

January 22

Leader Today

Welcome to our January 2022 issue!

In this issue we have an article from Eva Donat on neurolinguistic programming and how the communication skills can be helpful to Leaders. Miriam Main looks at the importance of not mixing causes and Kelly Durbin shares thoughts on ways to make connections with the mothers we support. Anne Lisse Taboada shares a meeting plan to celebrate LLL's 65th anniversary. Finally we have a fascinating insight into how human milk builds babies' brains by Audrey Humphries, Nneoma Edokobi, Catherine Lavallee, and Brittany Howell of the Virginia Tech Carilion School of Medicine.

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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@llli.org

Philippa Pearson-Glaze, *Leader Today* Managing Editor

What I Learned from NeuroLinguistic Programming (NLP)

Eva Donat, Barcelona, Spain

I don't know what drew me to become a La Leche League Leader; perhaps it was destiny, or that my body was asking me to go further, to be with women, with mothers. Above all, I witnessed how mothers continually empowered themselves by trusting their bodies through breastfeeding.

As a Leader of 22 years I discovered the thousands of different ways that mothers have of living and interpreting their own lives. What seemed normal to one seemed unthinkable to another, and little by little I also changed. From seeing so many different ways of living similar realities, I began to think that I could also decide on the reality I wanted to live in. Through LLL I realized that we mothers are very sensitive and emotional during parenting, and our work as Leaders requires skilful ways of observing, talking, and interpreting (especially when trying to help mothers).

Over the past years I have been studying NeuroLinguistic Programming (NLP) and find the concept of "calibration" helpful in the work I do as a Leader. We'll get back to calibration in a minute, but first, I would like to give you some small "drops of NLP" that I hope you can add to those of your/our milk, that give life, communication, bonding and strength.

We need other people

Humans are gregarious animals who need other people by our side in order to survive. By acquiring skills through communication, we learn, among many other things, to breastfeed. As neuroscience has discovered quite recently (in the 1980-90s)¹, humans have amazing cells called "mirror neurons" (women have more of them than men), which help us to empathize with others and learn from our environment. Being in contact with other human beings is fundamental to our physical, emotional and social development. Knowing how we function helps us to communicate better, to know ourselves better, to be able to "deprogram" what is not useful to us, and to program what is useful for us. NLP is one tool I have found helpful, and having more tools is freeing, because I have more options to shape my decisions.

What is NLP?

NeuroLinguistic Programming is a "toolbox" of communication skills, based on usefulness. NLP does not usually talk about whether something is true or false, but whether it is useful or not. If it is not useful, one can decide to change it or eliminate it. On the other hand, if one sees that a thought or behavior is useful, change is not needed. For example, one may think that a mother's behavior is strange to us, but if for that mother it is useful, it is right for her.

"NLP is practical; it is a set of models, skills and techniques for thinking and acting effectively in the world. The purpose of NLP is to be useful, to increase choice and improve the quality of life." John Grinder, co-creator of NLP

"NLP is an educational method. We teach people to use their own head." Richard Bandler, co-creator of NLP

NLP is organized around basic assumptions that are adopted precisely because they are useful; they are not based on how true they are but on utility or convenience. Some of these assumptions are:

The map is not the territory

"The map is not the territory" means that each person, each family, each situation, sees reality (the territory) from a certain point of view, and every person believes that their point of view is the correct one. For example, when I did NLP training we were asked to draw "the place where we were at that moment." Each person drew different things. I drew the map of Barcelona and put a cross on the place where the institute was. One classmate drew a tree with fruit, and pointed to a fruit that represented her position at that moment. Another classmate drew the furniture of the room (seen from above), and put circles where attendees were positioned. This showed us that each of us had a "map," and that when we were told to "draw the place where you are right now," each person interpreted different things, and all of them were correct.

¹ https://en.wikipedia.org/wiki/Mirror_neuron#Discovery

Each mother's map is not the territory either. This assumption can be helpful for us, as Leaders to remind us that each mother does what is useful for her at that moment. It will not be me, the Leader, who judges decisions about raising, sleeping, feeding or caring for the baby and the family. Being clear that the map is not the territory, I can use open-ended questions to try to understand the mother's "map," to enlarge my own "map" and thus be able to try to help her with more understanding, empathy and respect. I found the exhaustive and respectful techniques for empathy, such as "rapport" or asking questions very useful. The more I practiced them, the more the mothers' responses enhanced their awareness about their situations, their concerns, their attitudes and behaviors, which helped them to find their answers on their own.

All behavior has a positive intention

This NLP assumption is based primarily on utility. We often think that behaviors that we interpret as "negative" are bad in themselves. On the other hand, if we believe that the behavior in question, of the mother, the parent, our co-Leader, the healthcare provider, etc., has a positive intention, we observe with eyes that do not judge, but look for the motivation of their actions. To better help the person, we will look for other possible behaviors with the same positive intention. As Leaders, we observe that a mother believes whatever she has done is best for her baby, with the knowledge and practice that she has until that moment. Additional knowledge brings new possibilities, and with them new options. Keeping in mind that "the map is not the territory," the mother may opt for completely different choices than we would.

There is no such thing as failure, only learning

When we obtain different results than expected, we have two options: we can either remain with the feeling of failure, or we can decide what we can learn and what we want to change based on the knowledge we have incorporated. If we change our perception, we change our attitude and, therefore, our choices and our behaviors. We can observe, accept, learn, and act differently. Same behaviors, same results. Different behaviors give possibly new results, or not, but we will always learn what doesn't work.

"I've tried everything. I have not failed. I have just found 10,000 ways that won't work!" <https://quoteinvestigator.com/2012/07/31/edison-lot-results/>

Thomas A. Edison, having done many tests before arriving at one of his greatest inventions: the light bulb.

Sometimes a mother may complain that she "doesn't have enough milk," but she may find it hard to accept that there are things she is doing that do not optimize milk production. Through calibration and communication techniques we can help her realize that new behaviors might help her have a more satisfying breastfeeding relationship.

What is "calibration"?

In NLP "calibrating" means looking for physical evidence of communication based on observation. In other words, to calibrate we need to realize that we use representational systems based on the senses. NLP divides them into three groups: visual, auditory, and kinesthetic systems (the VAK system), which are specifically, what we objectively see, hear or notice (or feel, using the other senses). For example, I can observe that a mother is telling me that everything is going very well. But I can notice that what she says doesn't correspond to how she moves or how she acts. If, when she says that "everything is going great," she whispers, looking down, with her shoulders drooping and hands hanging down, she is telling me one thing with her words and something very different with her body language. We, as Leaders, by means of observing through the three channels, can "calibrate" that the message is incongruent. If the Leader only accepts the mother's words, one could get the wrong idea.

How is "calibrating" used? It provides information to be able to ask more questions and go deeper into the matter. The mother might say: "Everything is fine," while looking us in the eyes, smiling, and standing up straight. This could more clearly indicate that the mother's message is congruent and that everything is going well.

Calibrating helps us to understand a little better the "map" of other people and their way of interpreting what is happening. As Leaders, if we understand the situation better, we may be able to offer better help. Using this skill, Leaders have another tool to offer new options for mothers and parents.

Setting objectives effectively

Another of the many techniques of NLP is the effective formulation of objectives, using the acronym SMART. If goals are based on these parameters, one has a good chance of achieving them.

The five letters of SMART refer to the objective being Specific, Measurable, Achievable, Relevant or Realistic, and Time-bound. With this technique, objectives become more concrete and go from being "wishes" to being tangible and achievable.

S: Specific. How many times have we human beings set unattainable or too generic objectives, with the permanent feeling of dissatisfaction that comes with not achieving them? If we clearly specify the objective, we have a much clearer idea of where to go.

M: Measurable. When we can measure the goal, it is much easier to know if we are making progress and how far we want to go. If a mother aims to produce more milk, she can increase the number of feedings, and keep track of wet and dirty nappies/diapers, which are things that can be counted. She can also have the baby's weight checked.

A: Achievable. If we set our goals too high, we have a good chance of abandoning our project at the first opportunity. I personally think that sometimes setting one's goals a little lower can be a relief. It lowers one's ego as it increases one's self-esteem.

A: Relevant. Set realistic, relevant goals. When the goal is relevant and realistic (to increase the amount of milk, for example), the person will not feel overwhelmed in the process of achieving it and it is very possible that the baby will gain weight.

T: Time-bound. Setting a definite time frame with short-term goals makes it easier to track one's progress, which is encouraging. It also makes it easier to make changes if something is not working well.

Ecology

"Ecology" in NLP refers to the idea that if a goal interferes with the well-being of the person or their family, or if it means that the person has to make too many changes, it is better to look for other strategies, i.e., other goals to achieve.

For example, if a mother with a four-month-old baby is doing mixed breastfeeding and wants to switch from bottle to breast in a week, but has to work, cannot be with her baby, is nervous and has no help, perhaps her environmental well-being could be negatively affected. She may do better setting a goal that could be a little less ambitious but also fulfils her intention of breastfeeding her baby. Perhaps the mother could gradually set small achievable milestones, even if it takes a little longer.

And finally... the mentor figure

NLP talks about the importance of mentors, helpers, facilitators, and guides. We can think of LLL Leaders as excellent helpers for many mothers. We are also mentors for Leader Applicants and can be facilitators when working with others on projects.

There is a lot more to NLP for those who are interested in going deeper. The basic NLP ideas shared in this article complement LLL communication skills and affirm the importance of our work as Leaders.

***Eva Donat** lives in Barcelona, Catalonia, Spain. She has been a Leader since 1999 and is currently a member of the Leader Accreditation Department. She has three children. Eva is also a Didactic Partner of the Spanish Association of Neurolinguistic Programming and NLP Practitioner.*

Celebrating LLLI Through Every Breastfeeding Story

Anne Lisse Taboada, LLLRPA (France)

For the past few years I have been offering this special meeting to celebrate LLLI's anniversary (60th/65th) by celebrating the recognition of every nursing story. As part of the meeting plan (see below), I also take the opportunity to talk about La Leche League. I talk about Leaders' work and the philosophy of La Leche League, which is what gives the organization its essence. This meeting has been well received and has also been the motivation for two mothers to become Leaders.

Meeting plan for the LLLI anniversary year

The idea is to pay tribute to LLLI by celebrating breastfeeding through each mother's journey.

The topic is "***What does breastfeeding mean to you?***"

I prepare questions and each attendee takes one out of a box and answers in one sentence. The questions are about each mother's own experience and vision about breastfeeding and their own journey. I ask participants to give me permission to use their answers in memes for our Facebook page.

I want to:

- Show the individuality of each person's story.
- Show how each of us lives, feels and grows through our breastfeeding journey.
- Show that there are many ways to experience lactation.
- Show how LLL welcomes every story and every breastfeeding adventure globally.

These are the questions:

How did you find La Leche League?

What has La Leche League given you?

What did you expect from your first La Leche League meeting? How did it go?

What do you like to see at La Leche League meetings?

How did you manage to organize your time when your baby arrived? For preparing meals, having a shower, housework, etc...

What is your favourite source of breastfeeding information?

Who brought you the most support during your lactation journey(s)?

What did you wish you knew about breastfeeding before the baby arrived?

What surprised you most about lactation?

What helped you to live your breastfeeding experience serenely? Or what's stopping you?

In what context would you have liked to receive more information and/or support? (Health professionals? Families? Friends? Work place? Society in general, etc.?)

Share an anecdote about your nursing history.

What tip could you share for traveling with baby? (whether by train, plane, bus or car).

How did you experience breastfeeding in public places?

Have you had any criticism of breastfeeding? How did you handle these situations?

What has been most helpful for you as a nursing parent? (information, support/family/entourage, health professional, LLL meetings, LLL support, etc...).

What would you have liked to hear from health professionals about breastfeeding? Or share an example of receiving positive support from a health professional.

What do you think is missing in our health system or wider society to encourage and support lactation?

What was your idea of breastfeeding before living it?

What did you expect from nursing? Was the reality the same or different?

What tip could you share with us to rest with a newborn?

What tip could you share for dealing with the return to work/study while breastfeeding?

What tip could you share for widening your diet?

What tip could you share with us for weaning?

What tip could you share for life with a new baby?

What tip could you share to recognize effective suckling?

How would you describe the influence of breastfeeding in your parenting experience?

Congratulations to LLL on its 65th anniversary and to all its Leaders!

Anne Lisse Taboada is Bolivian, she has lived in France since 2010. Anne Lisse met LLL in Bolivia and was accredited there. Anne Lisse has two children, has been a Leader since 2012 and has been a member of the Leader Accreditation Department for six years.

Not Mixing Causes - the Secret to our Longevity?

Miriam Main, Edinburgh, Scotland

2021 is a year to remember. In addition to mothering, working, and leading through a pandemic, we have been able to celebrate La Leche League's special 65th birthday. As we approach the end of this unusual year, I have been spending time reflecting on my role as a Leader. To be part of such an important global organisation is quite humbling. It prompted me to think—What is the key to our success? What is it that keeps attracting new Leaders? Naturally I thought about my own experience: what attracted me to La Leche League, first as a breastfeeding mother, and what pushed me to make the leap to Leader Applicant?

I was a relative latecomer to LLL. When my daughter was 18 months old we moved up to Edinburgh, and I wondered if I could find others who were as in love with breastfeeding as I was. Edinburgh is fortunate in that there are multiple breastfeeding support groups from different organisations. Being an avid researcher, I looked at them all!

For me the choice was obvious. I read the ten concepts and I was amazed—they spoke to my soul. When I realised these concepts had been pretty much unchanged in 60 years, and are the same for LLL worldwide, I experienced the most wonderful epiphany: a deep sensation of unity with mothers throughout the world, throughout time. When reading all the materials; *The Womanly Art of Breastfeeding*, the LLL Great Britain (LLLGB) website, and our leaflets—I appreciated the clear, familiar, and unreserved language. It felt like wisdom from a much loved old friend, the matriarch of my clan, from Mother Nature herself. That special LLL language style moored to evidence-based research and science is a powerful, unique and very attractive thing.

So I was in love with LLL before ever attending a meeting! But what tempted me to become a Leader, rather than stay a member? I remember a distinct turning point when I attended a talk by Johanna Rhys-Davies about mixing causes at the Scottish Spring Workshop. This talk sparked something within me, and it remains one of my favourite aspects of La Leche League. I believe it is the key to our timeless relevance and success.

“The purpose of LLLI is distinct. The purpose as stated in the Bylaws does not prevent interaction with other organizations with compatible purposes but La Leche League will carefully guard against allying itself with another cause, however worthwhile that cause might be.”

PSR: LLL Philosophy <https://www.llli.org/about/policies-standing-rules/psr-lll-philosophy/>

“As an organization, LLLI is neither for nor against any other cause. Our goal is solely to offer information and support to those who want to breastfeed their babies.”

- *The Leader's Handbook*, online edition <https://www.llli.org/leader-pages/leader-handbook/> (Chapter 2 Leading Series Meetings, “When LLL Expertise Is Overshadowed” > “Keeping the LLL Purpose Clear”

Something many Series Meeting attendees enjoy is the opportunity to meet others with completely different backgrounds and interests to their own. Mothers share their personal experiences, family histories, and things they have read, watched or seen. Consequently discussions can touch on a huge array of subjects unrelated to breastfeeding. Normally these are passed by quickly; however sometimes certain topics appear frequently and repeatedly. When this happens, unless noticed and managed by the Leader, it is easy for those attending the meeting to leave with a false impression of La Leche League philosophy. In addition to this, the more time we spend on unrelated subjects, the less time we spend discussing LLL philosophy: mothering through breastfeeding.

The subjects that might come up are unique to each Group. Generally speaking, the more homogenous the community, the greater the risk of mixing causes. Commonly religious beliefs, home birth, co-sleeping, non-vaccination, alternative medicine, stay-at-home parenting or vegetarianism may be topics that attendees, or Leaders, have an interest in or strong feelings about. Some of these subjects are related to breastfeeding; however, if discussion is restricted to a narrow set of choices the balance of ideas is upset; a newcomer might think these specific choices reflect LLL philosophy.

Even if there are no newcomers present it is important to maintain the discipline of not mixing causes. It can be extremely difficult to coax regular attendees, and yourself, away from a narrow base of discussion if it has become the ingrained culture of your meetings.

As Leaders we need to be especially vigilant and self-aware to avoid mixing causes. Subtle messages can be sent with clothing, badges, bags, or our social media profile picture. A casual side conversation or even our body language can reveal that we have other interests, or even subtly advertise a business, leaving meeting participants with a warped view of LLL.

We all have our own interests and biases. It is much easier to detect a subject as unsuitable for an LLL meeting when it is a view that differs from our own. When we agree with an opinion someone has voiced, it is tempting to agree—we may even feel compelled by our own values to speak up. We might also see it as an opportunity to form a bond or friendship with someone at the meeting; after all, connection is one of the reasons we all love LLL. However, as Leaders we represent LLL and we must always keep our "Leader hat" on. This is one reason why sharing personal experiences should be done with caution. Even if we use a disclaimer "while LLL doesn't have an opinion on this, my experience is...." those at the meeting are liable to forget or miss the disclaimer, and take your own opinion as LLL's.

"LLL meetings should be a place where everyone can communicate information and experiences. Focusing too much on one person's experience can present a limited picture of LLL information and philosophy and of how these might fit into others' lives. It may be best to talk about your own experience sparingly to avoid inadvertently setting yourself up as a model others believe they are expected to imitate."

- *Leader's Handbook Online Version. "Deciding When to Talk about Your Own Experience" in Chapter 2, "Leading an Effective Meeting" section*<https://www.llli.org/leader-pages/leader-handbook/#An>

So, what do we do to avoid mixing causes? A good rule of thumb is: if a subject isn't covered by our concepts, the *Leader's Handbook*, or *The Womanly Art of Breastfeeding*, it probably isn't appropriate. Having set responses ready for common situations is helpful. When a mother brings up something unrelated to breastfeeding, we can empathise with her feelings and then proceed with the regular discussion. If the subject persists you can say with a smile, "I love your passion on this subject! But we're supposed to be talking about breastfeeding today....". When discussion stays on a narrow spectrum you can use the concepts to provide balance, for example if vegetarianism is frequently mentioned you could say "Here at LLL we believe that good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible."

Evaluation meetings are an excellent opportunity to explain the concept of mixing causes to Group members. You can ask for their help in presenting a range of options in Series Meetings. Once members understand that there are a variety of parenting options encompassed within LLL philosophy, they will feel more able to share their approaches.

So, how does this help us attract new Leaders? By keeping our focus on breastfeeding, we ensure our meetings are welcoming and we ensure our meetings are welcoming and appealing to a diverse population. We can attract potential Leaders who hold a variety of opinions on a variety of topics, but who are eager to work together in a unified, focused way towards our common goal of supporting mothering through breastfeeding. This timeless goal has worked for 65 years, and I trust will continue for at least 65 more!

"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."

- *from LLL Mission statement* <https://www.llli.org/about/policies-standing-rules/psr-mission-statement/>

Miriam Main lives in beautiful Edinburgh, Scotland with her husband, two cats, and two children Matilda (5) and Duncan (2). She has been a Leader for just over two years, mostly throughout the COVID-19 pandemic, and has recently started her own local monthly Series Meetings in person.

How Human Milk Helps Build Baby Brains

The bioactive role of extra-nutritive components of human breastmilk on cognitive development

Audrey Humphries¹, Nneoma Edokobi¹, Catherine Lavallee¹, and Brittany Howell Ph.D.^{2,3}

¹Virginia Tech Carilion School of Medicine (VTC SOM), Roanoke, Virginia

²Fralin Biomedical Research Institute at Virginia Tech Carilion, Roanoke, Virginia

³Department of Human Development and Family Science, Virginia Tech, Blacksburg, Virginia

Milk is a major contributor to optimal brain development and improved cognitive performance later in life (Shafai et al. 2018), but it is still unclear which components are responsible. Human milk not only contains the ideal nutrient composition (water, fat, carbohydrates, and protein) to support an infant's basic nutritional needs, but it also contains extra-nutritive components that may play additional indirect, yet still active, roles in an infant's growth (Hamosh 2001), including brain development (Petryk, Harris, and Jongbloed 2007).

There is currently little research that directly assesses the relationships between breastmilk's extra-nutritive bioactive components and infant neurodevelopment. However, several studies present evidence that these factors influence infant gut maturation, especially with respect to the gut's immunologic properties and microbiome (bacteria and other microorganisms in the infant gut) colonization (Thai and Gregory 2020; McElroy and Weitkamp 2011; Palmeira et al. 2016). At first, it may seem odd to think that an infant's intestinal health may give us insight to an infant's brain development. Yet in the last twenty years, there has been increasing support for the microbiota-gut-brain axis hypothesis. This theory, backed by an impressive amount of research, supports the idea that the human gut's *commensal* (beneficial) bacteria, epithelial cells, nerve cells, immune cells, and other important local mediators in the intestinal tract can communicate with and influence the brain (Montiel-Castro et al. 2013). With this amount of supporting literature on the gut-brain axis hypothesis (Niemarkt et al. 2019; Anderson et al. 2017; Gao et al. 2019; Jena et al. 2020), we find it reasonable to consider that some types of extra-nutritive components in human milk have the potential to indirectly and/or directly impact infant brain development by influencing the infant gut.

Extra-nutritive agents in human milk

Three extra-nutritive agents in human milk of particular interest in neurodevelopmental research are cortisol, oligosaccharides, and growth factors.

The role of cortisol

Cortisol is a vital glucocorticoid hormone (a type of steroid hormone) that is produced by the adrenal gland. Physiologically, cortisol acts on almost every organ system in the body, helping to regulate the body's immune responses and healing capability, appetite and glucose metabolism, blood pressure, and, most notably, the stress response. Although a significant fraction of a mother's *serum* (found in blood) cortisol ends up in her breastmilk (Patacchioli et al. 1992; Hollanders et al. 2017), its defined function in milk is still not fully understood. Cortisol's biochemical structure allows it to cross both the intestinal barrier to enter the bloodstream (Angelucci et al. 1985; Yeh, Yeh, and Holt 1989) and the blood-brain barrier (Pariante et al. 2004; Angelucci et al. 1985), making it an ideal candidate as a biochemical messenger during critical periods of infant brain development.

Currently, there are studies demonstrating that breastmilk cortisol may influence an infant's temperament (Hinde et al. 2015; Sullivan et al. 2011; Grey et al. 2013), social behavior, and cognitive functioning (Dettmer et al. 2018). This is not surprising, as the hippocampus, an important center in the brain for learning, memory development, and memory retrieval, has a high concentration of glucocorticoid receptors (Koning et al. 2019; de Kloet, Joëls, and Holsboer 2005). Additionally, high cortisol levels are thought to impact not only human behavior and cognitive functioning, but also the volume of the hippocampus in various pathological states (Lupien et al. 1998; Brown, Varghese, and McEwen 2004; Sheline et al. 1999). While it is likely that milk cortisol may travel directly to the brain, it is also possible that it may exert

its action indirectly through various proposed pathways of the gut-brain axis. Not only has cortisol been found to be necessary for the development of the hypothalamic-pituitary-adrenal axis (Finken et al. 2016), but cortisol has also been linked to favorable gut microbiome compositions (de Punder and Pruimboom 2015; Kelly et al. 2015; Farzi, Fröhlich, and Holzer 2018). With the current state of research, we can appreciate that cortisol has the potential to be very influential on infant brain development, specifically on behavior, temperament, and memory processing. However, more definitive research is needed to conclude any causal relationship.

Human milk oligosaccharides help with the gut-brain connection

Other extra-nutritive agents that may influence the neurodevelopment of infants are human milk oligosaccharides (HMOs), a class of prebiotic (something that supports growth of microbes) in milk. Oligosaccharides are sugar molecules that are nutritive agents for commensal bacteria that colonize the human gut (McKeen et al. 2019; Pruss et al. 2021; Luo et al. 2021); however they are indigestible to humans. A study in 2016 also found HMOs to have antimicrobial effects against pathogenic (disease causing) microorganisms in the infant gut by lining the intestinal wall (Kulinich and Liu 2016), giving further support that HMOs help support a diverse commensal gut microbiome. Researchers have found that by supporting the diversity of gut microbes, HMOs end up playing a significant role in infant gut maturation and innate (nonspecific) immune system development (Cacho and Lawrence 2017). As the majority of all human immune cells reside in the gut, this is not a surprising finding.

So, how could HMOs ultimately impact infant brain development? While HMOs support the infant gut microbiota, the gut microbiota help activate the peripheral immune cells in the gut, and interestingly, these immune cells may play a role in regulating the body's response to neurogenesis (production of nerve cells) (Fung et al. 2020). In preclinical and clinical studies, researchers have demonstrated that through their impact on the gut and immune system, HMOs may indirectly support cognitive development (Fleming et al. 2020b; Docq et al. 2020), facilitate hippocampal development and memory formation (Vázquez et al. 2015; Fleming et al. 2020b; 2020a), and contribute to the long-term strengthening of synapses, which are the connections between neurons (Vázquez et al. 2015). Moreover, the gut microbiota are also thought to impact the production of neurotransmitters (chemicals that transmit messages between neurons in the brain), providing additional support that HMOs may influence the growth of protective commensal bacteria in the infant gut during critical periods of development and may thereby influence brain growth and function (Jj and J 2019).

Growth factors influence brain development

Lastly, growth factors are well known to trigger cell growth and differentiation in the body (Rodrigues 2013). While more than 50 different kinds of growth factors are present in human milk, one in particular called nerve growth factor (NGF) may be specifically important for infant brain development (Ballard and Morrow 2013). Although NGF is responsible for some of the growth and proliferation of neurons, NGF's reach is not isolated to the brain. It has also been found to positively influence the growth and survival of cells in the reproductive system (Rocco et al. 2018), as well as demonstrating anti-inflammatory properties (Minnone, De Benedetti, and Bracci-Laudiero 2017). NGF's role in the developing body has been well-documented, but there are currently no studies that directly correlate human milk NGF with neurodevelopment. Another growth factor present in human milk is brain-derived neurotrophic factor (BDNF), which has been hypothesized to be necessary for specific kinds of neuron growth and differentiation (Hård et al. 2019).

Growth factors, and many other extra nutritive factors in human milk, may travel to the brain through a type of extracellular transport vesicle (tiny spherical sac) called an exosome. These are known to be present in human milk (Galley and Besner 2020); they contain a variety of molecules, including small proteins, that can be transported to cells locally or to distant sites in the body (Qin et al. 2016). Exosomes are not digested in the infant gut and are capable of incorporating themselves into the intestinal cells and immune cells lining the infant intestinal tract (Sauter and Reidy 2017). It is possible that exosomes might allow many kinds of extra-nutritive factors, including growth factors, to influence different aspects of infant growth, including neurological development and gut maturation. While NGF, BDNF, or other growth factors may be critical chemical messengers in the link between the infant gut microbiome and brain development, more research is needed to truly ascertain their precise role in infant gut-brain maturation.

Extra-nutritive components in human milk may play critical roles, both directly and indirectly through the gut microbiome,

on infant brain development. Although several additional factors have been studied in the context of neurodevelopmental biology, it is clear that human milk oligosaccharides, growth factors, and cortisol are notable candidates for several reasons. First, the biochemical structure of each compound makes it possible for it to communicate with the gut microbiota, intestinal tissue, and/or brain tissue. Second, growth factors, oligosaccharides, and cortisol, even when not coming from human milk, have physiological roles in our bodies that correlate to brain health and functioning. Lastly, studies have found associations between these bioactive molecules and healthy gut development, neuronal growth and differentiation, and changes in behavior, temperament, and cognitive performance. Although the wealth of correlational information on this connection offers insight into the potential for human milk to hold the key to optimal brain and behavioral development, more prospective, longitudinal research is needed to establish causal relationships.

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Audrey Humphries is originally from California, USA. Audrey graduated with a B.S. degree in biology from University of California (UC) Santa Barbara in 2016. After working as a senior clinical research coordinator at UC San Francisco's Cancer Center for over three years in cutaneous and head and neck oncology, Audrey joined the Virginia Tech Carilion School of Medicine's class of 2024 MD program. Audrey joined the Howell lab at the Fralin Biomedical Research Institute at Virginia Tech Carilion in 2020.

Nneoma Edokobi was born in Lagos, Nigeria but was predominantly raised in Rockville, Maryland, USA. She graduated with a B.A in biological science from the University of Maryland, Baltimore County in 2016. Afterwards she worked in the biotechnology industry for four years developing electrochemiluminescence immunoassays. She then received an Advanced Biomedical Sciences graduate certificate from George Mason University, Fairfax County, Virginia in 2019. In 2020 she relocated to Roanoke, Virginia, USA, as part of Virginia Tech Carilion School of Medicine's class of 2024.

Catherine Lavallee is a second-year medical student at Virginia Tech Carilion School of Medicine in Roanoke, Virginia. Catherine was born and raised in Rockville, Maryland. She earned her BS in biology from the Catholic University of America in Washington, DC. She then moved to Boston, Massachusetts, USA, USA, to work in a food allergy lab that studies how breastmilk protects infants from developing food allergies. She joined the Howell lab in 2020.

Brittany Howell, PhD is an assistant professor in neuroscience of human development at the Fralin Biomedical Research Institute at Virginia Tech Carilion School of Medicine, and the Department of Human Development and Family Science at Virginia Tech. She grew up in rural New Hampshire, USA, then moved to New Orleans, Louisiana, USA, where she earned a B.S. in neuroscience, and cell and molecular biology. She completed her PhD in neuroscience at Emory University, Atlanta, Georgia followed by postdoctoral training in developmental science at the Institute of Child Development, at the University of Minnesota, USA. Her lab, lovingly called the Maternal Influence on Neurodevelopment (MIND) Lab, was established in 2019 and looks at the complex biobehavioral pathways through which mothers shape their baby's brains and behavioral development.

Erin VandeLinde is a Leader and IBCLC who provides lactation consultation to MIND Lab - the authors wrote this article at her request.

Making Connections

Kelly Durbin, Austin, Texas, USA

Last week a new Leader was accredited, one whom I mentored through her application. After she officially became a Leader, I wanted to share a top Leader tip of some kind—a wise insight about the key to effectively supporting mothers throughout the normal course of breastfeeding. I considered many things. I thought about knowledge and understanding of breastfeeding, and more broadly parenting through breastfeeding. I considered active listening and then communication skills as the keys to supporting the breastfeeding relationship. But all of those seemed to just miss what I was hoping to tell her. As I searched for the answer, I realized that I had been thinking about it from the Leader perspective. I needed to consider it from the nursing parent's point of view.

When I shifted gears and remembered what it was like to be seeking breastfeeding help and support, the answer became crystal clear. In my opinion, the key to being an effective breastfeeding support volunteer is the ability to establish a genuine connection with another individual. Realizing this, I was instantly reminded of a meeting I once had with a new doctor.

My previous doctor had left the practice and when I scheduled another appointment, it was with a new doctor, a brand-new doctor (someone who had just completed her medical training). I was excited to meet with someone who had so recently been in school, because perhaps she had new ways of thinking about my issues, new solutions to old problems. At our first and only meeting, she entered the room, briefly looked up from my medical record and began our discussion by asking if anything had recently changed in my health care routine. She may have been feeling nervous or rushed that day but in her haste, she failed to even introduce herself. There was no attempt to know me beyond what she could read in the medical chart, no effort to establish a human connection. She seemed more like a busy server at a restaurant coming to take my order. It was a brief meeting and I gained nothing at all except the realization that I had to find another doctor who was more personable, less robotic. The tragedy of this true story is that it was entirely possible that she was a very skilled doctor who could have been the right fit for me at that time, but I never gave her the chance because she did not connect with me.

Connecting with others seems so basic. Could this really be the key to effective breastfeeding support? In my experience, *genuine connection* is an important first step that facilitates everything else that takes place during human interactions. But this is not always easy or intuitive and comes more naturally to some than others. For some of us it takes time and effort to develop skills that form the basis of sincere connection. Like breastfeeding itself, *it takes practice* to become fluent in the language of authentic connection.

Some of the most basic connecting skills are the same factors one might utilize when interviewing for a job—smile, greet people with a friendly introduction, make eye contact if it is culturally appropriate, use a genuine tone of voice and demonstrate excellent language skills. But leading a breastfeeding group and making connections takes a little more effort because mothers are often frustrated, emotional, or experiencing feelings of doubt or even isolation. In other words, it can be an emotionally charged atmosphere that may require some finesse in establishing genuine connections with mothers while at the same time creating a safe space for everyone to speak freely.

When I first became a Leader I knew that I was still learning the details of infant feeding, lactation and mothering through breastfeeding (there is always more to learn!), but I was surprised to recognize that I needed to truly grow and enhance my people skills. Instantly I recognized that the Leaders who had been providing breastfeeding support for years were a great resource. I tried to incorporate the connection skills they so fluidly demonstrated into my own skill set. I never thought to organize these ideas on paper until I needed something wise to pass on to my new co-Leader. In a brief effort to explain what I have witnessed over the years, here are some of my observations.

Use names

Years ago, I discovered from another Leader the *value of learning names* and using someone's name to address them. A wonderful Leader I met in Oregon, USA made notes to refer to when a mother introduced herself, her baby and the reason why they sought out support (Nicole, baby Lily, 5 months, biting) and she would be sure to always address each person by

name. Using names shows a measure of respect and provides a welcoming connection. It is also a good way to show that someone is valued and accepted in the community. Conversely, not using or remembering names may be interpreted as unwelcoming or even disrespectful.

Be fully present

Another extremely valuable tool for connecting with others is *being fully present* for them in conversations; listening with intent to hear them, not planning a rapid response. Being fully present involves active listening, observing body language, showing that you are engaged, and responding appropriately. You can show that you are engaged by facing the speaker, even slightly leaning forward to show interest. You can adjust your facial expression or nod in acknowledgement of their experience. Reflecting back what you heard or asking a few questions for deeper clarification can help show your genuine interest.

Validation

Many of the Leaders I have worked with over the years have demonstrated to me the importance of *validation*. People feel welcome in a community when others in the group share similar understandings. I met a Leader in Philadelphia, Pennsylvania, USA who was very astute at validating a person's feelings of frustration, failure, loneliness or isolation. She genuinely acknowledged their struggles and hardship. She often mentioned that many of the mothers present in the meeting had at one time or another had similar frustrations. Occasionally she shared a simple story from her own experience or a comment that showed that she understood their experience. Examples of validation involve language that shows that you hear, you understand, you recognize and you accept another person's emotions. It is important to validate another person's feelings before rushing to try to solve a situation or explain options. If a mother struggling to get sleep attended our Group with the goal of finding a better way to manage night-time nursing, my co-Leader would first validate the mother's experience before she offered any suggestions. She might say, "Wow, Bridgit, I can see that you are at your limit. You sound discouraged, frustrated and tired because you're not getting enough quality sleep." After that validation, my co-Leader would ask a few questions, offer her some hope, and give several tips for managing night nursing. To be most effective, the validation must come first.

Affirm strengths and positives

Finally, I met a Leader in Phoenix, Arizona, USA who easily gained the trust and respect of co-Leaders and mothers alike. For a time, I wondered what it was about her interpersonal skills and communication skills that opened the door for trust. After all, she was generally quiet and somewhat reserved but had the most caring way about her. I observed her interactions with parents and saw that she always made a point of *affirming strengths and positives* in the mother's experience and in her story. My co-Leader truly believed that the parents she supported were the experts on their own babies and she always pointed out that they knew their babies better than anyone. My co-Leader helped mothers develop their own self-trust by recognizing that they were already doing many things to help and support the breastfeeding relationship. In an encounter with a mother who was overwhelmed by infant feeding, I heard my co-Leader say, "See the way you re-positioned her just now? This is a much better position for the baby. You are good at recognizing how to help her and meeting her needs!" After observing her interactions, I began trying to affirm the strengths that I saw in people with regard to their breastfeeding skills. Instead of thinking about someone's lack of knowledge or experience with infants or breastfeeding, I find that I am thinking about what they do know, how they are establishing themselves as an expert on their own infant, and how their strengths can grow into self-trust and confidence as a parent.

Write to me!

There are probably many other elements that play a role in being an effective Leader; these are just my observations and opinions. Perhaps your ideas and opinions are different. I would love to hear what you believe is the key to effective leadership or the strengths or new techniques you have learned from co-Leaders. Do write to me at kellydurbin@outlook.com. By being open to establishing new ways of genuinely connecting and engaging with others we can all take our interpersonal skills to a new level of authenticity.

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.