Email programs that group all emails with the same subject line together mean Leaders can read the actual meeting summary but ignore the follow-up comments if they choose.

Allow Leaders to decide on the length of the report

Meeting summaries in our Area vary from a few sentences to eight or more paragraphs depending on the Leader. We have never tried to limit the length. Often the more detailed meeting summaries get the best responses, since Leaders can comment on a great deal of material.

Respect mother's privacy

We share general information about mothers, such as the age of her baby, if she has other children and any issues she may be facing, but we do not reveal identifying information in the meeting summary.

Don't take a lack of response to your meeting summary personally

It can be frustrating to make the effort to write a meeting summary and not receive any acknowledgement for it. Trust that it is being read. Usually there are at least a few Leaders who will respond with a supportive comment so the Leader feels acknowledged.

We have found that our shared Series Meeting summaries can impact on our effectiveness as Leaders and both help and encourage other Leaders.

Annette Green was born and raised in Australia but moved to Israel 20 years ago. She has two daughters and has been a Leader since 2004. Currently, she is a lone Leader of a Group in Modi'in, Israel. She is the co-Associate Area Coordinator of Leaders (AACL) in Israel and a member of the GLC (Global Leaders Committee). Annette has her own holistic health clinic helping women with fertility, pregnancy and menopause challenges.

Accredited! Do I Still Need the LAD?

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1/16/2017

Marie-Claire Bakker, Abu Dhabi, United Arab Emirates

For many Leaders, their closest contact with the Leader Accreditation Department (LAD) is during their own application periods when they will have conversed with a LAD representative about their personal history and their thoughts on LLL philosophy.

Once accredited, we might feel relieved that the “preparation” stage is over and we can move on to the day-to-day work of being a Leader and forget about LAD. That is, until a mother attending our Series Meetings expresses interest in becoming an LLL Leader or we identify a regular Group member, whom we would like to approach to see if she might be interested in applying for leadership. At this point the LAD reenters our consciousness as we consider having an interested mother’s meeting, starting a pre-application discussion or filling out a Leader Recommendation form to begin supporting a new Leader Applicant. Here is a step-by-step guide for that eventuality.

Supporting interested mothers, a step-by-step guide

#1 Check whether your Area has dedicated LAD information files available and take the time to familiarize yourself with the contents.

Examples online include:

- [Thinking About LLL Leadership Basic Documents](#)
- Appendix 18 [LLL Prerequisites to Applying for Leadership](#) (LLLID and password required)
- [Overview of Application Work for Leader Accreditation](#); additional questions to help you guide the pre-application dialogue
- [Appendix 17 Concept Policy Statements](#) (LLLID and password required) and a guide to negotiating difficult conversations around the topic of separation
- [Leader Accreditation Materials for LLL Leaders](#) (LLLID and password required)

#2 Check in your Area directory to find the name and contact information for your Coordinator of Leader Accreditation (CLA).

#3 Ask the interested mother to read [Thinking About La Leche League Leadership](#) and let you know if she has any questions.

#4 Suggest the mother start reading the latest edition of [The Womanly Art of Breastfeeding](#) in her language (or a language she is comfortable reading). The mother interested in leadership needs to own and be familiar with this book (if available in her language).

#5 The key to a smooth application is a thorough and extensive pre-application dialogue. Arrange a time to begin your pre-application dialogue and discuss the mother’s thoughts on [Thinking About LLL Leadership? Pre-Application Dialogue](#) covering all eight sections and paying particular attention to LLL philosophy and whether the mother meets the prerequisites. If you encounter any sensitive or difficult topics or are unsure whether a mother meets the prerequisites, contact your CLA for guidance.

#6 When you are confident that you have completed the pre-application dialogue and are sure that the mother

meets the prerequisites, fill out the Leader Recommendation form. Make sure you are using the most recent version or contact your CLA to receive a copy. Fill out the Leader Recommendation in as much detail as possible; this helps the LAD understand how the mother meets the prerequisites to applying for leadership.

#7 Send the Leader Recommendation form to your CLA and ensure the mother's LLL membership is paid and up to date.

The mother fills out the application form and sends it to the CLA. Each Area may have a different procedure of submission of the forms or payment of the fee. Your CLA will advise how it is handled in your location.

#8 A LAD representative will be assigned to work with the new Applicant. The application is initiated when the LAD representative sends welcome letters to both the Applicant and the supporting Leader.

#9 As the application progresses stay in touch with your LAD representative. If you have questions about any aspect of your work as a supporting Leader, your LAD support person is there to help.

Future Areas in Asia and the Middle East

I serve as the interim CLA for Future Areas in Asia and the Middle East where many different currencies are used locally. To overcome this, we use PayPal payment only. As there would be charges to reimburse the fee, the supporting Leader first sends the completed Leader Recommendation form to the CLA. If the CLA is satisfied that the mother meets all the prerequisites, she will send the Leader the application form. The Leader asks the mother to fill it out and return it to the CLA. Occasionally the CLA may ask a Leader to discuss in greater depth about one or two topics or request additional information before accepting the application. When the two forms have been received, the CLA processes the application, and asks the Area Treasurer to invoice the mother for the application fee. When it is paid, the CLA assigns an Associate Coordinator of Leader Accreditation (ACLA) to work with both the Applicant and supporting Leader throughout the application period, and adds the new Applicant to the LLLI database so she can access the Leader pages on the LLLI website. The mother is now an official La Leche League Leader Applicant.

How your Leader Accreditation Department can help you

- If you are looking for ways to encourage interested mothers to consider leadership
- If you are planning an interested mother's meeting
- If you plan to work with several Applicants as a group
- If you are planning Applicant workshops
- If you are planning a local, regional or Area workshop or conference
- If you are interested in supporting Applicants during the application period and possibly working with the LAD

For all of these questions, contacting your local LAD representative is a great place to start. Reach out to your Coordinator of Leader Accreditation (CLA). The CLA can share with you both ideas and practical materials you can use. She can also guide and support you through delicate or awkward pre-application dialogues. Inviting interested mothers to Evaluation Meetings and involving them in Group jobs gives them insight into the behind-the-scenes work of a La Leche League Leader and allows you to get to know them better.

Marie-Claire Bakker is a Dutch/Scottish Leader in Abu Dhabi, United Arab Emirates, where she lives with her Irish husband Fergus and two of their three children, Gaia (13) and Odhran (16). Ineke (18) recently started university in the Netherlands. Marie-Claire is the Administrator of Leader Accreditation for Africa, Asia and the Middle East and interim co-CLA for Future Areas in Asia and the Middle East. She is an ethnologist and teaches in the art college of a local university.

Three Generations of Leaders

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Brooke Unger, Columbus, Ohio, USA

There have been three generations of Leaders in my family; my grandmother Judy Good, my mother Jennifer Good Spires, my aunt Joyce Good Henderson and myself. I am very proud to share our story!

Judy Good

My grandmother, Judy Good, became a Leader in 1963 and was active until her death in 2006. She was the first La Leche League Leader outside Illinois. She was also the first Area Coordinator of Leaders for Ohio, the first Director of Eastern United States and was president of the LLLI Board of Directors. My grandmother was also instrumental in founding the International Board of Lactation Consultant Examiners (IBLCE) the independent international certification body conferring the International Board Certified Lactation Consultant® (IBCLC®) credential, and helped draw up the very first board exam for that organization. One of my favorite stories from my grandmother was when Grace Kelly came to Chicago, USA for an international LLL conference in 1971 and Grandma was her assistant throughout the whole conference. She ensured Her Highness made it to all her sessions and meals and had anything she needed. She used to fondly recall that Grace Kelly was very sweet and polite and had a wonderful sense of humor.

My grandfather, Dr. Jim Good, helped La Leche League form the first Professional Advisory Board and served on that Board until his death in 1985. He had research published on the iron sufficiency of human milk and traveled internationally speaking to physicians and mothers about the importance of breastfeeding.

Jennifer Good Spires

Following in my grandmother's footsteps, my mother Jennifer Good Spires was a Leader from 1980 until she retired in 1997. She was a District Advisor and an Area Conference Supervisor in Richland County, Ohio. My mother served as a secretary to her parents and did their filing, typed their correspondence, and opened and sorted their mail. Jennifer recalls:

Growing up in a La Leche League family was wonderful. I took it for granted that everyone breastfed and was shocked to find out it was actually unusual at that time. I didn't know nursing in public was frowned upon until after my second baby was born. I attended many La Leche League conferences with my mother as a babysitter for my youngest brother. I used to help serve lunch and entertain toddlers during meetings. The first Ohio Area Conferences were called Leaders' Meetings and were held in my parents' family room until the group grew too large. I learned so much during those years. When I became a registered nurse, I assisted my dad with his research on anemia and breastfed babies.

Joyce Good Henderson

My aunt Joyce Good, was a teenager when her mother, Judy, became a Leader and she attended many meetings to help with the toddlers. Years later, my aunt adopted an eight-and-a-half-month-old baby and tried to breastfeed, but he was unfamiliar with a human breast and was not interested. Five months later, her daughter Shawn was born.

She didn't have a local LLL Group at that time, but my grandmother helped her get started with breastfeeding.

Joyce's story

I became a Leader when my baby Shawn was about six months old and launched several Groups with my friend Ruth Ridolfo before I moved to Kentucky.*

When Shawn was two and a half years old, along came Jeremy via a home birth. My dad provided great support when I had postpartum depression after Jeremy's birth and Jeremy had pyloric stenosis that caused him to projectile vomit after each feeding. Mother wasn't available when I called for help, so my father stepped up and gave me exactly the right advice and comfort!

I had two more daughters Heather and Megan, and am pleased that all three of my daughters nursed their babies. My daughter-in-law is currently nursing her seventh baby and I have 15 grandchildren in all.

In 1995, my mother and I wrote a book together for LLLI, A Special Kind of Parenting which offered the support and experiences of many LLL parents who had parented children with disabilities. I wrote and edited many of the information pamphlets offered by LLLI and was a frequent contributor to newsletters and magazines. Thirty years later, my sisters, daughters, and our daughters-in-law collaborated on a book for mothers called Help! My Baby Didn't Come with an Instruction Manual! The book offers the wisdom, humor and tips that we received from our parents, and have learned from parenting our own children and grandchildren. The values we learned and continue to practice have definitely been passed from generation to generation to generation in the Good family!

Brooke Unger

One of four breastfed siblings, I became a Leader in 2014, in Richland County, Ohio. I attended my first LLL Series Meeting—as a mother—when my daughter Amelia was about a week old. I made my mother come with me because I was so nervous and shy, but right away I knew I had found my tribe. I remember going to meetings with my mom as a child and playing in the middle of the circle of mothers. I remember winding myself up in the long knotted phone cord while mom was taking helping calls. I probably learned to read by snooping in her record of phone calls! I was so curious why she seemed to be on the phone for so long!

*** The requirement today is for Leader Applicants to have breastfed for about a year before completing accreditation. However in 1973 when Joyce was accredited the requirements were slightly different.**

Brooke Unger became a Leader in 2014 in Richland County, Ohio. She is married to husband Garrett, they have a four-year-old daughter Amelia and are expecting a new baby in March.

A Quick Guide to the International (WHO) Code

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1/12/2017

Helen Gray, London, Great Britain

The International Code of Marketing of Breastmilk Substitutes from the World Health Organization (the Code) covers **marketing** and **promotion** of products meant to substitute for breastfeeding. It **does not ban** their sale or use; it simply restricts their promotion.

Why do we need a Code?

The Code is needed to support infant health and prevent unscrupulous practices in the sale of breast milk substitutes.

What is the Code in law?

The Code is a [World Health Assembly Resolution](#); a recommendation that nations pass legislation to uphold the resolution. However there is no legal penalty if a nation does not implement a resolution that they adopted.

An updated version <http://www.ibfan-icdc.org/index.php/publications/publications-for-sale> of the Code has just been issued which discusses the rules governing the marketing of breast milk substitutes.

What does the Code cover?

- Formula milk
- Any food or drink that would substitute for breastfeeding e.g. teas or foods aimed at babies under six months, or formula aimed at any age
- Bottles
- Teats or nipples

Who is expected to follow the Code?

- Manufacturers, distributors, and retailers of any of the above items
- Health care workers, both professionals and volunteers
- Health care facilities—hospitals, clinics, etc

What must be on the label?

- Labels must be in the local language
- Information must include the hazards associated with artificial feeding
- Labels cannot use idealising language or images e.g. a happy baby sleeping, or a protective shield suggesting baby is in a protected bubble against disease

What IS allowed under the Code?

- Use of formula with safe preparation, for babies who need it
- Sale of formula with technical information e.g. “125 ml polycarbonate bottle”
- Scientific and factual information for health professionals e.g. contains certain proteins
- Accurate information on safe formula preparation is required on all labels

What is NOT allowed?

- Promotion to parents: advertising, free samples
- Promotion to health professionals: gifts, free samples
- Promotion in health facilities: posters, free formula, gifts
- Promotion of unsuitable products for babies (such as sweetened condensed milk)

Got questions?

Please send in all your questions on understanding the Code to editorl@lli.org so that we can have a topical article addressing these in a future issue.

Further information

Useful background on the Code can be found on the IBFAN website <http://ibfan.org/code-monitoring>.

Baby Milk Action has a selection of publications and educational materials

http://www.babymilkaction.org/shop#!~/product/id=13951&prid=0&ctid=4&scid=2&tp=pl_.

[Baby Milk Marketing. Who needs WHO?](#)

[Global Health Agencies and Breastfeeding](#)

[International Code FAQ](#)

[Protecting Infant Health, A Health Worker’s Guide to the International Code of Marketing of Breastmilk Substitutes](#)

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.

When There Are Two—Breastfeeding Twins

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1/16/2017

Clare Davidson, Derbyshire, England

Adapted from a write-up of a discussion on breastfeeding twins by Sarah Gill and Sadie Morrison at the La Leche League Great Britain (LLLGB) Conference on 15 October 2016 in Derby. First published in LLLGB's *Feedback* (Leaders' newsletter). Reprinted with permission.

Clare Davidson recalls her memories of a session at the LLLGB Conference in 2016 where Leaders Sarah Gill and Sadie Morrison shared their personal experiences of breastfeeding and mothering twins, and offered tips for Leaders who find themselves supporting mothers with twins.

Twins are babies—there are just two!

Many of the worries mothers have about twins may not be about breastfeeding at all, but rather about the practicalities of living with and caring for two babies at the same time. Or they may have concerns about breastfeeding premature babies if their twins were born early. In their session, Sarah and Sadie reminded us that as Leaders we know a great deal about normal baby behaviour and we know about breastfeeding. Therefore thinking of twins as two separate babies with their own unique feeding journeys may help us to realise how many skills we already have to support mothers of twins. Twins can have just the same breastfeeding issues as a single baby.

Photo
courtesy
Diana
Williams

Before the birth

A twin pregnancy is much harder work than a singleton pregnancy. The mum may feel much more tired than she expected and be facing more stresses in the form of a high risk pregnancy. She is more likely to end up with a cesarean section delivery. Encouraging her to prepare before the babies arrive, such as by filling the freezer with easy meals and accepting all offers of help, can be valuable. If she is a first-time mother, remember to offer the usual baby information; she may not know the basics like feeding cues and expectations of babies' needs and behaviour.

After the birth

A rest or feeding zone in the family living area can make some mothers feel closer to the rest of her family while meeting the needs of her babies and herself. Babies can even wear colour-coded outfits for ease of identification and be routinely placed in the same places.

Breastfeeding tips for twins

There are lots of options for feeding together or separately: together in the day and separately at night or together at home but separately when out and about. Mothers can experiment to find what works for them; there is no right or wrong way. "One breast each" may work well for some mothers. However switching breasts and babies frequently can have advantages, particularly if one twin is having feeding problems.

Frequent questions mothers ask relate to positioning two babies and include:

- Where do your hands need to be?
- Where do the babies' bodies go?
- Can they self-latch at the same time?
- Do I need pillows?

Sadie and Sarah recommended trying every position, such as both babies in rugby (clutch) hold, both babies facing left or right, or both in a classic cradle position. Biological nurturing positions (such as laid-back breastfeeding) may work well singly but may not work as well for feeding together.

For more information on feeding combinations, positions for feeding twins, and other common concerns see [Breastfeeding Twins or Triplets](#).

Photo
courtesy
Deryl
Thatcher

Sadie's tips

Sadie shared her own particular survival strategy during her twins' early days:

- One breast each
- Never wait until a baby is desperately hungry
- Feed babies together at home and separately when out
- Latch one, get comfortable, latch the other
- Use pillows to support us all
- Accept help and support
- Make sure drink and food are accessible for breastfeeding sessions
- Unlike with one baby, never walk and breastfeed
- Sleep in the day! If you are tired, and get the chance, sleep!

Joining a twins club can give mothers encouragement, useful suggestions, and a feeling of normality.

The overriding message of the session was to think of twins as a single baby times two. It's almost the same as helping mothers feed one. Leaders have the skills!

Photo
courtesy
Elise
LLL
Leader,
Coventry

Further reading

[Breastfeeding Twins or Triplets](#), Breastfeeding Support, 2016

[Premature Twins](#), Breastfeeding Today, 2016

[Breastfeeding a Premature Baby](#), Breastfeeding Support, 2016

[Do I Need a Breastfeeding Pillow?](#) Breastfeeding Support, 2016

Karen Kerkhoff Gromada, *Mothering Multiples: Breastfeeding and Caring for Twins or More*, 2007 and website: [Mothering Multiples](#)

Clare Davidson has been a Leader in Derbyshire for four years and has two daughters aged 12 and 8. She is co-editor of Feedback, LLLGB's Leader newsletter.

Sarah Gill has been a Leader for 37 years and currently lives in Nottingham, Great Britain. She has five children, including twins, and nine grandchildren. Sarah has worked on the Council of Directors for Great Britain, the Board of Directors at LLLI and for Europe in a variety of jobs. In 1989 she was responsible for implementing the first Peer Counsellor Programme and in 1994 she devised a course for health professionals to enable them to train peer counsellors which ran successfully for 22 years. In 1992 Sarah took the International Board of Lactation Consultant Examiners (IBLCE) exam to become an International Board Certified Lactation Consultant (IBCLC).

Sadie Morrison has four children aged 13, 7.5 (twins) and one year old. She has been a Leader with LLL Nottingham for 11 years and is currently studying to be a midwife.