

## In this Issue

Welcome to our April 2020 issue!

In this issue we have articles sharing news from La Leche League South Africa and Israel and a discussion on how to empower mothers by Giuditta Mastrototaro. Kelly Durbin looks at how to handle discussions about baby purchases in Series Meetings. Laurence Kher provides help for any Leader who is supporting a Leader Applicant and finally two Leaders share their experiences of living with the coronavirus outbreak in China.

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### Please send in your ideas and articles

Whether you have an idea for a great meeting plan, fundraising tips for your Group, a photograph, an experience to share, or a request for an article on a specific subject, we would love to hear from you. Please send contributions for *Leader Today* to [editorlt@lilli.org](mailto:editorlt@lilli.org)

*Philippa Pearson-Glaze, Leader Today* Managing Editor

# Being a Supporting Leader: One of Five Basic Leader Responsibilities

Laurence Khern, Paris, France

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**“[A La Leche League Leader . . .] Takes an active role in helping other mothers find out about leadership and helps them prepare to become LLL Leaders.”**

From “Leader: Basic Responsibilities,” *LLLI Policies and Standing Rules* (LLLI PSR)

When we become Leaders, many of us commit to fulfilling the basic Leader responsibilities for which we prepared during our application. The above responsibility can seem daunting and stressful for some Leaders, especially when it’s soon after accreditation.

## **After the pre-application discussion**

Perhaps, you have had a pre-application discussion and submitted a recommendation, and the candidate has just been accepted as a Leader Applicant. Or, an Applicant has joined your Group after being recommended by another Leader.

The candidate or the Group has paid the application fees, if applicable, may have received application materials and is now very keen on getting started. Within a few days or weeks, the Applicant will be assigned a Leader Accreditation Department (LAD) representative to dialogue with.

After the pre-application dialogue, a Leader will naturally continue to support the new Leader Applicant until accreditation. What exactly is your role as supporting Leader? You feel you have already done an important part and now you wonder what is expected of you. How best can you support the Applicant to develop Leader skills and be prepared to perform Leader responsibilities when it’s time to sign the Statement of Commitment?

## **Working with a Leader Applicant**

LLL application work isn’t a “training” like a university course. It doesn’t give any degree. There is no test to “pass” or “fail” and no marks.

Accreditation is a commitment to be an LLL Leader in order to fulfil the LLL mission. There are as many ways of being an LLL Leader as there are Lead-

ers, and every Leader can find within LLL a way to thrive and develop new skills. Your role as a supporting Leader is to mentor the Applicant about Leader work and ways Leaders support mothers and parents.

During the application time, Applicants learn about the five basic Leader responsibilities and how best to meet them. As a supporting Leader you are specifically responsible for working with the Applicant on the *Checklist of Topics to Discuss in Preparation for LLL Leadership (Checklist)* and the *Preview of Helping Questions and Group Management (Preview)*. You may also be asked to assist the Applicant with the *Breastfeeding Resource Guide (BRG)*.

You may start by telling the new Applicant how you (and/or other Leaders) perform Leader responsibilities and discuss what the Applicant would like to do when accredited. These discussions can involve fitting LLL in one's life, practical organization, and balancing LLL with other commitments. Family first is important so we can avoid burning out. It matters to us to keep the job mother-sized. The application period is a good time to start making space in one's daily life for leadership.

As a supporting Leader, plan to meet with the Applicant on a regular basis. Applicants can start working on the application right after it has been accepted, even if they haven't been assigned a LAD representative yet. With *The Womanly Art of Breastfeeding*, *Leader's Handbook*, leaflets (if available), a login to the LLLI or local LLL website and your support, Applicants have all they need to start exploring Leaders' tools before hearing from the corresponding LAD representative. They can also start writing about the ten concepts.

At your regular meetings with the Leader Applicant, your discussions will be guided by the *Leader Applicant's Resource Kit (LARK)*, by each basic Leader responsibility, by the chapters of the *Leader's Handbook*, and by any discussions you may have together about Leader knowledge and skills.

La Leche League is a mother-to-mother, peer-to-peer organization. During the application period, Applicants develop the skills for supporting mothers and parents and increase their knowledge about basic breastfeeding management. They are not required to know all the information they are learning by heart. They do need to know where to find the information when needed. It's helpful to think of the application period as a time when the Applicant is transitioning from the "mother who receives support" to the "Leader who gives support."

### **How to use the LARK?**

The [Leader Applicant's Resource Kit \(LARK\)](#) (LLL username and password required) is a guide which helps Applicants understand the five application re-

quirements they need to complete to meet the LLLI Criteria for Leader Accreditation: personal history, *Breastfeeding Resources Guide*, *Checklist*, background reading and *Preview*. The different parts can be explored in any order.

There are also three optional exercises (Listening Exercise, Bias Exercise and Mixing Causes Exercise) in the LARK which Applicants may decide to do with you. Applicants are free to explore more topics or reading if they want; however, they shouldn't be asked to do more than the necessary work to meet accreditation criteria. Any further work is optional. If you don't know what is required, refer to [Applying for Leadership](#), LLLI PSR and/or ask any LAD representative.

Once you have planned to meet on a regular basis, discussions can focus on exploring the basic responsibilities:

- ✓ helping mothers and parents one-to-one by telephone, by email, social media, or in person
- ✓ planning and leading monthly Series Meeting
- ✓ supervising the management of the LLL Group
- ✓ keeping up-to-date on breastfeeding information
- ✓ helping others find out about leadership and prepare to become LLL Leaders

Use the *Checklist* (LARK, Part 3: Leadership Skills and Attitudes) as your guide of what topics to discuss. These would include discussing Leaders' knowledge and skills, such as active listening; avoiding mixing causes; preparing meetings; using LLL resources which offer the information a mother needs; managing a Group (including funding and use of funds, library, Group jobs, liability insurance, managing sensitive information); group dynamics; helping situations, etc.

In addition to discussing the topics on the *Checklist*, you will need to complete the *Preview* (LARK, Part 5: *Preview of Helping Questions and Group Management*) with the Applicant. It can be worked on throughout the application or saved until the end, or a combination of both. You will be required to submit an evaluation report of the *Preview* when you have explored at least five helping questions and three Group management scenarios with the Applicant. Many Applicants and Leaders decide to do more.

### **Completing LLLI Criteria for Leader Accreditation**

Applying for Leadership (LLLI PSR) describes precisely what the LLLI Criteria for Leader Accreditation are. In order to complete them, Leader Applicants

work on five parts which complement each other. These five parts involve some self-assessed learning, dialogue with a LAD representative and discussions with a supporting Leader.

- **Personal History of Breastfeeding and Mothering:** The Leader Applicant tells her story related to the ten concepts. It leads to a discussion with a LAD representative about the Applicant's understanding of LLL philosophy, and how it relates to her experiences. This is to satisfy the LLLI Criterion for Leader Accreditation that the Applicant "demonstrates understanding and practice of LLL philosophy."
- **Breastfeeding Resource Guide (BRG):** This includes several pages of self-directed learning about basic breastfeeding management and LLL resources. Completing the BRG is required to satisfy the Breastfeeding Management criteria.
- **Checklist of Topics to Discuss in Preparation for LLL Leadership:** These topics are discussed with a supporting Leader and satisfy the Leadership Skills criteria.
- **Preview of Helping Questions and Group Management:** The Applicant practices with a Leader or Leaders responding both to common questions asked about breastfeeding and to comments that are apt to come up at a Series Meeting. This is done by telephone, email or in-person and relates to both the Leadership Skills and Breastfeeding Management criteria.
- **Background reading:** This learning helps fulfill the Breastfeeding Management and Leadership Skills criteria.

### **Signing the Statement of Commitment**

Keeping in contact with the Applicant's LAD representative is essential since both of you have specific roles to play to make sure the new Leader has completed the LLLI Criteria for Leader Accreditation before signing the Statement of Commitment.

When the LLLI Criteria for Leader Accreditation have been met and the Applicant feels ready to take on the responsibilities of LLL Leader, the next step is to sign the Statement of Commitment. This is the final step of the application and the first step of leadership. You can be proud of the work you and the Applicant have done. You have helped the accreditation of an LLL Leader.

Working with a Leader Applicant can be an enriching experience for both you and the Applicant as you learn from each other. When you are closely in-

volved in an Applicant's preparation for leadership, it ensures steady progress of application work. This keeps both of you motivated. Your dedicated work mentoring a future LLL Leader results in support to more breastfeeding mothers, parents and babies and a future co-Leader who starts LLL work with confidence and pleasure.

*Laurence Kher lives near Paris, France. She has five children ages 30 to 20 and two grandchildren. Laurence has been a Leader since 1994 after meeting La Leche League in Washington, DC, USA, where her second child was born. Laurence joined the Leader Accreditation Department team to keep in touch with La Leche League (LLL) while being an isolated Leader.*

## Series Meetings

# Meeting 2: The Baby (Gear) Arrives

Kelly Durbin, Austin, Texas, USA

At Series Meeting 2, we talk about all the elements of bringing home a newborn and how to get breastfeeding flowing in a positive and effective manner. This meeting gives us a chance to discuss the basics: recognizing feeding cues, how often to feed the baby, feeding positions, latching techniques, overnight feedings, sleep arrangements and more. But sometimes the discussions turn to the baby equipment or "gear" (items and gadgets) that one may need, instead of how to meet the baby's needs.

There is no shortage of things to buy for a baby these days. Some baby equipment and infant technology (tech) is quite useful but some of the gadgets run the risk of interfering with breastfeeding. Some parents come to LLL meetings specifically looking for advice on the best new products. While it is not our responsibility to provide the pros and cons of all baby gear and gadgets, it can be helpful to have some strategies for dealing with a discussion of infant tech, especially if the gadgets seem to interfere with breastfeeding.

What can a Leader do?

1. **No recommendations.** New parents often want input on the best breast pump, the best breastfeeding pillow, nipple shields, bottles, or nursing bras. Remember that as Leaders, we do not recommend specific brands or products. Parents can read reviews online or talk to other parents about their favorite items.

2. **Is it necessary?** Sometimes, before the baby arrives, new parents get the impression that they need to buy all kinds of things. Who can blame them? Parents want to be prepared and most infant gadgets are heavily promoted with savvy marketing schemes. It can be helpful to discuss how to meet their baby's needs without buying another piece of equipment. For example, instead of using commercially made breastfeeding pillows many mothers use traditional bed pillows that they already own—or go without pillows altogether.
3. **Most people share their favorites with good intentions.** Years ago, before I became a Leader, I attended a meeting where one regular attendee in our Group always recommended a certain book about infant calming techniques to everyone with a newborn. She had very good intentions about sharing her beloved book with others, but she didn't realize that one size does not fit all. After months of recommendations, she had a second child and the calming techniques she knew and loved were ineffective—she realized that the book didn't work for all babies.
4. **Empower parents.** For those who are brand new to parenting, the array of infant equipment and baby tech can be overwhelming. Sometimes, new parents want someone to tell them what works and what doesn't. They are looking for someone to show them the way. But instead of weighing in on the best or the most useful type of gadgets and gear, it is important for us to empower parents to find their own favorites, experiment with items that appeal to them or explore the items that are best suited for their personal needs. Encourage mothers to evaluate their needs before committing to a purchase, especially if it is a big expense.
5. **Breastfeeding friendly gadgets?** Not all baby gear is created with the breastfeeding relationship in mind. Consider the humble pacifier/dummy. This is not exactly the latest state-of-the-art baby gear; it has been popular for decades. It is designed to calm a fussy baby, but if overused, it can lengthen the time between breastfeeds. Research offers some insights: full-term infants who used a pacifier or dummy in the hospitalization period after birth were less likely to be breastfeeding and less likely to be exclusively breastfeeding after ten weeks of age (Kair & Colaizy, 2017). Another study showed that termination of breastfeeding by six months was associated with the use of dummies/pacifiers at two months of age (Hermanson & Astrand, 2019). However, there is some research that shows that restricted use of pacifiers and dummies can be used for therapeutic purposes to improve suck reflex,

improve neurobehavior and state organization, and reduce the risk for SIDS or cot death with vulnerable infants (Lubbe & Ten Ham-Balyoi, 2017).

6. **Is there an underlying need?** Sometimes parents can rely on a device or gadget because of an underlying problem or need. For example, one mother might use the car seat, even when not riding in the car, because she may find it easier to transport her baby or to keep her baby calm. In this scenario, look for ways to discuss baby-friendly carrying and calming techniques in addition to the use of car seats and infant seats. Ask other mothers to share their baby calming methods and infant carrier choices. This scenario may also reveal that a mother is overwhelmed and needs more support.
7. **The skills of parenting are irreplaceable.** The promise of virtually every gadget available in the infant tech market is for the purpose of making life easier. But there is always a trade-off. Every time we introduce a gadget whether it's a white noise machine, a nipple shield or an infant swing, the use of that item usually brings some separation between parent and child. While sometimes infant tech can truly be a life-saver, we cannot forget the skills of parenting that promote mother-baby togetherness. At times, the white noise machine and infant swing are perfect solutions. At other times, the baby will need closer human contact: shushing, singing and rocking in a mother's arms.
8. **Balance skills with tech.** Remember to share with parents low-tech breastfeeding skills and parenting skills so they can strike a balance between the use of both. At a recent meeting I attended, parents were discussing the advantages of certain breast pumps. The conversation eventually revealed the idea that not everyone needs a double electric breast pump. For some mothers, hand expressing or using a manual pump is sufficient.

Parents today are using more infant tech than ever. As Leaders, we can encourage parents to balance their baby gear with the skills of breastfeeding and parenting. We can also bring the conversation back to breastfeeding, reminding parents that aside from providing a clean nappy or diaper, breastfeeding usually does meet all infant needs!

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**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.

## Growing your Group

# Creative Fundraising in South Africa

Rahmat Bagus, Parow, Cape Town, South Africa

I am a Leader with the Parow Group in Cape Town, South Africa, with my two co-Leaders Dilshaad Sungay and Gwynneth Hefke. Our Group is in a low to middle income area. For seven to eight years, we received no donations or memberships from the mothers in our area. Consequently we personally covered the costs of running our meetings and providing snacks, tea and coffee. Two years ago, we decided to add the following statement to our meeting notices:

“Meetings are free but an R20 (equivalent of United States \$1.30) donation would be appreciated and helps us to keep LLL running.”

To our surprise, mothers started giving R20 and sometimes more. Those small amounts added up and helped us pay for providing refreshments at meetings. The donations also helped us grow our library by buying books, and they allow us to continue our own growth by funding Communication Skills Training and breastfeeding courses to upgrade our knowledge and skills to help mothers more effectively.

Our Group started 11 years ago and attendance varies. We've had quite large Group meetings of around 20 mothers. Occasionally we've had to split the Group between two Leaders. But we've also had very quiet meetings with only one mother attending. We also invite grandmothers and female caregivers to attend. We have had one fathers meeting as well last year, after several mothers requested that. Our closest Groups are 15 to 20 kilometers (about 9 to 12 miles) away.

Parrow Group was started by my supporting Leader, Dilshaad Sungay, who got her 20-year leadership badge last year. Dilshaad had been an LLL Leader for ten years already, and a busy mother to five children, as well as being one of our peer counselor training coordinators. She had attempted starting up a Group in our area a few times before I met her but had not had much community support or success in attendance.

I am also a medical doctor, and had just recently started up my own private practice, a year before meeting Dilshaad. You could say that fate brought us together. I referred mothers to Dilshaad, and that's how our Group got started and grew. Dilshaad kept encouraging me to join LLL and consider leadership. Five years ago, I did just that. Another Leader, Gwynneth, joined our Group about three years ago.

We also started a WhatsApp group (a messaging group) and currently have 250 mothers in the group. This helps mothers to reach us at times of difficulty, between meetings, and allows mothers to connect and support each other.

Many of us find it difficult to ask mothers for money, but we realized from this experience that mothers want to contribute but may feel there's an expectation of a "big" financial donation, and therefore may refrain from giving any donation at all. By giving them an actual figure that's affordable, they gladly contribute, and several small contributions pool to become a sustainable source of income for our LLL activities. We just wanted to share our experience, and hopefully help other Leaders who may be struggling with raising funds.

*Rahmat Bagus is a mother to two sons and two daughters, ages 16, 13, 9 and a recently self-weaned five-year-old. She has assisted at La Leche League meetings for the last ten years in Cape Town, South Africa, and became an accredited Leader five years ago. She is also the Assistant Area Professional Liaison for South Africa.*

# Making the Desert Bloom La Leche League Style

By Ilana Glucker, Beer Sheva, Negev Desert, Israel

David Ben-Gurion, Israel's first prime minister, had a dream — to make the desert bloom. The Negev desert in the south of Israel covers approximately 60 percent of the State of Israel. When the state was founded, it was very sparsely populated. Ben-Gurion fell in love with this marvelous region and made it his mission to help the desert bloom and develop, and when he retired he settled there himself.

More than 65 years later, I made it my mission to bring La Leche League to the Negev—and make it bloom in breastfeeding support.

In the summer of 2014, a military conflict in the Gaza Strip broke out. Hundreds of rockets were fired and many families, especially in the south of Israel, spent hours on end in shelters. At the time, I was a breastfeeding mother living in the center of Israel, where we had considerably fewer attacks, and yet I still had the experience of breastfeeding in a bomb shelter in the middle of the night. I was also a Leader Applicant and was very active on the La Leche League Israel Facebook group.

Whenever the Leaders advertised a Group meeting, there were always responses asking why there were no meetings in the south, and it was clear to me that there was an opportunity to fill. And so, feeling the misery of the families in the south of Israel under constant attack, together with their frustration at the lack of breastfeeding support nearby, I made it my mission to fill this void.

Israel is a small country, and when I say there were no meetings close by for mothers in the Negev, one may question this — as there are meetings in cities about an hour's drive from the Negev. However, one needs to take into account social standards. Israelis are not accustomed to driving far from home for things they need. They expect to have all basic services within walking or a short driving distance. Most Israelis do not travel far for work, and a commute of over 45 minutes is considered very long. Given these norms, the idea of traveling over an hour, with a baby or while pregnant, would not appeal to many mothers. Furthermore, the socioeconomic situation in the south is lower than in the center of Israel—hence not all families may own a car, and

public transportation, though much improved in recent years, is still far from convenient. In general, there is a feeling of the south being cut-off and neglected.

And so, at the end of the conflict with Gaza, in the autumn of 2014, I set about establishing the first La Leche League Group in Beer Sheva, the capital of the Negev.

I started by posting the idea in the LLL Israel Facebook Group and asking local mothers to suggest a convenient venue for the meetings. It took some weeks and many phone calls, but we were finally offered a space in a privately owned mother and baby leisure complex in Beer Sheva—the largest city in the south of Israel. We set a date for the first meeting, and then I asked for volunteer Leaders to come and lead the meeting. As the drive to Beer Sheva for most Leaders takes one and a half to two hours, we decided that each month a different Leader would come and lead the meeting, thus sharing the load. A Leader Applicant would handle the coordination, publicity and related needs.

The first meeting was in November 2014. We drove down to Beer Sheva, two Leaders, Sivan Ben-Orr and Annette Green, and two Applicants, Nirit Karawani (now one of my co-Leaders in Kiryat Ono, in the center of Israel) and myself. We were excited. We didn't know if anyone would show up. We didn't know what exactly to expect. We had asked mothers to register for the meeting, however we knew from past experience that this does not always provide a good indication of how many mothers will show up. The meeting was an overwhelming success. We arrived to find mothers already waiting for us, and more and more mothers poured in. In the end, 38 mothers attended! A record for all Israeli Groups!

Luckily, the venue had two rooms we could use, and there were two Leaders present, so in a split-second decision, Sivan and Annette divided the Group. Sivan led a meeting in one room for expectant mothers and babies up to 6 months old, and Annette led a separate meeting for mothers of babies over 6 months. Both meetings were exciting, full of motherly support, oxytocin in the air. The feedback we received was phenomenal. Many of the mothers shared their experiences from the recent conflict, expressing the anxiety of raising children in what was, in simple terms, a war zone. Some of the women exhibited symptoms of post trauma, and the feeling of solidarity, shared experiences, and empathy were appreciated by all. It was for us, the Leaders and

Applicants who had experienced only a fragment of what these women had been through, a moving and eye-opening experience.

The Group continued to meet in the same venue, once a month, for about half a year. Then the mother and baby center had to close and we started looking for a new home. Luckily one of the local mothers put us in touch with the Beer Sheva municipality, and they in turn put us in touch with one of the new community centers that had recently been built in the city. After presenting the organization to them, the benefits to their local mothers, and the value we bring, the community center agreed to let us host the meetings there. Since our meetings are held on Fridays, which are not working days in most places in Israel, the community center is opened up especially for us. We have use of a large sports room, floored with foam mattresses, perfect for mothers and babies to sit, and plenty of room for the toddlers to run around.

In April 2015 I completed my accreditation, and took over leading the Group. Four and a half years later, I still make the long trip once a month—driving down to Beer Sheva to bring La Leche League to the south, excited to see how many mothers will come, how the babies have grown, and to meet the new babies born since the last meeting. Two local Leaders (Anna Yakobi and Rotem Vered) recently finished their accreditation and lead the Group with me, and two Applicants support and help us. In December, an additional Group will start meeting in the evening mid-week once a month, for working mums who cannot attend on Fridays. In parallel, Vered Leb, a longtime Leader returned from a lengthy vacation and relocated to a settlement further south from Beer Sheva and has set up additional meetings there. Together, La Leche League Israel has expanded its reach and its influence, and brought breastfeeding support to farther regions.

Ilana Glucker was born in the United Kingdom in 1973 and emigrated to Israel with her family at age five. She has three children; Ronnie, ten; Shelley, seven; and Tommy who is almost four years old and still nursing happily. She also has two step-children.

## Empowering mothers

Giuditta Mastrototaro, Milan, Italy

*Translated from Italian by Shevawn O'Connor*

An LLL Leader writes

*The answers seemed straightforward from a technical point of view—the issues being overuse of the pacifier, incorrect attachment, skipping night feedings—but were exhausting from the point of view of emotional support. The mother kept sending me WhatsApp (a form of mobile phone communication) messages every two or three days, with the same questions and doubts. For example ‘I squeeze my breast and transparent drops come out, is this normal?’ or ‘My baby only slept half an hour today, shouldn’t he sleep for two hours after feeding?’ or ‘My baby has slept a lot today, should I wake him?’ When the same questions were asked again and again, I began to become impatient.*

Reply

Many of us have been in this situation before. These tiring exchanges often feel like “ping-pong”<sup>1</sup>, with questions and answers that always seem to be the same, batted back and forth. We may find we experience frustration, emotional fatigue and exhaustion when finding ourselves giving the same information over and over again. What is it that is not working?

To answer this question, it can help to take a step back and try to observe the situation before taking action. What is it that this mother needs? Does she really need to know if the transparent drops that she sees coming out of the breast are normal or if the baby must wake up? Or might the mother need more confidence in her own skills and resources?

Confidence in one's own abilities is one of the most important tools we need in order to grow. Drawing out the inner qualities and feelings of mothers involves fostering their self-esteem. We can reply: “It seems to me that you feel doubtful about what to do...” “Maybe you are worried that baby is not getting enough sleep?” “Why do you think he should sleep more?” and so help her to reflect. Sometimes however, the small words that follow these phrases such as: *but, instead, you should* can invalidate the process of listening to oneself because they overshadow the mother’s feelings and resources. The process of listening to oneself, in which people own and rediscover the richness of

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<sup>1</sup> Table tennis, a game where a small ball is batted back and forth across a table over a net.

their thoughts, emotions and motives, can be a truly precious path. This technique may be useful for a thousand other questions that a mother will ask herself during her mothering journey.

There is a certain consistency between what we perceive about ourselves and the questions we ask ourselves. If a mother thinks she does not know how to be a mother, she will tend to try to find the nearest expert who gives her the right answers and thus remain anchored to a model of dependence. On the other hand, if she feels self-confident and has all the necessary tools to make informed decisions, this can empower her as a mother. Empowerment is just that: self-confidence and trust in one's own skills. This process needs time and space to take place. In reality, no one can give us self-esteem, nor can we give it away. We can be facilitators for others, but we all have to find this awareness within ourselves.

The term empowerment also indicates a path of growth and development, based on self-efficacy, and self-determination. For this reason it is important for the mother to acknowledge her choices, successes and achievements. The aim then becomes to enhance her known resources and bring out her latent ones, by leading the mother to acquire awareness of her enormous potential, which is in her hands, not ours.

Providing support for mothers can bring new energy and motivation to both parties. Very often it leads to a reversal of the perception of a dependent relationship when the Leader responds to questions by reframing them in order to help the mother find her own answers. Only by staying true to our mission and not getting tired of restoring a mother's confidence will she discover the skills she has, yet did not know she had.

It is an approach that resembles the Socratic method (a form of cooperative argumentative conversation, that involves asking and answering questions to stimulate critical thinking and to draw out ideas). The great philosopher Socrates called himself a spiritual obstetrician. He said that he did not teach anything but rather elicited what everyone carried within himself. It is a familiar philosophy to Leaders, who respect mothers' knowledge and experience and provide information so that they can make their own decisions.

The goal is to open doors to new possibilities, by leading mothers to be protagonists and not users—thus developing and growing personally, in order to overcome any sense of inadequacy, and learn to recognize their fears and overcome them.

We can achieve this goal if we as Leaders take responsibility for our feelings. When we have a certain idea of what a mother is like, we are moving away from empathy, limiting the potential of our ability to listen, and our effectiveness; it is like a self-fulfilling prophecy. If I see a mother who doesn't listen, I

will view her through this lens. If I see a mother along with her feelings and struggles, I can also see her needs and resources.

So when we feel that something is not working, it is perhaps worth changing our strategy. We could try to see the mother in person or listen to her on the phone, instead of texting. We can try to ask different questions that build on her skills such as:

Are there any problems you solved that were similar?

What worked?

What went wrong?

Is there another way to explain this?

What would happen if...?

What do you think is useful in your situation in light of the article on our website?

When you look at your daughter, what do you feel is the right thing to do?

Leaders' and mothers' feelings are the signposts that indicate if we are going in the right direction. Feelings of well-being or malaise can provide us with valuable clues to our needs. Owning our feelings and the possibility of learning from every person we meet, is an opportunity we have every day by listening to mothers. Every support situation can lead to mutual growth. Learning from mothers and developing our listening skills have a positive influence not only on us as Leaders, but in all areas of our lives: in our volunteer activities, at home and at work. Italian psychologist and author Alba Marcoli explains:

"Really being helpful means that the other person has managed to see things from a different perspective. Really being helpful means that the other person comes with specific questions and goes away with broader ones ."

*Giuditta Mastrototaro has been a Leader for 13 years in Milan, Italy. She has been a Group facilitator for the Communication Skills Department in Italy for three years. Giuditta has four children: one in heaven and three in this world.*

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**Keeping up to date**

## **Living in China During the Outbreak of Coronavirus**

**MISSY WANG, XIAMEN, CHINA**

Spring festival is the most important holiday for many Chinese people. The number of people traveling during this period during 2019 reached as many as 2.98 billion. [ref. 1] The 2020 Spring Festival travel rush began on January 10 as people gathered with families. Who could have imagined what we were about to face?

On January 20, the news about a new pneumonia spread among the public. Zhong Nanshan, a medical expert in China, warned the media and government that a virus caused pneumonia, it could spread from person to person, and some medical professionals had been infected in Wuhan city. My partner brought home some masks after work, and told me that his company had shared them with employees. More and more people were wearing masks in the city and we did too.

On January 23, two days before Chinese New Year, the Wuhan government locked the city down at 10 a.m. The numbers of infected people and the death toll were increasing. It was confirmed by the World Health Organization (WHO) situation report-24 that by February 13, 46,997 people in the world were confirmed infected with the coronavirus, SARS-COV-2 (which causes the disease currently known as COVID-19)<sup>[1]</sup>—46,550 people infected in China, with 1,368 deaths. [ref. 2]

For a few weeks, millions of Chinese citizens tried to limit human-to-human transmission by staying at home and the Spring Festival travel rush suddenly disappeared. We were strongly encouraged to isolate ourselves in our local communities to prevent transmission. The streets became quiet, and I could hear birds singing when I opened the window. That was quite rare, since there are about 9,000 families and 30,000 people in the community where I live and my city always has the hustle and bustle outside. Public places such as mu-

seums, libraries and cinemas were closed temporarily to avoid crowds and schools were closed.

Measures to prevent coronavirus infection brought lots of changes. The majority of us stayed at home all day long, only going out to buy food. More than 25,000 doctors and nurses came from all over the country to support hospitals in Hu Bei province, and helped to relieve local medical professionals. [ref. 3] After about two weeks my son's primary school began to provide lessons online.

A mother in my LLL Xiamen Group asked me a question about breastfeeding, but it was no longer safe to hold the in-person meetings at that time. And a home visit was unthinkable. Thankfully technology provided opportunities, and on January 31, I held an online LLL meeting via WeChat, an instant messenger program based in China. During the past seven years as a Leader, I have held online meetings several times. This was the first time to use the video call function so that the attendees could see each other. Five adults joined and I found with a little surprise that during the first several minutes I could see one of them brushing her teeth and the other washing her face, which never happened in a formal LLL Series Meeting!

During the meeting we talked about regular breastfeeding topics until we were approaching the end. During the last five minutes, I invited the participants to share how they were coping with coronavirus and how it affected their daily life.

LLL and other volunteer work are helping me maintain normalcy and lessen pressure in the middle of this unexpected chaos. Besides the LLL online special meeting, I looked for information for breastfeeding families during the breakout of coronavirus. A huge amount of useful information was available, in particular the World Health Organization interim guide [ref. 4] Collecting and sharing information with those who need it makes me feel the bond between us and gives me a sense of belonging.

Chinese people are now trying to resume their normal life at their own pace. And I believe that in the near future, breastfeeding families can exchange hugs and their stories without wearing masks.

### **FURTHER INFORMATION**

For further information see LLLI's media release [Continuing to Nurse Your Baby Through Coronavirus \(2019-nCoV; COVID-19\) and Other Respirato-](#)

**ry Infections**. Available translations (accessed from the same link) include Italian, Dutch, Spanish, Hungarian, Simplified Chinese, Traditional Chinese, Japanese, German with more planned.

**Missy Wang** has been a Leader of LLL Xiamen, China, for seven years and beyond basic Leader responsibilities, worked first as the Associate Coordinator of Leader Accreditation for LLL Future Areas in Asia and Middle East, and after that as Coordinator of Leader Accreditation. Missy is now a Communication Skills Department Facilitator. She has a nine-year-old son.

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## FOOTNOTE

[1] The virus was named by the International Committee on Taxonomy of Viruses (ICTV) as “Severe Acute Respiratory Syndrome Coronavirus 2,” abbreviated as SARS-CoV-2. This virus causes “Coronavirus Disease 2019,” which was named by the World Health Organization and abbreviated as COVID-19.

## Update on March 19, 2020

In the two months since most Chinese people learned about this coronavirus, we have made great efforts and passed the darkest times. On March 17, some provinces used charter flights or vehicles to bring back medical workers dispatched to Hubei province. The first group consisted of 41 teams comprising 3,675 medical workers. To combat COVID-19, 346 medical teams totalling 42,600 healthcare professionals came to help from all over China. On March 18, no new infections of the novel coronavirus were reported in Wuhan, the

epicenter of the epidemic. Confirmed cases on the same day were 34, all of them imported from overseas.

As for daily life, the focus is on economics, and the government is encouraging companies to work normally and is providing necessary temporary measures such as reducing tax for some small companies. In Xiamen, my hometown, outdoor public places were reopened on February 22 so that people could relax and exercise, but indoor places such as libraries and museums remain closed. My son is still learning online at home and he is longing to return to his primary school, hopefully at the beginning of April.

#### REFERENCES:

- China's Wuhan reports zero increase in novel coronavirus infections <http://en.people.cn/n3/2020/0319/c90000-9669955.html>
- Shandong welcomes returning medical workers dispatched to Hubei with rainbow <http://en.people.cn/n3/2020/0319/c90000-9669913.html>

## Keep Breastfeeding During COVID-19 Outbreak

#### MARIEN HOU, SHANGHAI, CHINA

More contagious, but less deadly than the 2003 SARS[1] outbreak, the coronavirus COVID-19[2] has infected at least 46,997 (at time of writing February 13, 2020) people around the world, with the majority of those affected located in Wuhan, China. Cities get locked down; local and international transportations halted; shops closed down; and school suspended indefinitely nationwide. Some people panicked and online fake news has circulated. In relation to infants, the suggested nationwide protocol was to quarantine infected or suspected mothers from their nursing babies for 14 days, and to stop breastfeeding altogether. As a Leader, I was saddened to hear this: newborns cannot receive precious immunity-rich colostrum when they are separated from their mothers. In order to challenge this, Leaders can share information and support mothers to continue breastfeeding.

#### SHARE INFORMATION

We can share articles relating to the benefits of breastfeeding via instant messaging programs (e.g., WeChat in China) or social media. In particular, information from trusted sources such as the World Health Organization (WHO), Centers for Disease Control and Prevention, International Board Certified Lactation Consultants, and other breastfeeding professionals. Transla-

tion, proofreading, and publishing work needs to be done in a timely manner, as the epidemic situation becomes worse day by day. This is one of the rare times the Leaders' WeChat group in China has become very active again with great coordination and opinions from everyone! There is more to consider than just the mother-baby nursing dyad. The government is taking measures to control the spread of the virus, although it sometimes seems as if the benefits of breastfeeding are forgotten. Leaders can remind everyone—the best thing you can do during this crisis is to continue breastfeeding! The World Health Organization explains:

[WHO Home care for patients with suspected novel coronavirus \(nCoV\) infection presenting with mild symptoms and management of contacts, February 2020](#)

“Considering the benefits of breastfeeding and insignificant role of the breast milk in transmission of other respiratory viruses, the mother [could] continue breastfeeding. The mother should wear a medical mask when she is near her baby and perform hand hygiene before and after close contact with the baby. She would also need to apply the other hygienic measures described in this document.”

### **SUPPORT MOTHERS TO CONTINUE BREASTFEEDING**

This is the perfect time to send positive messages to all breastfeeding mothers over the world. Although we may sometimes find breastfeeding challenging or doubt whether we are doing the right thing, in an emergency situation we can be thankful that:

- Human milk continues to be available—we don't need to worry about shortage of formula in case of lockdown.
- Breastfeeding can protect our babies during sickness and crisis.
- Breastfeeding builds physical, social, and mental health foundations for babies that can have lasting effects until adulthood.

As Leaders, we encourage mothers to see the positive side of breastfeeding, and that those sleep-deprived days are just small struggles compared to the CoViD-19. Mothers will feel relieved and thankful that they are breastfeeding.

### **FURTHER INFORMATION**

For further information see LLLI's media release [\*\*Continuing to Nurse Your Baby Through Coronavirus \(2019-nCoV; COVID-19\) and Other Respiratory Infections\*\*](#). Available translations (accessed from the same link) include Italian, Dutch, Spanish, Hungarian, Simplified Chinese, Traditional Chinese, Japanese, German with more planned.

Born and raised in the Philippines, **Marien Hou** moved to Shanghai, China, with her husband in 2009. In July 2016, she was accredited as an LLL Leader. She has three children aged ten, seven and five years. Marien dedicates her free time to helping local and expat mothers breastfeed. She also helps with Chinese/English translation of LLL articles.

[1] Severe acute respiratory syndrome (SARS) is caused by the SARS coronavirus, known as SARS CoV

[2] The virus was named by the International Committee on Taxonomy of Viruses (ICTV) as “Severe Acute Respiratory Syndrome Coronavirus 2,” abbreviated as SARS-CoV-2. This virus causes “Coronavirus Disease 2019,” which was named by the World Health Organization and abbreviated as COVID-19.