



# LADders



**LADders is a publication by LAD representatives for LAD representatives**

Its purpose is to help LAD representatives do their jobs with confidence and pleasure by offering a place to share information and experiences.

## Why Applicants Discontinue

*Lesley Robinson, Administrator of Leader Accreditation, La Leche League Canada*



It has long been the case that approximately 50% of those who apply for leadership eventually decide not to complete their applications. We have wondered what LAD representatives could do to change this statistic. Is the application too much work? Do Applicants have a realistic idea of what they will be doing during the application? Are Applicants overwhelmed with too much information at the outset of the application? Do we fail to give them *enough* information to begin with? Are those who make slow progress more likely to discontinue in the end? Does Leaders' support of an Applicant wane as time goes on? Do any of these factors really make a difference?

It may shed some light on some of these questions to look at what Applicants say when they make the decision to stop working towards accreditation. Occasionally, a file may be closed because an Applicant does not respond to an inquiry about her status. In such cases we can only speculate as to the reason for the discontinuation, but at least it is clear that becoming a Leader is no longer a priority for the Applicant. The application time is good preparation for the amount of time a Leader will need to devote to LLL work once accredited. An Applicant may find that the commitment level expected is greater than she had imagined. We encourage "family first" and some Leader Applicants may find that taking care of the needs of their families leaves them little time to organise other priorities.

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Some Applicants discontinue after making no significant progress in application work, sometimes without writing to the LAD representative at all. Perhaps these Applicants have found that the application was not what they expected and we might wonder whether some might be surprised by the amount of work required. We work hard to allow Applicants to design their own applications and to adapt the work of the application to their own style. The Applicant is in charge of the pace of her application, yet work is nevertheless required on the part of the Applicant. We want leadership to be available to a variety of women. Although the application should not require academic aptitude, it does require commitment and follow-through. What can we do to avoid misconceptions about the work of the application or the level of commitment required? The answer could be in the pre-application work done by Leaders with mothers interested in leadership. Although some Leaders may imagine that they find candidates for leadership and then the LAD accredits them, the Leader needs to play a more involved role, especially during the pre-application time. It is up to the Leader to share with the mother a picture of what a Leader does and to explain to her what the application entails before she applies.

Leader Applicants might cite a change in priorities as the reason for discontinuing an application. As their children grow, they become involved in other activities which need their attention. Once children begin school, mothers will find competing volunteer opportunities that take up their time. As children get older, an Applicant may return to part-time or full-time employment and juggling activities during the precious time spent away from work may leave little time for LLL. We see the same thing happen with those who are accredited, but remain Leaders only for a short period, whereas others continue for many years. Perhaps the crucial factor is in the fit of leadership in their lives. It may be only with the passage of time that Applicants become aware of their level of commitment, considering the competing priorities that mothers face while they juggle family, professional, personal and community needs. In order to meet the prerequisites to applying for leadership, a mother must demonstrate a certain commitment to LLL. At the start, this may be only a minimal commitment in the form of membership and support of our purpose and philosophy. When talking to interested mothers about leadership, we may worry about asking for too great a commitment. We want leadership to appear a comfortable, mother-sized commitment and indeed it is for many. Perhaps it is only those more passionate in their commitment who will make the time to complete their applications and remain Leaders long-term.

Some Applicants discontinue after an extended period of inactivity. How should we react when an Applicant is inactive? Is there anything we can do to inspire a resumption of progress? We can let the Applicant know that we understand if she needs to take a break to take care of family

needs. We can suggest that she make a plan for getting back to application work when she is ready and we can ask her to give us a date when we can expect to hear from her. It can help to keep in close contact with the Leader. Even though we may not be receiving communication from an Applicant, we may find that she is concentrating on what she is doing within the Group and is working regularly with the Leader. Alternatively, after a period with no contact, the Leader may



say that she hasn't seen or heard from the Applicant for months. Remember that however regular your contact, it is the Applicant who is responsible for her own preparation for leadership. The LAD representative can encourage, respond, react, affirm, support and inspire; yet it is the Applicant who is actively preparing for leadership. No one can do that for her.

In some entities after six months of no communication of progress, the LAD representative will notify the Applicant that her application is "inactive," and if no indication of progress is submitted within a month, the application will be withdrawn for lack of progress. There is flexibility when the LAD representative is aware of extenuating circumstances, but the LAD representative will only know about such circumstances if either the Applicant or Leader communicates.

Sometimes an Applicant may stop attending the meetings of the Group that recommended her, either because she moves or because the meeting time or location no longer works for her. The Leaders may no longer be able to work with her or may withdraw their support.

It is not only inactive Applicants who withdraw. Some may work through much or almost all of the application before deciding not to become accredited. That decision might be based on a personal or family crisis, or on a realistic appraisal of whether leadership will fit into the Applicant's life. We can react with respect and understanding for the deep

consideration which led to the decision. Although we are saddened by a discontinuation, it remains a privilege to have worked with an Applicant on her journey through LLL philosophy. We can appreciate her dedication and her thoughtful work. Time spent on an application is never wasted, either for the Applicant or the LAD representative. We hope that the reflection will serve the Applicant well in the future, both in her personal and professional life. For the LAD representative, every personal history is enriching, so there need be no regrets.

Realistically, there are so many variable factors that may contribute to an Applicant's decision to discontinue her application that it is not possible to pinpoint what we would need to do differently to prevent it from happening. We have learned from experience and follow-up surveys that often discontinuation is a matter of "life" and changed

priorities having intervened. These are not matters within the LAD representative's control. Where we can have influence, though, is in the way we treat each Applicant with respect for her unique situation. We respect her decision and we appreciate her special contribution to LLL and her willingness to have considered leadership.

*Lesley Robinson lives with her husband, Mark, in Ottawa, Canada. Their three grown children, Kate (born 1985 and studying in Cape Town, South Africa), Alex (1987, going to graduate school in New York, USA), and Will (1989, at university in Canada), have flown the nest. Lesley was accredited in 1987 and has been a LAD representative since 1991. She is currently Administrator of Leader Accreditation (ALA) for La Leche League Canada and C-DAM (CLA) for Ligue La Leche (French Canada).*

## LAD Council Report to the LLLI Board of Directors ~ October 2012

**Global Network:** LAD Council members have continued to work cooperatively to ensure the smooth running of the Department. We are offering support to each LAD entity by organizing LAD sessions; creating/updating resources; recruiting/orienting new LAD representatives; and responding to inquiries. We maintain the global network through frequent, cordial communications. Outreach has been expanded to extend help from LAD representatives to Applicants with a common language outside their own entities.

**Semi-Annual Reports:** The LAD Council collects the Semi-Annual Reports. Statistics for the October 15, 2011 - April 15, 2012 reporting period can be found in *LADders* 2012 #3, page 4 (see link below); comparison of the four most recent reporting periods is also included.

**LADders:** The two latest issues of LAD Council's quarterly international, multi-lingual publication can be found online at:  
[http://www.lleus.org/LAD/ladders/LADders\\_2012\\_3.pdf](http://www.lleus.org/LAD/ladders/LADders_2012_3.pdf)  
[http://www.lleus.org/LAD/ladders/LADders\\_2012\\_2.pdf](http://www.lleus.org/LAD/ladders/LADders_2012_2.pdf)  
 (Username: LAD Password: LADis#1)

**LLL World Directory** is kept up-to-date to facilitate easier communication regarding Applicants who move.

**LADI Inquiries to the LLLI Web Site:** Responded to over 60 queries from around the world, from mothers interested in LLL leadership where there is no local Group, and from former Leaders seeking reinstatement.

**LAD Council Meeting:** In conjunction with the March European Management Symposium in Frankfurt, Germany, the first LAD Council Meeting in five years was held. Ten

LAD Council members, representing seven entities, attended.

**Appeals:** Three formal appeals from U.S. mothers, all involving separation, have been dealt with and resolved by LAD Council.

### Highlights from LAD Entities

#### Resources/Projects

- The universal version of *Leader Applicant Resource Kit* was introduced globally
- Increasing use of *Leader Applicant's Handbook* (Great Britain)

#### Publications

- *Leaven* articles contributed by LAD Council for the "Preparing for Leadership" column
- Newsletters for Applicants: *Chrysalis* (LLL Canada), *Arc-en-ciel* ([Rainbow], Ligue La Leche), and *Horizons* (Alliance)

#### Translation

- Translating *LADders*, SARs, *Leader Applicant's Handbook*, and other LAD materials
- Publishing the Chinese edition of *Leader's Handbook* (Future Areas in Asia and the Middle East)
- Offering bilingual LAD representatives' support
- Russian translations of numerous LAD documents in preparation for applications from readers of the new Russian translation of *The Womanly Art of Breastfeeding*
- Accrediting Leaders without a common language, with help from translators





## Global LAD

*There are many factors that can discourage a woman from breastfeeding. Sometimes we are hardly aware of the social and cultural conventions in our society that create “barriers” to breastfeeding. In this fascinating and thought-provoking article, Marie-Claire Bakker speaks from her experience of working as a LAD representative in a country whose culture is not her own. Are you working with Leader Applicants in a cultural climate that either supports or deters breastfeeding? We’d love to learn from your observations and experience. If you have an idea for the Global LAD column, please contact Alison Parkes at: [Rnparkes.family@ntlworld.com](mailto:Rnparkes.family@ntlworld.com)*

## LAD Representative in the Middle East

*Marie-Claire Bakker,*

*Area Coordinator of Leader Accreditation for  
Asia, Africa, and the Middle East*



My family and I moved to Abu Dhabi in the United Arab Emirates (UAE) a year and a half ago, and time has flown by so fast. It has been a huge change from the Swiss hillside where we lived before. Having previously worked as a Middle East ethnologist, I am delighted to finally be back in part of the world that I love.

My co-Leader Noura and I lead with the only La Leche League Group in the whole of the UAE. This country consists of seven Emirates of which Abu Dhabi is the largest and the capital, the others being Dubai, Fujairah, Sharjah, Ras al Khaimah, Ajman and Umm Al Qaiwan; we are bordered by Oman and Saudi Arabia. While I work with Applicants from Great Britain to China in my ACLA-at-Large capacity, the Group has also been working with three Leader Applicants and two mothers in pre-application dialogue. Two of the Applicants are in different Emirates,

and this means we are working with them as semi-isolated Applicants/mothers.

Working as a La Leche League Leader in the Middle East brings its own unique challenges from a cultural, linguistic and religious perspective. LAD representatives who are working with mothers, either in pre-application dialogue as isolated mothers or in the capacity of A/CLA, need to be very sensitive in their approach and be aware of the particular social and cultural demographics and dynamics of this region. Most of my information about breastfeeding and Islam is applicable to the whole Middle East. Some of my information will be more specific to working in the Arabian Peninsula. Muslim culture in general is very supportive of breastfeeding. It goes back to the teachings of the Quran, which encourages mothers to nurse their babies for two years. Breastfeeding is mentioned in the Quran several times.

Middle Eastern Muslim women place a high value on the religious instruction to breastfeed their infants, and almost all will initiate breastfeeding. However, the cultural practices of supplementation, milk sharing and fasting, as well as the prevalence of diabetes in the population in the Gulf, can interfere with exclusive breastfeeding.

**Supplementation** or mixed feeding is almost universally practiced. This stems from both a lack of understanding about the benefits of exclusive breastfeeding and the fact that in large extended families with lots of domestic help, there are always eager hands to hold the precious new baby and feed him. There are many myths surrounding the nature of breast milk as opposed to formula. These include the following: breast milk is too watery to ever satisfy the baby; breastfed babies cry because they are always hungry; formula is a better alternative because it has all the nutrients; a mother can never produce enough milk for her baby; in the first days there is absolutely no milk so formula is definitely necessary. As you can see, trying to pass on accurate information on breastfeeding is vital.

There are also many social obligations on the new mother who is expected to receive visitors and well-wishers. The mother will not feel comfortable nursing in front of them. Sometimes there will be social engagements that new mothers are obliged to attend, but they are not expected to bring their babies along. Leaving baby at home to be cared for by someone else is quite common, and we occasionally have meetings where some mothers turn up without their babies to ask about breastfeeding. Frequent separation and bottles given by other family members or nannies while the new mother is otherwise engaged often lead to problems of low milk supply. The husband may be very supportive and keen to encourage his wife, but he barely sees her for the first month after the birth when she is with her own family and cared for by her mother. The pressure to defer to the elder generation and take their advice is enormous, whether it is helpful or hindering. The desire to have a big chubby baby means that supplements are pushed on new mothers by well-meaning relatives. Amongst the increasing population of employed Arab mothers, the extremely short maternity leave means that in many cases they leave their babies at eight weeks to return to work. Nursing mothers are given a marginally shorter working day so that they can either pump or go home early.

**Galactagogues** are used extensively and most mothers are more familiar with the natural ones like fenugreek where traditionally the seeds are boiled and drunk as tea or soaked in water and eaten in curries. Other foods consumed to increase milk production are fresh homemade chicken broth with lentils, milky drinks or puddings that may include semolina, caraway or oatmeal, and baklava. This is thought of highly as a galactagogue as well as an energy food due to its high content of sugar, ghee (a kind of liquid butter) and nuts. The locals also regard fresh grilled fish, a central component of their diet, and grilled red meat, as well as eggs, as milk-inducing foods.

**Milk sharing** is another topic with culturally specific consequences. Wet-nursing was extremely common in the Arabian Peninsula until this latest generation. Children who have been nursed by the same wet nurse or cross-nursed by different mothers are considered siblings, milk brothers and sisters. They may not marry each other and a woman who has nursed an unrelated male child may continue to be unveiled before him (as can his milk sisters). A Leader may encounter more enquiries about adoptive nursing in the Middle East and Muslim societies because a mother adopting a male child wishes to ensure that he has the same legal rights as a blood child and that she will be able to continue to appear unveiled before him as he enters puberty. There are very specific requirements to Islamic adoption. The child must be under the age of two, and be fully nourished for at least five feedings. For some mothers, this is the entire goal and they will discontinue nursing once this is achieved, while for others the nursing relationship that has developed will continue. *(See LLLI policy on milk donations and milk sharing below.)*

**Fasting** during the holy month of Ramadan is obligatory for all Muslims. There are, however, circumstances that allow



fasting days to be deferred or food/alms to be given to the poor in lieu. If a pregnant woman feels that fasting is at all detrimental to her baby (usually early and late in pregnancy) or is too tiring for her, she may defer fasting days; similarly if a lactating woman feels that her or her baby's health would be affected, she can choose not to fast. Research shows that milk supply will not be affected by short-term fasting, but becoming severely dehydrated can cause supply to decrease. If fasting women super-hydrate at night when allowed to eat and drink, then milk supply usually remains sufficient.

In the **Arabian Gulf** the populations we encounter as Leaders are culturally very diverse, and it helps to have an idea of the particularly **common dilemmas facing expatriate mothers from different parts of the world**. These new mothers are often young professional women who are having their first baby here. They are far from home, and there is usually a flurry of helpful or not so helpful family visitors when the baby arrives. The first few weeks may be fine due to this help, or be challenging because of having to cater and entertain visitors. When the visitors go, these mothers, often in city skyscraper apartments or fairly remote compounds, are home alone with a new baby. A woman must be married to have a baby here. The husband is back at work almost immediately and may work very long hours. With her circle of friends all at work or having a great weekend social life, the feelings of isolation and frustration and helplessness can be very overwhelming. If you add to that breastfeeding difficulties, a fussy baby and minimal medical aftercare, you can understand how much support these new mothers need, and that Leaders need to be aware that these mothers may become clinically depressed. If they are going back to work, they have a short maternity leave and many are focussed on pumping right from birth. Milk supply and pumping challenges are big topics here.

**The Cesarean section** rate seems very high; I estimate that eight out of every ten mothers I see here have had C-sections. Very often the baby is given a bottle before the mother has even been stitched up. Any subsequent delay in milk coming in is yet another reason for early supplementation and then later milk supply problems. Whether that means we are seeing them because of problems originating with the type of birth and aftercare, or whether there is just a huge number of C-sections, we don't know.



The incidence of **diabetes** in the local populations of the Arabian Gulf is extremely high, and this too can have an impact on breastfeeding and possible delayed onset of full milk supply. This may be another reason that supplementation (sometimes necessary) is more routine here. Information about getting off to a good start (nursing often and pumping and maybe using a supplemental nursing system) can help to protect the breastfeeding relationship. As a Leader, it is important to remember to ask if a mother you are supporting is diabetic, as it may not be mentioned in passing. The LAD representative can help by making sure that Leader Applicants learn about the potential impact of diabetes on breastfeeding, which will help them, as Leaders, to support these mothers with the latest information.

As LAD representatives and also as Leaders looking for mothers who would meet the prerequisites to applying for leadership, an essential part of the pre-application dialogue in this part of the world is to establish who is ACTUALLY meeting the baby's needs. Almost without exception, every family here has **domestic staff**, locals and expatriates alike. A mother who is nursing her baby may in her own view be taking care of her baby, but she may not be doing anything else: changing nappies, interacting on a full-time basis, putting baby down for a nap, taking baby for walks, meeting her baby's nighttime needs, etc. In other words, when a LAD representative dialogues with a mother in the Arabian Gulf, it is important to be very clear about who is responding to a baby's cues. Is it the nanny or the mother?

Many women will marry fairly young but continue with college or university, even after a baby comes along.

Separation due to ongoing studies, an early return to work, and/or due to the baby being mainly cared for by staff or members of the extended family, are all important themes here. Questions that might otherwise not enter our heads to ask about become quite pertinent: whether they have household help; how the nanny helps out with the baby; what her responsibilities are and how much time every day the baby spends with the nanny or other family members; etc. Mixed feeding or supplementation may also be so accepted as part of the normal course of breastfeeding, that often, unless a direct question is asked about it, you might assume a baby is exclusively breastfed when talking to a mother who has asked for information.

Pre-application discussions that necessarily delve into the subject of separation and early weaning or supplementation can sometimes be very sensitive indeed. Many mothers may feel a great sense of loss about early weaning or supplementation and even separation that was not within their control. Do seek further guidance from your LAD support person to help guide you through these discussions.

*The LLLI Policies and Standing Rules Notebook, Milk Donations section, states: "A Leader shall not ever suggest an informal milk-donation arrangement, including wet-nursing or cross-nursing. If a mother wishes to discuss these options, the Leader's role is to provide information about the risks and benefits so that the mother can make her own informed decision based on her situation." The complete LLLI policy on milk donations can be viewed on the LLLI Web site at: <http://www.llli.org/leaderpages/psrm.html#14> (LLIID and password required).*

*Noura Al Khoori, LLL Abu Dhabi, and the translations team have translated into Arabic a selection of LLL information sheets which are available as electronic copies. For more information, contact Marie-Claire at: [marieclaire.laleche@gmail.com](mailto:marieclaire.laleche@gmail.com) or Noura at: [noura.khoori@gmail.com](mailto:noura.khoori@gmail.com)*

*Editor's note: Marie-Claire has expressed deep gratitude to Noura and the mothers of La Leche League Abu Dhabi for offering information and to Dr. Modia Batterjee for writing the inspiring book, *A Fading Art: Understanding Breast-Feeding in the Middle East*.*

Mothers here need information on the normal course of exclusive breastfeeding, and support for mothers who against the odds are trying so desperately to breastfeed their babies is crucial. Misinformation from medical professionals is rife, and mothers sometimes face an uphill struggle to find information and support. Awareness of the challenges these mothers face and sensitivity to the incredible diversity of the populations we are serving as La Leche League Leaders are important discussions to have with potential Leader Applicants in the Arabian Gulf.

*Marie-Claire Bakker is a Middle East ethnologist who was born in Swaziland, Southern Africa, and grew up all over*

*Africa, the Middle East, Asia and Europe. She met her Irish husband, Fergus, at Oxford University. Marie-Claire was accredited in Ireland and has also been involved in La Leche League in Italy and Switzerland, where she served a term as a regional representative on their board (Area Council). Fergus and Marie-Claire now live with their children, Ineke 14, Odhran 12, and Gaia 9, in Abu Dhabi, United Arab Emirates, where Marie-Claire co-leads the La Leche League Abu Dhabi Group with Noura Al Khouri and works as an Associate Coordinator of Leader Accreditation for Future Areas in Asia and the Middle East.*



Here is an extract from a letter from a Leader Applicant, written to her LAD representative during her application. There is no single right answer. Sharing our own possible approaches can help us to consider a variety of ways to respond.

❖ *Sample Responses* ❖

Dear LAD Representative,

I have been reflecting on the statement “Breast milk is the superior infant food” and I wholeheartedly agree. I feel that it is important to discuss what it is superior to. Breast milk is in fact the default infant food and we really shouldn’t have to defend it. I think it is really more relevant to focus on the dangers of breast milk substitutes and what damage they can do to babies’ and mothers’ health. I feel very proud that I was able to breastfeed although I had quite a few hurdles to overcome and I am sure that most mothers would put in the extra effort required to give their babies the best start if they were properly informed of the hazards of not breastfeeding.

Regards, Lucy Applicant

It’s great to hear how strongly you endorse the value of breastfeeding and human milk. It sounds as though you had access to information which helped you persevere to overcome early difficulties and continue breastfeeding. Wouldn’t it be wonderful if all mothers had access to breastfeeding information and support?

You’ve suggested that mothers may be encouraged to breastfeed if they know the hazards of not breastfeeding. I think many Leaders would understand you, while at the same time recognising that our primary aim as Leaders is to provide information and support appropriate for each mother. For instance, how do you think a mother might feel if she has come to LLL for support after not managing to breastfeed her first baby? She may be very upset to hear how much she has jeopardised her baby’s health by not persevering to breastfeed him. Yet she, and the other mothers present, are entitled to know the truth about the risks of formula. So how can we balance these two important aims?

Our challenge as Leaders is to use language and skills that provide relevant information while respecting each mother’s choices. We want to empower her and not make her feel judged for considering alternatives to breastfeeding or for deciding to offer artificial breast milk substitutes. After all, we don’t know the circumstances in which she made that decision, nor do we know what information and support was available to her at the time.

Social and cultural influences can be very strong, and some mothers just don't have access to information which might empower them to breastfeed.

Thankfully *The Womanly Art of Breastfeeding* (2010) provides us with a model for how to balance support for breastfeeding with information about the risks of formula. *The Womanly Art* states that breast milk is a baby's normal food: "There's no formula that comes even close to the milk your body creates" (p.5) and goes on to say "Without his normal food, a baby is at higher risk of ear infections, intestinal upsets, and respiratory problems" (p. 6). The section "How Important Is Breastfeeding, Really?" (pp. 5-13) provides a model for how Leaders can talk about breastfeeding as the norm for infant feeding and introduce information about the risks of formula, while keeping the focus on empowering the mother to breastfeed.

The *Preview* lists a Group Dynamics situation that relates closely to this topic: "During Series Meeting 1, a discussion of the importance of breastfeeding evolves into an attack on bottle-feeding. One pregnant mother, who is on the verge of tears, says 'I bottle-fed my first baby because of jaundice and I really want to nurse this baby but you're making me feel like a rotten mother.'"

Let's talk through some possible ways of handling this, Lucy. Let me know your initial thoughts and we can explore it together—or you might want to discuss it with your supporting Leader and get back to me with your ideas.

Alison Parkes, Great Britain



You make an important point about human milk and breastfeeding: it is the biological norm for human babies. No breast milk substitute can measure up to this superior infant food. A meeting discussion about the "benefits of breastfeeding" can also include information about the risks of artificial feeding. The first few pages of Chapter One in *The Womanly Art of Breastfeeding* provide a great example of how a Leader might take a balanced approach, discussing both the amazing attributes of normal feeding and the risks of formula feeding. Offering information in this balanced way also means we can provide support and encouragement for a wider range of women. Every woman is unique, and mothers who make the decision to breastfeed find encouragement in different sources. So while one mother in a meeting might be motivated to persevere through difficulties because she wants to avoid the risks of artificial feeding, the person sitting next to her might find that her own encouragement comes from the knowledge that she is giving her baby a precious gift by breastfeeding.

It sounds like presenting the risks of artificial feeding is something that will be easy for you to do. If you find you need some inspiration when it comes to discussing the benefits of breastfeeding, it might help to think in terms of celebration. Discussing the "benefits" of breastfeeding doesn't necessarily have to mean we are put on the defensive, forced to prove that breastfeeding is better than formula. Instead, we can celebrate the astonishing beauty, efficiency, and perfection of the biological norm.

Lindsay Evans, USA



Dear Fellow LAD Representatives,  
 I am writing to two isolated Leader Applicants who both live in small rural communities over 200 km from their nearest Groups. I would love to have some ideas about how I can best support them. As they go through their applications I would like them to get the feeling of what it is like to be part of a Group both for their own support and so that they can feel confident in establishing their own Groups in their communities.

ACLA

How would you respond? Send your suggested reply or an extract you would like to share with other LAD representatives to Eleanor Becker at: [ellleanorbecker@gmail.com](mailto:ellleanorbecker@gmail.com)



## A Taste of LAD International

### Melinda Ring, CLA for Kentucky-Tennessee, USA



I grew up in Alabama and Tennessee, USA, and after college, I served a year with AmeriCorps, which is a volunteer service in the USA. Later I worked in academic laboratories while I earned a masters degree in education. I enjoyed a wonderful job as a museum educator until my first son, Owen, was born in 2007. Our family has moved quite a bit for my husband's education and employment as a professor and teacher of Latin and Greek languages; we have called the US states Tennessee, North Carolina, Virginia, and Pennsylvania home.

We moved soon after Owen was born to a town more than an hour away from the nearest LLL Group. When we moved again a year later, one of the first things I did in our new town, Lancaster, Pennsylvania, USA, was to attend an LLL meeting. I was accredited in January, 2011, just after our second son, Caedmon, was born.

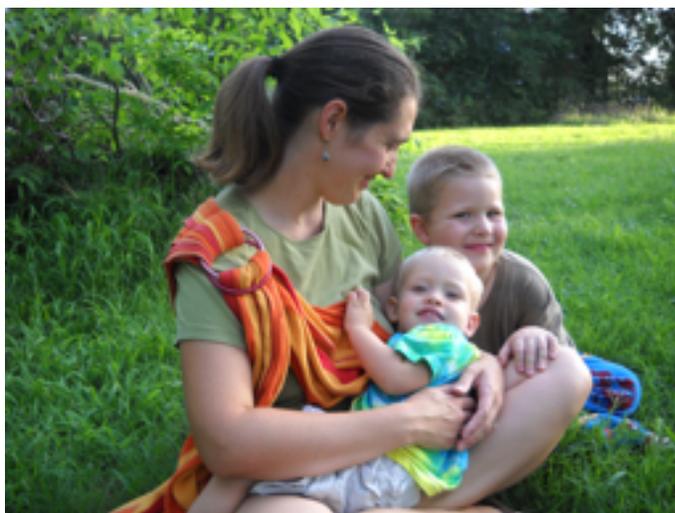
Soon after my accreditation, Peggy Moran, the ACLA with whom I did my application work, encouraged me to get involved in LLL work beyond my own Group as soon as I felt ready. She helped make me aware of the need for Leaders to participate in Area work and the shortage of Leaders active at the Area level. She was sure to note that I could join the LAD even as a new Leader.

After leading my first series of meetings, my family moved yet again for my husband's job. We were happy to be back in our home state of Tennessee, and I learned that there was no LLL Group in our county. I began working to establish a Group, and the response assured me that mothers here were waiting for a place to receive as well as offer breastfeeding support. In working with two Leader

Applicants from our Group, I became aware of the need for LAD representatives in our Area.

I was pleased to complete my LAD orientation with Marie Beam, LAD Council member, around the same time that I welcomed two new co-Leaders. I was appointed CLA for our Area in September 2012 and look forward to working with mothers to meet the needs they see in their own communities for breastfeeding support.

I am finding my new work very rewarding and appreciate the connection to other mothers that dialoguing with Leader Applicants has allowed me. I love the work of being a mother, and I am really enjoying discussions with other mothers about their mothering and breastfeeding journeys. I am learning a lot about working in the LAD, and am pleased to find myself so often in the virtual company of supportive women who have enjoyed this work long-term.





## Good Ideas!



### **Sharing *Leaven* with Applicants**

When you receive *Leaven*, consider forwarding it to all Applicants you are currently working with. Although sponsoring Leaders are expected to share *Leaven* with Applicants, they may not think to do so, now that distribution is electronic. Sending *Leaven* gives you an easy opportunity to touch base with Applicants and encourage them to communicate and make fresh progress on leadership preparation.



### **New ACLA serving as a supporting Leader**

Consider asking a new ACLA to act as a mentoring Leader for an isolated Applicant, and to work on things the local sponsoring Leader would normally cover. This will provide the Applicant with the benefit of the perspective of a Leader in her application and will provide the new ACLA with the opportunity to observe what is involved in an application.





# LAD Promenade



## *Congratulations on your appointment!*

Karin Ali	CLA, New York, USA
Laura Birch	ACLA, Great Britain
Marie-Eve Dallaire	ACLA, Ligue La Leche Canada
Francine Germanier	ACLA, Switzerland
Christina McCarthy	ACLA, Central and Southern Ontario, Canada
Deborah Mesher	ACLA, Central and Southern Ontario, Canada
Joan Peloso	RALA, LLL Alliance, USA

## *Photo letters from LAD representatives*



Laurence Kher-Descourtieux, Great Britain, with her twins, Alix and Quentin (now 13 years old).

*"I joined LAD France in 1997. It's so good to be in the baby-friendly atmosphere of La Leche League."*



Laura Birch, Great Britain, with her children: (from left) Carys, 2 ¾ years; Isolde, 7 months; Ffion, 4 ½ years.

*"I've met so many wonderful women through La Leche League."*



Eri Kido, Japan, with her children, Akiho (now 13) and Minami (now 19). This photo is from the Japanese edition of *The Womanly Art of Breastfeeding*.

*“Minami was smiling because she was so happy to have her little sister.”*



Darlene Utzinger, USA, with her grandson, Liam (born 30 Apr 2011).

*“The photo was taken in Bradenton, Florida, USA, near my home. I am holding Liam, the 9th of my 12 grandchildren.”*

It is amazing that the new year 2013 is nearly here! What was special with your LAD work this year? You may have organised a LAD session at the Area Conference. Some of us compiled or translated new LAD publications. *LADders* has reported many appointment notices in the past four issues. Special thanks to those who joined the LAD and to their orientation partners.

It is always special to work with an Applicant and accredit her as an LLL Leader. Let’s imagine how many mothers and babies one new Leader will help in the future. Your work directly contributes to the growth of the organization by helping Applicants prepare for leadership.

LAD Council would like to express its sincere thanks for all you do for this department and for La Leche League. We look forward to working further with you in the coming year!

LAD Council



*LADders* is a publication by LAD representatives for LAD representatives, designed to offer LAD representatives a place to share information and experiences. © LAD Council 2012