

In this Issue

Welcome to our January 2021 issue!

In this issue we are pleased to reproduce an article from LLL Great Britain's website by Eva Williams entitled In Pursuit of Equitable Breastfeeding Support. Veronica Rohalevich Baroud, Mtein and Linda Wieser explain more about using the Listening Exercise, an optional activity in a Leader Application. Anna Burbidge shares her experience of running Series Meetings online. Kelly Durbin looks at ways that LLL helps mothers in addition to breastfeeding and Kristin Cavuto shares information on the topic of insufficient glandular tissue.

Thank you and farewell to Fran Dereszynski who has resigned from the *Leader Today* Review Board and we offer a warm welcome to Anna Burbidge who joins us as Series Meetings Contributing Editor.

- **In Pursuit of Equitable Breastfeeding Support**
- **Listening Exercise**
- **Zooming into the Future**
- **Beyond Breastfeeding: How LLL Helps Mothers in Other Ways**
- **Insufficient Glandular Tissue**

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

Growing your Group

In Pursuit of Equitable Breastfeeding Support

Eva Williams, North Oxfordshire, Great Britain

Republished with permission from La Leche League Great Britain. The original article can be found on their website: <https://www.laleche.org.uk/in-pursuit-of-equitable-breastfeeding-support/>

Inclusive organisation able to offer equitable breastfeeding support to families of all backgrounds and skin colours. In this report, we provide a comprehensive list of resources to help all Leaders inform themselves of the barriers faced by Women of Colour and how to be anti-racist.

Racial disparities in healthcare are evident in the United Kingdom (UK), and the world of breastfeeding support is sadly no stranger to systemic racism. Not only are maternal and infant mortality rates in this country shockingly higher among Women of Colour than among White women, but there are also structural barriers preventing Black and Brown families from accessing breastfeeding information and support.

According to the 2019 MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) report, Black women in the UK are five times more likely to die as a result of pregnancy complications than White women, while women of mixed ethnicity and Asian women are respectively three times and twice more likely.[1] Infant mortality statistics are equally shocking: 2013 data collected by the UK Office for National Statistics shows that Pakistani, Black Caribbean and Black African babies had the highest infant mortality rates (6.7, 6.6 and 6.3 deaths per 1,000 live births respectively) compared to White British and White Other babies (3.3 and 2.6 deaths per 1,000 live births).[2]

According to the UK Infant Feeding Survey 2010,[3] Black mothers actually have higher breastfeeding initiation rates than White mothers (96% vs. 79%), as well as higher breastfeeding rates at six weeks and six months (89% vs. 65% and 64% vs. 40% respectively). However, being able to access adequate breastfeeding support could further improve these rates, resulting in better short- and long-term health outcomes for Black mothers and babies. Breastfeeding could help save babies' lives,[4] and this is why it is so important that the support offered by breastfeeding organisations like LLLGB is accessible, inclusive, equitable and culturally relevant.

We are acutely aware that our lack of racial diversity and insufficient attention to cultural sensitivity may have created an unwelcoming environment for Women of Colour in need of breastfeeding support. We also know that socio-economic factors can have an impact on the ability of families to access our services and that Black and Brown women are often disproportionately affected. Our failure to understand this in the past has contributed to perpetuating systems that discriminate against People of Colour and, as an organisation, we stand accountable for that.

We are actively working to instigate change such as ensuring that all skin descriptions on our website are representative and not excluding, and supporting local Groups to remove barriers that might prevent mothers from attending our meetings. One of our recent National Workshop sessions ("Who's not in the room?") considered the reasons that might prevent families from seeking our support in the first place. It included the importance of carefully examining the content and tone of meeting announcements, and whether venue choice might be off-putting to those who do not normally attend Group meetings. We are also exploring training options for all Leaders in Great Britain and sharing ideas to help us actively make change. LLLGB recognises that we have a lot more work to do to fully address these issues. However we are taking our pursuit of antiracism very seriously and we are committed to becoming a

genuinely inclusive organisation able to offer culturally sensitive breastfeeding support to families of all backgrounds and skin colours.

You can access LLLGB's Equity and Representation Policy here <https://www.laleche.org.uk/equity-and-representation-policy/>

Eva Williams lives in North Oxfordshire, England, with her husband and four children, aged ten, eight, seven and one. She has been a Leader in Great Britain for five years, and is currently LLLGB's Publications Director. She acts as Editorial Consultant, making sure that LLLGB's publications and external communications are accurate and unbiased, and she is a member of *Breastfeeding Today's* Editorial Review Board. She also previously served as Editor of *Breastfeeding Matters*, LLLGB's bimonthly publication for members.

Resources

Podcasts/Presentations

Conversations with Nova Reid: More than just birth, Black maternal mortality, toxic kindness and uncovering medical racism with Mars Lord
<https://podcasts.apple.com/gb/podcast/4-more-than-just-birth-black-maternal-mortality-toxic/id1506584414?i=1000471862805>

Kimberley Seals Allers: The Lived Experience of BAME Women in Birth and Breastfeeding – UNICEF Baby Friendly 2019 Annual Conference Presentation
<https://www.unicef.org.uk/babyfriendly/bame-women-in-birth-and-breastfeeding/>

Ruth Dennison: Breastfeeding in the Black Community: Pregnancy, Birth and Beyond
<https://www.youtube.com/watch?v=m5nxfK0YeFc>

Nekisha Killings: How Did I Miss That?: Breast Assessment and Non-White Skin Tones
<https://www.goldlearning.com/ce-library/all-lectures/breast-assessment-and-non-white-skin-tones-detail>

Good Ancestor Podcast by Layla Saad: Candice Brathwaite on Being a Black British Mother
<http://laylafaad.com/good-ancestor-podcast/ep028-candice-brathwaite>

Ibram X Kendi: The difference between being “not racist” and antiracist – TED 2020
https://www.ted.com/talks/ibram_x_kendi_the_difference_between_being_not_racist_and_antiracist?

Nova Reid: Not all superheroes wear capes – how you have the power to change the world – TED 2020
https://www.ted.com/talks/nova_reid_not_all_superheroes_wear_capes_how_you_have_the_power_to_change_the_world?language=en

About Race with Reni Eddo-Lodge <https://www.aboutracepodcast.com>

Talking Race with Young Children – NPR podcast
<https://www.npr.org/2019/04/24/716700866/talking-race-with-young-children?t=1594761427154&t=1605270230307>

Dope Black Mums: The Mixed Race Experience <https://podcasts.apple.com/gb/podcast/9-the-mixed-race-experience/id1503347953?i=1000468782963>

Breastfeeding as food justice – Black Breastfeeding Week UK
<https://www.youtube.com/watch?v=3AaHjaiVoLE>

Reports/Articles/Guides

MBRRACE-UK. Saving Lives, Improving Mothers' Care – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17. November 2019. <https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf>

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McFadden, A. et al. Does cultural context make a difference to women's experiences of maternity care? A qualitative study comparing the perspectives of breast-feeding women of Bangladeshi origin and health practitioners. *Health Expectations*, 2013; 16 (4): e124-e135. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1369-7625.2012.00770.x>

Anekwe, L. Ethnic disparities in maternal care. *BMJ*, 2020. <https://www.bmj.com/content/368/bmj.m442.full>

Oakley, L.L. et al. Factors associated with breastfeeding in England: an analysis by primary care trust. *BMJ*, 2013; 3 (6). <https://bmjopen.bmj.com/content/3/6/e002765>

Kelly, Y.J. et al. Racial/Ethnic Differences in Breastfeeding Initiation and Continuation in the United Kingdom and Comparison With Findings in the United States. *Pediatrics*, 2006; 118 (5): e1428-35. <https://pubmed.ncbi.nlm.nih.gov/17079543/>

Kimberley Seals Allers: Top Five Reasons We Need A Black Breastfeeding Week <http://blackbreastfeedingweek.org/why-we-need-black-breastfeeding-week/>

Ruth Dennison: Why Black Breastfeeding Week? <https://www.121doula.co.uk/breastfeeding/why-black-breastfeeding-week-2/>

Alicia Burnett: 'We Need to Talk about Race': A reflection on the RCOG's International Women's Day conference <https://www.all4maternity.com/we-need-to-talk-about-race/>

La Leche League International: Black Breastfeeding Week Celebrations. *Breastfeeding Today*, October 2019. <https://www.llli.org/black-breastfeeding-week-celebrations/>

Zeenath Uddin: As a midwife I see racism towards BAME mothers and NHS workers alike – enough is enough <https://metro.co.uk/2020/06/22/bame-midwife-racism-nhs-race-matters-12879872/>

Child of our Time: Breastfeeding and Ethnicity <http://childofour-timeblog.org.uk/2015/04/breastfeeding-and-ethnicity/>

Boujje Media Blog: What is White Privilege <https://www.boujiemedia.co.uk/blog/>

Nova Reid Free Anti-racism Guide <https://novareid.com/free-anti-racism-guide/>

Guide to Allyship <https://guidetoallyship.com>

National Museum of African American History & Culture: Talking About Race <https://nmaahc.si.edu/learn/talking-about-race>

Faima Bakar Metro article: The way you define racism may stop you from seeing it – so what definition do you hold? <https://metro.co.uk/2020/02/28/way-define-racism-may-stop-seeing-definition-hold-12287889/>

Skin Deep <https://dftbskindeep.com>

Breastfeeding as a Black woman in modern day UK <https://abm.me.uk/breastfeeding-information/breastfeeding-as-a-black-woman/>

Black Women Do Breastfeed <https://blackwomendobreastfeed.org>

Books

How to Be an Antiracist by Ibram X Kendi

Me & White Supremacy by Layla Saad

Why I'm No Longer Talking to White People About Race by Reni Eddo-Lodge

I Am Not Your Baby Mother by Candice Brathwaite

So You Want to Talk About Race by Ijeoma Oluo

Black and British: A Forgotten History by David Olusoga

Natives by Akala

The Good Immigrant by Nikesh Shukla

This Book is Anti-Racist: 20 Lessons on How to Wake Up, Take Action, and Do the Work by Tiffany Jewell

Reproductive Injustice: Racism, Pregnancy, and Premature Birth by Dána-Ain Davis

Free to Breastfeed: Voices of Black Mothers by Jeanine Logan and Anayah Sangodele-Ayoka

Stamped: Racism, Antiracism, and You by Jason Reynolds and Ibram X Kendi

Anti-Racist Baby by Ibram X Kendi

List of books to facilitate conversation around race with children by Dope Black Mums (<https://www.dopeblackmums.co.uk/lets-talk-about-race>)

References

[1] MBRRACE-UK. Saving Lives, Improving Mothers' Care – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17. November 2019.

<https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf>

[2] UK Office for National Statistics. Pregnancy and ethnic factors influencing births and infant mortality: 2013. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocial-care/causesofdeath/bulletins/pregnancyandethnicfactorsinfluencingbirthsandinfantmortality/2015-10-14>

[3] Health and Social Care Information Centre, IFF Research. Infant Feeding Survey 2010. https://sp.ukdataservice.ac.uk/doc/7281/mrdoc/pdf/7281_ifs-uk-2010_report.pdf

[4] Victora C.G. et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and life-long effect. *Lancet* 2016; 387: 475–90.

Preparing for Leadership

Listening Exercise

Veronica Rohalevich Baroud, Mtein, Lebanon and Linda Wieser, Nova Scotia, Canada

The Listening Exercise is an optional exercise found in Part 3: Leadership Skills and Attitudes of the [LARK](#) (Leader Applicant's Resource Kit). Although it is not an application requirement, many Applicants find it an excellent opportunity to learn how Leaders facilitate Series Meetings. Linda Wieser, an Associate Coordinator of Leader Accreditation (ACLA)-at-large for Future Areas in Asia and the Middle East (FAiAsiaME), worked with Veronica Rohalevich Baroud last year on her application for leadership. Here they summarize Veronica's learning from this optional exercise.

Editor's note: The Listening Exercise was completed when in-person meetings were being held.

Veronica and her supporting Leader Nadiya Dragan agreed to prepare and conduct the Listening Exercise at one of the LLL Series Meetings. Veronica discovered that encouraging mothers to share their precious experiences and provide them with appropriate information, whenever it is needed, are the ways Leaders hear and understand mothers' concerns, and support worried parents. The Listening Exercise showed her how Leaders can help mothers become familiar with LLL concepts.

From observing Nadiya lead the meeting and from discussing her observations with Linda, Veronica learned:

1. Leaders encourage other attendees to respond to a mother's concern. Thus, they are encouraging the mother-to-mother, peer-to-peer support that is the essence of LLL rather than acting like a healthcare professional who has all the knowledge. The Leader may wait, giving the attendees time to respond, and only jump in to clarify an inaccuracy or summarize the discussion.
2. Leaders often reference one of the ten concepts. This is an excellent way to introduce LLL philosophy to the Group.
3. Leaders, along with the attendees, help normalize a mother's experience and affirm all she has done. A Leader may say: "Your daughter is lucky to have you as her mother." or "What a gift you are giving your son by breastfeeding him." It's important for parents to hear positive feedback about their breastfeeding and parenting experience.
4. Leaders warmly welcome all attendees at LLL but particularly new ones who might feel uncomfortable, awkward and perhaps, desperate at first. This is a wonderful way to help them feel comfortable, confident, and inspired, so they enjoy the meeting, spread the word and invite their friends to join, too.
5. Leaders often start the meeting asking all attendees to introduce themselves and answer a simple question as an [ice-breaker](#). This helps the attendees get involved and share their stories right from the beginning of the meeting.
6. Leaders may work with one of the mothers, one-on-one, after the meeting to try to get a good latch, for example without a nipple shield. When there is more than one Leader at a meeting, one of the Leaders may offer to work with the person in another room so the Leader can observe the baby breastfeeding.
7. If someone needs to leave early, it's most important for Leaders to make sure the mother's question got answered before she leaves. This gives the mother the necessary relief and

support which can contribute to her feeling satisfied after attending the meeting. And it may help her decide to come to another meeting in the future.

8. If someone arrives late to a meeting, it's important to welcome them and update them on the discussion. This reinforces the nonjudgmental environment at LLL meetings and helps attendees who are late feel comfortable, welcomed and invited to join the conversation.

9. Rephrasing a mother's statement can help her see that the Leader was mindfully and carefully listening to her, empathizing with her challenges and wanting to help. Or the Leader might clarify the point the attendee was making and let her explain more.

10. During the discussion on a specific subject, the Leader displays appropriate books from the LLL Group library. These books can help attendees learn more about common concerns or misconceptions.

11. The Leader connects mothers with similar concerns (twins, preterm babies, mothers pumping to build and maintain a milk supply for babies in intensive care) with each other. Although a Leader doesn't need to have had the same experience as the mother to support her, there are times when a parent finds it helpful to talk with someone who has had a similar experience.

12. The Leader's role is to support parents and detect what help they need. Through sharing their experiences, Leaders and other attendees help each other understand what's important to them. Leaders only give suggestions and information; parents decide what suits their families. Leaders empower mothers to make decisions which are right for them.

Preparing for leadership is a significant transformational stage from being a mother who seeks support to a mother who gives this support. Veronica found the Listening Exercise was a valuable and enriching practice to help with this transition. Reminding herself about the role of a Leader helped her appreciate the importance of creating a friendly and supportive atmosphere at the meeting in order to:

- Welcome mothers into discussion,
- Help mothers feel comfortable, confident and proud by affirming their efforts and progress
- Encourage parents to ask questions and address their concerns
- Provide mothers with reliable up-to-date information and
- Help them to seek necessary information in reliable resources, books or websites.

The main role as a Leader is to provide parents with helpful information, support them and ultimately encourage them to decide what suits their families.

Veronica Rohalevich Baroud, originally from Belarus, lives in Mtein, Lebanon. She and her husband, Amine have three daughters: Leonie, 11 years old, Yasmina, 8 years old, and the youngest Melinda who is 2.9 years. In 2018 Veronica attended her first LLL meeting and since that time has learned a lot about breastfeeding. With her third daughter she finally succeeded and enjoyed her breastfeeding journey. Thus, she decided to become a Leader and help other breastfeeding mothers find their own success as well.

Linda Wieser lives in Mahone Bay, Nova Scotia, Canada. Linda and husband Jim have two grown daughters and four grandchildren. Linda has been a Leader since 1984. She is currently International Director of the Leader Accreditation Department (DLAD). Linda is also Contributing Editor for "Preparing for Leadership" in Leader Today and Contributing Editor for

“How Would Your Respond?” in LADders, a publication for LAD representatives. Last year, Linda worked with her neighbour Reid Campbell, to create the new [application work videos](#).

Listening Exercise

<https://www.lli.org/wp-content/uploads/LARK-Applicant-combined-2020-July.pdf>

At the Series Meeting, you and your Leader observe. If possible, ask another Leader to be responsible for the meeting. If there is only one Leader in your Group, you could still do the exercise, or the two of you could attend another Group's meeting. You and the Leader meet within a few days for discussion.

Note what a few mothers say during the meeting, questions they ask, concerns they express, and/or some reactions to what others say.

Consider:

What you "heard" and what the Leader "heard"

What was the mother saying or asking or worried about?

How was the statement or question or concern received by the other people: Leader(s), experienced LLL members, other mothers? How did you react, both inside and verbally?

Consider:

The different responses of the Leader "group" and the attending "group"

Why the Leader reacted in a particular manner

How this tied in with the meeting goals and with La Leche League's philosophy of helping

The different responsibilities of the Leader, the Group helper, the Leader Applicant, and other participants at a Series Meeting

If you are concerned about your inner reaction, this might be a good time to look at those feelings; if you can't come to terms with them, you might place yourself in a stressful position as an LLL Leader; or you might find that at the same time as you explore your feelings, you clear away some misunderstandings about La Leche League or the Leader's role.

Discuss:

How particular responses or reactions may or may not be helpful to a mother and why How some statements or reactions can be modified to become more effective.

Include, if relevant, discussion of vocabulary, body language, how Leaders can set the tone of the responses and reactions of a group.

During your discussions, you may find it helpful to refer to the Leader's Handbook and to Communication Skills exercises.

Helping Mothers

Beyond Breastfeeding: How LLL Helps Mothers in Other Ways

Kelly Durbin, Austin, Texas, USA

As La Leche League Leaders, our main mission is to support the normal course of breastfeeding. We provide practical support as well as encouragement and information to mothers and families with a wide range of breastfeeding-related issues that come up in the first weeks, months and years. But have you ever wondered what else people take away from our meetings besides breastfeeding support?

Although each LLL meeting is different in size, composition, group dynamics, location and structure, there are many similarities. One striking similarity is that LLL Groups tend to serve the parents in the breastfeeding community with more than information and support for breastfeeding.

Perhaps you can remember your own first experience at an LLL meeting. Perhaps you found LLL because you were searching for breastfeeding and/or parenting support but found other benefits or resources by attending the Group. Possibilities include:

1. **Community and friendships.** LLL Groups often foster a sense of community among attendees. Many mothers report that the LLL Group provides them with a place to find like-minded parents, feel a sense of normalcy, discover a place to belong and even make firm friendships to last a lifetime. Because breastfeeding can sometimes feel very isolating, our meetings provide a welcome oasis for parents.
2. **Connection and company.** Many mothers continue to attend meetings with their babies, even though breastfeeding is going quite well. They might say, “I didn’t come with questions today. I am here to get out of the house and to connect with others.” An LLL meeting is a wonderful way to connect with others, while learning more about breastfeeding and parenting. The current COVID-19 pandemic has put a slight damper on the face-to-face connection that our meetings offer but it is still possible to connect at an online meeting. Hopefully, we will be able to resume in-person meetings in the future.
3. **Resources.** Mothers often come to LLL meetings with lots of questions about parenting resources, often beyond our expertise as Leaders. Sometimes their questions are related to breastfeeding, while at other times, their questions are only loosely related to parenting and breastfeeding. When questions are beyond the normal scope of breastfeeding, we can help parents find a lactation consultant or other specialist in the local area who can help with more complex breastfeeding issues. When suggesting other practitioners, try to include a range of reputable options, not just one person or practice. Occasionally, parents ask about our recommendations for infant car

seats, bottles, cups, breast pumps or other products. In these cases, it is best to refer them to online reviews or to other mothers. As Leaders, we do not make product recommendations.

4. **Library.** Many LLL Groups keep a library of breastfeeding and parenting books. Even a small library with a few well-chosen books on breastfeeding topics can provide an amazing resource for new parents. Check with LLL Leader resources in your Area or LLL entity for specific titles to include in your Group library. At the very least, keep a copy of the latest edition of *The Womanly Art of Breastfeeding*, if available in your language, for your Group.
5. **Mental health check in.** While providing mental health support is not part of our expertise, it is not possible to separate the mother from the baby in the context of breastfeeding nor separate the mother from her mental state. If a mother expresses questions about postnatal blues and depression, or explains that she is having trouble coping or feels overwhelmed, use empathy and acknowledge her feelings. You can refer mothers to their primary care doctor or other local postnatal mental health services in your area.

Undoubtedly, the most important service we provide new parents is information and support for the normal course of breastfeeding. But this certainly is not the only element of our service. It is important for Leaders to recognize that mothers come to LLL meetings seeking information, but they also may come seeking community, connection or local resources.

Are you aware of other benefits or resources that people gain from your LLL meetings? Reach out to us at *Leader Today* and share your thoughts by emailing kellydurbin@outlook.com. We would love to highlight experiences from your Groups in a future article.

Kelly Durbin has been a Leader for about ten years in the United States with experience leading meetings in five different states across the country. She, her husband and their two daughters now live in Austin, Texas, USA.

Series Meetings

Zooming into the Future

Anna Burbidge, Market Harborough, Great Britain

In common with many LLL Leaders, I always liked to start my meetings with a little bit of history about La Leche League. I loved to share how the organisation grew from a group of women who just wanted to support others to breastfeed. I especially liked to mention that, at any one time, numerous LLL Groups would be meeting just as we were, throughout the world. The meeting places and locations would vary greatly, and some women would travel miles to get there, but the warm welcome and mother-to-mother support offered has always been surprisingly consistent wherever meetings take place.

I have had the pleasure of attending not only different Groups within Great Britain (GB), but also two Groups when visiting the USA, where I was delighted to discover that I immediately felt completely at home. Although thousands of miles away from my own town, I could have been at one of my own meetings. The warmth and the interaction between women transcends borders; it is truly international.

Starting again

Over the years, I have held meetings in halls, hospitals, clinics and private homes. I've had morning and evening meetings, afternoon picnics, weekend walks and fundraisers. I've had meetings when far more mothers than expected turned up, and those when no-one came at all. I've had co-Leaders and been a lone Leader. But in recent years, for various reasons, I had stopped holding meetings. Although I continued with local phone support and occasional home visits, my main efforts were focused on national roles with LLLGB and helping with Helpline calls.

Then one of the mothers I had been supporting became interested in becoming an LLL Leader. She wanted to attend meetings to get that true LLL feel and she offered her home for us to restart the local Group. And so I decided to restart my meetings and, after some initial reservations, I began to look forward to it, knowing that it is at meetings when I am truly reminded of why I remain part of LLL and how important it continues to be to each new generation.

Changing the plan

Our first meeting was scheduled for April 2020 but on March 23, we went into lockdown due to the worldwide COVID-19 pandemic. All face-to-face meetings were, of course, cancelled and suddenly I learnt a new word—Zoom! Being an older Leader who loves trying to use technology but has very little knowledge of it, I had never heard of Zoom up until that point. (One of my daughters sent me a message “Ha ha pensioner discovers Zoom”). Suddenly my calendar was full of Zoom meetings and Leaders were discussing how to run LLL meetings online.

Zoom is an online video conferencing service that allows multiple people to talk and see each other from any location that has a good internet connection. The basic version of Zoom is free for 40 minutes which some Groups find perfectly adequate; others prefer to subscribe to the pro version. The pro version costs £11.99 (\$14.99 US) a month (plus VAT) and can be a cost-effective use of Group funds when compared against the cost of venue hire and refreshments. Some Areas have a subscription that individual Groups can use.

Within GB we were lucky to have a few experienced Leaders who took the time to share information and tips about using Zoom. I practiced joining meetings but then came the moment of setting one up on my own. I had a trial run with some of my adult children and made my first mistake. I had sent them the link to the meeting, but when I went to Zoom and clicked on

“Start Meeting” I realised this was not a link to the scheduled one. My family were soon messaging me saying “you are in another meeting!” Valuable lesson learned!

As free Zoom only runs for 40 minutes, Groups in GB got together to share a paid version and it is certainly more relaxing knowing I am not clock watching all the time.

One Leader adapted a Google sign-in sheet for me to use, along with a spreadsheet so I could have an easily referred to record of mothers attending. I send the google sign-in sheet out to interested mothers and the information given is invaluable in helping to plan the meeting. I can see who is coming, the name and age of their baby and, most importantly, the mother can share something she would like to discuss. It often seems to happen that several mothers want to discuss a similar thing which is really helpful in planning a rough guide beforehand, and looking up information!

Learning to Zoom

My original plan had been that I would run Zoom meetings the same way as face-to-face meetings with a theme each month. In fact, although I do always have a theme which I try to weave into the chat, Zoom meetings have tended to be more about “burning issues” for the mothers attending. I still start off with a little bit about LLL, and how our meeting is a discussion group for everyone to share their thoughts and ideas. As with real-life meetings I mention that some things discussed will not seem right for one mother but may be just what another finds helpful. Each attendee introduces themselves and then we turn to the issues the parents have indicated they wanted to discuss.

I am always nervous when the time comes to start the meeting in case something goes wrong. One month I was in quite a panic when Zoom refused to let me sign in to start the meetings. I was getting messages from mothers asking if the meeting was happening. I am lucky to have the support of the mother interested in leadership, and I asked her if she could open a new meeting for me, and then sent out the new link. For someone with limited technology skills this was quite a challenge, but we got there in the end. Now I make sure I give myself plenty of time to open the meeting in case something goes wrong, but I don't think I relax until I know everyone is there. I keep a close eye on the “waiting room”¹, having left a poor mother in there one time without realising, until she messaged me!

Growing a Zoom Group

As I didn't start with an established set of Group participants, I have been growing the Group from local calls and national helpline contacts. However, what has been lovely is the number of parents referred to me by word of mouth. I keep in contact with most Group attendees via WhatsApp now (a way for groups of people to stay in touch by phone messaging), and frequently get asked if they can refer a friend to me.

At my first meeting there were only four of us, but it was just what I needed to ease into this new way of doing things. Since then the Group has continually grown, and at my last meeting there were nine of us. The meetings are starting to get “regulars” and some of the mothers already know each other. Some months around 16 mothers express an interest and I started to wonder how it might work with so many by Zoom. Some Groups with more than one Leader use “break-out rooms” but I am not ready for that yet! However, just as with face-to-face meetings, things inevitably crop up which mean they can't all attend. Two mothers recently said sorry they had not attended—they had taken a much-needed nap instead, which I felt was a very good reason for not making the meeting!

¹ When a participant clicks the Zoom invitation (a link sent from the organiser), they are taken to a “waiting room” and have to be admitted to the meeting. This can be a useful aid to ensure only known contacts join the meeting, but means being constantly on alert to check no-one is waiting!

The challenges and the advantages

While the meetings always seem to go well, I do find it harder to create the LLL atmosphere online. It's hard work to be constantly scanning the faces, looking to see who is waiting to speak, who looks a bit left out, who has a question we haven't yet addressed. And if someone sends me a message in the chat box, then I am hard pressed to reply; all the time listening to what the mothers are saying and trying to make sure they get the information they need.

However, there are also great advantages to online meetings. Mothers don't have to travel miles to get there or even get organised enough to get out the door (nor do I – I finish my online Pilates class, make a cup of coffee and am ready to start). Many of the mothers who join in would not have been able to get to an actual meeting place and really appreciate being in their own home. They can dip in and out if needed, and those with toddlers find it easier to keep them amused or take time out if needed—I love it when the toddlers decide they want to join in!

Several mothers have attended meetings in pyjamas. At my last meeting one mother was lying in bed with her baby the whole time and obligingly demonstrated side nursing for a couple of mothers who asked about it! Another mother joined the meeting from a park where she was walking, sitting down on a bench to nurse. To my delight friendships are starting to grow between parents in just the same way they might have before.

Building on from the meetings

I hope it's a sign that the meetings are being enjoyed that they often run on longer than I expected and that several participants have become members of LLLGB. After the meetings I always email or message each mother to check if there was anything else she had wanted to discuss, or to send links. If a particular mother has seemed to be finding something especially challenging I will offer to privately video call her.

I know that some Leaders have been supporting parents via Skype and other ways of video calling for some time but I have always felt nervous about it. Thanks to my experience with Zoom and WhatsApp I now find it a really useful way of giving further support.

That my return to running the local Group coincided with me discovering a whole new way of supporting parents has been an exciting and rewarding experience. Both local and national calls have increased during these difficult months of isolation, and mothers who would previously have perhaps called once or twice only are staying in touch, joining the meetings or coming back to me regularly to chat about new situations. Like many Leaders I often wondered how the mother I chatted with got on, and how their breastfeeding experience developed. Now I don't have to wonder so often as they keep me informed.

At the end of any LLL meeting I think many Leaders mull it over in their minds, wondering if they met everyone's needs, or if they could have managed something better. It's been heart-warming to have mothers message me right after the meeting to say how much they enjoyed it. As one mother put it "I did enjoy that. I hadn't realised just how much I had missed talking to other breastfeeding mothers until I joined the meeting. I feel so much better for having been part of a group of women who share similar views on mothering as me. It's made all the difference."

And from its start 64 years ago, that is what LLL has been all about.

Anna Burbidge went to her first LLL meeting in 1975 as a young mother expecting her second baby, not realising that one evening would change her life. She went on to have six children and now has four wonderful grandchildren. She has remained active in LLL for 45 years, both locally and nationally and has learnt so much over the years. She remains passionate about supporting parents who want to breastfeed.

Keeping up to date

Insufficient Glandular Tissue

Kristin Cavuto, New Jersey, USA

When a brand-new parent is “born”, along with a baby, they often have many fears. One of the major fears of the breast and chest-feeding parent is that they won’t make enough milk for their baby. As Leaders, we often reassure parents that with proper management their milk supply will likely be just fine. For the vast majority, this is true! They get into the groove, they learn how to live in the rhythm of a nursing family, and all is well. However, for some birthing and nursing parents, there are medical reasons for low supply. Insufficient glandular tissue (IGT) is one of them.

IGT is a disorder in which the milk-making tissue of the breast does not develop as expected, either in utero, during puberty, and/or during pregnancy. It is caused by a variety of factors, including endocrine disorders during any of those life stages. The mother with IGT will often (but not always!) have a physical presentation characterized by a wide space between the breasts on the chest wall, tubular shaped breasts with bulbous areolae, and a lack of breast growth during pregnancy. Sometimes this “IGT look” is obvious, and sometimes it is more subtle, with clues being the wide spacing and the lack of growth. Sometimes a parent has had breast augmentation to normalize the look of the chest; this can be a clue that there may be IGT.

A nursing parent with IGT will often not know that they have it, leading to the diagnosis being made when lactation fails. With IGT, colostrum changes to mature milk, but then the volume does not increase as it should. The baby, if not supplemented, will fail to gain appropriately, and will have scant diaper output. The unsupplemented baby of a mother with IGT will quickly become failure-to-thrive and is in danger of permanent damage and even death.

All is not lost for this nursing relationship! A parent with IGT who wants to nurse their baby can still do so. They can use an at-breast supplementer (such as a Lact-Aid or Supplemental Nursing System) to give their baby donated human milk or formula at the breast. *The Womanly Art of Breastfeeding* has instructions for making a homemade supplementer on pages 422-423. With this type of device, the parent and baby will be able to enjoy nursing together while baby stimulates what milk supply is present and gains the oral, ocular, and emotional benefits of feeding at the breast. Excessive pumping is not generally recommended for parents with IGT, as it is both ineffective and disheartening. For some families, letting go of nursing attempts and learning to bottle feed with love is the best answer.

Leaders can support a mother with IGT by acknowledging that the breast, like any other organ, sometimes does not work as expected. They can provide a warm and welcoming meeting space for parents as they accept their condition and learn to feed their baby with confidence, no matter the method. Leaders can also refer to an experienced International Board Certified Lactation Consultant (IBCLC) so that parents with IGT can learn to supplement at the breast if desired, explore the medical reasons for their low milk supply and plan for the next baby. A parent with IGT can have a satisfying nursing relationship!

Editor’s note: the author would like readers to know that she originally wrote this article using fully gender neutral language which was changed during the editing process in accordance with LLLI policy. For more information see [Cultural Sensitivity in Publications](#), August 2020.

Resources for Leaders

What Does a Breastfeeding Mother Look Like? Kellymom. 2018
<https://kellymom.com/bf/normal/picture-of-success/>

Hypoplasia/Insufficient Glandular Tissue. Kellymom. 2018

<https://kellymom.com/bf/got-milk/supply-worries/insufficient-glandular-tissue/>

Finding Sufficiency: Breastfeeding with Insufficient Glandular Tissue

<https://stores.praeclaruspress.com/finding-sufficiency-breastfeeding-with-insufficient-glandular-tissue/>

In Praise of At-Breast Supplementers. LLLGB. 2016

<https://www.laleche.org.uk/in-praise-of-at-breast-supplementers/>

Bio

Kristin Cavuto is a Licensed Clinical Social Worker and IBCLC in private practice in central New Jersey, USA. Her practice specialties are low supply, maternal and infant mental health, and the intersection of ethnicity, sexual orientation, and gender in the care of the new family. She has been an LLL Leader since 2008. Kristin is the mother of two children who nursed full-term despite maternal IGT, and who are now 15 and 12.

