

April 22

Leader Today

Welcome to our April 2022 issue!

In this issue we have an exciting announcement from LLL Colombia about their winning the Order of Women and Democracy "Policarpa Salavarrieta" and Hana Cermakova announces a new LLL presence in the Czech republic. Kelly Durbin discusses lactational amenorrhea and its role in fertility, birth control and breastfeeding and Mary Francell outlines information from Abundant Milk and Rapid Milk Ejection, a presentation by Kay Hoover at the LLLI 65th anniversary conference last year. Anna Burbidge shares a variety of meeting ideas based on using the changing seasons as inspiration for meetings and finally Sarah Quigley and Linda Wieser offer ideas for Discussing Equity, Diversity and Inclusion with Applicants.

- **Orden de Mujeres y Democracia "Policarpa Salavarrieta"/Order of Women and Democracy "Policarpa Salavarrieta"**
- **Putting Czech Republic on the LLL Map**
- **Lactational Amenorrhea: Fertility, Birth Control and Breastfeeding**
- **Abundant Milk and Rapid Milk Ejection**
- **Seasonal Greetings! Using the Changing Seasons as Inspiration for Meetings**
- **Discussing Equity, Diversity and Inclusion with Applicants**

This is my final issue of Leader Today as Managing Editor. Leader Today was born in 2015 when it replaced Leaven as LLLI's information journal for Leaders and I hope it has been an interesting and useful resource. I would like to give a very special thank you to the Leader Today Editorial Review Board past and present; Toshi Jolliffe, Fran Dereszynski, Juanita Watt, Mary Lofton, Judith Gibel, and Priscilla Stothers, and to all my regular contributing editors over the past seven years; Mary Francell, Cindy Garrison, Linda Wieser, Annette Green, Rachel Brown Kirkland, Kelly Durbin, and Anna Burbidge.

Philippa Pearson-Glaze, Leader Today Managing Editor

Lactational amenorrhea: fertility, birth control and breastfeeding

Kelly Durbin, Austin, Texas, USA

Lactational amenorrhea is a period of temporary infertility that accompanies breastfeeding and is marked by the absence of monthly periods. Postpartum fertility is an important topic and many mothers who seek breastfeeding support have questions about using lactation as a means of birth control.

The physiology of lactational amenorrhea involves a highly sensitive hormonal feedback loop between the brain and ovaries (or hypothalamus-pituitary-ovarian axis). When the infant is at the breast, the suckling action triggers nerve signals that travel from the breast to the brain. This causes the hypothalamus to alter the hormones released from the pituitary gland. This state of altered hormones disrupts normal activity in the ovaries, triggering a temporary period of infertility because ovulation is suppressed. This period of infertility is often referred to as LAM, or the Lactational Amenorrhea Method and can provide very effective birth control.

In 1988, scientists and fertility specialists gathered in Italy at the Bellagio Consensus Conference to define the conditions for using lactation amenorrhea as birth control. They established that in order for LAM to be effective three important conditions must be met:

- 1) The infant is less than six months old,
- 2) The menstrual cycle is absent, and
- 3) The baby is exclusively breastfeeding.

Once any of these conditions are not met, the effectiveness of LAM begins to wane (Kennedy et al., 1996). The Bellagio Consensus established the risk of pregnancy to be less than 2% in the first six months postpartum while using LAM (Lancet, 1988). According to the World Health Organization, the risk of pregnancy while using this method correctly is less than 1% (WHO, 2020).

There are many benefits to using LAM as birth control in the first six months postpartum. LAM requires no special equipment, no pills, prescriptions or supplements, and is universally available. Unlike hormonal birth control such as the contraceptive pill, some intra uterine devices (IUDs) and implants, the LAM method does not involve synthetic hormones, which for many nursing parents can interfere with milk supply. In addition, using the LAM method is highly cost effective as it is free.

LAM provides excellent birth control for six months but also enhances positive maternal and infant health outcomes. For example, one of the LAM requirements is full or exclusive breastfeeding. Exclusive breastfeeding for six months, aside from promoting LAM, is known to optimize infant gut health, support normal infant weight gain, and protect against certain respiratory illnesses and diarrhea. Exclusive breastfeeding also promotes positive outcomes for maternal health as well. Breastfeeding decreases the risk of developing certain cancers and conditions. For example, breastfeeding decreases the risks for breast and ovarian cancers as well as the risk of developing type 2 diabetes (Chowdhury et al., 2015).

There are some ways to enhance the use of LAM. LAM appears to be associated with the intensity and duration of feeding, not just in terms of duration of months, but also duration of minutes throughout the day. The period of ovulation suppression and infertility can therefore be enhanced by:

- Offering the breast whenever baby displays feeding cues (nursing on demand)
- Nursing frequently throughout the day
- Nursing baby on demand at night as long stretches without nursing can impact LAM (Gross & Eastman, 1985.)
- Allowing baby to determine the end of the feeding instead of using arbitrary time limits
- Allowing babies to meet all their sucking needs at the breast (no dummies or pacifiers)
- Waiting until mid-way through the first year to introduce solid foods

Research shows that the physical stimulus of suckling at the breast directs suppression of ovulation (McNeilly, 2002). Therefore, it is important to maximize the infant's time at the breast for suckling, even for comfort. The Bellagio Consensus did not expressly state that dummies or pacifiers be prohibited, and it is very likely that some people have success with LAM even while occasionally using a pacifier (dummy or soother). However, it may be best to minimize the use of pacifiers in order to protect the action of LAM. Minimizing the use of pacifiers also enhances milk production.

Lactational amenorrhea as birth control might not be the best option for everyone. For some, it can be hard to practice exclusive breastfeeding. In addition, there is some evidence that the risk of pregnancy is slightly higher for working mothers who practice LAM (Valdés et al., 2000). Another consideration for this method is that it is less reliable after six months, making it necessary to use alternative birth control after that time.

Some mothers or nursing parents who have purposefully used LAM or others who are meeting the LAM criteria for other reasons (promoting good milk supply, using responsive feeding techniques, or when cultural norms promote exclusive breastfeeding) have noticed that they experience a longer period of sub-fertility than they would prefer. Sometimes, for those with intense duration of breastfeeding, fertility has not yet returned when they are ready to conceive another child. There is evidence that the pattern of breastfeeding is a factor when it comes to fostering the return of fertility. For those who take months to gradually wean, the return of fertility could be stalled. On the other hand, abrupt changes to the nursing pattern can bring on ovulation more quickly (Andersen, & Schiøler, 1982) but stopping breastfeeding completely is not usually necessary. There are anecdotal stories about ovulation returning for women who experience temporary separation from their toddler, for example, after a weekend away. Reducing feed frequency, longer stretches between certain feeds or night weaning have triggered ovulation for some mothers.

Further reading

Taking Charge of Your Fertility by Toni Weschler.

References

- Andersen, A. N., & Schiøler, V. (1982). Influence of breast-feeding pattern on pituitary-ovarian axis of women in an industrialized community. *American Journal of Obstetrics and Gynecology*, 143(6), 673-677.
- Breastfeeding as a family planning method. (1988). *Lancet (London, England)*, 2(8621), 1204–1205.
- Chowdhury, R., Sinha, B., Sankar, M. J., Taneja, S., Bhandari, N., Rollins, N., ... & Martines, J. (2015). Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. *Acta paediatrica*, 104, 96-113.
- Gross, B. A., & Eastman, C. J. (1985). Prolactin and the return of ovulation in breast-feeding women. *Journal of Biosocial Science*, 17(S9), 25-42.
- Kennedy, K. I., Lobbok, M. H., & Van Look, P. F. A. (1996). Lactational amenorrhea method for family planning. *International Journal of Gynecology & Obstetrics*, 54(1), 55-57.
- McNeilly, A. S. (2001). Lactational control of reproduction. *Reproduction, Fertility and Development*, 13(8), 583-590.
- Valdés, V., Lobbok, M. H., Pugin, E., & Perez, A. (2000). The efficacy of the lactational amenorrhea method (LAM) among working women. *Contraception*, 62(5), 217-219.
- Family planning/contraception methods. (2020, June 22). WHO | World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

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.

Mantenerse al día

Orden de Mujeres y Democracia “Policarpa Salavarrieta”

Claudia García, Bogotá, Colombia

El martes 14 de diciembre de 2021, la Liga de La Leche Colombia recibió la condecoración de la Orden de la Mujer y la Democracia “Policarpa Salavarrieta” de manos de la Comisión Jurídica para la Equidad de la Mujer del Congreso de la República de Colombia (Comisión).

En la Orden nuestro trabajo es reconocido de la siguiente manera:

en beneficio de la comunidad lactante para fortalecer la seguridad alimentaria de los infantes a través de la promoción de la lactancia materna, así como la salud mental y física de las madres gestantes y lactantes, mediante el fortalecimiento de las redes de apoyo

La historia de LLL Colombia

La norteamericana, Carolina E. de Villa, fue la fundadora de la Liga de La Leche en nuestro país. Casada con el ingeniero colombiano, Álvaro Villa, conoció la Liga de La Leche Internacional (LLLI) en 1963. Durante los años siguientes quiso compartir sus experiencias y aprendizajes en Colombia y fundó en Medellín, en 1976, la Liga de La Leche, y 10 años más tarde, en Bogotá.

Carolina desempeñó varios cargos en LLLI, entre ellos el de coordinadora general para Latinoamérica. Unos años después de la trágica muerte de su esposo, víctima de la violencia en Medellín, Carolina de Villa regresó a los Estados Unidos, en donde permaneció al tanto del devenir de su querida Liga de la Leche Colombia hasta su muerte, el 6 de mayo de 2016. Es autora del libro “Querer es poder, reflexiones y sugerencias sobre la lactancia materna”, de venta en la Liga de la Leche Colombia). Carolina permanece en el corazón de las líderes que tuvieron el privilegio de trabajar con ella en los inicios de la Liga en nuestro país. La recuerdan como una mujer tremendamente generosa, llena de amor y que dejó grandes enseñanzas en su paso por Colombia. ¡Gracias a ella por su inmensa contribución a la lactancia!

Publicidad previa al Premio

En 2019 estaba decidida a proyectar el documental [MILK](#) en Colombia. Mis compañeros de LLL Colombia me apoyaron y también busqué el apoyo de UNICEF (Fondo de las Naciones Unidas para la Infancia). Como resultado, el documental fue proyectado en 14 ciudades del país y visto por 3.000 personas. A través de este emprendimiento conocí al asesor de la congresista Jezmy Lizeth Barraza Arraut, Andrés Martínez, quien nos invitó a proyectar el documental en el Congreso de la República. Ella venía trabajando por políticas que apoyaran a la mujer y fue entonces cuando la Comisión comenzó a aprender sobre LLL Colombia. LLL Colombia también ha apoyado el proyecto de ley de la Comunidad Lactantes, brindando información y yo participé con una ponencia en el debate de este proyecto de ley.

También nos conocía por el libro El Arte Femenino De Amamantar, que ha tenido muy buena acogida en nuestro país y se vende en todas las librerías. Se publicó por primera vez en español en 2017 gracias a la gestión de Valeria Baena y yo con la editorial Random House. Nuestra labor siempre les ha parecido de admirar y fue así como ella le solicitó al congreso dar un reconocimiento a nuestra labor de 45 años en Colombia.

Cabe señalar que LLL Colombia pertenece a varios comités en diferentes escenarios y somos un referente para organizaciones, universidades y el gobierno nacional quienes solicitan nuestro punto de vista. Hemos trabajado en varios proyectos como el GRUPO DE TRABAJO COVID en marzo de 2020, en el que dimos grandes aportes. También hemos apoyado la elaboración del Plan Decenal de Lactancia Materna 2020-2030. El trabajo voluntario de Líderes Colombianos ha sido particularmente reconocido por estos dos proyectos.

Orden de Mujeres y Democracia “Policarpa Salavarrieta”

En la ceremonia de premiación del 14 de diciembre de 2021, el Coordinador de la Red Internacional de Acción por Alimentos para Bebés (IBFAN), el colombiano, Rubén Orjuela, expresó unas lindas palabras en nuestro honor. También la Dra.: Nancy Bernal Pediatra e IBCLC expresó su agradecimiento por el apoyo que mutuamente nos brindamos, y una madre agradecida, Yajaira Bermúdez, expresó su vivencia como madre y representó a miles de madres, con unas palabras que nos hicieron salir lagrimas. Fue una noche conmovedora, llena de alegría y mucha oxitócica. Mi discurso de aceptación en español se puede ver aquí: <https://www.youtube.com/watch?v=2HnAyMpDcck&t=2371s>

Recibir este reconocimiento ha sido un gran honor para nosotras, las Líderes voluntarias de La Leche League Colombia, y agradecemos a las miles de mujeres y familias que han confiado en nosotras para acompañarlas en su camino de lactancia. Sentimos el apoyo y respaldo del país y una validación a la linda labor que con pasión realizamos y de la que estoy segura, seguiremos haciendo. También queremos extender este reconocimiento a todos los Líderes que día a día trabajan junto a nosotros. ¡Este premio es para todos ustedes también!

Claudia García es líder desde hace diez años y es madre de Vanessa, una jovencita de 19 años. Conoció la LLL en el embarazo de su hija y siempre estuvo interesada en ser Líder. Vive en Bogotá y es ACL de AZA, un Área nueva, creada hace cinco años.

English Translation

Keeping up to Date

Order of Women and Democracy "Policarpa Salavarrieta"

Claudia Garcia, Bogotá, Colombia

On Tuesday, December 14, 2021, Liga de la Leche Colombia received the decoration of the Order of Women and Democracy "Policarpa Salavarrieta" from the Legal Commission for Women's Equity of the Congress of the Republic of Colombia (Commission).

In the Order our work is recognized as follows:

"for the benefit of the breastfeeding community to strengthen the food security of infants through the promotion of breastfeeding, as well as the mental and physical health of pregnant and nursing mothers, by strengthening support networks."

The history of LLL Colombia

An American, Carolina E. de Villa, was the founder of La Leche League in our country. Married to the Colombian engineer Álvaro Villa, she became aware of La Leche League International (LLLI) in 1963. Subsequently in 1976 she founded Liga de la Leche in Medellín, the second largest city in Colombia, and ten years later, in Bogotá. Carolina held several positions in LLLI, including that of general coordinator for Latin America. A few years after the tragic death of her husband, a victim of violence in Medellín, Carolina de Villa returned to the United States, where she remained in touch with the progress of her beloved Liga de La Leche Colombia until her death on 6 May 2016. She is the author of the book *Querer es poder, reflexiones y sugerencias sobre la lactancia materna (Desire is Power, Reflections and Suggestions about Breastfeeding)*, sold by the Liga de la Leche Colombia. Carolina remains in the hearts of the Leaders who had the privilege of working with her during the beginnings of LLL in our country. She is remembered as a tremendously generous woman, full of love. During her time in Colombia she taught us a lot. We are grateful for her immense contribution to breastfeeding!

Publicity leading up to the Award

In 2019 I was determined to screen the documentary [MILK](#)¹ in Colombia. My colleagues from LLL Colombia supported me and I also sought the support of UNICEF (United Nations Children's Fund). As a result, the documentary was screened in 14 cities in the country and viewed by 3,000 people. Through this venture, I met Congresswoman Jezmy Lizeth Barraza Arraut's adviser, Andres Martinez, who invited us to screen the documentary in the Congress of the Republic. She had been working towards policies that supported women and it was then that the Commission began to learn about LLL Colombia. LLL Colombia has also supported the Lactating Community bill, by providing information, and I participated with a speech in the debate on this bill.

Andres Martinez also knew of *El Arte Femenino De Amamantar (The Womanly Art of Breastfeeding)*, which has been very well received in our country and is sold in all bookstores. It was first published in Spanish in 2017 thanks to the involvement of Valeria Baena and me with Random House (a book publishing company).

¹ A film by Noemi Weis about the politics around birth and infant feeding

The Commission has always admired our work, which is how Andres Martinez asked the congress to recognize our 45-year work in Colombia. It should be noted that LLL Colombia belongs to several committees in different settings and we are a benchmark for organizations, universities and national government who request our point of view. We have worked on various projects such as the COVID TASK FORCE in March 2020, and we have also supported the development of the Ten-Year Breastfeeding Plan 2020-2030. The voluntary work of Colombian Leaders has been particularly recognized for these two projects.

Order of Women and Democracy "Policarpa Salavarrieta"

At the award ceremony on December 14, 2021, the Coordinator of the International Baby Foods Action Network (IBFAN), Colombian Ruben Orjuela, spoke warmly in our honor. Dr. Nancy Bernal pediatrician and IBCLC, expressed her gratitude for the support we mutually offer and Yajaira Bermudez, who shared her experience as a grateful mother and represented thousands of mothers, made us cry with her speech. It was a moving night, full of joy and lots of oxytocin. The full text of the award is copied below and my acceptance speech in Spanish can be viewed here <https://www.youtube.com/watch?v=2HnAyMpDcck&t=2371s>

Receiving this recognition has been a great honor for us, the volunteer Leaders of La Leche League Colombia, and we thank the thousands of women and families who have trusted us to accompany them in their breastfeeding journeys. We feel the support and backing of our country and feel validated for the beautiful work that we carry out with passion. We also want to extend this recognition to all the Leaders who work along with us every day. This award is for all of you too!

Claudia Garcia has been a Leader for ten years and is the mother of 19-year-old Vanessa. She found LLL when she was pregnant with her daughter and she was always interested in being a Leader. She lives in Bogotá and is the ACL of AZA, a new Area, created five years ago.

English translation of the delivered parchment

**Legal Commission for Women's Equity
Congress of the Republic of Colombia
Council of the Women and Democracy Order "Policarpa Salavarrieta"**

Honors Resolution number 046 of 2021

The Legal Commission for Women's Equity of the Congress of the Republic of Colombia, making use of its legal attributions and especially those conferred to it by Act 5 from 1992, Congress Regulations, Act 1434 from 2011, and the Legal Commission for Women's Equity Board of Directors' Resolution number 001 from 2020, and

Considering:

That the Women and Democracy Order "Policarpa Salavarrieta" was created as a homage to the brave and courageous women; to exalt those natural or legal persons who promote the realization of women's civil, political, economic, social, and cultural rights, which make them worthy of a great distinction that emanates as political representation of the Colombian woman.

That in this occasion we wish to express our admiration for Liga de La Leche Colombia - LLLColombia and publicly praise the work that it, since its inception, has done for the benefit of the "Breastfeeding Community" through the promotion, protection, and support for breastfeeding on national territory, safeguarding children's food security as well as the mental and physical health of pregnant and breastfeeding women through the strengthening of support networks for this practice, which carries important benefits for society at large, having a positive and direct impact on the lives of more than 200,000 women, their babies, and their families.

That Liga de La Leche Colombia - LLLColombia has carried out its social work since 1976 in several cities in our country through support Groups offering help and mentoring to women, training to health professionals and institutions, and also by participating in project development, according to the policies established by La Leche League International and Colombian law.

That since then Liga de La Leche Colombia - LLLColombia is a nonprofit organization on national territory whose goal is to provide information and support to those women who wish to breastfeed their children, and that the international organization it is part of has NGO [non-governmental organization] status at the United Nations, without profit, religious or political goals, whose main objective is to promote and support breastfeeding together with a parenting style that values motherhood.

That this award was requested by the Honorable Jezmy Lizeth Barraza Arraut, President of the Legal Commission for Women's Equity, wishing to praise Liga de La Leche Colombia - LLLColombia by proposing its name before the Council of the Women and Democracy Order "Policarpa Salavarrieta".

That Liga de La Leche Colombia - LLLColombia, according to the review carried out by the Council of the Women and Democracy Order "Policarpa Salavarrieta", perfectly fulfills the requirements demanded by Resolution number 001 from 2020;

That for all the foregoing reasons, the Council of the Women and Democracy Order "Policarpa Salavarrieta"

Resolves:

Article 1: The Women and Democracy Order "Policarpa Salavarrieta" is bestowed upon Liga de La Leche Colombia - LLLColombia for the work undertaken in order to promote and advance breastfeeding in the Colombian territory as a sign of women's empowerment, emphasizing their femininity and work as mothers.

Article 2: The President of the Legal Commission for Women's Equity, Jezmy Lizeth Barraza Arraut, Representative from the Department of Atlántico, is commissioned to present the corresponding insignia and parchment to Liga de La Leche Colombia - LLLColombia at a special and solemn ceremony.

Article 3: The present resolution comes into force on its date of issue. Be it thus notified and obeyed.
Issued in Bogotá on December 14th, 2021.

Jezmy Lizeth Barraza Arraut Grand Master of the Order

Amanda Rodo González Rodríguez Lady Chancellor of the Order

Maria Cristina Rosado Saravia Chancellor of the Order

Photos: Courtesy of the Press House of Representatives.

Growing your Group

Putting Czech Republic on the LLL Map

Hana Cermakova, Brno, Czech Republic

I became an LLL Leader in the summer of 2021. My first encounter with LLL was in 2018 when I was an expatriate (expat) living in Berlin, Germany and pregnant with my first child.

I felt quite anxious about the whole process of having a child in a foreign country due to the language barrier and being isolated without any support network. When I read about LLL expat meetings in English, I hoped this could be a good opportunity to find support.

I still remember the pleasant calming vibe that being in the company of other women who were in a similar situation gave me. I sat in awe that, for the first time in my life I could actually see women breastfeed. The whole subject of breastfeeding—similar to natural birth—felt to me as something that many women strived for but often do not succeed with. I was naturally curious to learn more from them.

I left the meeting with a healthy dose of self-confidence and a copy of *The Womanly Art of Breastfeeding*, which one of the Leaders kindly lent me. I spent my postpartum dutifully in bed, mostly in the laid back position, reading with my baby sleeping on me. Breastfeeding has worked for us—and is still working to this day when I am pregnant with my second child.

The next LLL meeting was the first place that I went to after having my baby; a safe place where I could breastfeed her, change her nappy and enjoy the company of, and learn from, other moms without the pressure to look organized! I kept going to the monthly meetings regularly for more support and eventually I felt I would like to return the favor and become a Leader, too.

When I applied as an LLL Applicant, I got connected with Misha Laudicina, a fellow Czech Leader living in Italy. She supported me through the training process wonderfully. At that time we had no idea what the future had in mind for the two of us and what journey might await.

When the COVID pandemic hit, many of us were separated from our families by borders that at times became impenetrable and extremely difficult. My family decided to leave Germany and moved back to the Czech Republic. I was unsure of what would become of my LLL leadership as LLL is not formally established in the Czech Republic. The only mention of LLL I could find was that there were some expat groups in the years 2002-2006 in Prague, but that was all.

If there is something positive about the COVID crisis, it would be that thanks to everything moving online, Misha and I were able to start LLL Groups online, so that I could benefit from the support of a co-Leader. Building a new community is a challenge, but we have established an online Group in Czech and one also in English for expats living in the area of the Czech Republic and Slovakia. Slovakia is a neighboring country with which we share a lot of history. Being split peacefully in 1993, it's very common to find Czech and Slovak people in both countries and many resources are still shared. Because our languages are very similar, we can also support Slovak speakers, too. There's no LLL in Slovakia either, so why not! I am glad to see that the Groups are growing. We are starting to see familiar faces at the meetings and we also have some potential Leader Applicants. More and more mothers are reaching out for individual support, too.

To help us reach out to more mothers, we are currently trying to get in contact with the hospitals that are certified through the Baby-Friendly Hospital Initiative (BFHI). This happens to be the majority of Czech hospitals but in our experience the clinical practices of the BFHI do not seem to be consistently used. Breastfeeding rates are still very low—only 26.1% of all babies were exclusively breastfed at six weeks of age and 13.2% at three months in 2020. I am excited that LLL could help to improve these numbers.

Sadly, there are not that many quality resources on breastfeeding and motherhood in Czech that I can recommend. Many of the titles that I got to know about through our LLL library in Berlin are not available in Czech. It would be my greatest wish to have *The Womanly Art of Breastfeeding* translated into Czech. Let's hope it will happen one day!

Hana Cermakova became an LLL Leader in the summer of 2021 while living in Berlin, Germany. Soon after she moved back to Brno, Czech Republic and established LLL Czechia online there. Hana has a three-year-old daughter and is currently expecting her second child.

Keeping up to date

Abundant Milk and Rapid Milk Ejection

by Mary Francell, Washington, USA

Based on a talk by Kay Hoover presented at the LLLI 65th anniversary conference

Having a robust milk supply usually ensures that a baby thrives and grows. However, sometimes an oversupply or a rapid milk ejection reflex (MER) can cause problems for both mother and baby. At the LLLI 65th anniversary online conference, long-time La Leche League Leader and IBCLC Kay Hoover presented a session on this important topic.

Infants who are dealing with a rapid MER often gulp loudly at the beginning of a feed, choke or gag, pull off and cry, make clicking sounds (although there are several other causes for clicking) and may even cause nipple pain by pressing their tongue on the nipple to slow the milk flow. Because they get too much milk too fast, these babies may be fussy and gassy or have nasal congestion from milk in their sinuses. However, not all nursing parents who have a rapid MER also have an oversupply. Distinguishing between the two is important. Giving information on reducing the milk supply could be detrimental to breastfeeding if a mother simply has a rapid MER along with a normal volume of milk.

If there IS an oversupply, in addition to the already mentioned challenges, these characteristics may also be present in the baby:

- gains weight very rapidly
- may feed only from one breast at a time
- may nurse for a short time either frequently or infrequently
- will often not breastfeed for comfort
- may have green, frothy or watery stools
- may have a diaper rash from frequent bowel movements

Infants dealing with an oversupply or a rapid MER may spit up often and sometimes find nursing so unpleasant that they begin refusing to feed after several months and stop gaining weight.

In addition to worries about an unhappy baby, a mother with this condition may believe she does not have enough milk or that something she is eating does not agree with her child. She may also experience a painful MER, large amount of leaking, repeated plugged ducts and mastitis, and burning nipple pain. Leaders can counsel parents on these issues. If someone is experiencing significant leaking, temporary direct pressure on the nipple can help, or they may need to use a newborn diaper (nappy) as a breast/chest pad. Breast shells or other milk collectors can make leaking worse, although a mother may want to use them to release milk if her breasts are overly full. Very full breasts may also benefit from expressing just enough milk to stay comfortable and applying cold compresses (maximum 20 minutes) between feeds.

When a Leader is supporting a parent with repeated plugged ducts or mastitis often seen with abundant milk, it is important to discuss helpful measures such as gentle massage, warm compresses and limiting saturated fats. If a mother experiences recurrent plugged ducts, she may also benefit from the addition of lecithin to her diet. In addition, a parent experiencing pain with blanching (whitening) of the nipple after nursing may be experiencing vasospasms from baby compressing the nipple to slow milk flow. Comfort measures for vasospasms include applying dry heat after baby releases the nipple (or simply pressing a hand over it), massaging blood back into the nipple and holding baby skin to skin.

Several nursing techniques have been found to help mothers with a rapid MER. It is important to keep the baby's head higher than their bottom, which is why holding baby in upright and semiprone positions often work best. The mother can also compress and hold her breast or press down with the flat or side of her hand, in order to block some milk ducts during letdown. It can also be useful to hand express a small amount of milk before feeds, burp baby frequently during a nursing session and hold baby upright after eating. In some cases, it may be necessary to use a nipple shield to slow down the sprays of milk.

For babies who are receiving too much milk, comfort measures include not using elastic waist bands on their clothing, not bringing baby's legs up to the stomach when burping, rolling baby to the side to change diapers (nappies) rather than lying on their back and using a pacifier occasionally to satisfy sucking needs.

Other strategies can be added if the parent has an oversupply, although these should wait until baby is at least three weeks of age to allow the breasts to self regulate the milk supply. One strategy is to start by using one breast per feed once a day and gradually increase until all feeds are one sided – most of the time, keeping baby on one breast for two to three hours is enough to diminish supply to a manageable level. In rare instances, it may be necessary to breastfeed from

one side for up to six hours before switching or to pump both breasts fully one time before beginning one sided nursing. In all cases, it is important to carefully monitor for plugged ducts and it may sometimes be necessary to remove a small amount of milk to soften a full breast.

If the management techniques above have been used for a number of weeks without relief, the nursing parent may need to speak to their primary care practitioner about possible medications to reduce supply. Some providers may suggest considering pseudoephedrine (a decongestant with a side effect of reducing milk supply) or even low-dose birth control pills for a few days. It may also be helpful to rule out medical causes that could contribute to an oversupply, such as a pituitary tumor, prolactinoma, postpartum thyroiditis or Celiac disease.

When experiencing an oversupply, it may also be helpful to cut back on foods or herbs that are purported to increase supply, such as oatmeal or fenugreek tea. Parents may sometimes ask their supporting Leader about things like applying cabbage leaves to their breast/chest or ingesting large amounts of parsley, peppermint or sage. It's important to let these parents know that there is currently no research supporting the efficacy of these approaches.

Due to an oversupply, some babies experience lactose overload, which used to be known as foremilk/hindmilk imbalance. This is usually caused by an infant ingesting mostly lower fat/higher lactose milk, which moves through the gut too quickly to be fully digested. It often results in excess gas, abdominal pain, frequent liquid or explosive stools and a red rash around the anus. Lactose overload can usually be resolved by letting the baby finish the first breast without moving to the other side after a set period of time and reducing the milk supply. There is also anecdotal evidence that gentle breast massage before feeding can help release more fat into the milk ducts.

Oversupply and rapid MER can be challenging issues for mothers and nursing parents. La Leche League Leaders can help by distinguishing between the two conditions and sharing information about these conditions and strategies to help resolve them.

Kay Hoover has been an LLL Leader for 50 years and an IBCLC since 1985. She is the mother of three sons and grandmother of three grandsons. During her time as a Leader with LLL of Eastern Pennsylvania, she served as a District Advisor, Area Conference Supervisor and Area Professional Liaison. Kay is co-author of *The Breastfeeding Atlas*, soon to be available in its 7th edition, and she has worked in a variety of settings, including training health professionals and lactation consultants. She is a frequent speaker at national and international conferences.

Mary Francell and her husband Howard are the parents of three adult children. She has been an LLL Leader for over 25 years and is a contributing editor for *Leader Today*. Mary is an International Board Certified Lactation Consultant (IBCLC) in private practice in Bellingham, Washington, USA and currently serves as Associate Area Professional Liaison for LLL of Washington, USA.

Seasonal Greetings! Using the changing seasons as inspiration for meetings

Anna Burbidge, Market Harborough, Great Britain

After months of COVID restrictions and Zoom meetings, Leaders in some Areas are starting to resume face-to-face meetings and once again enjoy the pleasure of being in the company of other women. Zoom has been invaluable for many attendees during the last months, but some Leaders have found it difficult to stick to our usual series topics as so many women had challenges and questions they wanted to discuss. "Burning Issues" came to dominant many Zoom meetings, with Leaders finding they couldn't get a topic to flow. Restarting Group meetings seems like a good time to revisit our Series Meetings titles and enjoy thinking of some new ones.

Adding variation

The original titles of our four Series Meetings were

1. The Advantages (now Importance) of Breastfeeding
2. The Baby Arrives; The Family and the Breastfed Baby
3. The Art of Breastfeeding and Overcoming Difficulties
4. Nutrition and Weaning.

In 1984 it was decided to offer the option of using a yearly plan with twelve separate titles that could more accurately reflect the variety of topics that are discussed at meetings. While the content of the meetings wouldn't change, having a new title might also add variety for regular Group mothers instead of a repeat of the same four titles.

For Leaders who have decided to continue with Zoom meetings for now and, for a Group with mothers who have been attending for over a year, keeping the discussions varied, while meeting the needs of new parents, is even more of a challenge without the face-to-face Group contact.

Sharing Ideas

The new *Leader Handbook*, available online in the Leader section of the LLLI website (link), has some good suggestions for different title options and Leaders often have their own ideas that are fun to try.

Leaders in Great Britain (GB) recently shared ideas about using the months of the year as inspiration, and here are a few of their suggestions. Some can be used as one-off meetings or developed into a theme for all four Series Meetings. When in the year they are used will of course depend on where you live!

Spring (**March/April/May** in northern hemisphere)

With spring hopefully in the air, a flower theme is a possibility. For one series I drew a flower each meeting, with large petals and stem with leaves, and used it to fill in ideas from the Group in response to questions and statements. The petals and leaves can represent different family members or different situations.

GB Leader Deborah devised a meeting called "*Breastfeeding Is Blooming Marvellous*" which could be used in spring or summer. She asked for other words to describe blooming and then used them in her discussion asking, for instance, what mothers appreciated about the *healthy* aspect of breastfeeding, what mothers found *attractive* about life as a breastfeeding mother, how had breastfeeding helped their mothering to *blossom*. To end the meeting she asked the group for a special spring or summer memory they would treasure about breastfeeding.

The information about babies as orchids or sparklers might fit into this series (*The Womanly Art of Breastfeeding* 8th Edition, page 142).

Summer (**June/July/August** in northern hemisphere)

The summer months can be a time when families travel, go on holiday or meet up with relatives. Topics can include travelling with babies, holiday weaning, alcohol intake, protection against illness and whether certain foods need to be avoided.

Holidays, Celebrations and Breastfeeding <https://www.laleche.org.uk/holidays-celebrations-and-breastfeeding/> is a useful article and can also be used in the winter months when families may be attending more festivities.

Autumn/Fall (**September/October/November** in northern hemisphere)

The autumn has various festivities that might make catchy series titles.

GB Leader Rebecca used the title “*Harvest* for a meeting: food for our babies provided by us.” This has potential for a whole series: sowing seeds, having to put in some work, watching our “seeds” grow and change, reaping the rewards of our efforts and enjoying the results. Thanksgiving could be a similar theme.

GB Leader Deborah continued the theme of using cultural days in her regular series meetings by compiling a great meeting entitled *Halloween—have you ever found breastfeeding scary?*

Deborah prepared questions asking what the group thought might be scary about breastfeeding; what mothers had heard in the past that worried/haunted them; had they had a breastfeeding experience which gave them a fright; what was fun about breastfeeding or helped if they got fearful. She ended asking the mothers to share a breastfeeding “trick” or a “treat” they enjoyed.

Scary Myths could form a part of this meeting such as: “Your baby will nurse until college if you let them”, “You get less sleep if you breastfeed”, “You won’t be able to leave the house” and “Partners can’t bond with a baby if you breastfeed”.

I tried this meeting myself and had great fun with it. The Group mothers entered the spirit (!) by asking lots of questions about teeth!

Deborah’s November meeting was entitled *Fireworks* to coincide with a British tradition of remembering Guy Fawkes and the Gunpowder Plot by letting off fireworks². This is ideal for Meeting 4 “when your toddler makes sparks fly.” Deborah asked what type of firework the toddlers most resembled and what name the mothers would call them. She talked about igniting a firework and what might trigger a child to “explode” (either who, what or when).

Deborah went on to discuss extinguishing the sparks, calming a child who can’t manage their own emotions. Her next topic was prevention, what we might do to prevent our little one “going off” unexpectedly. This was followed by “after dark”—what causes sparks to fly after dark in a family’s house. Deborah ended by asking mothers about their child’s “fabulous display”—what they found exciting and gave them joy watching their little one.

Winter (**December/January/February** in northern hemisphere)

December

Deborah’s December meeting is entitled *Breastfeeding in the Festive Season*. She starts by asking about a happy childhood memory of a festive celebration. Then she addresses some issues which can occur during family visits: relatives trying to give children chocolate or fizzy/sugary drinks; routines which don’t fit the baby; expectations of when the baby will sleep; relatives who don’t understand sleeping arrangements, whether to drink alcohol.

If in your own home, how do you cope with visitors and ask for help with chores rather than the baby? Deborah ends this discussion by talking about something the attendees are looking forward to.

I have found in my Group that coping with criticism and feeling the need to defend parenting ideas has loomed large this year. Parents are worried that families they haven’t seen for months won’t understand their way of doing things. Giving parents a few handy responses such as “This seems to be working for us at the moment” or “That worked for you but it doesn’t seem quite right for me just now” or just “Isn’t it great, we are really enjoying the way things are right now, aren’t we lucky?”, may all help avert tense discussions.

The “Holidays, Celebrations and Breastfeeding” <https://www.laleche.org.uk/holidays-celebrations-and-breastfeeding/> article mentioned earlier gives some ideas on dealing with criticism.

January

An idea in the *Leader’s Handbook* might be ideal for the beginning of the year—“*Expectations*,” starting with “Great Expectations” before birth, followed by “Realistic Expectations” with a new baby, “What to Expect” as breastfeeding continues, and “I Wasn’t Expecting That!” as baby grows.

Another idea for the first few months of a year might be *Parenting Today*—asking mothers how the things they do now might differ from previous generations, how we adapt in today’s society, and what might still be valuable from the past.

February:

If you celebrate Valentine’s Day it can provide a great opportunity for talking about feelings. Great Britain Leader Lizzie shared how she uses a Valentine’s Day theme to talk about relationships in the family, and this could include partners, other children, relatives and friends. In the *Leader’s Handbook*, *Themes for Series Meetings*, it suggests an alternative

² https://en.wikipedia.org/wiki/Gunpowder_Plot

title for Meeting Four, *Four Chambers of the Heart*, in which a drawing of a large heart is divided into four sections. This would adapt well to talking about relationships.

GB Leader Lucy devised a meeting called *Valentines: Women as Mothers and Lovers* in which she asked what being a mother is/involves and how it might differ to being a lover. She suggested possible scenarios and talked about why mothers needed taking care of too. GB Leader Deborah also used Valentine's as a way to talk about relationships and asked for creative solutions that could help to keep romance alive.

Helen G, also a Leader in GB, got creative and made cards decorated with hearts, adding a rhyme to each of them. The rhymes all started *Roses are Red, Violets are Blue*, then continued with useful comments, such as "*Breastfeeding is handy and economical too, Love Baby. Happy Valentine's Day Mum.*"

Some of these ideas work as a one-off February meeting, but some could be expanded for the whole series, perhaps discussing how important support can be and how relationships within families can change or be strengthened during pregnancy, the early months and as a baby grows. It might also include our relationship with our baby and how to deal with difficult days.

Further ideas

Helen B, another Leader in Great Britain once managed to use songs from musicals as subtitles for a whole year's meetings. These included *My Favourite Things*, *Food Glorious Food* and *How Do You Solve a Problem (like Maria)*. There are some great possibilities here and this idea could be adapted in many ways using any songs, films, or books.

For an absolutely amazing collection of meeting ideas, here is a great resource from LLL Canada: LLL Canada's Best Series Meetings Ever booklet.

https://www.lllc.ca/sites/default/files/BestSeriesMeetingsEver.pdf?fbclid=IwAR2gWmRiTmGXLCBveAl_7N3g7MvGRrOQ-a745W19Szpb4zg0mgHnHp4Xy80

With thanks to Leaders Lizzie Hall, Lucy McGilchrist, Helen Gray, Helen Butler, Rebecca Cluett and especially to Deborah Robertson for generously sharing their meeting ideas with us. Further thanks to LLL Canada for sharing their series meetings resource.

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. She remains passionate about supporting parents who want to breastfeed.

Discussing Equity, Diversity and Inclusion with Applicants

Sarah Quigley, San Francisco, California, USA and Linda Wieser, Nova Scotia, Canada

Equity, diversity and inclusion, also known as EDI, are valued within La Leche League (LLL). Why are equity, diversity and inclusion important?

- They complement our mission: *To help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.*
- They encourage us to think of ways to reach mothers and parents who, in the past, have not sought out LLL support.
- They help us learn new ways to support babies who are being breastfed, chestfed, and human milk fed.
- They broaden our view of whom we can support.
- They help us examine our organization for structural barriers that may be unwelcoming.

It's important that all potential Applicants understand and value equity, diversity and inclusion. One of the Organizational Experience prerequisites is: "demonstrates an accepting and respectful attitude toward others." This means that, as Leaders, we don't pick and choose whom we'll support. We support all who reach out to us for breastfeeding or lactation support. If a potential or current Applicant is not comfortable supporting all populations, it is important to talk honestly about those feelings. Where are they coming from? Can we share a new perspective? Is there a conflict between the LLL Mission and the potential Applicant's core beliefs and values? Sharing information on what this topic means in LLL may help them make a decision about whether LLL is the organization they want to volunteer with.

As Leaders, we know that supporting people from different walks of life allows us to grow and learn. We recognize and honor each mother as the expert on her own baby and encourage her to do what she feels is best for herself and her family. We share information rather than give advice. Some families will choose a path that we don't understand and would not choose for ourselves. Accepting those differences allows us to fully embrace the LLL Mission and philosophy, while also broadening our own perspectives.

We can create a more inclusive and welcoming atmosphere within LLL by listening to the words that people use when they talk about themselves, and we can ask them which words they prefer. Modeling this language for Applicants during meetings and when doing the *Preview* helps them practice and reflect on the importance of word choice. Here are a few examples. You may hear others from the families you support:

- Partner, husband, spouse
- Mother, father, parent, co-parent
- Breastfeeding, chestfeeding, human milk feeding
- Pronouns: she/her, he/him, they/them

LAD Council has added "equity, diversity and inclusion" to the *Checklist of Topics to Discuss in Preparation for LLL Leadership (Checklist)*. It has been added under the Section: "Helping mothers and parents one-to-one by telephone, by email, or in person" and under the topic: "Importance of respect."

Leaders discuss the topics on the *Checklist* with the Applicants they are supporting. Some Leaders may feel comfortable talking about equity, diversity and inclusion. Others may find it an unfamiliar topic and not know where to start. There are some resources on LLLI and Direct Connect Entity (DCE) websites and more will be created over the next few years.

In June 2021, the LLLI Board approved the LLLI Strategic Plan, 2021-2025. One of the goals is to "establish a more welcoming culture for Leaders and breastfeeding/chestfeeding families." A subgoal of this goal is to "create or make available Leader training resources on equity, diversity, and inclusion." LLLI has an Inclusivity and Outreach Committee,

and some DCEs have Equity, Diversity and Inclusion Committees. As you work with Applicants, check the LLLI website or your DCE/Area website to see what new resources have been added.

Here are some suggestions for discussing this topic:

- Think broadly about equity, diversity, and inclusion
 - Race, ethnicity, sexual orientation, and gender are types of diversity, as are socio-economic status, physical ability, and family structure
 - Inclusion may involve supporting parents with exclusive pumping, as well as breastfeeding
 - Equity includes considerations for meeting access, languages spoken, and financial constraints
- Brainstorm populations your Group is not attracting
- Consider doing one of the Bias Exercises with the Applicant
 - Bias Exercise A: Respecting Differences
 - Bias Exercise B: Conscious and Unconscious Biases
- Check the LLLI and/or your DCE website for resources
- Participate in an EDI session at an Area Workshop
- Join a virtual EDI book club
- Attend a webinar on this topic, if available (see Resources)

LAD representatives can also initiate a dialogue on this topic. Sarah and Linda include the following in their welcome letters to new Applicants.

Sarah:

“You applied for leadership because you want to help families—what a beautiful goal! Part of your leadership preparation is learning about supporting people from many different walks of life. As a representative of LLL, you will be upholding LLL Philosophy as well as the statement below:

LLL USA Diversity and Inclusion Statement

La Leche League USA (LLL USA) is committed to diversity and inclusion. LLL USA supports all breastfeeding, chestfeeding, and human milk feeding families, inclusive of their race, ethnicity, immigration status, national origin, creed, age, sexual orientation, gender identity, family structure, primary language, ability, or socio-economic status. LLL USA fosters diversity among its Leaders so as to incorporate a wide variety of perspectives and responsible decision-making.

What questions do you have about this statement? Do you have any concerns? For examples of diversity and inclusion, take a look at these articles (not required for leadership preparation) and feel free to discuss with me or your Supporting Leader:

<https://www.llli.org/islamic-cultural-practices-breastfeeding-2/>
<https://www.llli.org/breastfeeding-info/transgender-non-binary-parents/>
<https://www.llli.org/life-as-an-exclusive-expresser/> “

Linda:

As you know, LLL is an international mother-to-mother, peer-to-peer breastfeeding support organization. We welcome all who contact us for support. They may be exclusively breastfeeding, they may be chestfeeding, they may be supplementing with a breast milk substitute, they may be human milk feeding. We also recognize that families come in a variety of forms. Again all are welcome. As an organization, “equity, diversity and inclusion” is something we value. La Leche League is exploring ways to reach a more diverse breastfeeding population. Thus, you will see me and others within LLL using some additional words besides the words traditionally used in our organization (mother, women, breastfeeding, mothering through breastfeeding). The La Leche League International (LLLI) Inclusivity Statement states:

We at La Leche League International have all nursed our babies. If you want to do the same, whoever you are, whatever your story is, we're here to help.

LLLI is committed to serving everyone inclusive of race, ethnicity, religion, sex, national origin, ancestry, age, marital status, physical or mental ability, socio-economic status, political views, gender identity, sexual orientation, family structure, or other protected status.

LLLI seeks the equitable accreditation of a diverse body of Leaders.

Increasing one's understanding about what equity, diversity and inclusion means for LLL Leaders is an important part of the preparation for leadership. As you discuss equity, diversity and inclusion with Applicants and other Leaders, you may identify resources that would be helpful. Contact your DCE EDI Committee or the LLLI Inclusivity and Outreach Committee with your suggestions.

Current resources on the LLLI website:

News from LLLI:

- [Becoming Welcoming](#), May 2021
- [Black Lives Matter: "A Lived Experience"](#), June 2020

Leader Today:

- ["Reaching Adolescent Mothers,"](#) April 2021
- ["In Pursuit of Equitable Breastfeeding Support,"](#) January 2021

Breastfeeding Info A to Z

- [Islamic and Cultural Practices in Breastfeeding](#)
- [Transgender & Non-binary Parents](#)

LLLI Webinar Library

- [Cultural Awareness and Cultural Humility - English](#)
- [Cultural Awareness and Cultural Humility - Spanish](#)

LLL Policies and Standing Rules

- [Accessibility and Cultural Sensitivity](#)
- [Inclusivity Statement](#)
- [Language in LLLI Publications](#)

Resources on other LLL websites:

LLL Canada lllc.org

- [Trans Nursing Tip Sheet](#)

La Leche League GB <https://www.laleche.org.uk/>

- [Support for Trans and Non-Binary Parents](#)

Webinars on other breastfeeding/lactation websites:

- Gold Learning*
 - [Historical Trauma, Racism and White Privilege: The Barriers to Breastfeeding Success](#)
 - [Providing Culturally Sensitive Support for Breastfeeding Muslim Families](#)
 - [Love Makes A Family: Supporting LGBTQIA and Gender Non-Conforming Families](#)
 - [Check your "Blind" Spot, The Crisis We Are Not Talking About: Transforming Color Blindness to Racial Equity](#)
- [Breastfeed LA*](#)
- [Michigan Breastfeeding Network *](#)

* *Although these webinars are not approved LLL resources they are included for your consideration.*

Sarah Quigley lives in San Francisco, California, USA. She and her husband, David, are proud parents to daughters Charlotte (13) and Katherine (10). Sarah became a Leader in 2010 and joined the Leader Accreditation Department in 2013, where she serves as Regional Administrator of Leader Accreditation (RALA) for LLL USA LAD. She works as an IBCLC at a local hospital.

Linda Wieser lives in a rural part of Nova Scotia, Canada with her husband Jim. They have two grown daughters and four grandchildren. Linda has been a Leader since 1984. She worked for many years in the Professional Liaison Department before joining the Leader Accreditation Department in 2008. Linda is currently the LLLI Director of Leader Accreditation Department (DLAD). She is also Contributing Editor for "Preparing for Leadership" in Leader Today and Contributing Editor for "How Would Your Respond?" in LADders. Linda continues to lead local LLL meetings with her co-Leaders in Nova Scotia.

