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Preface

The purpose of the La Leche League International (LLL) Leader’s Handbook is to provide basic information you need to effectively perform your work as a Leader by:

• Describing the Leader’s role,

• Offering examples of ways to accomplish the work of an LLL Leader, and

• Suggesting resources.

Leader-to-Leader encouragement and support can help you be effective and enjoy leading with confidence.

This handbook is intended as a primary reference or resource for Leaders, but Leaders are encouraged to supplement the information it provides with information and ideas from other resources within LLL. To open some links you will need to be logged into the password protected area of the LLLI website.

The Bylaws, together with the Policies and Standing Rules, of LLLI provide the framework within which we work as Leaders. Some of the LLLI policies and guidelines that directly apply to your work as a Leader are included in Appendix 1 of this handbook.

Information in this edition of the Leader Handbook is current at the time of publishing (January 2019). LLLI is a dynamic organization that is constantly changing. Please stay up-to-date with your Leader support system, Leader publications, and the LLLI website for new information relevant to your work as a Leader.

Active Leaders work in a variety of ways to fulfill the LLL mission. The Leader Handbook details the basic activities Leaders commonly engage in. The position titles of those who support Leaders and the structure within which this support is provided varies throughout LLL.

Throughout this handbook, a Leader who provides support for other Leaders, such as a District Advisor, District Coordinator, Assistant Area Coordinator of Leaders, or Area Coordinator of Leaders (DA/DC/AACL/ACL), or Leader Department Director, is referred to as a support Leader. A Leader who provides specialized support and information for other Leaders, such as a Coordinator of Leader Accreditation, Professional Liaison Leader,
Communication Skills or Human Relations Enrichment Facilitator/Instructor, Area Financial Coordinator, Area Leaders’ Letter Editor or Publications Administrator, Area Conference Supervisor or Area Coordinator of Events, is referred to as a resource Leader.

In addition to *Breastfeeding Today* and *Leader Today*, which are published by LLLI, many La Leche League entities around the world also publish member and Leader newsletters or magazines. The phrases *member publication* or *Leader publication* are used throughout this handbook when referencing all of these publications.

The generic term, LLL Office is used throughout this handbook to reference both the LLLI Central Office in North Carolina, United States, and the offices (including virtual offices) that provide local services to Leaders by Direct Connect Entities (DCEs)/ Areas.
Introduction to La Leche League

In this section:

- A Brief History of La Leche League
- The Organization Today
- LLL Vision, Mission, and Philosophy
- An Introduction to Leadership

A BRIEF HISTORY OF LA LECHE LEAGUE

An Idea Is Born
In 1956, seven mothers started a local group to share breastfeeding information. Their idea has turned into an international organization that provides breastfeeding support all over the world.

Two of the LLL Founders, Mary White and Marian Tompson, had the idea for La Leche League when they were sitting under a tree nursing their babies during a picnic. They were astonished by the number of women who approached them, saying, “I had wanted to nurse my baby, but . . .” They realized the problems these women had faced in trying to breastfeed were not unusual. They were convinced each of these mothers could have breastfed successfully if only her questions had been answered.

Mary and Marian consulted Mary’s husband, Dr. Gregory White, who was supportive of breastfeeding, although he had little practical advice to offer. They searched through his medical books for what little scientific information was available and recalled their own breastfeeding experiences. They decided that the secrets of successful breastfeeding were information, encouragement, and support.

The two women had no formal plans, but they agreed to meet at Mary’s house and invite some friends to discuss breastfeeding. Marian called Edwina Froehlich, who in turn invited Viola Lennon. Mary contacted Mary Ann Kerwin, her sister-in-law, and Mary Ann Cahill, who thought of Betty Wagner. These seven met several times during the summer and early autumn to make plans for their breastfeeding group.
It seemed clear that two main worries for new mothers were having enough milk and whether their milk was right for their babies. Mother-to-mother help had been an important source of encouragement for each Founder when she was learning how to breastfeed. Each Founder contributed her own background, experiences, and special talents to the fledgling organization.

The first official meeting was held on October 17, 1956 in Franklin Park, Illinois, United States. The seven Founders and five of their pregnant friends attended. However, the group did not stay small and intimate for long. To the surprise of the Founders, women they didn’t know began showing up. Within a few months, there were so many women asking to come that it was necessary to split into two groups.

The Idea Gained Momentum
Although early meetings were unstructured, the group steadily became more organized. They began with a series of four meetings and met every three weeks. Dr. Herbert Ratner, then health commissioner of Oak Park, Illinois, United States, and a good friend of Dr. Gregory White, led a meeting for fathers.

The name La Leche League was chosen in 1957. “La Leche” is a Spanish phrase that means “the milk.”

“In searching for a name for our new organization, we Founders were struck by the importance placed on breastfeeding by early Spanish settlers in America.

In 1598, the settlers dedicated a shrine to “Nuestra Senora de la Leche y Buen Parto” [Our Lady of Happy Delivery and Plentiful Milk]. The words “happy delivery and plentiful milk” spoke profoundly of yearnings that are common to many mothers. Like women of old, we rejoiced in breastfeeding our babies and wanted to share our newfound knowledge with others. Even though our name came from a religious shrine, we unanimously chose to be a nonsectarian organization from the start. To us, “La Leche” [The Milk] became as much a symbol as a name. While it was chosen in part because the word “breastfeeding” was not acceptable at that time, in another sense our name’s lofty origin reflected the importance we attached to the work we were undertaking.”

The LLL Founders, September 1997

_The Womanly Art of Breastfeeding_ began as a course-by-mail in loose-leaf binder form, intended for use by mothers living too far away to attend LLL meetings. Viola Lennon remembers that she couldn’t see the need for a book at first, but letters from mothers all over the United States changed her mind. At first, every copy of the book went out with a
personal letter of encouragement. The first edition of *The Womanly Art of Breastfeeding* was revised and expanded into a blue-covered book in 1963. More than a million copies were sold in the eighteen years before it was revised in 1981. In 1983, this edition was licensed to a commercial publisher that co-publishes the book and makes it widely available in bookstores. Subsequent editions were published in 1987, 1991, 1997, 2004 and 2010. *The Womanly Art of Breastfeeding* is available in multiple languages.

In 1958, *LLL News* began. Marian Tompson was its first editor, and compiling it was a family affair at her house. *LLL News* continued as the LLL member publication for twenty-six years until 1985, when its format was revised and expanded into *New Beginnings*. In 2010 the publication moved online and is now known as *Breastfeeding Today*. *Leaven*, the LLL journal for Leaders, began publication in 1965. Now it is published online as *Leader Today*.

In 1963, for the first time, an employee was hired to help with the mail; LLL also rented its first one-room office. The organization drafted a constitution in 1963 and officially became La Leche League International in June 1964.

Many of the women who wrote to the Founders wanted to start LLL Groups in their own communities. They were encouraged to do so, and before long *LLL News* listed Groups in the USA, Canada, and Mexico. This rapid growth began to worry the Founders, since they wanted the organization to foster a particular philosophy of breastfeeding and mothering. They wanted mothers to find the same kind of information and encouragement wherever a La Leche League Group was formed. It became evident that a standard procedure was needed for those who were interested in starting Groups. Also needed were procedures to keep in touch with Leaders and Groups all over the world. These needs led to the establishment of the Leader and Leader Applicant (now Accreditation) Departments in 1964. Also in 1964, LLL held its first convention at the Knickerbocker Hotel in Chicago, Illinois, USA – quite an unusual undertaking for a group of mothers with babies.

Each step in the growth and expansion of the organization was taken in an effort to continue meeting the needs of the mothers and babies who turned to LLL for breastfeeding help. *The LLLove Story* (1978) and *Seven Voices, One Dream* (2001) provide a history of La Leche League’s development. Additional information about LLL can be found on the LLLI website: [www.llli.org](http://www.llli.org).
THE ORGANIZATION TODAY

La Leche League International (LLLI) is an international, educational, nonsectarian, nondiscriminatory, service organization, incorporated in the state of Illinois, United States, as a general not-for-profit corporation. LLLI has a Board of Directors to establish policies, hire an Executive Director (if needed), and ensure the legal and ethical integrity of the organization, including effective management of resources and continued focus on the mission of the organization. Currently eight Direct Connect Entities (DCEs) work together under the umbrella of LLLI, these are: the Alliance for Breastfeeding Education (USA), the European Area Network (EAN), the International Area Network (IAN), Ligue La Leche (French Canada), LLL Canada (English Canada), LLL Great Britain, LLL New Zealand and LLL USA. You can find more information about the structure of LLLI here: https://www.llli.org/about/whos-who-in-la-leche-league/structure-of-llli/.

The details of the organizational structure and functioning of the LLLI Board of Directors, including elections, officers and committees, can be found in the LLLI Bylaws https://www.llli.org/leader-pages/bylaws/ and in the LLLI Policies and Standing Rules Notebook (PSR) https://www.llli.org/leader-pages/policies-standing-rules/, which is available on the LLLI website in the Leaders’ pages, or from your Area/Affiliate administrator.

Today, La Leche League is recognized internationally as the world’s foremost authority on breastfeeding. LLLI maintains working relationships with the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO), and is a founding member of the World Alliance for Breastfeeding Action (WABA). LLLI offers Continuing Education Recognition Points (CERPs) to IBCLCs for webinars.

As LLL has grown into an international organization, the primary focus has remained on the personal one-to-one sharing of information and encouragement that provides the confidence needed to breastfeed. As a Leader providing this personal support, you are vital to the fulfillment of the LLL mission.

LLL VISION, MISSION, AND PHILOSOPHY

LLL Vision
To realize, deepen and share the love and wisdom found in the breastfeeding relationship.
LLL Mission
To help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.[1]

LLL Philosophy
The basic philosophy of LLL is expressed in *The Womanly Art of Breastfeeding* and is summarized in the following concepts:

• Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.

• Human milk is the natural food for babies, uniquely meeting their changing needs.

• Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.

• Mother and baby need to be together early and often to establish a satisfying breastfeeding relationship and reliable milk production.

• Breastfeeding is enhanced by the loving support of the baby’s father, a co-parent, a partner, and/or close family members who value the breastfeeding relationship.

• In the early years the baby has an intense need to be with his mother which is as basic as his need for food.

• For the healthy, full-term baby, human milk is the only food necessary until the baby shows signs of readiness for complementary foods, about the middle of the first year after birth.

• Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.

• Ideally the breastfeeding relationship will continue until the child outgrows the need.

• From infancy on, children need loving guidance, which reflects acceptance of their capabilities and sensitivity to their feelings.
(See LLL’s Philosophy, Appendix 1 of LLLI Policies and Standing Rules https://www.llli.org/leader-pages/policies-standing-rules/ The wording of the concepts is currently undergoing thorough review and any changes will be accessible through this link, Leaders will also be informed via usual communication channels).

AN INTRODUCTION TO LEADERSHIP

In this Section:

- Why We Are Leaders 11
- Leaders’ Roles and Responsibilities 12
- Balancing Family Needs with LLL Commitment 13

“We at La Leche League International have all nursed our babies. If you want to do the same, whoever you are, whatever your story is, we are here to help. La Leche League International is committed to serving everyone inclusive of race, ethnicity, religion, sex, national origin, ancestry, age, marital status, physical or mental ability, socio-economic status, political views, gender identity, sexual orientation, family structure, or other protected status. LLLI seeks the equitable accreditation of a diverse body of Leaders.” (LLL Inclusivity Statement, 2017)

WHY WE ARE LEADERS

Most of us came to La Leche League (LLL) looking for reassurance and accurate breastfeeding information. An LLL Leader became a trusted source of information and support on our breastfeeding journey. By attending LLL meetings, we realized that our personal breastfeeding experience could help others along their breastfeeding journey. We wanted to give back to others what we, ourselves, had received, and this desire to help, along with the satisfaction we receive from doing so, led many of us to pursue La Leche League Leadership.

As LLL Leaders, we embody the principles at the heart of La Leche League through our words and actions: respect for the wisdom of the breastfeeding relationship, valuing all families, and respect for children and their needs.
Through the application process and fulfilling our roles as Leaders, we develop and improve skills that we can apply in all the roles we fill in our lives. The communication skills we employ as Leaders, including active listening, empathy, sharing information rather than advice, and respect for individuals as experts in their own lives, are at the core of all of our interactions, not just those in LLL. These skills can enhance our relationships with others, including family, friends, and colleagues.

We practice creativity and patience when we give breastfeeding help. We gain confidence in our problem-solving and collaboration skills by asking questions and offer information in ways that empower others to identify what the real issues are and find workable solutions for complex situations.

Assuming responsibility for an LLL Group helps us gain or increase marketable skills including organizing materials, keeping financial records, writing reports, and effectively overseeing Group management and working cooperatively with others who have ideas that are different from our own.

Leading a group gives us experience in offering relevant information, express our thoughts clearly and with conviction, and communicate caring and respect, all while managing group dynamics. These skills can be invaluable whether we are speaking with our children and families, our colleagues, or our peers. Through our continued involvement with LLL, we encounter many opportunities to expand our parenting skills. Workshops, conferences, books, and personal interaction with other parents, can improve our ability to meet challenges throughout the different stages of our children’s development.

For many Leaders, the support and companionship we receive as part of a network of Leaders who share our philosophy is an invaluable benefit of the time and energy we dedicate to LLL. LLL work offers us opportunities for personal growth, while maintaining our dedication to our families. We can adapt our degree of involvement with LLL as our family needs change.

As Leaders we feel valued because every individual Leader is vital. LLL is built on the knowledge gained from each personal experience and the unique contribution of time and talent each of us makes to the organization.
LEADER ROLES AND RESPONSIBILITIES

A Leader is a person who is currently accredited as a La Leche League International Leader. A Leader has fulfilled LLLI requirements for leadership, has been accredited by LLLI, and subscribes to the purposes and policy of LLLI (LLLI Bylaws, Article II.) An active LLL Leader pursues the La Leche League mission through basic Leader responsibilities as defined in the Policies and Standing Rules and/or other service to LLL. An active Leader’s fees are current, she keeps up to date with Leader education, and communicates regularly with the organization. (Policies and Standing Rules)

The basic responsibilities of leadership are:

• Helping through one-to-one, online, telephone, or in-person breastfeeding support.

• Planning and leading monthly Series Meetings.

• Supervising the management of the LLL Group.

• Keeping up-to-date on breastfeeding information.

• Helping others find out about LLL Leadership and prepare to become Leaders.

Leader responsibilities can be shared when there is more than one Leader in a Group. Most Leaders have found it beneficial to concentrate on the basic responsibilities for a period of time before considering expanding or changing their service to LLL.

When thinking about changing your LLL involvement, you may find it helpful to take time to evaluate what you are already doing, set priorities and goals, assess your personal interests, and discuss plans with co-Leaders and support and resource Leaders. By choosing carefully among the options available, you can find activities to revitalize and strengthen your LLL commitment. In any activity in which you are representing La Leche League as a Leader, it is important to remember that how you fulfill your responsibilities reflects on the organization as a whole; you are the visible face of La Leche League.

Whatever your priorities, there are many LLL resources available to help you. La Leche League wants you to enjoy and find fulfillment in your work.
BALANCING FAMILY NEEDS WITH LLL COMMITMENT

La Leche League was founded by women with growing families who balanced the needs of their families with their commitment to LLL work. Today Leaders continue to find balance, creating space for LLL work in their busy lives.

Setting goals and establishing priorities are keys to achieving balance that will work for your life. La Leche League offers different avenues of commitment and opportunities to fit all the stages of a Leader’s life. Leaders may focus on the basic responsibilities, or they may take on support responsibilities, concentrate on reaching populations that haven’t traditionally had access to LLL information, or develop new and creative ways to fulfill the LLL mission.

Meeting your baby’s needs always comes first, and a baby’s needs are perhaps the easiest to combine with LLL work. You can breastfeed your baby while taking a helping call. You can take your baby along when leading Series Meetings – you will have the best visual aid possible! Many Leaders have spoken at Area Conferences or childbirth classes with a baby in a carrier or sling.

Sometimes a Leader may need to modify assumption of responsibilities for a time. For example, if you are pregnant, you may prefer not to be responsible for leading a meeting near your due date because you might have to cancel the meeting. Perhaps you’ll want to avoid lengthy phone calls for a while because your toddler needs extra attention as he adjusts to his new sibling.

At other times in your life, you may welcome new challenges. Perhaps you no longer have a breastfeeding baby and wonder if there is still a place for you in La Leche League. It may be reassuring to know that there are many dedicated Leaders who have been active for decades. Leaders who continue in LLL find a great deal of personal satisfaction in being able to help new mothers enjoy breastfeeding their babies. The seven women who founded LLL all continued to be actively involved in the organization throughout their lives.

The unique personal experiences of Leaders, and their commitment to supporting breastfeeding, make the work Leaders do particularly valuable; La Leche League work is something very special. You may find, as so many Leaders have, that your parenting values are reinforced by continuing a close association with others who believe in being sensitive to children’s needs and feelings. As you remind new parents to trust their instincts and value relationships, you strengthen your own ability to do the same.
Some tips that may help you fit LLL work into your busy life:

- Decide what’s important to you, set reasonable goals, and allow plenty of time to achieve those goals.

- Make lists and mark your calendar to help budget your time. The less you carry in your head, the freer your mind may be for creative thinking.

- Know your own limits and learn to say no when you reach them. Saying no is more responsible than saying yes and not following through.

- Use your most productive time effectively by setting priorities. Don’t do an unimportant job during your highest energy/most creative time.

- Find and use hidden time. For example, keep reading material in the car for times that you are waiting to pick up children. Make telephone calls or listen to podcasts while cleaning up the kitchen.

- Make good use of spare minutes. A few minutes is enough time to do a quick follow-up telephone call or email, read a short article, or send a text message.

- Emphasize the positive. Don’t dwell on the negative: guilt over yesterday’s things undone, worry over tomorrow’s things yet to do. The magic word is start.

- Be kind to yourself and make time for the things that nourish you.

- Let your partner (if you have one), your support people and family, know how much LLL work means to you and how they can support you in pursuing it. Communicate your needs and listen to theirs.

- Make time for people and activities important to you. Be flexible when family needs arise. Enjoy life.

- Remember the powerful message we send others when we respond to our children’s needs at a meeting or while talking on the telephone.

[1] Although LLL may, from time to time, collaborate with other organizations that have a compatible purpose, LLL will not ally itself with another cause, however worthwhile that
cause might be.
CHAPTER 1 HELPING ONE-TO-ONE

As LLL Leaders, we have all nursed our babies. This experience and what we learn during the application period provide us with the knowledge and skills to help families with questions or concerns about breastfeeding. The one-to-one approach is the core of our work as La Leche League Leaders. One of the most important things we do as Leaders is to help mothers and parents build their self-confidence and trust in their own nurturing instincts. In this way, they are empowered to solve many problems themselves, by looking to their babies and responding to their needs.

Effective communication skills help us establish rapport with parents who turn to LLL for help. These skills also help us share information effectively in one-to-one situations and at in-person and virtual Group meetings. We improve our communication skills by:

- Observing other Leaders—watching and listening to them at LLL meetings and noticing the tone and attitude they communicate, the way they address attendees’ concerns, and how they present information and options.
- Working on the Breastfeeding Resources Guide (BRG) and Preview of Helping Questions and Group Management during the application period.
- Participating in Communication Skills Department sessions at local, Area, entity or LLLI workshops or events. All Leaders benefit from the opportunity to further develop these skills. These sessions are usually open to Leaders and Leader Applicants, and often to Group members and other interested parties too. Online sessions may also be available.

In this chapter you will find:

Basics of One-to-One Helping
- Giving Empathetic Responses
- Active Listening
- Asking Questions
- Sharing Information
- Helping Families Prioritize
- Summarizing the Discussion
Helping Questions and Possible Medical Implications

- Handling Medically Related Breastfeeding Questions
- Helping Parents Work with Healthcare Providers
- Questions about Medications or Use of Herbal Supplements while Breastfeeding

The Leader’s Experience with One-to-One Helping

- Confidentiality
- Personal Reaction to Helping Situations
- When a Leader Doesn’t Know the Answer
- When Someone Asks for Help Beyond Peer Support
- Documentation
- Helping by Phone
- Helping Online
- Home Visits

BASICS OF ONE-TO-ONE HELPING

One-to-one helping questions may come to you via phone, online video call, email, text message, or in person. To have an effective conversation in any format, it is helpful to remember to:

- Give empathetic responses.
- Use active listening.
- Ask questions to gather more information.
- Share information.
- Recognize each parent as an expert on their baby.
- Help families prioritize.
- Create a follow-up plan.
Giving Empathetic Responses

Initiating the conversation with an empathetic response lets parents know that you hear how they are feeling. Empathetic responses also give you time to pause and listen to what the person has to say before offering suggestions. Consider using them throughout the conversation when you sense the person feels strongly about something being shared.

A warm, sincere manner and tone of voice will help put an anxious mother at ease. When LLL Leaders convey warmth, sensitivity, and respect, an individual who contacts LLL is more likely to be receptive to information and suggestions.

Pacing the conversation according to the mother’s cues helps to build rapport. If the person is crying, you can be reassuring by stating that it’s all right to cry. Use the mother’s and baby’s names frequently. Talk slowly, quietly, and calmly to allow time for the mother to describe the specific problem. It may be helpful to verbalize the mother’s feelings about what seems to be the problem. This allows her to confirm or correct your perception, clarifying the concern for both of you.

Phrases such as the following help reflect feelings:

- “I sense you feel strongly (or worried or unsure or unhappy) about that.”
- “I can see it’s been hard for you.”
- “You seem to be feeling …”
- “You sound …”
- “Would you say you are feeling…?”

Example A

**Jasmine**: My baby cries all the time.

**Leader**: That’s really tough—you’re puzzled about what is going on.

**Jasmine**: Yes, it seems like I’ve tried everything to quiet her.

Example B

**Maria**: Whenever I put my baby down, she cries. I considered using a baby sling to keep her close while I do work around the house, but my mother keeps telling me that I will spoil the baby if I don’t put her down.
Leader: You’re saying that the idea of using a baby sling appeals to you, while you’re also worried that your mother may be right. She has a lot of experience with babies.

Maria: You’re right. I am so confused! What information do you have about spoiling babies?

Example C

Alex: I guess I’m just going to give up on this breastfeeding. My doctor says John is gaining too slowly and that I shouldn’t have to nurse him more often than every three hours. My two-year-old daughter got hold of some pain killers while I was nursing John. I had been up all night rocking John so he’d sleep longer than two hours. I knew if I had to tell the doctor he was waking all night and nursing more often than every three hours, the doctor would want me to supplement and I’m just not going to do both. I’m just not!

Rushing in with information and suggestions may be a tempting response. Or it may be difficult to identify the primary concern. If you rephrase the feelings, the parent will usually identify the most pressing need.

Leader: You sound overwhelmed. Your baby doesn’t seem to be doing as well as you had hoped. You are afraid that your doctor will tell you to supplement. Your other little one needs attention. That pain killer incident was scary! Now you really wonder what to do.

Alex: You’re right. I feel like such a failure. I don’t seem to be able to handle anything. The pain killer incident really shook me. I know what to do about that though. I’ll just have to keep my daughter with me. I know that’s what I’ll have to do, but I’m so tired. Being responsible for anyone other than the baby is more than I can bear.

Leader: When you’re as exhausted as you are now, it seems hard to handle everything. But even as tired as you are, you’ve come up with a plan: keeping your daughter with you. You would like to be able to handle this, yet you’re not sure whether you can keep yourself and your two-year-old together.

Alex: That’s it. I know the only thing to do is to keep her with me, but how will I manage with two children?

Notice how the Leader responds empathetically until the person identifies their priorities. Even if the Leader labels the individual’s feelings inaccurately (“bewildered,” “afraid,” “scared”), the parent will clarify these when responding.
The Leader continues with empathy until the individual acknowledges that handling two children is a challenge and asks for help. It is important to wait for that moment before offering suggestions.

**Leader:** Meeting the needs of two young children without getting overwhelmed is a big challenge for most new families. Some mothers find that using a baby sling to carry the baby around while tending the older child works well. By the way, it is easy to nurse a baby any time he likes when you carry him around. This may also help his weight gain as many newborns do need to breastfeed more often than every three hours to thrive.

**Active Listening**

Active listening can help clarify the parent’s feelings, making it easier to understand the real question or problem and decide what information will be helpful to offer. Listening carefully demonstrates that you are making an effort to understand the other person’s concerns. For some parents, maintaining eye contact is a helpful part of active listening.

Whether you help in person, via the internet, text or by phone, rephrasing statements, naming feelings, and summarizing what the person has said offer them the chance to confirm or to correct your understanding.

- “Let me see if I am following you. You said…”
- “Did you mean that…?”
- “You seem to be telling me that…”
- “I hear you saying that…”
- “Please tell me what’s happening.”
- “Tell me what you have already tried.”
- “Explain to me again what your doctor said.”

**Taking notes while listening**

Taking accurate notes is important for follow-up calls and if you decide to seek further support from a co-Leader or the Professional Liaison Department (PLD). See [Documentation](#).

**Recognizing each parent as the expert on their own baby**

At least once during a conversation try to say something like
• “It sounds to me as though you are really trying to understand your baby.”
• “Your baby is so lucky to have you for his mother/father.”
• “I can tell that you are aware of your baby’s different cries and needs.”

Positive feedback is reassuring and a confidence booster. The more specific you can be in giving positive feedback, the stronger the reassurance.

Breastfeeding difficulties often affect the new parent’s sense of self-esteem. Be aware of a parent’s sensitivity to any suggestion of criticism.

**Responding without judging**

Active listening is a useful skill, especially when the person’s choice or point of view is outside your personal experience.

For example, a mother boasts that her three-month-old baby takes two bowls of baby food a day but wonders why her milk supply seems to be decreasing. It might be tempting to say that it is too early to give solids. However true this may be, such an opening remark would probably make the mother feel criticized, and likely unable or unwilling to hear the information you have to offer.

When a mother feels empathy and understanding from you, the mother is more likely to be able to consider suggestions. For example:

“You’re worried that your milk supply seems to be decreasing. Many mothers have found that the breasts need to be stimulated often by baby’s sucking to maintain or increase milk production. Reducing the solids might encourage your baby to breastfeed more and bring your supply back up again.”

Every parent wants to do the best for their baby. The mother of the three-month-old baby who is already on solids is concerned about the baby’s welfare. Although you might think privately that it is a mistake to give cereal to such a young baby, expressing such thoughts interferes with the focus on the mother’s concerns. Before offering suggestions, focus on the person’s feelings and concerns. People are more apt to be receptive to suggestions when there is no hint of criticism. When someone contacts LLL, it often indicates that they want to continue nursing.
Respecting differences

People’s backgrounds vary widely. A single parent’s challenges are different from someone who has a partner or support from family or friends, and teenage pregnancy can be challenging and distinct from that of an older mother. Different cultural backgrounds result in different childbirth, breastfeeding, and childrearing customs.

Here are a few suggestions to keep in mind when talking with people whose background may be different from your own:

• Ask questions to find out more about the person’s support network rather than assuming the person has a partner.

• Use similar language to the person you are supporting, for example:
  ○ Use the same words they use for ‘breastfeeding’ and ‘human milk.’
  ○ Note any phrases/nouns/pronouns they use to describe themselves/their support people/their baby.
  ○ Use their baby’s name if they do.

• Share local terminology and colloquialisms as a way of connecting when parents are from your locality.

• Recognize that adolescent mothers have concerns that may not be obvious to an older mother—for example, feelings of fear and insecurity, or heightened concerns about appearance, weight gain, freedom, and peer opinions. When talking with teens, it helps to try to look at the world through their eyes. It may be helpful to emphasize the benefits of breastfeeding to them as well as to their relationship with their babies.

• Understand that customs regarding health, medicine, and sexuality may vary a great deal according to cultural background and religious belief. Suggesting a variety of alternatives in an objective way can help avoid suggestion of criticism.

• Remember possible economic differences when suggesting special breastfeeding equipment or any other purchases. Give several options with different costs, such as renting instead of buying a pump, or using hand expression.

• Suggest books, online articles, and other resources by a variety of authors available in your Group or local library which offer different options.

Talking about personal experience

One of the strengths of La Leche League is that Leaders have all nursed their babies. While
it can be helpful for a parent to know that you have overcome a similar problem, be cautious in sharing personal experience. You don’t want to give the impression that what worked for you is the best approach for everyone.

Although you have valuable insight and may have relevant personal experience to share, other people usually can’t really listen to your information until they feel assured that their feelings and situation have been understood.

Even when a parent is ready to hear information, your personal experience may not be relevant to the situation. Just as people react differently and make different choices, you may feel very differently about a similar situation. Identifying how the parent is feeling can be helpful.

When discussing feelings, it may occasionally be helpful to share how you felt.

- “I remember when I used to wonder if my baby would ever sleep longer than two hours at a time.”
- “I was skeptical myself when I first heard I could let my baby show me when he was ready for complementary foods.”

By keeping any sharing of your own personal experience brief, you will be able to refocus immediately on how the mother contacting you feels about the situation or the information and options you have shared.

**Asking Questions**

Some helping questions are complicated and may require additional research. For example, the mother may be upset and/or confused by conflicting advice, the baby may not be doing well, or the mother is ill. Listening carefully and sensitively before offering information is critical. The communication skills described earlier in this chapter are especially useful when you encounter a complicated one-to-one helping situation.

Asking questions can help clarify a situation and gather more information. After the mother has told her story, there may be missing pieces. You may need to ask about baby’s birth weight, current weight, number of wet and soiled diapers, etc. Use the checklists on the Leader’s log and the Medical Questionnaire used by your Area or entity Professional Liaison Department (PLD) as guides for additional information you might need. Try to avoid bombarding the person with questions. With practice, it becomes natural to interject relevant questions into the conversation.
Sometimes the first question or situation breastfeeding parents raise is not what is bothering them the most. They may not identify other factors underlying the immediate problem. In some cases, parents ask a testing question first to see what kind of reaction or information they will receive. When they feel heard, they usually share what is really bothering them.

For example:

**Kerry**: My baby isn’t getting enough milk!

**Leader**: Why do you think he isn’t getting enough?

**Kerry**: I’m nursing him all the time.

**Leader**: That can be tiring! And you worry because he seems hungry all the time. Tell me more about your baby’s nursing pattern.

Open-ended questions can help you better understand the situation. Questions that begin with “what” or “how” encourage more informative responses than questions that invite a “yes” or “no” answer. For instance, you might ask, “How is the baby getting along?” instead of, “Is the baby getting along well?”

Asking about the person’s perception of the problem helps you address the concerns more effectively:

• “What do you see as the problem?”

• “How would you like to see this resolved?”

Although you might identify an additional problem, it’s important to address the immediate concerns first. A mother may also bring up something that you consider a problem, but the mother does not. If the person is happy with the way things are, and the baby’s health is not in jeopardy, it is not necessary to suggest that there might be a problem.

**Sharing Information**

See also: [Sharing Information Without Giving Medical Advice](#)

Once you have heard the parent’s story, and gathered more information, the primary concern usually becomes clear. This is the time to offer suggestions that may help the person
resolve the concern. You will want to word your suggestions as sharing information, rather than giving advice.

Giving advice often sends an unspoken message—a lack of confidence and trust. Advice usually begins with phrases such as:

- You should . . .
- You ought to . . .
- Why don’t you . . .
- You should have . . .
- Why didn’t you . . .
- You shouldn’t have . . .

Even if a parent asks for or is open to receiving advice, the result may not be helpful.

Sharing information implies that the person receiving the information is qualified to make choices. In giving information, making suggestions, and presenting options, you convey respect which is the basis of any successful helping relationship. Even when you may have more knowledge and experience about breastfeeding, the decision-making is the responsibility of the mother.
Parents usually find it easier to consider information when you present it positively, highlighting benefits rather than stating negative consequences.

For example, “The chance of developing allergies is increased when babies are given supplements to human milk and/or complementary foods in the first six months of life.” is more positive than “If you give complementary foods before six months old, your baby has a good chance of developing allergies.”

Providing the source of the information to families gives them the option of referring directly to this source. It also provides a reference to share with the healthcare provider.

**Deciding how much information to offer**
As you think back to your days as a new parent, you may recall how difficult it was to remember anything. Many new mothers feel overwhelmed with new experiences, overloaded with information, and totally exhausted. The simple suggestion of napping when baby naps is one way for a parent to get enough rest to feel renewed and able to face other challenges.

When someone is struggling to handle a situation, it often helps to start with simple, specific suggestions that are easy to carry out. Even when it is clear that there are complicated causes for the problems, small changes can be important and are usually more feasible.

Listening and then being selective in offering information is usually most effective. Try singling out one or two suggestions that are most likely to help. If the mother is worried about her baby or lacking confidence, the mother’s emotional state may not allow the taking in of new information. Listen carefully to the person, repeating those same one or two suggestions and then ask if these might be things the mother is able to do. Ask the person to repeat the plan and contact you later if these ideas don’t help.

Giving a little information at a time allows parents to absorb the information more fully, react to it, and ask questions. When parents have time to talk and clarify their needs, effective communication happens.

**Making suggestions**
Tactful ways of presenting suggestions leave room for individual preferences:

- “Here’s what other mothers have done in similar situations.”
- “How would you feel about…?”
• “Many parents have found…”
• “Some babies seem to need…”
• “You may find that….”
• “I wonder if it would help to…”

It may feel awkward at first to consciously word suggestions this way, but most Leaders find it becomes more comfortable with practice.

Another possibility:
• “These ideas have worked with other babies. Try them if you think they might work for you. If you find success with something I haven’t mentioned, please tell me so I can pass your idea on to other mothers.”

This approach offers information, reminds parents to use their own experience and intuition, and encourages them to share their ideas for the benefit of others.

**Discussing options**
When presenting options, you can encourage the person to respond honestly by saying something like:
• “Do you think any of these alternatives might work for you?”
• “Could one of these options be modified to fit your family?”

Sometimes someone may react negatively to a suggestion. It is important to respect each person’s feelings.

In this example the Leader and mother have already discussed the benefits of nursing a slow-gaining baby more often.

**Elena:** So, you’re suggesting not only to nurse more frequently—whenever the baby wants—but to use both breasts. I can manage that, at least during the day. But what will I do about nighttime? I really do need some sleep.

**Leader:** You’re concerned about not getting enough sleep if you have to nurse frequently at night. Have you thought about taking the baby to bed with you?

**Elena:** You’ve got to be kidding! I don’t think it’s good to have a baby in bed with us. Surely you don’t do that, do you?
Leader: You’re surprised. I was, too, when I first heard that this does work for some families. Since you are not comfortable with it, let’s consider other options. Have you thought of having a bassinet next to your bed? You could bring your baby to your bed to nurse and then return him to his bed.

Elena: This sounds like it would work. And I certainly would welcome the sleep!

You may also invite the person to problem-solve: “Can you think of a way to adapt this idea so you can nurse during the night and still get rest?”

Helping Families Prioritize

Many families with a new baby need help setting priorities. They often feel overwhelmed. For breastfeeding, the three important priorities, in order, are:

- Feeding the baby
- Protecting the milk supply
- Establishing pain-free exclusive breastfeeding

Sharing this with parents can take some pressure off them. For example, if the baby is not latching, but the mother is expressing the milk and bottle feeding, reassure the family that two important goals are being met. They are feeding the baby and protecting the milk supply. The third will come with time and patience. If the baby is not latching and the mother is giving formula because of a low milk supply, you might suggest milk expression to increase the supply in addition to strategies to get baby to breast. If the mother feels it’s impossible to do both, explain that at this point, feeding the baby by bottle with her milk plus any additional formula needed and building the milk supply may be most important.

Summarizing the Discussion

If you covered many topics or if the person was very upset, it may be difficult for them to clearly remember what was said. Repeat the suggestions that the mother plans to try.

This is also a good time to mention The Womanly Art of Breastfeeding or other LLL books, publications, or resources relevant to the situation. Consider referring the person to the LLLI website and the entity website.

Invite the mother to an upcoming meeting. Explain that the chance to discuss breastfeeding questions and to share information at a La Leche League meeting can be a source of ongo-
ing support, in addition to asking questions online or by phone. If there is no local Group/meeting, you can help her find any online LLL Group meetings.

Follow-up is important. At the end of the conversation, review the plan and how long to try it out. Consider asking about the next plan if this one doesn’t work. Discuss how you’re going to follow up with the person who has contacted you. Ask if you can call back or text/email and when—the next day? in a few days? in a week? Some mothers in crisis do best with daily follow-up. Others like to try it on their own for a few days and then touch base again. It’s important to respect the person’s choices.

At the end of the conversation, you could say:
“I’d really like to know how you are doing. Would you like me to phone or text you on ____ (interval depending on the problem) to see how things are working out? What time would be most convenient?”

A sincere, personal closing remark using the individual’s name leaves the person with a good feeling about LLL. “It’s been good talking with you, Tony. Do call me again and let me know how you are getting along.”

HELPING QUESTIONS AND POSSIBLE MEDICAL IMPLICATIONS

Handling Medically Related Breastfeeding Questions

Someone who needs information about breastfeeding in a medically related situation may call you for two reasons. First, the person recognizes that as an LLL Leader, you will be empathetic to their feelings. You will listen and offer support. Second, the person wants to access the resources of LLL.

Leaders are not healthcare providers. The skills and insights you have gained as a parent and Leader give you a unique perspective that is reassuring to those who contact you. When responding to helping questions, it’s important to keep your limitations as a volunteer breastfeeding counselor in mind and to know the difference between offering information and giving medical advice. Giving medical advice can result in discord with the medical community and possible legal problems for you and LLL.

It is your responsibility to be well informed and up to date on breastfeeding matters and to know where the relevant information can be found. When someone asks about medical sit-
uations that impact breastfeeding, such as newborn jaundice, mastitis, or medication use while breastfeeding, encourage the person to first check with their healthcare provider.

In medically related breastfeeding situations, you can help by:

• Offering information from LLL publications, and other appropriate resources.
• Letting the mother or parent know that there may be alternative ways of handling the situation.
• Helping the family work with the healthcare provider.

Sharing Information Without Giving Medical Advice
See also: Sharing Information

Consider the situation of a mother who contacts a Leader by phone; the baby is jaundiced. The baby’s healthcare provider insists that weaning is necessary because breastfeeding is causing the jaundice. The mother does not want to stop breastfeeding and wants to know what to do. How do you respond?

Listen and ask questions
Your immediate reaction may be to say, “You don’t have to wean.” Instead, find out as much as possible about the situation. Sometimes a parent can provide their own answers if someone listens and asks a few questions. These questions may provide a good start:

• “What did the doctor say?”
• “Why do you think the doctor said that?”
• “How do you feel about those suggestions?”
• “What do you want to do?”

Make sure to receive the information about:

• Baby’s age
• Healthcare provider’s recommendation
• The reason why the provider thinks weaning is necessary
• If a temporary or permanent weaning is suggested
• Healthcare provider’s attitude toward breastfeeding
• The mother’s preference
• The partner’s opinion

Avoid giving personal opinions
It may sound like a simple case of physiologic jaundice, and you may wonder why the healthcare provider insists on treating it like a medical problem. In many cases, even when bilirubin counts seem high, weaning is not necessary. Remember that as a Leader you are not qualified to diagnose the situation. You may not have all the facts. Maybe there is something that the person is not telling you. Maybe the mother or parent did not fully understand what the healthcare provider said. There may be more to the situation than is apparent.

Share information and resources
Quote verbatim from The Womanly Art, LLL publications, and other respected non-LLL sources. Explain the source of the information and suggest it be shared with the healthcare provider, who may not be aware of the latest research and/or treatment options. Be sure to include the title page and full reference citations when providing a partial reference, e.g., a paragraph or page from a text. Encourage the person to refer to these resources by name rather than saying, “LLL says….” When possible share a link to the source of your information that can easily be accessed by the mother and shared with the healthcare provider. You can also take a photo of the cover, publication date, and the specific information you are citing to send to the mother to share with the physician.

If you share what others in similar situations have done, you might use phrases such as “Many mothers have found…” or “Other parents have…”

Contact a Professional Liaison Department (PLD) Leader
There may be times when you need to contact a PLD Leader for help with a challenging helping situation or for access to additional resources. See “Professional Liaison Department,” Chapter 4, LLL Resources.

Helping Parents Work With Healthcare Providers
Sometimes a Leader’s suggestions differ from those of a healthcare provider. Often there is no specific medical issue involved but rather a matter of breastfeeding management. Parents may want to try the Leader’s suggestions but are reluctant to go against the advice of the provider. Most people find it stressful to disagree with their healthcare provider. It can be even harder for people who are vulnerable for one reason or another, for instance, those with social, cultural, economic, or medical challenges. Someone who is pregnant or has a
new baby may find questioning the healthcare provider particularly challenging. You can suggest ways to help keep the encounter positive and an honest discussion.

Suggest that parents:

- Think through their approach in advance and ask themselves: What is important? What concerns do I have?
- Share how they feel: “I feel very uncomfortable about trying…” or “I will feel so sad if…” or “We would feel more comfortable trying…”
- Ask for a complete explanation of the treatment and how it is related to baby’s health. It can be particularly helpful to repeat the healthcare provider’s statements in their own words. For example, the mother might say to the provider: “I hear you saying that I need to wean permanently.”
- Ask about alternative treatments and approaches.
- Make statements in a positive way.
- Try the “broken record” technique; repeat what’s most important, e.g., “I really want to breastfeed my baby.” “We do not want to have to supplement with formula.
- Use tact, give respect, and expect tact and respect in return.
- Be confident!

You can help parents prepare for this discussion by:

- Practicing role-playing possible responses.
- Recommending resources they can share with the healthcare provider.
- Ensuring that they understand the background information that supports the suggestion you offered, e.g., feeding baby more frequently helps to increase the milk supply and weight gain.
- Encouraging openness and honesty between them and their healthcare providers.
- Reminding parents that they are working as a team with their healthcare provider.
- Informing them that they and their babies have certain rights as patients, such as seeking a second opinion from a healthcare provider who values breastfeeding and understands lactation management.

As Leaders we inform parents of these options and then leave the decision to them on how to proceed.
Questions about Medications or Use of Herbal Supplements while Breastfeeding

Because of the wide variety of complex medical issues involved in the questions Leaders may receive, neither LLLI nor any LLL Leader can give medical advice. However, you may be called upon to share medical information with a parent, particularly regarding questions about medications. A Professional Liaison Department (PLD) Leader will have additional resources on hand. (See “Valuing LLL as Source of Mother-to-Mother Information” in Chapter 4, Using LLL Resources.)

Leaders often receive questions about taking medications, using herbs or taking other kinds of supplements while breastfeeding. Perhaps the mother has been told a drug or herb will be harmful to the baby and wants to be reassured that it’s safe to take.

In some cases, a medication or supplement may be one that is commonly used or prescribed for breastfeeding mothers. In other cases, the medication may be associated with some risk to the breastfeeding infant, or it is a new drug that has not yet been tested on someone who is lactating.

The ultimate decision whether or not to take a medication or herbal supplement and/or whether to continue or stop breastfeeding must remain with the one who is breastfeeding in consultation with a healthcare provider.

Since information on medications is updated periodically, be sure the reference you’re using is the most current. Read or quote the information verbatim without paraphrasing, interpreting, drawing conclusions, or giving medical advice. Give the name and date of the reference and any other sources listed so the parent can share with their healthcare provider where they got the information. You can share a link to the source, when possible, and/or mail a copy of the printed material. You can also take a photo of the cover of the book, the date of publication, and the page(s) you are referencing and send it to the mother to show to the physician.

Anyone who is concerned about drugs in human milk needs to consider three questions. If these are answered in open communication between healthcare provider and patient, most concerns can be resolved.

1. Will the drug or herb harm the breastfeeding baby?
2. Will weaning harm the breastfeeding baby or the mother?
3. What are the options?

Too often only the first question is raised; the other two are equally important.

If a mother contacts you to ask about taking a specific drug or herbal supplement, you can help the person make a decision by asking:

• Has the medication been prescribed by a healthcare provider?
• Does the provider know your baby is breastfeeding?
• Has the healthcare provider recommended the herbal supplement?
• What side effects in the baby is the provider worried about?
• Has weaning been recommended?
• Have you asked about alternative drugs or treatments that would enable you to continue breastfeeding or about the possibility of postponing therapy?

If a mother has been advised to wean, but you have information that shows that others have used this medication without harmful effects, you can share this information along with the necessary background references so the mother can discuss the matter further with the healthcare provider.

If, after raising these issues with the healthcare provider, the mother is not satisfied, she may want to consider a second opinion, especially if the provider insists that the baby be weaned.

For legal and ethical reasons, a Leader should NEVER:

• Make a statement about whether or not a particular drug or herb is safe – because individual responses to a medication may vary.
• Tell someone whether or not to take a particular drug or herbal supplement – because this decision rests solely with the person in consultation with the healthcare provider.
• Tell someone whether or not to wean a baby if taking a particular medication – because this decision rests with the baby’s parent.
• Give the name of another medication that could be taken, unless quoting verbatim from a reputable text or website and sharing the name of the text or website – be-
cause this is a responsibility that is strictly the physician’s and is not within the realm of a Leader’s responsibility or expertise.

You can provide background information to help the person make an informed decision, keeping your personal opinion out of the discussion.

**THE LEADER’S EXPERIENCE WITH ONE-TO-ONE HELPING**

**Confidentiality**

Mothers and parents contact LLL for breastfeeding information, just as they might approach a healthcare professional. It is important to respect those who contact you as a Leader by keeping identifying information private. This includes names, distinguishing family characteristics, and any other information that does not pertain to the breastfeeding situation itself.

It is necessary to keep confidentiality in mind when:

- Consulting with another Leader about a helping situation.
- Discussing examples of helping questions and ways Leaders respond with another Leader or Leader Applicant.
- Showing an Applicant how to keep a Leader’s log.
- Describing a helping situation in a workshop, at a Leader meeting, or in an article for a Leader publication.

When parents are reassured by a Leader’s actions that helping conversations are kept confidential, they can feel confident recommending LLL to others. **A helping call is not the appropriate place for an observer, including for training purposes.**

For additional information see [Confidentiality](#) policy, *LLL Policies and Standing Rules* (PSR).

**Personal Reaction to Helping Situations**

Giving mother-to-mother or peer-to-peer help often brings personal satisfaction. When a nursing couple continues breastfeeding because you gave them the right information at the right time, it feels great to have played a part in this outcome.

Sometimes, however, parents decide to stop breastfeeding, chestfeeding, or pumping. They may choose not to accept any of the information or suggestions you have offered. At other
times, a mother may want to continue breastfeeding, but circumstances dictate that weaning is necessary.

Many Leaders have found it helpful to have supportive responses ready for these times.

- “That must have been a difficult decision.”
- “I’m so glad you’re enjoying your baby.”
- “You sound happy, relieved, calm.”
- “If I can be of further help, or if you want more information, please call.”
- “You worked really hard to give your baby a good start. You can be proud of yourself.”

Some general guidelines that you may find helpful:

- Affirm the value of any breastfeeding. “Even one nursing session benefits your baby.”
- Acknowledge any grief the person is feeling.
- If it seems appropriate, share that your time has not been wasted. “I appreciated the opportunity to get to know you.”
- Let the person know that nurturing their baby is most important.
- Be tactful. Each person’s opinion of LLL is important. And when someone feels positive about LLL, that person often refers others to us or comes back with a subsequent pregnancy.

It can be difficult for you, as a Leader, when a mother’s choice is not the outcome you would have hoped for. You may ask yourself if there was something else you could have said. Step back and consider: Did the individual feel welcomed, heard and respected? Did they feel good about the decision?

These feelings are natural. It may help to talk about them with another Leader. It may help to remind yourself that a Leader is not responsible for a parent’s decisions. You help parents work out problems by asking helpful questions and suggesting possible solutions; parents make up their own minds. The decision to breastfeed or not, or how long to continue breastfeeding, is the responsibility of the baby’s parents, with input from their healthcare provider when medical issues are involved.
When a Leader Doesn’t Know the Answer

No matter how experienced you are as a Leader, situations or problems will arise for which you do not have an immediate answer. You can always feel free to say, “I don’t know, but I’ll check it out and get back to you.”

Fortunately, at times like these, you can be confident that there are resources available to help you find the information you need. La Leche League’s many years of experience and wealth of reference material provide Leaders with the information and expertise to respond to almost any breastfeeding question. (You can find more information in Chapter 4, Using LLL Resources.)

When you encounter an unfamiliar breastfeeding problem, you may be tempted to immediately refer the parent to a more experienced Leader. A better alternative is to ask permission to consult with the more experienced Leader. Asking the parent’s permission to consult another Leader lets them know that you and LLL respect confidentiality, and that you have access to a network of resources, support, and people who are there to help.

If you pass the call on to another Leader, you also pass up the opportunity to improve your helping skills and increase your own understanding of an unfamiliar situation. If the parent agrees to you consulting another Leader, call or email an experienced Leader or member of the Professional Liaison Department (PLD). Using the Leader’s log and Medical Questionnaire as guidelines for questions to ask helps ensure that you have gathered enough information about the situation, so the Leader you are contacting can give you helpful suggestions and/or refer you to appropriate resources.

There are times when it is reassuring to talk to someone who has been through a similar situation: breastfeeding twins, using a supplemental feeding system, exclusive pumping, breastfeeding and specific illnesses, parents, children or babies with special needs. People who are experiencing these challenges often appreciate speaking to a Leader who has been in a similar situation. Your Area or entity may keep a file of Leaders who have breastfed in specific circumstances. You can also ask on an LLL Leader discussion list or social media site for Leaders who have personal experience with a specific situation.
When Someone Asks for Help Beyond Peer Support

Occasionally you may be asked for help on a matter that does not pertain to breastfeeding or parenting. You need to be aware of the limitations of the Leader role. Leaders are not doctors, psychiatrists, or marriage/relationship counselors.

When someone asks you for non-breastfeeding help, tactfully reply that you don’t know or aren’t qualified to help in this instance. If possible, direct the individual to a more appropriate source of help.

If you suspect that someone is abusing a child or is being abused, contact your support Leader or Professional Liaison Department (PLD) Leader immediately. In this way you benefit from another Leader’s objectivity and guidance before taking an action as serious as reporting the call to the authorities. Different countries, states or provinces may have different requirements and rules for reporting abuse. The Professional Liaison Department or your support Leader can tell you the reporting requirements for where you live. Do not discuss the situation, or any details with co-Leaders, or on social media to avoid compromising individuals or any potential legal case.

Documentation

Documentation, whether written or electronic, is essential for helping conversations. It can be done in several ways:

- Keeping a written Leader’s log in pen rather than pencil.
- Completing an entry on your entity’s online logging system (if they have one).
- Printing email or text correspondence.
- Saving email or text correspondence electronically.
- Recording and saving an online helping conversation with the person’s permission.

Reasons for documenting helping conversations:

- Taking notes during a call or text conversation can help you keep track of the important points and may help you discover a pattern, identify conflicting information, or uncover a connection—the missing link to a perplexing question.
- Documenting a call serves as a reminder of what you discussed should the person call again and/or should you initiate a follow-up call.
• Accurate documentation of helping conversations offers legal protection to the Leader and La Leche League.

What to document
Notes may be more or less extensive, but should at least include:

• Date.
• Name and contact information of the caller.
• A summary of the person’s concern.
• The main suggestions you made.
• Documents you sent or gave as references.
• If callers are not willing to identify themselves, be sure to write the time of the call and any other identifying details that may come up in your conversation.
• Follow your entity’s requirements if they differ for legal or other reasons.

How long you should retain your Leader’s logs, saved emails, or recordings may vary depending on local law. Your Area or entity may have a policy. If not, you might consult with your Professional Liaison Department (PLD) or support Leader.

Helping by Phone
Being prepared
When responding to a helping call, it’s helpful to have your materials close at hand, such as:

• Blank Leader’s log forms and a pen.
• Medical Questionnaire. Check with your Area or entity Professional Liaison Department (PLD) for what form to use.
• Reference materials such as The Womanly Art.
• Entity Directory.
• Meeting information.
• A box of quiet toys or craft projects to occupy young children during calls.

Some Leaders will have everything in one spot and go there when they get a call.
Being friendly and accessible

Callers may find it difficult to talk to a stranger about a subject as personal as breastfeeding. If they are having difficulties, they may be feeling unsure of their ability to breastfeed. You may first offer a relaxing atmosphere with a positive conversation so that it will be easier for the caller to explain the situation.

Some ways you can contribute to a positive conversation include:

• Smile (the smile will show in your voice).

• Respond in a friendly, interested tone of voice to convey that you are pleased the person has called you.

• Express interest. For example (and when appropriate):
  “Congratulations on the birth of your baby.”
  “What did you name your baby? What a beautiful name!”
  “Sounds like you’re eager to breastfeed! How can I be of help?”

• Be genuine; combine the helping techniques you’ve learned, your desire to help, and your own personality.

• Use the caller’s name and baby’s name during the conversation.

• Give your full attention to the caller. If a child needs you for something that won’t take long, you might ask the person to wait while you take care of the situation. Otherwise, you might offer to call back, or ask them to call you at a convenient time.

• Remove distractions where possible. Don’t doodle, wash dishes, or shuffle papers.

• Be patient. Give the person the time needed to tell their story without interruptions.

Unhappy children and phone calls

If your children are unhappy while you are talking, try to determine if there is an immediate need that can be satisfied, for example, by nursing or offering a drink of water.

Some Leaders keep ideas and materials handy for activities they can supervise while they talk. Others take their phone or electronic device to the play area and sit on the floor while the child plays.

Sometimes children play happily until the phone rings. Then they suddenly seem to need to connect with you. Children often feel left out when you are on the phone. Some Leaders find texting much easier than talking on the phone. You might ask the caller if they are happy to continue by another means.
If a helping call comes at an inconvenient time
If a helping call comes when it’s not a good time to talk, check if it’s a true emergency. If it is, you can try to put your family’s needs on hold for a little while. If you don’t do this too often and explain when you do, family members will usually understand. Even a young child can understand that someone is upset. If it’s not an emergency, you can explain to the caller why you can’t talk, take the person’s name and number to call back, preferably at an appointed time—perhaps after some research about the caller’s question. Most parents understand that Leaders have family needs, too.

It may not be a good idea to ask a hesitant new mother to call back or call another Leader. They may have made a big effort to make this phone call and might not be able to get up the courage to call again.

Voicemail, if available, can be convenient when it is difficult to take phone calls. However, since it can be frustrating to phone a number of times and receive a recorded message, mentioning a time when calls would be most convenient or including another Leader’s number on the recorded message may be helpful.

Be sure the message on your voicemail makes it clear to callers that they have reached the LLL Leader they are trying to contact. You may want to say “You have reached a La Leche League volunteer. This is (your first name)…”

Handling nuisance calls
Nuisance calls can intrude on anyone’s life, LLL Leader or not. Some calls are merely annoying, and some are downright scary. What should you do when you get a nuisance call?

• Trust your instincts – Does your gut feeling tell you that this call does not seem right? Are there no baby noises in the background, no indications that a parent really exists?

• End the call – Ask for the caller’s name and say you, or another Leader will call back at a later time. Most nuisance callers will not give you a phone number or will give a fake one.

• Do not volunteer information – Not about yourself, your family, or other Leaders. If someone wants meeting information and you are unsure of the motives, ask for the caller’s phone number or email address.

• Don’t answer personal questions that make you feel uneasy – Asking questions back is a good method of tactfully avoiding this type of situation. Even basic questions to
get more information can help confirm that a call is not legitimate or reassure you that it is genuine.

• If the caller asks for an uncomfortable level of details – For example, the caller asks you to describe exactly how to hold the breast for hand expression—you could ask for the person’s address and offer to send an information sheet, suggest a book on the subject or refer the person to the LLLI website. Do not put a return address on what you mail.

• Hang up – If the caller is verbally abusive, vulgar, or threatening, hang up immediately. Do not try to reason with the person or continue talking. By doing so, you are encouraging the behavior. Often this is what the person wants—attention and a reaction. Also, contact your phone company. Phone companies may have a variety of ways to handle such calls, including referring you to the police and arranging for a method of call tracing. In many places it is against the law to threaten people, make obscene calls, or harass someone.

• Call your support Leader – It is important to report exactly what has happened. If the caller has contacted other Leaders, sharing information about the caller’s methods may help to end the situation.

• Keep accurate information in your Leader’s log. – As soon as you get off the phone with a nuisance caller, write down the date, exact time and exactly what was said to you. If the phone company or police trace the call, they may need you to verify information. Without facts there is little authorities can do to help stop the calls.

• Ask callers where they got your number – If it is from a source that seems to attract nuisance calls, look at other methods of publicity.

• If you are sure a call is a nuisance, do not call back – You are just encouraging them to call again by giving them the attention they seek.

• If you are receiving repeated nuisance calls – Let the answering machine or voicemail screen all calls for a period of time, until the person tires of contacting you.

Keep in mind that the vast majority of calls are legitimate. As the police will tell you, most nuisance calls are harmless, even the obscene ones.

No caller should be automatically viewed as a suspect. Many men call LLL for their partners; some call with their own questions. When a partner or friend calls on behalf of a mother, it can be helpful to give some basic information and encourage the person to ask the mother to contact you. The information you share can make a world of difference in how
the breastfeeding relationship is supported. You don’t want to create the mistaken impression that you give information to women only. If taking a phone call from a man is uncomfortable for you, do as you would with any call that you are not able to handle; find another Leader in your entity who is willing to return the call.

Helping Online
There are many ways for a Leader to represent La Leche League on the internet. Some Leaders work on websites for the Group, Area, Direct Connect Entity, or LLLI; some Leaders answer questions via email through their Group web pages; others participate in LLL/LLLl Facebook groups; and some Leaders host online meetings. When responding online, please observe the Social Media Policy for LLL Leaders in LLL Policies and Standing Rules (PSR).

Many parents first encounter La Leche League via the internet. Email, texting or online messaging makes it possible for them to ask questions when a phone call may be inconvenient or costly. In many ways, helping this way is an extension of helping by phone.

Any email account you use to give LLL support must not include reference to your job, business or external interests in the address, or the signature. Any social media account you use must not mix causes in any way. See Cooperative Action policy in PSR.

The following considerations are relevant when helping by email, text and online messaging:

• Find ways to compensate for the differences between oral and written communication.

• Keep in mind that written text lacks the warmth of the human voice.

• Remember that many parents prefer communicating online – it is not a ‘second best’ option.

• Record as required by your entity.

• Be aware that what you write can be easily shared and/or altered.

• Quote any citation you share verbatim and include the title and author because copyright laws may apply.

Nuisance email
Leaders with email addresses listed on their Group web pages sometimes get inappropriate
email communications. Use the delete key to discard obvious “spam” messages. Many Leaders find it helpful to have an LLL-specific email account to protect their personal accounts.

Treat questionable messages carefully—you never know whether they might actually be sincere questions that are awkwardly worded. An easy way to handle such questionable emails is to reply with a simple answer that refers the author of the email to a pertinent book or page on the LLLI website. You do not want to spend a lot of time on a question that is not genuine. In case the query turns out to be sincere, it is important to give at least a minimal answer and refer the questioner to resources for further information.

**Too Much Time on the Phone or Online?**

Continual feelings of conflict between responding to helping contacts and meeting the needs of your children can indicate that you may be getting too many contacts, spending too much time on each one, or both.

These suggestions may help:

- Let attendees at LLL Meetings know the most and least convenient times to contact you.
- Let them know your preferred method of receiving contacts, e.g. phone, email, text, etc.
- In the Group’s welcome packets include LLL information sheets on the subjects that generate the most calls. If your Group has a Facebook group, include FAQs in the files, and post LLL/LLLI articles about common concerns on a regular basis.
- Use voicemail to screen calls, or ask someone else in your household (if there is anyone) to answer the phone and take messages when you are busy. If someone leaves a message on your phone you can text them back and start chatting with them or you can offer to call them later to address their concern.
- Keep each exchange to a reasonable length. It’s not necessary—or possible—to cover all aspects of breastfeeding at one time.
- If you find it difficult to limit the amount of time for the communication, check whether it is you or the mother who keeps the conversation going. Many Leaders send a link to an LLL website to reinforce basic information and offer extra detail.
Leader’s Handbook

• If parents reach out for basic breastfeeding information, encourage them to buy a
copy of The Womanly Art or borrow it from the Group library or their local public li-
brary.

• If someone reaches out about trivial issues or those not related to breastfeeding or
parenting, set limits on how often or how long you will engage in the conversation.

• Be sure to send meeting information to everyone who contacts you. Invite them to
join any social media platforms your Group has. List the LLLI website or your Area or
entity’s website on your meeting information.

Home Visits

Although most questions can be answered over the phone or by email, some situations are
more effectively handled in person. Sometimes a problem that takes several calls or emails
to figure out can be resolved immediately when you can see the breastfeeding dyad.

Some examples of situations that may be helped most efficiently by a home visit, if a parent
cannot attend a meeting or doesn’t have transportation, include:

• The baby is refusing to breastfeed or having trouble latching on—it may be helpful to
observe the positioning, the breasts, the latch, and/or baby’s oral anatomy.

• The baby is not gaining well, and the usual management suggestions have not
helped—positioning and latch-on techniques may need to be evaluated and/or
demonstrated.

• Sore nipples persist and the usual suggestions have not helped.

• Specialized techniques may be helpful, and it is easier to demonstrate in person than
explain over the phone.

Home visits are optional

Whether or not to make home visits is a personal decision within the framework set out by
your Area. Making a home visit is not something required of Leaders. Contact your Area
Coordinator of Leaders to determine if the liability insurance carried by LLL includes your
country, or if your entity is covered by other suitable insurance for home visits, and follow
your entity’s safeguarding policy. You should be in good health, as should your children, if
they will be accompanying you, or if the mother will visit you in your home. It is considerate
to let the mother know in advance if you need to bring your children, and you will probably
need to bring some quiet toys to occupy them.
Other options for making sure the person gets the needed help if you cannot or do not want to perform a home visit:

- Consult with another Leader who can do a home visit.
- If a meeting is being held soon, and the person can attend with their baby, you can meet with them either before or after the discussion and observe a feeding. The timing of the meeting is an important factor, since some problems need immediate attention.
- Consider doing an online video call.
- Suggest the mother see one of the qualified lactation consultants or other healthcare providers in your community. In some countries, parents may have access to an IBCLC (International Board Certified Lactation Consultant) free of charge. If this is not the case where you live, inform the parents that there will be a fee for the consultation. Your Professional Liaison Department (PLD) Leader can give you guidance about making such a referral.

If you are making home visits for the first time, or feel unsure of yourself, you might ask if another Leader may accompany you.

What to take on a home visit

- *The Womanly Art*—bring the Group library copy and/or a copy available for sale.
- LLL information sheets on relevant topics.
- Meeting information.
- A blank Leader’s log or Medical Questionnaire.

**Touching the mother or baby**

If you need to touch the mother or baby, ask permission first. Be gentle and respectful and use appropriate hygiene by washing your hands thoroughly. Some Leaders prefer to bring sterile plastic gloves to wear, if they have access to them. Tell the person exactly what you are planning to do and why.

*Your entity may have specific guidance on areas such as whether Leaders can examine babies: please check whether this applies to you.*

If you are breastfeeding your own baby, and if the mother asks you to nurse her baby, decline. This not only presents a health risk of cross-infection to the baby and to you; it also
has the potential to undermine the person’s confidence in their ability to breastfeed at a time when positive reinforcement is needed.

**When to proceed with caution**

There are times when you will want to be extra cautious. If a particular situation makes you uncomfortable, consult with a Professional Liaison Department (PLD) Leader or suggest that a healthcare provider see the baby immediately. Situations that warrant immediate intervention include, but are not limited to:

- A weak or listless baby.
- A tense, hypertonic baby (points his toes, arches, screams).
- A baby who is noticeably dehydrated (insufficient number of wet diapers, poor skin tone, dry mouth, dry eyes).
- A baby with very poor weight gain.
- A baby who is unable to suck.
- Anything out of the ordinary.

**Ending the home visit**

Make sure you leave your contact details, including the best times for you to talk/message. You can also share ways the mother/parent can contact other Leaders (for example, your entity website ‘Contact Us’ page, or a helpline number).
Chapter 2—Leading a Series Meeting

In this chapter you will find tips about the following. You can scroll or read through the chapter, or click on the links to ‘jump’ straight to that section:

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WHY DO WE HOLD MEETINGS?

We live in a changing world, where seeking out breastfeeding support online is becoming increasingly common. La Leche League has been eager to meet mothers where they are by incorporating online communications into our support model. At the same time we remain committed to continuing to provide in-person support because studies have shown that incorporating in-person peer support in the form of group meetings increases breastfeeding prevalence and continuation.[1]

What Makes a Good Meeting?

Leading a successful LLL Meeting is a valuable and challenging skill to learn – a practiced balance between providing evidence-based information and offering support and encouragement. From the beginning, Leaders have found that Series Meetings are most successful when the attendees do most of the talking. The goal is to have parents sharing experiences rather than experts teaching. Thus, a Series Meeting works best as a flexible, guided discussion:

• Flexible, to meet the interests and needs of those attending the meeting;
• Guided, so the Leader can fulfil responsibilities to offer breastfeeding information;
• A discussion, because we believe that people benefit from active participation.

PLANNING FOR SUCCESS

Selecting a Meeting Day and Time

Attendees need to be able to count on getting information and encouragement on a regular basis. Holding Series Meetings at a regular time, for example, the third Wednesday of each month, enables attendees to get the help they need. Make every effort not to cancel a meeting. If there are several Groups in the locality or a Group has several Leaders, meetings can be held at different days and times, meeting the needs of different families. Weekday or weekend, daytime or evening — whatever schedule works best for you and those who may seek out LLL support is appropriate. The choice of timing and location may significantly impact “who comes” and should be considered in accordance with needs of the local community.
Some things to consider

Daytime meetings because:

• They do not interrupt evening family time.

• Travelling to the meeting and finding the site can be easier during the day.

• Babies and toddlers are often at their freshest in the daytime. Mothers may be better prepared to meet their child’s needs and participate in the meeting.

Evening and weekend meetings may be preferable because:

• More attendees who work outside the home can usually attend.

• Older toddlers and preschoolers may be happier staying at home in the evening. Fewer children at meetings can mean less noise and confusion, making it easier to hear the discussion.

Relocating or Postponing Meetings

Illnesses, bad weather, and other unforeseen events happen. What should you do if you need to cancel your meeting?

If your meeting place is unavailable, do your best to relocate. Contact as many attendees as possible, through whatever means you normally use (telephone, social media, etc.), to notify them of the change. A note posted on the door of the original location can also help redirect any attendees who missed the announcement.

If a Leader is unable to attend, a co-Leader, a Leader from a neighbouring Group, a No Group Affiliation (NGA) Leader or support Leader may be available to help out in an emergency.

If there are no other Leaders nearby, you may need to postpone the meeting. Expected participants will need to be contacted (via telephone, social media, etc.) about the change. Again, a note on the door of the meeting location will inform attendees who could not be contacted.

What if something happens at the last minute, after people are already en route to the meeting, for example, if there is an accident? In a situation like this a Group member would explain that in the absence of the Leader there is no official LLL Series Meeting, although people may want to stay and talk. If questions come up during the discussion, the Group member can suggest contacting a Leader for additional assistance, or questions can be relayed to a Leader who will contact the attendee at a later date.
Some Groups have an understanding that if the temperature dips below a certain level or it snows heavily, the meeting is automatically postponed to the following week on the same day. Some Groups follow school closing schedules: if there is no school because of bad weather, the meeting is automatically postponed or cancelled. If this change comes up often, announcing it online and on any meeting notices will warn participants beforehand.

WHERE TO HOLD THE MEETING

A Home or a Public Place?

Some LLL Groups meet in private homes, with the meeting place changing each series. Other Groups hold their meetings in a public place in the same location series after series. The Leader and the Group workers can decide which works best. Whenever possible use the same location for a complete series to eliminate misunderstandings. Consider whether your venue is accessible – could someone with a wheelchair or a large buggy access your venue? What about someone who needs to use public transport?

Advantages of a home

- A warm, personal atmosphere can be conducive to conversation.
- The physical setting is usually appropriate, with carpets and comfortable chairs.
- Good acoustics and a small meeting area usually make it easy for participants to hear.
- Attendees have the opportunity to give the Group some short-term help by hosting meetings.
- Seeing you or Group members in their home settings can help dispel an impression of the super-parent myth that some new participants may have.

Points to consider when deciding on a private home for Series Meetings

- Is the home easy to find and close to town?
- Is the home easily accessible to public transportation and is parking available?
- Is the home easily accessible to those with a disability?
- Is the home baby- and child-proofed?
- If a participant or child is injured is there a liability issue?
- Will there be another willing host for the next series? Will there be interruptions from people not participating in the meeting?
- Is there a backup plan in case the home is not available for the meeting (i.e. someone in the home is ill)?
Advantages of a public place

• You don’t need to find a new place for the Group to meet each series.
• Publicity is easier, since meeting notices can state the location rather than instructing potential attendees to call.
• Some venues, in particular community centers or large employers, may publicize meetings through their own distribution networks.
• You can choose a central location that is easily available to more people.
• Newcomers may feel more comfortable coming to a public place than to the home of someone they do not know.
• The location may attract a more diverse group of participants.
• Meeting surroundings are usually safe and clean.
• There is never a need to cancel or relocate due to illness or emergencies in the host’s family.
• Public places usually offer good outside lighting, consistent snow removal in winter months, reliable heating and air conditioning.
• Meeting in a public place may be considered a sign of credibility. If meetings are held in a reputable place, people may assume that groups that meet there are reputable, too.
• If storage is available on site, the Group workers may be able to leave their supplies there between meetings.
• In some venues, there may be more meeting space for large meetings.

Points to consider when deciding on a public place for Series Meetings

• Is there a fee for the meeting room?
• Are comfortable chairs available? Folding chairs or those with attached desk-tops can be uncomfortable for pregnant or breastfeeding participants.
• Is the space easily accessible to those with a disability?
• Can the meeting room be childproofed? Can breakables or hazardous objects be moved out of the meeting area and replaced afterward? Are windows, doors, railings, stairs, and heaters safe for little ones?
• Are toys available; if not, can they be stored or brought there for meetings?
• Is storage available for the Group Library?
• Are the toilets clean and convenient to the meeting room?
• Does the facility allow food and drink in the meeting room?
• Is parking available? Is the location close to public transportation?
• Do acoustics allow participants to hear the discussion easily?
• Is the meeting room carpeted? Bare floors can be cold. They also can be slippery and dangerous for small babies and toddlers.
• Does the facility require proof of liability insurance? Note: Check with your support Leader to determine where to obtain this proof of insurance if required.
• If a commercial location is used, are there any issues with International Code compliance? See chapter 6.
• You may need to make clear that La Leche league is not affiliated to, and does not endorse, or support, any business, organization or religion whose premises we use.

WHAT TO BRING WITH YOU

Identifying the Meeting Place
Consider one of the following suggestions to make sure the meeting place is easy to identify:

• LLL sign, windsock, banner, or flag near the door.

• LLLI/ LLL entity logo silhouette in a lighted window.

• Welcome sign on the door. Although it may not be readable from afar, it can be a signal to people who are looking for a meeting place.

Name tags
Name tags can help participants get to know one another and identify the Leader(s) and Group workers. Any baby-proof style name tag works well. Check for small or sharp fasteners, and use nontoxic marking pens. Make sure names are easy to read; for this reason, some Groups use only first names in broad tip marking pen.

Information Packets
Information packets for newcomers can include a welcome letter, membership information, and one or two LLL information sheets. Such packets can be physical packets that are handed to attendees; some Groups provide a link to allow attendees to access this information online. A Group may choose to compile two different packets, one for pregnant newcomers and one for
the newcomers whose babies have already been born. Consult your support Leader about review procedures for materials created by the Group. The support Leader can offer suggestions for content or appearance. Using only LLL materials in these packets will avoid confusion about what LLL believes or recommends. (See also Introductory Packets of Information, in Chapter 3 Managing the LLL Group.)

Resources at Hand
In addition to the Group Library, you may want to bring to meetings your personal, marked copies of resources such as The Womanly Art of Breastfeeding. You might also want to bring information sheets and pamphlets to give to mothers with specific concerns. Having a phone or tablet on hand to show attendees relevant LLL web posts, and maybe membership sign-up pages, can be useful.

Refreshments
Refreshments are optional and can be served before, during, or after the meeting. Refreshments are seen as welcoming, and often provide an opportunity for attendees to mingle, which can strengthen the Group.

Remember that one of LLL’s concepts is “Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.” It might be the first time pregnant or new mothers learn about how to add nutrition into the family diet by sampling healthy snacks, and having refreshments available can give us an opportunity to share recipes from LLL cookbooks or other whole food ideas. Be welcoming of all the foods attendees bring, given that they may come from different backgrounds and be unaware of our philosophy. Furthermore, be sensitive to individual’s attitude to food with their own children, which varies from culture to culture.

Be mindful of specific needs relative to allergies and religious needs – do those who come, or may come, to your meeting need snacks that are Kosher or Halal? Many people of faith have periods of abstinence or fasting we can take into account.

Signs and Posters
Decorative visual aids, while optional, can help illustrate LLL ideas and information. They save time by reinforcing points made in a meeting as well as making announcements and reminders. They can be used to:

• Welcome new members and their babies by name.
• Announce births and display photos.
• Illustrate how membership funds are used.
• Display new LLL materials.
• List titles and prices of books available for sale.
• List the titles of books and information sheets especially relevant to the meeting topic.
• State important facts about breastfeeding.
• List breastfeeding tips.
• Illustrate ideas for nutritious snacks.
• State LLL concepts relevant to the meeting.

Do consider whether any images you use reflect those who may attend your meeting. Your Area/ Affiliate may have photos you can use to create visual resources. (See Using Visual or Discussion Aids later in this chapter.)

Note: In regard to notices and posters created for the meeting, it is important not to distract participants with visuals representing other causes, no matter how worthwhile.

SALES AT MEETINGS

For many Groups, books sales, memberships fees and annual World Breastfeeding Week fundraisers provide enough money to pay Group expenses. Each attendee deserves the opportunity to buy a membership and a copy of The Womanly Art of Breastfeeding. Items sold at Series Meetings should fulfill the goal of supporting a satisfying breastfeeding experience.

You may want to announce fundraising activities at Series Meetings. To keep the time and focus on helping mothers, however, schedule and plan these activities outside of the meeting or after the formal part of the Series Meeting. (See also Fundraising for the LLL Group and Fundraising Coordinator in Chapter 3 Managing the LLL Group.)

ARRANGING THE SEATING

Seating in a circle or semicircle helps to promote free-flowing discussion. Double-check the view from all seats before the meeting. Participants may have a more difficult time relating to the meeting if their seats are in a place that causes them to feel excluded. Also, when participants can see each other, it is easier to keep everyone’s attention during the discussion.

Pick a seat where you can make eye contact with all participants. Many Leaders find that it is easier to lead a meeting from a hard chair that offers good support, rather than from a soft chair.
Co-Leaders can be most effective interspersed among the other participants. Suggest to Group members that they sit interspersed with newcomers, rather than all together.

MEETING COUNTDOWN

Although you are responsible for meetings, Group workers or members can help with many of these tasks.

A week before the meeting

- Notify attendees of upcoming meeting.
- Remind those with overdue Library books to return them.
- Confirm who will bring refreshments.
- Plan the room layout with the hostess.

Day of the meeting

- Prepare the home or meeting place for guests. Are extra chairs needed? Is the floor clean and free of clutter and potential hazards? Sweep or hoover the floor if necessary. Is the meeting area baby-proofed?
- Make sure the meeting place can be easily located, especially if the meeting is held after dark.
- Check supply of nametags and welcome packets.

A half-hour before the meeting

- Check the seating arrangements. Plan for an arrangement that promotes free-flowing discussion.
- Set up the Group Library and books and items for sale. Prepare the area for refreshments.
- Membership information, handouts, and nametags available.
- Sign-in sheet and pen ready.
- Put “LLL” sign on or near the door.

Some Leaders follow a checklist as they prepare for each meeting; others delegate certain tasks to Group workers, who might create their own checklists.
Following up After the Meeting

Many Leaders find it helpful to follow a Meeting with an evaluation session with co-Leaders, Leader Applicants, and Group members, assessing Group effectiveness, discussing Group business, and making future plans.

Some Areas require Leaders to complete a meeting report within a certain time period after the meeting and send it to their support Leader. It can be helpful to complete the report during an evaluation session.

• Any memberships should be processed immediately.
• Some Leaders send a follow-up email to new attendees, welcoming them to the Group, and offering to answer additional questions.
• Some Leaders send congratulations to new parents as soon as they learn of the birth of a baby.

Choosing a Meeting Format and Focus

Choosing an appropriate format is an important step in planning for a meeting. Two basic discussion formats, the conversation-style and the round robin (each person speaking in turn), are most commonly used to lead Series Meetings. Sometimes a visual or discussion aid is included.

Conversation-Style Discussion

In a conversation-style format, the discussion is opened with a prepared question. Participants respond from their experiences, offer ideas in response to what someone else has said, or ask other questions. The Leader might respond with a nod, give a brief affirmation, or fill in with more information. If something a participant says is misleading or contrary to LLL’s views, tactfully provide appropriate information; it might also be helpful to ask for additional points of view from other attendees.

This format is called conversation style, because it is like a conversation between you and the participants. The conversation flows naturally and spontaneously with you as moderator, guiding the discussion to cover the intended points. Your response to contributions helps participants see LLL’s ideas through a variety of experiences and points of view.

If the Group is enthusiastic and talkative, one well-phrased question at the beginning of the discussion may stimulate enough conversation to cover the topic well. If the discussion stalls, you can continue by using one or more of several follow-up questions prepared in advance. You can also invite Group members who would be comfortable talking about their experiences to describe what they did in a particular situation.
Advantages

- Communication flows naturally between meeting participants in a conversational way.
- No one feels pressured to speak; no one feels the need to wait for a turn.
- You have flexibility in directing the discussion. You can use more structure or less structure, depending on how talkative the participants are.

Points to consider

- You need to be well prepared, have follow-up questions ready, and know which Group members you can call on to contribute to specific areas of discussion.
- You need to be observant and ready to guide the discussion, so that talkative participants do not dominate it and quieter people who have something to say have adequate opportunities to speak.

Round-Robin Format

In a round-robin format, you open the discussion with a question that is then answered by each participant in turn. In a variation of this format, you pass out written questions; participants read them in turn for the whole group to discuss. As in the conversation-style format, you respond as appropriate, adding LLL’s point of view as needed.

Advantages

- If the meeting is small to medium size (fewer than fifteen attendees), everyone has a chance to participate.
- Since each participant talks, everyone has an opportunity to get to know something about the others.
- More reserved participants have a chance to contribute to the discussion.
- This format offers built-in predictability and the momentum of the discussion is certain, as each person speaks in turn.

Points to consider

- Participation may be less spontaneous. Some people may not speak until their turn, even if they have pertinent comments at other times. Others may feel pressured because they would rather just listen to the discussion.
- Participants may anticipate their turn, and not pay close attention to what others say.
If the meeting is large (more than fifteen), those at the end of the circle may not get their turn. Or, the meeting may continue so long that attention begins to wane and some people find it inconvenient to stay.

- Responses may become repetitious.
- Questions may go unasked.

Using Visual or Discussion Aids

Some Leaders like to use a visual aid to open a discussion topic or emphasize a point. Babies are the best eye-catching visuals of all, and usually there is no lack of babies at a meeting!

However, you might also want to bring specific items. For example, a fresh banana could be compared with a jar of banana baby food, or a visual aid could be used as the basis for the entire discussion, e.g., a poster listing key words and phrases or showing pictures of the main points.

Discussion aids are similar, but they use words or an activity rather than images. For example, participants could name a reason breastfeeding is important beginning with the sequential letters in the word breastfeeding. Or they could state what they imagine their babies might say is their favorite benefit of breastfeeding.

Both visual and discussion aids can be used with round-robin and conversation-style meeting formats.

Advantages

- Visual or discussion aids help keep the discussion focused on the topic.
- A concrete symbol or an activity can make it easier for participants to follow the discussion if they need to turn their attention to their babies at times.
- Aids increase interest and can add a change of pace to meetings.

Points to consider

- The aid, rather than participants’ questions and concerns, can sometimes become the focus of attention.
- Aids require additional preparation.
- Activities that require reading and writing may be difficult for attendees holding babies, those with a different first language, and those not comfortable reading and writing.
- The approach may become overly cute or gimmicky, making communication less spontaneous.
When Planning a Meeting, Consider

- Who will be there?
- Will they be primarily regular attendees or newcomers?
- Are they pregnant with a first or subsequent child?
- Have they breastfed before?
- Are they employed?
- How can you achieve a balance between breastfeeding information and mothering philosophy?
- Will some people attend the meeting essentially for basic breastfeeding facts and techniques?
- Will others attend primarily for parenting support and reassurance?
- *Remember, plans change — flexibility is key!*

Deciding on a Focus

Another integral step in planning a meeting is to narrow the possibilities by deciding on a focus. The focus guides your choice of information to include in the discussion. The Series Meeting Guides list many points you can cover for each meeting topic (See [Series Meeting Guide](#) in Chapter 7).

One way to decide on a focus is to think about who will likely attend and plan according to what their questions or concerns might be. Be prepared to respond to different interests, especially those of the newcomers. If, for example, in planning for Meeting 2, you know that pregnant newcomers will be attending, a good choice for a topic might be “How Childbirth Choices Can Affect Breastfeeding.” If the expected participants have small babies, “The Basics of Breastfeeding” might be more appropriate.

Choosing the Points to Cover

After deciding on a focus, the next step might be to make a list of the points to cover during the discussion. This makes it easier to formulate questions that will draw responses from participants. For example, if you decide the focus of a particular Meeting 2 will be “Getting Breastfeeding Off to a Good Start,” you might choose the following points to cover:

- How soon— importance of breastfeeding right after birth,
- How often— importance of unrestricted breastfeeding,
- Avoiding supplements,
- Avoiding sore nipples,
• How to know baby is getting enough.

Next to certain points in your notes you may find it helpful to write the names of participants who would be willing to be called on when needed. For instance, you may know of someone who overcame sore nipples by adjusting baby’s position at the breast.

A Change of Plan
Occasionally, you may carefully plan a meeting only to discover at the meeting that your plan won’t work with the participants who have come. For example, maybe you’ve planned a discussion on birth plans, but none of the pregnant members are able to attend, or perhaps you’ve prepared a discussion aid for your usual small group and many more people come than expected!

Flexibility is The Key
Meeting the needs of the attendees, particularly newcomers, is the top priority. You may need to change topics just before, or even in the middle of a meeting, so the discussion can meet the needs of those present. Some Leaders prepare more than one approach to the meeting topic or more than one focus, and then make a choice as people arrive. Your skills and confidence for doing this will increase with practice.

ENCOURAGING PRODUCTIVE DISCUSSIONS
Wording Questions
After you decide on the points to cover, you can prepare a question to open the discussion. Supporting questions can also be prepared and used as needed to keep the discussion moving and draw out points not yet mentioned. Planning and practice can help you develop the skill of asking effective questions. The basic principles below can help you develop questions that stimulate discussion and bring out responses that support LLL information.

Open-ended Questions
Questions that begin with what and how, and to some extent who, when, where, and why, elicit descriptive responses rather than one-word answers. Other helpful words include describe, outline, and summarize.

• “Describe some ways you have found to meet baby’s night time needs while meeting the needs of the rest of the family.”

• “How have you handled comments about your desire to keep your baby close by?”
Avoid questions that appear to have one right or best answer.

• “What is the best way to get breastfeeding off to a good start?”

While this question may be intended to draw out a variety of important points, attendees may interpret it as a question that is asking for a single, best answer. Some people will be reluctant to respond, not wanting to be wrong. A better question might be:

• “What are some ways you found (or are planning) to help get breastfeeding off to a good start?”

Questions Applicable to the Whole Group

Keep the needs of a variety of participants in mind so that everyone will feel included in the discussion, whether they are:

• pregnant with a first child or a third,
• breastfeeding a newborn for the first time or experienced at breastfeeding,
• new to parenting or have other little ones at home,
• with or without a partner,
• employed outside the home or not, and so on.

A newcomer who is pregnant with her first baby may feel left out by a question that does not apply; for example:

• “What are some ways that have helped you to get breastfeeding off to a good start?”

By slightly changing the question, you can make it apply to all:

• “What helpful hints about breastfeeding a new baby have you read about, heard about, or tried?”

Help all attendees feel included and encourage them to join the discussion by specifically inviting them to bring up their questions and concerns.

Questions that Draw on Experiences

Discussion questions can ask for opinions, information, or experiences.

• Asking for **opinions** can make it more difficult to bring out accurate information.
• Asking for **information** directly can make the meeting sound more like a class.
• Asking for **experiences** encourages participants to talk about what they have gained from their personal experiences, at previous meetings, and from reading.

Because it is important to present specific breastfeeding information at meetings, it is tempting to use questions that ask for this information directly:

• “What is natural weaning?”
• “How can you tell when your baby is ready for solids?”

Wording questions this way may leave the impression that you are testing the participants to see how much they know, rather than leading a discussion. Most test-type questions can easily be reworded:

• “What do you think of when you hear the term ‘natural weaning’?”
• “If you’ve started your baby on solids, what let you know she was ready? If you’re wondering when to start solids, how do you think your baby will let you know it’s time?”

If you want to bring out specific points during the ensuing discussion, you can direct a specific question to attendees who will be comfortable sharing their experiences.

**When Necessary, State Information Directly**

Sometimes the discussion does not bring out important information. In that case, it might help to ask a direct question, or go ahead and state the information, which others might not have. For example, after a number of participants talk about their experiences, you may take the opportunity to draw general conclusions. Or you can use one person’s response as a springboard to give more detailed information.

• “We’ve been talking about how to avoid sore nipples by positioning. The Womanly Art of Breastfeeding explains a few more points in detail. Here are a few that haven’t been covered yet…”
• “You mentioned that one of the reasons you decided to breastfeed was that human milk is the most natural food for babies. Would you like to say more about some of the nutritional qualities that are important to you?”

When you are aware of how the wording of questions and statements can affect responses, it is fairly easy, with a little practice, to guide meetings. Participants can leave feeling they have been part of a group discussion where they learned practical information about breastfeeding backed up by others’ personal experiences.
LEADING AN EFFECTIVE MEETING:
OPENING THE MEETING

Introduction and Announcements
Start the meeting promptly. Promptness tells participants that they are important and what LLL has to offer is important. Because the opening of the meeting leaves participants with an impression of LLL, carefully plan what you will say. The beginning of the meeting needs to project warmth and your confidence, respect for others, and preparation. It is also an opportunity for the other participants to get ready for the discussion. Experienced attendees, new mothers, and pregnant newcomers, each with their own personal thoughts and concerns, may be at the meeting. The introductory remarks focus attention on the meeting topic and help participants prepare for the discussion.

The meeting opening could include the following:

• Introduce the Group Leader(s) so participants can identify who officially represents LLL.
• Briefly describe LLLI’s history and purpose.
• Mention something about the local Group.
• Introduce the Group workers: Librarian, Treasurer, Hostess, etc. Allow a moment for these volunteers to say something about their jobs and how they can be of help.
• Explain LLL membership (some Areas may have means to join online).
• Provide information about the meeting facility: which rooms may be used, the location of the toilet, etc.
• Explain that meeting babies’ needs is a priority we all understand. Attendees can feel free to move around the room during the discussion, as well as to feed, change and care for their babies as needed. Invite those with older babies to stay close to their little ones to keep them happy and attend to their needs.
• Invite participation in the discussion and caution against side conversations. “We are all here to share our breastfeeding and mothering experiences. Because what each person has to say is important, please share your comments with the whole group and refrain from side conversations.”
• Remind attendees that they can ask questions during the discussion time, privately at the end of the meeting, or anytime between meetings via telephone, email, or social media. Some Leaders leave the last few minutes of the meeting for questions on any breastfeeding topic.
Don’t rush the opening of the meeting. Participants are getting settled. Qualifying statements and other important information can be made directly after introductions when the attendees are focused on the meeting. To avoid giving the appearance that these details are an inconvenience, refrain from statements such as, “Now that we have all that out of the way…” or questions such as, “Did I leave anything out?” An efficient, confident opening can set a positive tone for the rest of the meeting.

Making Qualifying Statements
A qualifying statement at the beginning of each meeting:

• Informs participants that Leaders, as official representatives of LLL, speak for La Leche League;
• Invites participants to accept or reject, agree or disagree with what they hear at the meeting; and
• Makes it clear that there is no one right way to practice mothering through breastfeeding, that there is no “La Leche League way.”

Some examples of qualifying statements:

• “At this meeting we’ll discuss a variety of ideas. Please keep in mind that each person here speaks from an individual perspective. As a Leader, I represent LLL and offer LLL information.”

• “La Leche League is interested in supporting and encouraging you in your breastfeeding and parenting experience. Some of the ideas may be new to you. Feel free to take what seems right for you and leave the rest.”

• “LLL believes that you know your own baby best. We offer information based on our experiences and that of many other families. If there’s something you don’t agree with, please do come back and continue to participate. We all have different ideas and opinions, and we welcome yours at our meeting.”

Announcement Sheet
One option that can save valuable meeting time is to provide some of the information normally included in the opening in written form. The announcement sheet could include:

• Group Leaders’ names and contact information,
• Group and Area online information,
• LLL history and purpose,
• Membership,
• Area and other conferences,
• Group Library books,
• Group and/or other LLL fundraisers,
• Group events and other meetings, such as Enrichment, Toddler, Couples Meetings, and
• Qualifying statements.

Because of their importance to LLL everywhere, membership and the qualifying statements are an integral part of the spoken introduction, even when participants also receive this information in written form. Check with your support Leader about review procedures for announcement sheets and other handouts. The support Leader can also offer suggestions for content or appearance. (See Appendix 1: LLLI Policies and Guidelines.)

Personal Introductions
A good time for participants to introduce themselves can be right before the discussion. Not only does this give them the opportunity to get to know a little about each other, it also helps them warm up to participating in the discussion. Set the tone by starting the introductions, giving your name, your children’s names and ages, and/or your due date, if relevant. Then participants can introduce themselves in turn.

Many Leaders like to include a short-answer question in the personal introductions. The question may be of a general nature, or it may pertain to the meeting topic. When introducing yourself first, you can answer the question briefly so the attendees realize that short responses are expected. This will allow plenty of time for the topic that will follow. Sometimes attendees bring up issues that merit discussion later in the meeting. Take note of these issues and ask the participants later to go into detail.

• “How did you first hear about La Leche League?”
• “What’s your favorite way to relax?”

Word questions so that it is not necessary for participants to say how many months or years each baby breastfed. This will avoid an atmosphere of competition over who has breastfed the longest. Some participants might not have thought about breastfeeding beyond the first few months. Affirm that each breastfeeding experience is unique and that our goal is to help each person have a successful breastfeeding relationship.
OPENING THE TOPIC DISCUSSION

To transition into the discussion, consider announcing the topic both before and after the introductions. State the broad topic, for example, “Welcome to the meeting. Our topic today is the Importance of Breastfeeding.” Next, define the topic by explaining the focus and whether the meeting will be divided into parts. You can open the discussion by asking a question or asking participants to describe an experience. Stating LLL philosophy before asking can be helpful to the Group.

• “La Leche League believes that for the healthy, full-term baby, breast milk is the only food necessary until the baby shows signs of needing solids, about the middle of the first year after birth.”

Clarifying LLL’s philosophy in advance allows newcomers to choose whether to talk about personal experiences or opinions that differ from LLL. For example, leading with the statement above avoids putting someone in the position of mentioning starting solids at six weeks and then finding out that LLL has a different stance. Foreknowledge enhances the attendee’s ability to decide if, when, and how to share the information. Of course, this doesn’t mean that we discourage participants from mentioning or discussing any aspects of their personal experiences that differ from LLL philosophy.

Silences

One of the greatest fears a Leader may have is that those carefully prepared questions will meet with long, uncomfortable silences. A Leader may interpret this as a failure, but it’s usually not. Silence and hesitation can be normal in the early stages of discussion. Before or after you ask a question, prepare for this natural pause by suggesting that participants take a moment to think of a response. Several studies have shown that this wait-time usually averages only a few seconds. Deliberately increasing wait-time can increase length of responses, number of volunteers, and confidence reflected in the answers. By allowing a reasonable silence, you let people know that it is all right to take the time to think before speaking.

If the silence continues, you can ask the Group why nobody seems to want to speak. This allows participants to express their confusion about the question, their reluctance to appear irrelevant or foolish, or their need for background information. You can also mention what you think the hesitation might be. “It may seem risky to be the first to respond.” This may free a participant to take the risk. You can also simply give an answer for the question yourself, invite others to add to it, and then continue with the meeting.
Encouraging Participation
You can use several techniques to acknowledge the importance of each participant’s contribution and encourage participation.

• Check seating arrangements before the meeting to make sure the circle can include everyone.
• Explain potentially unfamiliar words. A newcomer may feel left out by not understanding terms such as let-down, areola, colostrum, oxytocin, and rooting reflex.
• Show attentiveness with eye contact and other nonverbal signals such as smiling and nodding.
• In almost all situations, let the speaker finish without interruption; wait to make a comment or ask for clarification.
• If a participant speaks too softly for others to hear, repeat the question or comment to the Group.
• Give positive reinforcement and feedback. A nod of the head or a word of support can encourage continued participation.
• Watch for nonverbal signals or body language that may indicate someone wants to respond or ask a question, or is uncomfortable with a topic or situation.
• Encourage Group members to socialize with newcomers. This can foster a sense of friendship and belonging and can help sell memberships.

Balancing Information and Emotions
Most attendees come to their first LLL Series Meeting primarily to learn about breastfeeding. Some attend meetings during pregnancy to find out how to get breastfeeding off to a good start. Others begin attending after their babies are born to find out how to overcome a breastfeeding difficulty or to sort out conflicting advice.

These are important needs, but we also need to be sensitive to attendees’ needs to discuss the broader effects of breastfeeding on life and the accompanying emotional side. Perhaps breastfeeding is going well, but family or friends are critical. Maybe a participant is suffering from a lack of self-confidence despite all objective indications that baby is thriving. Knowledge of the basics of breastfeeding and a positive attitude are both important.

Covering two general topics at each meeting gives you the opportunity to provide balance between information and feelings. If you cover only one topic, or you choose two factual topics, you may have to make more of an effort to include both information and the emotional side of
breastfeeding. One way to address both sides is to prepare at least one question to draw more feeling-related responses. For example, in a discussion about the importance of breastfeeding, you could purposely prepare a question to highlight the emotional elements or plan to bring them up yourself. One part of the discussion could integrate “Learning to Trust Our Instincts” with a more informational topic.

In some Groups the discussions often center on the emotional aspects of breastfeeding. In this case, you may want to plan ways to balance the emotions with research. You may rely on *The Womanly Art Of Breastfeeding* or information sheets to interject factual information.

**Deciding When to Talk about Your Own Experience**

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. In deciding to talk about your experiences, try to avoid talking about negative birth or breastfeeding experiences. However, sometimes a description of your experience can be very valuable, especially if none of the other attendees has dealt with a particular situation although it may be preferable to share the information as though it were another person’s experience. You can appropriately bring up your own experience after others have talked about theirs, as an affirmation of whatever point was raised. Take care to do so in a way that does not presume that another person would necessarily respond in the same way. *A good rule is to only share your experience if it helps to support breastfeeding.*

**KNOWING WHEN TO END THE MEETING**

An hour to an hour and a half is usually about the right length of time for the meeting; remember that participants may feel they have to stay until the meeting breaks. Being sensitive to the following factors can help you end the meeting at the proper time:

- **Topic completion.** If you’ve covered it all, you’ve covered it all.

- **Side conversations and body language.** Chatting among participants, moving around, and avoidance of eye contact during discussion may be clues that it’s time to wrap things up.

- **High noise level.** Unchecked noise is very irritating. If it’s bothering you, it’s probably bothering others, too. Remind attendees to take care of their children’s needs. Bad
weather, a small room, or one with poor acoustics can intensify a noise problem. Try a
short break, or keep the discussions brief and use lots of summarizing.

• **Clock time.** If many toddlers are present, it is best to keep the meeting on the short
side. Leave participants involved rather than frustrated by a chaotic meeting.

• **Participants’ fatigue.** Watch for signs of physical discomfort and take a break so
pregnant attendees aren’t sitting too long. End the meeting with an invitation to talk more
over refreshments and to look for more information in the Group Library.

**ENDING THE MEETING**

Every meeting should end on a positive note. You can prepare a closing in advance, perhaps
modifying it in light of the actual course of the meeting. Some Leaders like to end with a short
quote from *The Womanly Art Of Breastfeeding*, a bit of LLL philosophy, or a touching moment
shared by a parent.

**Consider the following**

• Invite participants who have questions to feel free to speak with you before leaving.

• Refer mothers to *The Womanly Art of Breastfeeding*, Group Library books and
appropriate online support for more information.

• Mention the meeting’s topic and briefly summarize the key points of the discussion.
Focus closing remarks on what was accomplished rather than what was not.

• Make announcements and reminders, including time, place, and topic of the next
meeting.

• Thank everyone for coming, as well as the host and those who brought refreshments.

• Add a short reminder about membership

• Make sure everyone knows that help is available between meetings; share contact
information for Leader(s) and explain available online resources.

**Lasting Impressions**

Keep in mind that the atmosphere of respect, the heart of person-to-person support, is as
important as the information imparted at meetings. Our primary goal is to convey information in
a way that will leave attendees with a strong belief, trust, and confidence in their own instincts.
GROUP DYNAMICS AND CHALLENGES

Even with the most thorough preparation, group situations sometimes take a surprising turn. What can Leaders do when challenges crop up?

Accepting and Respecting, Even When We Disagree

Establishing and maintaining an atmosphere of respect is crucial to effective learning and open communication, and it can be a real challenge. It is not always easy to show respect for a person’s opinion when we disagree with it. Sometimes it helps to focus on the feelings behind the decision or opinions. For example, a Leader can empathize with an attendee who feels pressured to feed a baby solids at three months on the doctor’s advice, but the Leader does not have to agree with the attendee’s reasons for following the advice. Your empathy shows your respect for the attendee:

- “Sounds like you are feeling pressured by advice from your doctor and everyone around you. How do you feel about choosing between what they say and what you hear at these meetings?”

Use the same open, accepting body language no matter how different or unusual a person’s choices may seem to be. Sometimes personalities can be irritating, making it difficult to be accepting. Remember how easy it is for someone to pick up on what you might think is a subtle signal to a co-Leader.

The first-time attendee at an LLL Series Meeting is usually quite anxious to do what is best for the baby, and may be vulnerable to what you say. Using your voice and manner to convey respect will help the attendee feel competent, valued, and welcome. You convey respect when you:

- Listen,
- Ask questions, and
- Talk with others and learn from their experiences.

Conveying respect in these ways can also help you gain a deeper understanding of the situation. In a sensitive situation, you might want to wait to offer suggestions when they could seem less threatening.

If the attendees truly feel respected and supported, they will be receptive to the information LLL has to offer, and the Group will thrive. An effective Group is one in which all participants are comfortable exchanging ideas, whether or not they agree with LLL philosophy. Our primary goal is to provide all participants with sound knowledge; they will proceed according to her own
beliefs, values, and personality. Leaders can offer ideas and suggest possibilities, but we cannot and should not presume that everyone will find LLL philosophy attractive or that all families will incorporate the philosophy into their lives in the same ways.

**Handling Strong Feelings, Doubts, and Disagreements**

To the mother, the Leader is La Leche League. Being sensitive to others' feelings and respecting each person is important, no matter how different the ideas may be. Offer your knowledge and experience without appearing to tell anyone what should be done. Each breastfeeding and mothering choice is rightfully the participant’s to make.

Be sure that attendees understand that you are offering possibilities and suggestions, not dictating a certain way of breastfeeding or parenting. Emphasize throughout the discussion that each baby and family are different. Avoid blanket statements and words such as never, must, should, always, everyone, and all babies. It is possible to make a point and still allow room for exceptions by saying:

- “Many families have found…”
- “Some babies…”
- “The Womanly Art of Breastfeeding suggests…”

As the discussion progresses, watch individual reactions in the Group. Look for agreement, curiosity, disagreement, disapproval, skepticism, impatience, or hostility. Take cues from body and facial reactions. If you note disagreement, encourage attendees to verbalize their doubts. It is much easier to help someone who expresses doubts than to help someone who is silent.

Before responding to strong statements try to focus on the speaker’s feelings:

- “It sounds to me like you’re feeling anxious about your new role as a parent. Many of us felt that way when we were expecting our first babies.”
- “You seem to feel rejected by your older child.”
- “You’re really feeling torn between your baby’s needs and your own.”

Express the value of each person’s contribution to the discussion and follow through with more information by asking the Group for support, clarification, or different experiences:

- “Thanks, Jess, I’m glad you mentioned that. Has anyone else had a similar experience?”
- “Yes, it really is hard to delay solids when your pediatrician isn’t supportive. You had this experience, too, Emma, didn’t you? How did you work it out with your doctor?”
Try to observe the meeting from new participants’ points of view. What do they see and hear? Happy, talkative mothers casually breastfeeding their contented babies? Or strange ideas that seem foreign? What is the newcomer feeling? Can you guide the discussion to the new attendees’ questions without making them feel unduly self-conscious? Can you, in some way, share the message that you were once new to LLL Series Meetings and that you, too, had doubts about breastfeeding?

• “It must be puzzling to hear all these people talk about how much they enjoy parenthood and yet hear them talk about the difficulties they’ve had with breastfeeding. When I first came to meetings, I didn’t know how I felt about these different ideas.”

You may feel uncomfortable when someone expresses negative feelings, but when attendees speak openly, opportunities to help them increase. Sometimes people need to know that it is all right to have these feelings before they can go on to try some of the suggestions that the Group presents.

• “You seem discouraged now because you wonder if you will ever again get enough sleep.”

• “You feel frustrated when you hear your baby crying just after you have put him down. You can’t think of what more you can do to help him.”

Controversy can be a challenge; it also has positive aspects. It can be a sign of open, honest discussion. Questioning can help attendees become more aware of LLL’s philosophy and the reasons behind our suggestions. This can also increase your awareness of how the people in the Group perceive La Leche League. Disagreements also challenge you to use the skills you have learned.

**In the midst of a controversy**

• Keep in mind that there is no need to apologize for LLL philosophy.

• Take a moment to pause and think positively. Listen to and respect each person’s opinion and feelings.

• Don’t allow the person who raised the controversy to be attacked by others. Be tactful and positive.

• You may want to remind the Group about the goal of the meeting and the need to stay within the meeting time frame.

• You can offer to discuss the matter on a one-to-one basis outside of the meeting.
Responding to Contrary Information

When a participant’s comments include information different from LLL views, you can make a statement that emphasizes the importance of respecting another’s decision, whether we agree or not.

- “We each have different opinions and different family situations. What works for one family might not work well in another.”
- “I’m glad that worked for you.”

Then offer appropriate LLL information in a tactful, non-threatening way:

- “Many mothers find …”
- “Current research suggests …”
- “La Leche League recommends …”

You can also ask how others have handled similar situations.

These tips can help:

- Respond to the participants in a positive manner.
- Ignore comments that indicate minor differences with LLL information.
- If the topic seems to be of interest to one participant in particular, suggest that you can continue the discussion after the meeting.
- If the participant persists with the discussion beyond the point where others are comfortable, say that it’s time to go on to another topic and shift body and eye contact to someone else.
- If appropriate, very carefully interject humor. It is never appropriate to direct humor at a participant, present or not.

Preventing Arguments

Sometimes you can prevent a disagreement from developing if you notice someone seems emotionally charged. If a challenge is raised, you can ask the person making a challenge to answer the same question.

Lucy: Do you really believe that a baby benefits in any way from nursing past six months?

Leader: Lucy, what are your feelings on this?

It may then be necessary to use one of the techniques described in the sections Handling Strong Feelings, Doubts, and Disagreements and Responding to Contrary Information.
If an argument does arise, you can use a hand gesture to ward off further comments: you can hold your hand up in stop position or wave your hands as if aiding someone in distress. You might need to signal verbally as well. A humorous remark about the Group’s disorder may help direct attention away from the disagreement itself. You can then attempt to guide the discussion in a positive direction.

• “We’re not going to agree about everything. Let’s try to get back to the real message in what Justine is saying: that there are times when she really doesn’t think breastfeeding is worth it. Can anyone else add something to her comment?”

Sometimes you may even need to cut in and summarize:

• “It’s obvious that this is important to you both and worth taking time to work through. Perhaps after the meeting would be a good time. Right now, let me see if I can summarize what you are saying…”

You can summarize in a sentence and go on to connect this to the meeting topic, LLL information, or to the idea that what works for one family might not for another. You could then return to the meeting topic, perhaps with a new question.

WHEN LLL EXPERTISE IS OVERSHADOWED

Sometimes an attendee who is a nurse, doctor, lactation consultant, or other healthcare provider uses medical or technical terms when sharing experiences. If this implies an expertise that supersedes that of LLL, the Group may turn to that person instead of you.

While everyone’s input is valued, it may be helpful to mention that Leaders are experienced breastfeeding parents who have received LLL training so they can provide technical knowledge as well as mother-to-mother support. Leaders help families to have satisfying breastfeeding experiences, and our first responsibility at Series Meetings is to attendees and their babies. Helping everyone to feel comfortable in an atmosphere that is conducive to open discussion is most important.

When healthcare providers who are also parents are favorably impressed with LLL meetings, their visits can have far-reaching benefits for the LLL relationship with the medical community. They may also acquire valuable information they can share with breastfeeding patients. Then, through these healthcare providers, breastfeeding families and babies will receive more support!

However, when a doctor asks to attend a Series Meeting in a professional capacity, rather than as a participating parent, arrange a separate meeting instead. Series Meetings are not an
educational tool for medical professionals. At a special meeting a doctor could meet with Leaders, ask them questions, and discuss the services LLL offers breastfeeding mothers.

**Reporters, Researchers, and Others**

To preserve the privacy of participants, we do not invite reporters, researchers, and others to observe our regular Series Meetings. However, we also don’t want to close the door on good publicity or vital research, so it may be beneficial to find some way to accommodate such requests. For example, the interested observer could be invited to a mock meeting with experienced attendees and Leaders. Checking in with your support Leader before the meeting is a good idea. Your support Leader may have suggestions that can help you develop beneficial contact with the media.

**Keeping the LLL purpose clear**

While people in LLL are interested in breastfeeding, many are involved in other causes as well. A participant may feel moved to bring a special cause to the attention of friends in the LLL Group. When a participant brings up a topic that has nothing to do with LLL objectives, have a ready-made statement that LLL has a primary purpose: breastfeeding information and support.

- “*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.*”

Empathize with the attendee’s feelings and proceed with the regular discussion.

- “*I can understand your deep concern on this matter. However, LLL takes no stand on this issue. At this meeting, our focus is breastfeeding and mothering through breastfeeding. Outside the Series Meeting would be a better time to talk about that.*”

This might be a good time to mention another benefit of meetings—an opportunity to develop friendships. If the Group holds Enrichment Meetings, you might bring these up as a way to encourage further involvement in the Group and to transition out of a discussion that has strayed from the subject of breastfeeding.

Occasionally, a participant may be using a meeting as a means of promoting a business; in that case, it may be necessary to speak with that person privately about the meeting not being an appropriate forum for such purposes.

**The Talkative Attendee**

At LLL Series Meetings, we encourage all to participate in the discussion and need to make sure that everyone who has a comment to offer gets a chance to speak. When a talkative
participant takes over, it is not easy to regain control of the discussion. Occasionally you may actually have to interrupt, cutting in when the speaker takes a breath. However, you can also use both body language and words to direct the Group’s attention elsewhere. As you turn away from the speaker, pick up on what has been said and use it as a beginning for the next topic. Ask a direct question of another attendee who looks poised to share something. If nothing else works, you may have to say:

- “I know you’re really excited about your experience. I want to talk with you more about it, perhaps after the meeting.”

You could also sum up the speaker’s comments, express thanks for the important contribution to the discussion, and shift to a new topic:

- “Thank you, Anna. Your large family has certainly given you a variety of nursing experiences. And now we need to talk about getting the baby off to a good start in the hospital.”

Be alert to any indication that the speaker feels offended or left out — if so, be sure to seek that person out during refreshments or after the meeting.

Sometimes it is possible to prevent a talkative participant from dominating before the conversation turns to a particular subject. For example, if you know someone has had difficulty with early breastfeeding and tends to dominate meetings with horror stories about those personal experiences, at the beginning of Meeting 2 you could say something like:

- “Tonight we’re going to discuss childbirth choices and the early days of breastfeeding. We’ve all had different experiences—some more positive than others. During the discussion let’s focus on how our childbirth experiences helped get breastfeeding off to a good start.”

Some people continually bring up events that seem to be of little consequence. Sometimes just avoiding eye contact with a person who is doing this will cut down on what others consider irrelevant comments. If you casually turn your body away and look toward someone else, it can tend to slow the comments down without being offensive. Often, talking over refreshments helps to fulfill the need to relate experiences that are significant to that person.

**When Side Conversations Persist**

To keep side conversations to a minimum, you might say something like this at the beginning of the meeting:
“We are here to exchange ideas. Typical of people who are enthusiastic about a subject, we love to talk! Because we are in a group, let’s try to make it possible for all to hear and contribute, by taking turns.”

Use other more direct and forceful techniques carefully and sparingly, because they can hurt feelings.

• “You and Lin seem to have an idea…”

• “Would you like to add something to what Helen has said, Kim?”

• “Did you have something to share, Maria?”

You might also be able to stop side conversations by pausing and asking:

• “Can everyone hear what Sara is saying?”

Try using eye contact and frowning for side comments of a disrespectful nature, giggling, or open hostility.

After a meeting in which side conversations were a problem, think about the root cause. Perhaps the weather or recent world or local events disturbed the usual atmosphere. Maybe the Group is getting too large or the way the chairs were arranged contributed to the problem. It might be that there were too many toddlers present to keep the discussion on track. Discovering the cause can help you make adjustments for the next meeting.

SPECIAL CONSIDERATIONS FOR LARGE AND SMALL MEETINGS

The Small Meeting

A small meeting, one with fewer than six participants, can sometimes be more of a challenge than a large meeting, as participants may feel more on the spot. The following ideas can add a spark to a small meeting:

• Gather seating into a smaller circle or around a table.

• Use an informal meeting structure. Think of it as a get-together rather than a meeting, and keep the introductory remarks conversational.

• Focus on the people who attend, not on how many didn’t. Emphasize the positive aspects of a small meeting: “We can really get to know each other.” “We have time for lots of questions.” “We can go into our topic in more depth.”
• Encourage LLL membership, if available in your entity, to help people develop a sense of belonging and commitment.

• Encourage Group Library use by frequent reference to LLL books. If attendees take home books, they'll be more likely to return to another meeting.

The Large Meeting

Gratifying as it may be to have more than 20 people arrive for a meeting, sheer numbers can make it difficult to allow time for everyone to participate in the discussion. Speaking personally to everyone may be impossible. These suggestions may help make this situation more manageable:

• Plan ahead. A carpeted meeting room has better acoustics. Eliminate noisy toys.

• Plan to keep the meeting on the short side, no longer than an hour.

• Watch for signs of unanswered questions and talk with those attendees after the meeting.

• Ask for help from Group members. If you haven't had the opportunity to ask for help in advance, approach them just before the meeting.

• Consider suggesting seating arrangements: those with small babies closer to the Leader, and those with active toddlers in the back or to the side, where they can more easily get to refreshments and supervise their children.

• Divide into two discussion circles if more than one Leader is present and a separate room is available. If there is a consistently large turnout of fifteen or more and there are enough Leaders, the Group should consider splitting into two Groups. (See Splitting an Existing Group in Chapter 3 Managing the LLL Group).

• Use “buzz groups.” After introductions, small groups can discuss different aspects of the topic. Each group reports back to the whole Group. With this arrangement, everyone can participate; during reporting time you can comment on ideas. This method works best if there is a Leader available for each buzz group. If there are not enough Leaders to have a Leader in each group, the Leader can circulate from group to group. This method is also helpful if the meeting is being held in a language that is not the first language for many of the attendees. Do not be surprised if the groups stray from the discussion topic. Although they may be off topic, they are developing friendships, which can increase their breastfeeding success.
OLDER BABIES AT MEETINGS

Reactions to Breastfeeding Toddlers

A Series Meeting may be a newcomer’s first encounter with toddler breastfeeding, which could be an eye-opening experience. If you notice a strong reaction, talking openly about it can help.

• “It is unusual in our society to see children breastfeeding past babyhood, but worldwide, it is quite common. Each baby and family is different, and we encourage each person to make a decision that feels right.”

Pointing out books and other LLL resources to a participant who seems shocked by extended breastfeeding may help. You may also want to talk about these reactions with experienced participants in the Group outside of the meeting. Together, you might decide on approaches that are sensitive to the reactions of newcomers.

Advance Planning for Toddlers

With a little planning, a Leader can help all participants, including the parents of toddlers and the toddlers themselves, enjoy the meeting.

• Safety is critical when little explorers are present — be sure the meeting space is toddler-safe.

• Remind mothers to be watchful of their own children; stress that meetings are informal and that it’s all right to walk around or give a hungry little one a drink or snack.

• Be prepared for some toddler-related escapades and be ready to show an extra dose of patience to the toddlers and their mothers.

• Keep the meeting time short.

• Leave the meeting space clean when you are finished. Promote clean-up time as an extended opportunity to socialize.

Positive Tips for Toddler Challenges

When toddler noise threatens to overrun the meeting, some Leaders find it helpful to use a nearby separate room where a co-Leader or Group member can focus attention on the children. By attending to the children rather than the meeting, these adults help keep the noise level down. They can lead quiet play activities and help resolve problems before they escalate — but if a toddler needs his parent or some loving guidance, they should handle this. As always, attendees are responsible for their own children.
Sometimes a toddler who comes to meetings is noisy, pushes other children, or bites. In these cases, consider what to suggest to help the child, how to help the parent, and how to protect the other little ones in the Group. Befriending the mother and dialoguing about solutions can help. Be sure to comment in an understanding way, “I know you are doing your best … it must be frustrating when …,” giving them the chance to express fears and feelings and talk about ways to help the child learn more appropriate behavior.

Make a point of mentioning the toddler’s positive qualities to the Group. LLL meetings may be the only place where a mother with a disruptive toddler feels welcome. Encourage people to openly love their children in spite of their sometimes unlovable behavior.

In some daytime Groups that usually have large numbers of children, each mother pays a small amount to help cover the fee for a helper. The helper is not a babysitter; the children are welcome to toddle back and forth to their parents.

When you comment on the attendees’ abilities to meet the needs of their children and be involved in the meeting, you encourage their comfort and confidence in responding to their children’s needs in public situations.

**When You Bring Your Own Toddler**

When you bring a toddler along, you show that all attendees are responsible for meeting the needs of their own children, including you. Here are several hints that may make the situation more pleasant for both you and your child:

- Delegate meeting set-up to Group workers, so you can settle your child before the meeting starts.
- If leading an entire meeting and giving your little one needed attention is too challenging, a co-Leader could take over partway through, perhaps when a topic focus changes or as needed.
- A lone Leader with a needy toddler might try to schedule meetings at a time when the toddler will be happy staying with someone else.
- Sometimes a lone Leader cannot leave a toddler at home, and yet the child is unhappy at meetings. Changing the meeting time might help. The toddler may do better during an earlier or later part of the day.
- Another idea is to take along an older child as a helper, or a Group member might act as a helper by pouring a drink or helping with a toy while you lead the meeting.
- If the situation becomes stressful, contact your support Leader for suggestions.
OTHER MEETING CONSIDERATIONS

Too Many Children?

While breastfeeding babies and toddlers who need to be with their parents are always welcome at meetings, attendees sometimes continue to bring older toddlers and preschool-age children after they have reached the age and maturity when they would be happier at home. Sometimes this is done out of habit, or because the attendee thinks it is expected.

It is important to remember that the primary concern of the Group is to meet the needs of the newcomers, who may feel overwhelmed by the noise and confusion of large numbers of children. If the number of older children at meetings is an ongoing problem, an open dialogue with attendees may prompt some novel solutions.

- It may be that some of the children would be happier staying at home.
- Perhaps attendees are bringing children for the purpose of socializing and would like to set up informal playgroups instead.
- Recognizing when a child is ready to stay at home could also be a topic for discussion at an Evaluation or Enrichment Meeting.

In this situation it is important that you set an example by leaving your own older children at home. One Leader used this guideline for her own children: the preschooler who needs to be with a mother is a preschooler who is willing to stay close and play quietly. She told her child that if he comes along, he must be willing to sit in her lap.

Sick Babies or Children

In order to have a safe and welcoming environment for everyone, particularly newborns, premature infants, and pregnant attendees, it is important that sick babies and children not attend the meetings.

If a participant brings a child who is obviously sick, it may be necessary to take them aside and politely explain the policy and the need to protect more vulnerable attendees. If the situation occurs often, or the area is undergoing an outbreak of illness, an opening statement about the policy may be in order; it might also help to add the statement to your meeting reminders.

If the child in question is the Leader’s, it may be necessary to have another Leader fill in to lead the meeting, or to cancel the meeting if no suitable arrangements can be found for the child’s care (See Relocating or Postponing Meetings earlier in this chapter). It can be difficult to decide whether an illness is still a concern; the child’s healthcare provider or local health officials can give guidance on whether the child is likely to be contagious.
REFERENCES


Chapter 3 - Managing the LLL Group

In this chapter you will find tips about the following (you can scroll or read through the chapter, or click on the links to ‘jump’ straight to that section):

- Publicity and communication to attract families
- Building and Sustaining the Group
- Group Library
- Group Treasury
- Group Income: Raising Funds for the Group
- Group Expenses
- Group Jobs
- Evaluation Meetings
- Leader and Group Reporting
- Organizing Leader Materials
- The Group Leadership
  Lone Leader, Shared Leadership
- Stages of Group Development
  New Groups, Splitting a Group, Group at a Standstill, Disbanding a Group

Further information on choosing meeting timing and location may be found in Chapter 2, Leading a Series Meeting.

Although this Chapter emphasizes developing the Group through active involvement of its members, note that a few Group responsibilities are for Leaders only:

- Leading Series Meetings
- Providing one-to-one breastfeeding help as an LLL representative, by telephone, email (or other written communication), or in person
- Taking responsibility for how Group funds will be used
- Mentoring Leader Applicants
LLL Groups around the world will vary. One Group will look very different from another. Your Group may not have all the elements described in this chapter. Some run evaluation meetings and have a library and others don’t; neither is correct and both are ok!

**PUBLICITY AND COMMUNICATION TO ATTRACT FAMILIES**

**Word of Mouth is First and Foremost**
The phenomenal growth of LLL in its early years was based mainly on word of mouth. Many mothers attended their first meeting because a friend invited them or told them about LLL.

Word of mouth is still a very important way to spread awareness about what LLL has to offer. But today, many new parents are far from families and close friends, so it is also important to take advantage of other ways to get the word out. The most well-trained Leaders and the best organized meetings are of little use if local families are not aware that local support exists.

Whether publicizing your Group on your website, on social media or elsewhere you may wish to specify if meetings are oriented towards mothers and anyone who is nursing, or if parents and support people are welcome. In some communities, where mothers may be uncomfortable about breastfeeding if a male is present, “mothers only” Groups are common, and Group publicity may indicate that the meeting is intended for mothers and babies. If your Group indicates it is open to “mothers only”, or to “all parents and support people” it may help if you list other local Groups and means of support, so those in need can best choose how to access it.

It’s worth stating that babies and children are welcome at meetings. It may seem obvious to you, however people have been known to attend without their children, having gone to long lengths to arrange childcare, because they assumed this was a requirement.

Before sending out meeting notices or publishing a website, remember:

- Check for accuracy. Ask another Leader to check the final copy. Double check addresses, phone numbers, emails and dates.
- Be sure that the visual impression of your meeting publicity is clear and looks professional.
- If you use an LLL logo, make sure it is clear and sharp. Logos may be found at: [https://www.llli.org/leader-pages/brand-guidelines/](https://www.llli.org/leader-pages/brand-guidelines/)
Be sure that the tone is positive and respectful of all individuals and their choices. Avoid negative messages about artificial feeding, separation or birthing options, which would reflect poorly on the LLL image.

**Websites**

Many LLL Groups maintain websites to make finding meeting and Leader contact information easier. Some Group websites also include background information on LLL as an organization, information about the Group’s Leaders, a diversity statement, their inclement weather policy, Group Library listings, a link to purchase a Group membership online and links to other resources.

Most Groups can easily set up websites at little to no cost through a number of utilities available on the Internet. It is helpful to have a Group website even if you have a Facebook page or other social media presence with much of the same information so it is accessible to families who do not have access to social media.

It is important that your Group publicity is easily accessible. It can be very frustrating to come to a dead end when searching for local contact information. To make sure your Group may be easily found:

* Use “La Leche League of (town)” in your site’s title rather than “LLL of (town)”.

* Link your Group website to your Area/Network/DCE’s website. Contact your Area Online Coordinator (AOC) or website administrator for help linking your local website to the appropriate page. Alternatively, take advantage of Area/Network/Direct Connect Entity (DCE) websites to publicize your Group information. If you rely on your entity website to publicize your Group information, you will want to make sure to provide updated Group information to the AOC or website administrator on an ongoing basis.

**Social Media**

La Leche League Groups can use social media in different ways, not only to help with publicity for Group meetings and activities but also to help get good breastfeeding information to local families. Many people are active on social media and prefer this method of communication. An informative, easy-to-find social media presence enhances the image of LLL. Using social media is a free, easy way to publicize your meetings, events and services.

Please read your Area/Network/DCE’s Social Media guidelines for additional guidance, and observe the LLLI Social Media policy (see LLLI Policies and Standing Rules). Keep in mind that while social media can be a great opportunity to share general information on breastfeeding, it
is usually not the best avenue for communication on detailed helping situations. Do not hesitate to ask an individual to contact you directly for more complex situations that might be better served being discussed in more detail one-on-one.

Publicize your social media platforms on your website or other web pages, at your in-person meetings, in emails that you send to individuals or to your group, and also on other social media groups popular with families and mothers in your area.

Facebook
Where Facebook operates, La Leche League Groups can choose to have a Facebook page, Facebook group or both. In order to use Facebook effectively, and appropriately, it is important to understand the difference between these two categories.

A Facebook page is intended to be a public means of disseminating information, and is by its nature open to and visible by all Facebook users. Any content of your page can also be shared elsewhere by anyone on Facebook. When a page administrator posts or comments on the page, the post or comment is attributed to the page itself, typically titled, “La Leche League of X.” Individuals visiting your page can private message the page administrators if you choose to have that functionality available. You can choose whether or not to allow people permission to post directly to the page. When other people post to a page, it is most often only seen by their Facebook friends and the page administrators. However, they are public. Because of their public nature, Facebook pages may not be the most effective mechanism for group discussion and mother-to-mother, or parent-to-parent, support.

On the other hand, Facebook groups are meant primarily for discussion among members, as opposed to a venue for the organization to disseminate information. Facebook groups can be set up as open (public) or closed (private). An open Facebook group may not be the best choice for discussion of breastfeeding concerns since many new families prefer confidentiality. All posts and comments in an open group can and will show up on the poster’s Facebook friends’ newsfeeds. Most Facebook groups are set up as closed groups for this reason. Facebook groups can be an effective way to promote mother-to-mother, or parent-to-parent, discussion and support outside of face-to-face meetings, but need to be closely moderated by an accredited Leader to make sure evidence-based information is being shared. Due to the 24/7 nature of the internet, moderating a large LLL group may require multiple Leaders. As in a regular in-person meeting, it is very important not to mix causes and not to permit advertising or promotion by any outside, non-LLL entity. Some Areas/Networks/DCEs have found that interactive Facebook groups actually have worked to encourage attendance at face-to-face meetings.
Setting up a secret Facebook group for Leaders who moderate the Facebook group to discuss issues that arise can be helpful. In such groups, a new member can only be added by a current member who is already a Facebook friend. Groups can be set up so only administrators can approve new members. That means the Leader will get notified of new members' requests, and can welcome them to the group, and point to the group guidelines. While non-Leaders should never offer breastfeeding help in the name of the Facebook group, Leader Applicants or Group members may help moderate a Facebook group by tagging a Leader when their assistance or moderation seems necessary. When participating in a Facebook group, everyone posts under their own names, and it can be unclear who is speaking as the Leader. Some groups have Leaders post with “LEADER:” to start each post or comment in order to clarify their role. If you choose to have a Facebook group, it is also very important to have clear and accessible group guidelines that all group members are asked to review. Many Areas/Networks/DCEs have sample Facebook group guidelines available.

Publicizing Group meetings in non-LLL Facebook groups is popular and often effective. These might be local geographic Facebook groups or local special interest Facebook groups. There are many mother-related or pregnancy-related groups which might be relevant. Some have bans on advertising, some allow advertising of non-profit organizations and some allow advertising on specific days only or in specific threads.

Include information about your meeting on your own Group’s social media platforms and in relevant local parenting social groups and breastfeeding groups several days prior to each meeting.

Other Platforms
Facebook is the most popular social media platform among LLL Groups at this time. Some Groups use Instagram and Twitter primarily to publicize Group meetings and activities, and to share general breastfeeding information. In some locations, WhatsApp and WeChat are heavily used.

As social media platforms are being developed constantly and the technology changes rapidly, it is necessary to evaluate the suitability of each for use by Leaders and to develop guidelines for different platforms as necessary. The ability to preserve participants’ privacy varies from media to media and should be considered in view of national regulations and intended use.

Finding Material to Post
Good sources of material to share on your local social media platforms include material posted by La Leche League International, references to Breastfeeding Today, country-specific La
Leche League pages as well as from country-specific lactation consultant associations. Publications Administrators may identify relevant websites and materials in their own language. LLL resources are preferred but Leaders are not specifically limited to using them. If you choose to share non-LLL sources, read the source very critically before choosing whether or not to post. In addition to evaluating the article or graphic itself, look at the page from which it came to make sure it does not contain adverts for non-International Code-compliant products or links to information not in agreement with LLL philosophy. If the post uses hashtags, check where each hashtag leads before posting. Choose to share items with positive and encouraging tones. Stay away from human milk vs. formula debates, and/or articles about nurse-in protests or tragedies.

If you choose to share graphics and memes of your own creation, many free utilities are available, including Canva, Picmonkey and Photoshop. Keep in mind that all families do not look alike, so include diverse images where possible. Your entity may have images available for you to use, and LLLI is soon to launch an image bank which will be in the password protected Leader area of the web site. Make sure to include the La Leche League logo (your entity’s or LLLI’s) and the name of your local Group in the graphic. Any original graphics or photos that include group participants or Leaders will need a signed photo release. Sample photo releases may be available from your Area/Network/DCE. As with any published materials, please have social media graphics reviewed by the appropriate support Leader in your entity.

Other Ways to Publicize

• Post a flyer in grocery stores, supermarkets, community centers, community notice boards, libraries, and other gathering places in your community. If your meeting location is in a community center or place of employment, the venue may agree to distribute announcements

• may be helpful to their clients.

• Participate in your national or regional breastfeeding coalition/alliance or maternity partnership and attend meetings to establish connections with other breastfeeding helpers in your community.

BUILDING AND SUSTAINING THE GROUP

Communicating with Families Who Have Contacted You
Always ensure that collection and storage of data is in compliance with your Area/Network/DCE policies and national data protection laws. If you are unsure, check with your support Leader or administrators.
When someone contacts a Leader via phone or email or attends a meeting, you may collect contact information in order to inform them about upcoming meetings and events. In many cases, Leaders can follow up a helping phone call or email providing links to relevant websites with more information and sharing upcoming meeting information. Follow up with attendees who had questions during the meeting to offer more information. When you keep in contact with meeting participants, they are more likely to return to the Group, to refer others to the Group, and to support LLL. In addition, staying in touch regularly will keep the option of LLL support fresh in their minds.

Many LLL Groups keep a distribution list of email addresses so that they can send a monthly email with information about upcoming meetings and events. In some locations, Groups collect cell phone numbers and use smartphone apps like WhatsApp to send short notices. The best way to communicate is culturally and geographically specific and can change quite frequently due to the rate of technological change. Look for the ways that local mothers are communicating with each other and see if they can be adopted for your communications.

Some Groups pass an attendance sheet or notebook around the meeting circle. Some Groups ask attendees to sign in as they enter the meeting place and may use a smartphone application or laptop to record participants’ details. You can take care of attendance yourself or delegate the job to a Greeter or Secretary.

Some Groups use email marketing systems such as MailChimp, Constant Contact, GetResponse, and others. Leaders can add contact information throughout the month as those contacts occur. When using an email distribution list, it is important that individual email addresses are kept confidential and that an option to unsubscribe from the list is offered. If you are sending the email from your individual email account rather than from a service like MailChimp, put the email addresses in the “bcc” (blind carbon copy) space rather than the “to” space to preserve privacy.

Some Groups do still mail a paper newsletter to a distribution list but most do not because digital means are cheaper and more convenient.

Remember that your distribution lists are for your LLL Area and Group use only. Leaders should not give telephone numbers or email addresses of Group participants, even to others in the Group, without permission. Encourage them to exchange their contact details themselves. Be aware of the limitations of some platforms in keeping contact information private.
GROUP LIBRARY

Books in a Group Library can help to reinforce the information you share verbally. Group Libraries vary depending on the Group. Some Groups have extensive, well-used libraries containing books on breastfeeding, parenting, childbirth, and nutrition written from the perspective of LLL philosophy. Others maintain ‘no frills’ versions since they find that participants are choosing online over print information and therefore are not borrowing books. It may be useful to maintain a list of online reading material and links to videos that demonstrate positioning and techniques such as laid back nursing. It may be practical to create a digital library or to refer participants to relevant resources available digitally through public libraries.

Some Groups make the Library a benefit of membership and/or for donors above a set amount. In other Groups, the library is available to all attendees. In some entities when a Group sets a charge to borrow books, they still offer The Womanly Art of Breastfeeding free to all attendees.

The Group Librarian job is often popular as it provides easy access to the Group’s collection of books. The Group Librarian:

- May talk to newcomers about the Library and help them to find resources that will interest them
- Sets up the Group Library for display at meetings, often displaying books prominently that are particularly relevant to the topic of the meeting
- Possibly gives a brief presentation to highlight titles relevant to the meeting topic or new titles that the Group has acquired
- Keeps track of the Group Library books: maintaining a list of current books, preparing new acquisitions for circulation, checking on the condition of books, and making repairs when necessary
- Helps participants to check out and return books and then follow up on their return

Create a kit for the Group Librarian. Include:

- Job description,
- The catalogue of books
- A wishlist of books to purchase when funds are available
- Materials for covering and repairing books, stickers or a rubber stamp with the Group name and a Leader’s phone number, to facilitate return of overdue books.
Selecting Books for the Group Library

As the Leader of the Group, you are responsible for selecting books for the Library, with input from the Group Librarian and members of the Group. First, be sure that you have the most basic titles that will be of interest to all attendees, notably *The Womanly Art of Breastfeeding*, which forms the basis of the information we share at meetings. Look for a comprehensive book on childbirth and a book on parenting which presents the LLL concept of loving guidance. Add a book on nutrition such as *Feed Yourself, Feed Your Family*. Consider books addressing particular challenges such as *Sweet Sleep*. As you seek titles to add, look first at books published by LLLI. These are all representative of LLL philosophy.

As your collection grows, you can add a wider range of books from different sources. Books that are reviewed in LLL publications are deemed to support LLL’s purpose and philosophy and as such can be included in Group Libraries. Reviewers consider a book’s content and presentation in the light of LLL philosophy and information and reflect on how a book adds to the information available from LLL. A book that mixes causes or conflicts with LLL information would not be appropriate for a Group Library. For information on books considered suitable for Group Libraries, look in the Leader Resources on your Area/Network/DCE website or consult your support Leader.

Some books might be acceptable with qualifications. For these books attach disclaimer statements inside the covers to point out areas where there are discrepancies between the books and LLL philosophy or approach. You can print disclaimers on labels that can easily be permanently affixed. Here is an example of a disclaimer statement: *We trust that you will find the information in this book helpful. Please be aware that the author(s) may present ideas that are different from those you will find in La Leche League publications or that would be supported by La Leche League.*

Older books do not necessarily need to be removed from the Group Library, but review them carefully. Consider whether the information is no longer current in terms of the social climate or health recommendations. Your support Leader may be able to advise you. For example, birth books that are more than ten years old may no longer be relevant to current practices. If no one has borrowed an older book for some time, it may not be useful to your audience. There may be books that are no longer useful for circulation, but we may want to keep them separately from the current books for their historical value, for example, old editions of *The Womanly Art of Breastfeeding*.

Occasionally, you may be offered a donation of a book to the Group Library. The potential donor may be unaware that we are selective about which books we include. Thank the potential
donor. If the book is one that might be of interest to Leaders and mothers, contact your support Leader or Publications Department representative, who may recommend evaluation of the book. The Evaluation Committee may be able to obtain review copies from the publisher or individual who wants the book considered. If you are unable to add the book to the Group Library, let the potential donor know.

**Funding Additions to the Group Library**

Some Groups set themselves a goal of adding at least one book to the library for each series of meetings. Some ways to make this possible:

- Place a donation box near your library at meetings with a wish list of books that donors can help the Group purchase.
- Designate the proceeds of a specific fundraiser for the purchase of books.
- Suggest making a donation to sponsor the purchase of a book to other individual contacts or to local businesses. The donor could be honored with a special bookplate. Make sure that any business you approach for this is among those from which we could accept a donation i.e. that the goods and services they offer are compatible with LLL’s purpose and mission and that they do not violate the International Code.
- If you are offered an honorarium for a speaking engagement or a mother wants to pay for the services she has received from you as a Leader, you might suggest the donation of a book for the Group Library instead. Leaders are volunteers and as such cannot accept payment personally for any services that they provide as representatives of LLL.

Some Groups place book orders with a neighboring Group, through a Chapter, or their Area to qualify for quantity discounts and share shipping costs.

**Identifying Books to Encourage Returns**

Keep a list of all the books owned by the Group including the following information: title, author, publisher, copy number if the Group owns multiple copies and the date it was added to the Library. You could also note the category of the book’s topic: breastfeeding, childbirth, nutrition or general parenting.

Some Groups use online services such as “LibraryThing” to facilitate keeping track of their books and checking them in and out. Or the Group Librarian may maintain an updated inventory and sign-out/sign-in records in a computer file or manually. The sign-out system
should record the name, email address and phone number of the borrower, the date borrowed and the date due back/returned.

Checking your inventory against the books in your collection and reviewing overdue records at the end of each series of Group Meetings can help you identify any books that may have gone missing and enable follow-up on a timely basis.

**Preparing a New Book for the Group Library**

When a new book is purchased, prepare it for the Group Library:

- Enter it into your inventory and your sign-out system.
- Cover the book to protect it.
- Affix an LLL book summary, review, or qualifying statement inside the front cover.
- Be sure to identify the book as the Group’s property on a pocket or using a sticker or rubber stamp. One way of identifying the book is to write LLL across the pages of the closed book with a permanent marker on three sides, so that it will show clearly and will remind the mother to return the book when she sees it. Another way is to paste some brightly colored tape to the book’s spine, so that if it’s on a shelf, the book will stand out from the mother’s own books.
- Include contact information for the book’s return. Be sure to update this when necessary, since information can change.

Consider adding a message to encourage mothers to return books promptly. For example;

*We are delighted to share our books with you. Since other mothers look forward to reading them too, we would appreciate your cooperation in returning this book after one month. Thank you.*

**Following-up on Overdue Books**

The Group Librarian can follow up on books that are overdue by calling the borrower a few days before a meeting and/or by sending a brief email, noting if others are waiting to read the book. If an individual is no longer coming to meetings, but still has a book from the Group Library, call or email to arrange return of the book. Occasionally a borrower may move and forget to return a book. Even if you do not have a forwarding address, email addresses and cell phone numbers often remain current. If all else fails, inform the person of the cost of replacing the book and follow-up on receipt of payment.
Introductory Packets of Information

One way to introduce the wide variety of information available from LLL is to give first-time participants a welcome packet at their first meeting. You may fill a folder, envelope, or small bag with publications such as:

- An introductory brochure about LLL
- An introductory pamphlet about the benefits of membership and/or supporting LLL through donations
- Tear sheets printed from *The Womanly Art of Breastfeeding* and *Sweet Sleep*.
- Pamphlets from your Area/Network/DCE
- Your Area ‘report card’ if available
- A Group Series Meeting notice

Some Groups vary the contents of the welcome packet, giving different information to pregnant newcomers and those with older babies. Stamp or write the name and telephone number of the Group Leader(s) on each piece of information. Include only LLL materials in these packet

Fee or Free?

Because of their cost and sturdiness, books and booklets belong in the Group Library. You might also want to offer selected, popular titles for sale. A new Group or one with limited income may ask mothers to pay for pamphlets. Some people may find it more economical to buy a copy of *The Womanly Art of Breastfeeding* than to purchase individual publications.

GROUP TREASURY

Getting Started

Developing a Sound Financial Policy

Financial resources enable La Leche League to carry out our purpose of supporting the breastfeeding dyad. Groups, Areas, Networks, DCEs, and LLLI need money to function. Raising funds and spending them wisely helps us fulfill our common goals. Fortunately, we can raise the money necessary to run a Group in ways that also promote the LLL basic purpose. LLL membership dues and donations, and many fundraisers enable Groups to raise money while providing breastfeeding help. In some locations, sale of *The Womanly Art of Breastfeeding* and other LLL publications in the local language may be another source of
funding and outreach. Consult your Area Leadership team about financial management and reporting practices, as well as for guidance with fundraising activities.

**Opening a Bank Account**

Ideally, the Leaders of a Group open a separate account in the Group’s name; checks received are made payable to LLL of Group (name), not to LLL or an individual. Group accounts should remain separate from any Leader’s personal account. The monthly bank statement provides verification of the Group’s financial transactions. The bank should mail the statement to a Group Leader. Some banks offer statements only via online access.

Banks sometimes provide no-fee checking accounts, meaning no monthly service fees will be charged and no minimum balance is required, to nonprofit organizations. If you are starting a new Group or if you need to change banks, go to the bank and explain the services offered by LLL and its charitable status. Your Area/Network/DCE support Leader/administrator will be able to help you with any required proof of the LLL non-profit status. If a bank requires a minimum balance in the account or deducts a service charge each month, you may want to consider another bank or other possibilities. For example, if the Group writes few checks, consider opening a savings account instead of a checking account. A bank check or money order could be written from the account, a bank-issued debit card might be used or a prepaid debit card be purchased when necessary. You may be able to use other types of banking facilities such as a credit union, postal bank or e-banking. In some countries, online payments may be made easily. Another option might be to keep all funds on a prepaid debit card.

Whenever possible, set up your Group bank account so that three people have signing authority, and that two people, at least one of whom is a Leader, are required to sign each check, withdrawal slip, or approve each online transaction. If you are a sole Leader and the Group Treasurer, ask a member of your Group or your support Leader to be the second person. In some countries, it is a legal requirement for charitable organizations to have two signatories for a withdrawal. New signature cards must be signed for the bank whenever these authorized signatures change.

Some Groups may want to open a savings account in addition to a checking account. For example, a Group may want to save money for a long-range goal, such as sending representatives to a workshop or a conference. The Group may want to keep this money separate from the regular funds and to accumulate interest on the money. If the Group has a savings account, the balance is included on the annual financial report.
In some countries, low-cost banking facilities are not readily available and/or the non-profit organization is required to file financial reports with national authorities which consolidate all Groups within the Area. Sometimes the Area will maintain a single bank account in which Group funds are deposited and disbursed, except for small amounts handled and reported through the Group petty cash accounts. An Area account may also be used to receive payments via debit and credit cards or via PayPal. In these cases, follow the instructions issued by your Area/Network/DCE. Ask your support Leader, Area Treasurer or Finance Director for clarification if needed.

Managing the Group Treasury
It is essential that the Group’s financial records be accurate. Although the Leader is ultimately responsible for any money paid into or out of the Group, it is a wise investment of time to find a trustworthy, reliable member to handle the Group’s financial transactions and record keeping. Ideally, this person has experience with money management and is comfortable with the duties expected. If you cannot find a member to act as Group Treasurer, someone may act as Assistant Treasurer to handle financial transactions at meetings. This allows you to talk to attendees at meetings without being interrupted by money matters.

Introduce the Treasurer at the beginning of each meeting. The Treasurer can stand in a conspicuous, convenient spot after the meeting so participants can buy books, purchase memberships, and make donations.

Organizing Group Treasury Materials
Create a kit for the Group Treasurer, perhaps in a portable file box containing the following:

- Zippered pouch for petty cash and money collected at meetings
- Receipt book with carbons for all transactions or instructions for preparing digital receipts if the Group has access to these facilities
- Income and expense sheets or ledger book
- Inventory sheets or a list of sale items and their prices
- Group budget
- Checkbook, deposit slips, and Group debit card
- Binder with information from the Treasury section of this handbook and Treasury forms downloaded from your Area/Network/DCE website or the Leader Resources section of this handbook. These can be kept in an electronic folder.
The Treasurer should bring her kit to every meeting. If she is unable to attend, she should make arrangements to have it taken to the meeting so that all the necessary materials are available.

Many Groups use an Excel spreadsheet to record income and expense and reconcile to bank records. Some Groups use ledger sheets. Some Groups that have a large number of transactions (more than 10-20 a month) use computer bookkeeping applications such as *Quick Books* or *Quicken* to manage their accounts, either independently or linked to an Area application. Before setting up your Group’s financial records, consult with your support Leader to be sure you are up to date on your Area/Network/DCE’s requirements.

**Creating a Group Budget**

Some Groups project their expected income and expenses for a year. It is advisable for Group Leaders and the Group Treasurer to review the Group’s finances once a series or at least every six months. Such a review may include:

- Cash assets: bank accounts, funds held with your Area, and petty cash
- Memberships and donations
- Bills due, including Area and any other Network/DCE fees
- Inventory of items for sale
- Any fundraising needs

Regular review of Group finances allows you and the Group to make any adjustments needed in a timely manner. The Group Treasurer may issue a summary of Group finances by posting notes to private social media or email addresses; this step keeps all Leaders informed of finances. Or the review may take place at an Evaluation Meeting where Leaders could focus on membership promotion. If bills are overdue, the Group might plan a fundraising project to raise money. If inventory is high, you might talk about how to increase sales.
GROUP INCOME: RAISING FUNDS FOR THE GROUP

Promoting Memberships and Donations at Meetings

Be aware of and follow your Area’s policies regarding members and donors. Some Areas encourage memberships. Others accept donations only. Some Areas expect that meeting participants will normally make a nominal donation; many do not have any such explicit expectation.

Membership and donations provide income that helps ensure LLL will be available to answer questions and provide information now and to future generations. Members and donors support LLL and receive the benefit of ongoing contact with LLL. Send a thank-you letter to donors that includes information about the tax-deductible nature of the donation (where applicable), and let donors know how they will receive a tax-deductible receipt for their donation. Even if they no longer attend Series Meetings, they may receive notices of special events and links to online publications which will continue to offer information and encouragement. Members may be able to register for Area/Network/DCE events and to order publications sold by the Area/Network/DCE at a discount.

Talking about money matters is a challenge for some Leaders. It is important to present the LLL needs in a positive way. Let participants know that there are expenses involved in running a Group and that their memberships or donations are necessary to meet those expenses. Mention that Leaders are volunteers and pay dues as well. Explain the benefits of membership. Provide information about how membership or donations may be paid, either at the meeting or through a Group or Area website.

You might say:

• Compare the cost of membership to other costs. For example: “Feeding artificial baby milk for one week costs ___while membership in LLL for an entire year costs only ___”

• “For one year, LLL membership costs only ___ per month.”

• Explain tangible ways the Group benefits from paid memberships. For example, “We would like to thank those of you who paid for membership. Thanks to your support, we have added these books to the Group Library:” (name books).

• “La Leche League services are free, but it costs money to deliver them to you. Your membership and donations help make LLL support and information available throughout the world every day of the year.”
Offer something tangible to take home to those who make a donation or purchase a membership. Many Groups offer newcomer packets with special materials for participants who are attending their first meeting or a member’s packet when a new member pays dues. Some Groups give coupons for book purchases from the Group. Intangible options, such as a home visit by a Leader after the birth of a baby, involve no cost and resonate deeply with new families.

*If you are visiting someone in their home make sure you follow your Area/Network/DCE’s policies.*

Recognize new members. Some Groups present membership cards or small gifts to those who paid the previous month. This courtesy thanks new members and shows newcomers that many others who attend meetings are members.

Encourage people to renew their memberships. Send a reminder via email or social media. Or write a simple note card of appreciation for the support they offered the group in the past.

**Processing Membership Dues and Donations**

Your Group and Area may offer a variety of ways to pay membership fees or to make donations. Accepting cash or checks are traditional options. Some Areas have a website with a page dedicated to payment processing. If someone wants to contribute via debit or credit card, direct them to the online link. The Area Financial Coordinator will direct the funds to the appropriate Group.

Record the new member’s name, address, telephone/cell number, and email address, to keep in the Group database. A database may be as simple as a handwritten form or more complex, such as computer spreadsheet. Offer a receipt to the contributor. Keep a copy for your banking records. Note the membership or donation on your income record. Send the portion of the donation/membership to your Area/Network/DCE according to their dues breakdown or process.

**Fundraising for the LLL Group**

Many Leaders love helping mothers but they do not look forward to fundraising. For some, it is just one more job to do. Others lack experience and are not sure how to start. It may be that they do not like to ask people for money. However, fundraising is important to our mission. Fundraising can pay for:

- Reference books for Leaders
- Group website
- Meeting flyers to distribute in the community
• Leader dues
• Leader education such as attendance at conferences

There are many different types of fundraisers and each Leader and Group can choose one based on the suitability of time investment and number of volunteers available as well as the number and interests of Group attendees.

A meeting flyer is one option for raising funds. Many Leaders have access to a computer and a print shop or library for copies. The Leader or a Group volunteer can type the Group information on the front of a piece of paper and sell ads on the back. Ten business-card sized ads fit on one sheet of paper. Calculate the cost of the printing and price the ads high enough to cover the cost and make a profit. This not only brings in funds, but it advertises the Group’s meetings.

A Group can host an educational event for parents like a Baby Fair. Choose a free public location, such as a shopping mall or a park. Many locations will allow not-for-profit organizations free use of their space. You can bring a folding table or two to display information about your Group. This can be a big or a small event based on the number of volunteers available.

Another idea is to hold an online raffle – remember to check the requirements of any national gambling laws. Leaders can contact baby-friendly companies by writing an email explaining what our organization does and how it helps the mothers in the Group’s community. The email should ask for a donation of an item for a fundraising raffle. Many companies regularly donate their products when they will not donate cash. Volunteers can forward an email that the Leader writes. The Leader can then list the items on any online auction website. Several small items can be bundled together into a baby gift basket. Check into selling fees and decide whether buyers must be local before listing items. This fundraising idea is mother-sized as the Leader can solicit donations and list items for sale as time is available.

Whatever the idea you chose, evaluate the amount of time that must be invested before committing to the fundraiser. Every Leader has family commitments as well as helping through personal contacts and leading meetings. Fundraising should be fun and build up the Group by getting others involved.

Consult your support Leader about any fundraising projects and events.

It is important that any advertisements or sponsorships accepted are from companies that comply with the International Code of Marketing of Breastmilk Substitutes and additional...
guidelines may apply in your location. Read more about the International Code and Leader obligations in Chapter 6.

Recording Income
All income received, whether by cash, check, credit card, or payment processing company (such as PayPal) must be receipted to the payer. Receipts may be written on paper, on carbon-copy receipt books, or via a digital format. The receipt copies provide the Treasurer with an important permanent record. Each Leader who sells books or other items or collects memberships or donations between meetings should be able to prepare a receipt, manually or electronically. Receipts include the date of the transaction, the payer’s name, email address and/or telephone number, the amount received, the form and details of payment, and what was purchased.

As a safe accounting practice, have two people, one a Leader, count together cash income from a fundraising event. Write down the total cash amount, using a receipt form, and have both sign the form. Deposit all money collected by the Group as soon as possible. Keep the deposit receipt with a full explanation of the money being deposited.

Enter all income on the income record sheet (whether manual or excel based) date of transaction, total amount of money received, and the name of the person from whom it was received. In the appropriate column, enter the amounts for each item sold, sales tax collected, or miscellaneous money received. Use a new line for each transaction, not for each item. (Procedures will be somewhat different with most computer bookkeeping applications).

If a Group must collect sales tax on items sold, record it in a column separate from the item sold, to make totaling easier when taxes are due to the government. The Group Treasurer should be aware of local sales tax regulations and keep a record of the taxable items sold. The Area/Network/DCE Treasurer, Area Financial Coordinator or Finance Director can provide information on local tax requirements.

If money is needed from a savings account to pay for a special project, transfer it into the checking account and write a check for the amount needed. Record this amount under a “savings account” column of the income record sheet. For every deposit the Treasurer should have a double record: a notation in the checkbook register and an entry on the income record sheet listing what each deposit was for.
GROUP EXPENSES

Using Group Funds
Group funds must be used for LLL activities that benefit the breastfeeding family. A Group’s assets do not belong to the Leaders or members but to La Leche League. Money should be used to carry out the LLL purpose and mission. Group expenses may include:

- Books for the Group Library or for resale
- Group supplies (stationery, snack table supplies, printing & copying, etc.)
- Postage and telephone charges
- Leader and/or Group dues
- Leader registration fees for workshops and conferences
- Help with Leader Applicant fees/materials if necessary
- Other expenses associated with running the Group and approved by the Leaders in the Group

You and your co-Leaders will make decisions jointly regarding the appropriate use of Group funds. Leader Applicants, Group workers, and members can offer suggestions. Evaluation Meetings are a good setting for this discussion. Members may participate in helping the Group earn its money, but managing Group funds is a Leader responsibility. Consult your support Leader if there are questions or problems.

If the Group has extra money after its bills have been paid, please consider donations to new or needy Groups in your Area/Network/DCE. Or you might like to help a Group in another region or make a donation to a special project such as translating and printing LLL materials in other languages. Contact your support Leader for more information about these and other opportunities to help LLL and breastfeeding mothers around the world.

Keeping Track of Group Expenses
Before writing a check or using a debit card for purchases, be sure that there is sufficient money in the account to avoid service charges on a returned check. When you write a check, remember to:

- Make the check payable to the correct name.
- Avoid post-dating the check unless this is common business practice in your country.
- Be sure the Group name, Group bank account number, and invoice numbers are on the check.
- Write the names of members on the memo line or on the back of the check if the check is for membership.
Ensure that the check is signed by two people, one of whom is a Leader, if two signatures are required. After a check is written or a debit card or an online payment system is used, enter the transaction in the checkbook register and on the expense record sheet. If the item being paid for is not in a category listed on the sheet, note it under “miscellaneous.” If it falls into a category already listed, record it under the appropriate heading. If a check or debit card pays for an invoice that includes several different items, list each item in its appropriate category across the same line of the sheet. When paying an invoice, record the invoice number in the “paid to” column. When all the columns are added up, the sheet will provide a record of how much the Group spends in each category.

A double record should exist for every purchase made via check or debit card; a notation in the checkbook register and an entry on the expense record sheet listing what was purchased. The Group Treasurer also should keep copies of paid invoices. When the bank statement arrives each month, compare the transactions to the expense record sheet and balance the bank statement.

Pay all bills by their due date. Write the Group name, account number, and the invoice number or Leaders or members’ names on all checks to your Area/Network/DCE. If you wish to make several payments on one check, indicate on the check or a separate sheet of paper what the check is for.

If you pay bills through your Area, (Group funds held in an Area account) you will need to submit the invoice for payment to the Area Treasurer/Finance Director allowing sufficient time for processing.

Coordinating Group Orders
Since shipping and handling costs are charged for each order sent, most Groups place orders at regularly planned intervals rather than each time a Leader or Group worker needs books or Group supplies. Ordering in bulk quantities can save money, too. Neighboring Groups may wish to place orders together, to take advantage of discounts.

Leaders and Group workers can bring their lists for the Group order to the Evaluation Meeting. The Treasurer can complete the order, a Leader can sign it, and one of the Leaders can take responsibility for placing the order.
Record Keeping: Maintaining the Group Bank Account

Record each purchase and deposit when it is made. It is easy to forget to record a transaction if you postpone it. The record in the check register of money paid out and deposits made provides backup for the Group’s income and expense record sheets. It is wise to reconcile your income and expense sheets with the bank statement as soon as you receive it.

Income and expense record sheets provide a breakdown of all the money the Group receives and pays out each month. Once a month, total all columns to find the income and expenses for the month. The column headings on the income/expense record sheets should correspond to the entries on the annual financial report. Preparation of the annual financial report is easy when you or your Treasurer keep the income and expense records up to date, and reconcile with bank statements regularly. You and the Treasurer can then see the Group’s overall financial picture at a glance and can recognize trends, such as fundraising success or decreasing membership, when they occur.

You can use accounting paper found at stores selling office supplies. This paper is printed with lines drawn to divide it into columns. Another option is to purchase a bookkeeping ledger which contains the same format in a book. If you have access to a computer, you may prefer a Microsoft Excel or Google Sheets spreadsheet, or bookkeeping software such as Quicken.

Handling Group Assets: Managing an Inventory

An inventory helps the Group determine what materials need to be ordered and shows what items the Group uses most frequently. If someone other than the Treasurer keeps the inventory, she will need to consult with the Treasurer each month to determine what was sold. Inventory includes items such as books or other items sold at meetings and events.

To use the inventory record, fill in the names of items the Group normally has on hand in the left-hand column. Fill in the quantity of each item on hand at the beginning of the month (equal to the balance at the end of the previous month). Record the number of items sold during the month and the number the Group purchased. Calculate the balance on hand at the end of the month (stock – sold + purchased = balance) and the date. Every few months, check the inventory record against the actual number of items the Group has on hand to be sure the record is accurate.

Managing Petty Cash

To avoid writing checks or using a debit card for small expenses, some Groups keep petty cash on hand. Petty cash may also be used by Groups when most accounting is done through an
Area account. Keep petty cash funds low and use a separate recording system for transactions. When the Group has a bank account, the Treasurer requests cash from the bank and keeps the money in an envelope marked “Petty Cash.” Keep petty cash separate from the Treasurer’s personal money. Ideally, it should also be kept separate from income received at the meeting but if that is not possible because change must be made or the Group is depositing and withdrawing most funds from an Area account, it is doubly important to keep accurate records of funds added to and withdrawn from petty cash.

For easy bookkeeping, keep petty cash at a set amount, such as $50. If there is $50 at the beginning of the month, the receipts for expenses plus the money left in the envelope should always equal $50. Keep all petty cash receipts and record them under the proper heading (postage, supplies, etc.) on the expense record sheet for the Annual Financial Report.

Preparing the Annual Financial Report
An Annual Financial Report is generally required for each Group. Your Area/Network/DCE will usually have a standard format which they require. To complete the report, at the end of the fiscal year, go back to the totals for each month on the income and expense sheets and add all twelve numbers together for the appropriate entry on the Annual Financial Report. For example, the twelve monthly totals in the membership column, added together, give an annual total for membership income. In addition to income and expenses, the Treasurer may be asked to list several other aspects of Group finances, including petty cash balance, checking account and any savings account balance, unpaid bills, inventory, and other Group assets.

Keep one copy of your Annual Financial Report in the permanent Group records and provide copies for your support Leader and your Area/Network/DCE (where applicable).

GROUP JOBS
It is the Leader’s responsibility to supervise the management of the Group, but that doesn’t mean that a Leader has to do all the work alone. Although there are some jobs that only the Leader may do, there are many other jobs that can be done by Group members.

There are many positive reasons to share other work with Group members. Taking on a Group job is an opportunity to get involved in the work of LLL and to learn more about the organization. Volunteers get to know others in the Group and form friendships. They use their talents, learn skills and do something for themselves that is centered around the needs of their children. Members who want to get involved are often appreciative of what LLL has done for them, and they want to pass that on to others. They value LLL and want to be a part of the organization. Some of them may even think about Leadership. You may be tempted to do
everything yourself, but it is important to allow Group members the opportunity to participate in the life of their Group.

Finding volunteers for Group jobs may be accomplished in a number of ways.

• Approach potential candidates individually. Many will be pleased that you have thought of asking them to take on such a role.

• Make a general announcement to the Group and see who steps forward. Some might be reluctant to put themselves forward and may be more likely to say yes if you ask them specifically. However, you may find a suitable candidate whom you wouldn’t have thought to ask.

• Use a combination of these approaches. Make an announcement to the Group and if no one volunteers, approach participants individually.

• You can also approach likely candidates and let them know that you will be announcing the job to the Group, so that they have some time to think about it first.

• If there are several jobs to fill, you can hold a Group “job fair” at an Evaluation Meeting. You can make up poster-sized help wanted ads and job descriptions. If the jobs look like fun, Group members will be eager to help out.

Think about matching individuals to Group jobs. Ask them what skills and experience they already have and what they might like to learn about. What are their hobbies and what do they enjoy doing? There may also be things they are absolutely certain they would not want to do. For example, you are more likely to suggest the Group Library than the Treasury to a someone who is an avid reader, but dislikes anything to do with numbers!

A volunteer may be ready to begin with a short-term commitment, perhaps for just one series of meetings. At the end of that time you can ask about continuing.

Providing a complete job description will be helpful for the volunteer taking on a Group job. You can keep a file of job descriptions for each Group coordinator. Add detail that will be helpful for your Group and encourage Group coordinators to develop the job and to add their own ideas to the job description as they find what works for them.

Ask Group coordinators to report on their activities if you hold Evaluation Meetings and invite them to brainstorm ideas for improvements. You can re-evaluate job descriptions from time to time and incorporate new ideas as Group coordinators make suggestions. If you have a
number of co-Leaders and coordinators, Leaders and Group coordinators can pair up to support each other and keep track of how responsibilities are met.

Encourage your team of Group coordinators. Their enthusiasm will be important for the smooth running of the Group. Maintain a positive attitude; your enthusiasm will be contagious.

- Offer a Group job to each individual who attends a series of meetings and is eager to make a contribution to LLL. Take advantage of enthusiasm to become involved. If jobs are currently filled, consider job sharing, so that as many participants as possible are involved in the running of the Group.

- Make an effort to get to know each attendee, so you can match individual skills to the needs of the Group.

- Ask volunteers how much responsibility they will find comfortable. Let them know that whatever they are able to do is appreciated by you. Respect the limits that feel right to them and encourage them to put family first.

- Talk about Group jobs at Evaluation Meetings to keep up enthusiasm. Encourage Group members to share their ideas. Talk about the positive aspects of working together and allow time for socializing, so that all enjoy their involvement in the Group.

- Pay attention to Group coordinators. Include them in Group decisions. Thank Group workers for their important contribution. Let them know that you appreciate their efforts.

If conflicts arise among Group workers, encourage all to express their ideas, listen carefully, and summarize opinions with respect in order to arrive at a resolution. There may be times when a conflict arises with LLL policy. Explain the need for the Group, which represents LLL, to work according to policy. Your Leader Support Team is available to help you with any challenges that may arise.

When many are involved, the Group will flourish. If you are starting up a new Group, you may want to begin with just a few Group coordinators such as a Greeter, a Group Librarian and a Group Treasurer. While the Group is becoming established, mothers can help in informal ways. They can welcome newcomers to the Group and help them get settled; they can arrive early to help set up or stay at the end of the meeting to help clean up. They can show newcomers the Library and let them know which books they have found particularly useful. As mothers feel more comfortable in these roles, they may want to take on a specific Group role.

Sharing LLL work has many advantages. When members help with Group tasks, you can concentrate more time and energy on Leader responsibilities. Members often have useful ideas
to contribute. In addition, members gain opportunities to learn more about LLL and feel satisfaction in contributing to its success.

Remember that we can discourage potential volunteers by not asking for help. The opposite of asking people to take on too many responsibilities is not asking them to help: “No one told me they needed me.” Keep in touch with Group participants, and if they miss a meeting, touch base with them so the lack of contact does not become a reason to miss the next meeting. Then find out what responsibilities they might like to take on.

Typical Group jobs and short job descriptions follow:

**The Group Treasurer**

Basic duties may include:

- Takes care of the Group’s financial transactions: writing receipts for monies received and retaining receipts for payments made
- Sends member or donor information to your Area/Network/DCE, as per their procedures
- Pays Leader dues and any Group affiliation fees as requested annually by your Area/Network/DCE
- Handles bank transactions and/or accounting and transfers through the Area, according to Area financial procedures
- Keeps financial records for the Group
- Prepares Group orders (signed by a Leader)
- Completes financial reports for the Leader to submit
- Prepares an annual budget for Leader review.

The Group Treasurer needs to be accurate and willing to give attention to detail. A financial background or bookkeeping experience is helpful but not necessary.

**The Group Librarian**

- Sets up the Group Library for display at Series Meetings
- Helps participants find and check out books appropriate to their needs
- Keeps track of book circulation and follows up on overdue books
- Keeps an inventory list of all books that belong to the Group
- Prepares new books for the Library, affixes LLL reviews or qualifying statements inside, adds new book information to the inventory list
Leader’s Handbook

- Buys library supplies when needed in consultation with a Group Leader; submits receipts to the Group Treasurer for reimbursement
- May give a brief presentation at meetings on a new book or a book pertaining to the discussion topic

Host
- Offers home as the location for a series of meetings
- Stores Group Library during the series if possible
- Provides a beverage, cups, and napkins for refreshments at meetings
- If the Group meets in a public place, arrives early to set up the meeting space and take care of clean-up at the end of the meeting.

Greeter
- Welcomes participants and helps them with their belongings
- Introduces newcomers to Leaders and to other Group members
- Shows the location of the meeting area, Group Library, washrooms and snack table
- Gives out name tags
- Gives out welcome packages to newcomers.

Refreshment Coordinator
- Arranges for a participant to bring refreshments each month
- Sets up the refreshment area at meetings
- Pours and serves refreshments

Publicity Coordinator
- Distributes meeting notices in the community
- Contacts newspapers about Series Meetings and special events
- Develops display of LLL materials for community events
- In some Groups, a Publicity Coordinator, with your guidance, takes responsibility for increasing the visibility of LLL in the community.

Group Newsletter Editor
- Works with the Leader(s) to develop and distribute newsletter to Group members
- Sends a copy of the newsletter to Area personnel (Leader Support Team/Area Coordinator of Leaders) and responds to any review comments.
Bulletin Board/Scrapbook/Facebook Page Coordinator

- Organizes displays of posters and materials on the meeting topic and announcements
- Maintains a Group scrapbook and/or photo album
- Works with Publicity Coordinator on displays for community events, conforming to exhibit guidelines. (A Leader must always be present to represent LLL at community events.)
- The Facebook Page Coordinator can post events and publicity for the Group; they can post LLL links and memes. They can be an admin if there are also Leader admins. Non Leaders can comment, be supportive and alert Leaders to threads where their help is needed, a non Leader should not speak for LLL or offer advice.

Fundraising Coordinator

- Coordinates Group fundraising efforts
- Coordinates World Breastfeeding Week and other fundraising events.

Secretary

- Keeps track of meeting attendance
- Reminds potential participants about upcoming meetings
- Ensures that sign-in sheets are available for meetings
- Handles Group mailings
- Takes and distributes minutes of any formal meetings such as Group planning meetings.

Some Groups keep a sheet describing the specific responsibilities of each coordinator with the file, notebook, or supply box for that job. Photocopies or digital copies of relevant pages of the Leader Handbook related to each Group job may be useful. All the job descriptions can be compiled into a booklet or an electronic file; you and your co-Leaders each keep a copy, and one copy is kept in the Group Library. A job description that lists regular and optional tasks and time frames makes a handy reference for both Group coordinators and you.

Regularly Reviewing Group Jobs

Some Groups ask each Group coordinator to give a status report at every Evaluation Meeting. In other Groups, coordinators ask or answer questions as they arise.

Regular review of Group jobs is a way to recognize the Group coordinators’ sense of responsibility and allows the Leader and Group workers to talk about whether changes are in
order. For example, the Refreshment Coordinator might comment on the number of volunteers bringing snacks, whether food choices reflect the nutritional message of LLL, the need to simplify her job or suggestions to expand it. The Librarian might want to report on or invite discussion about book circulation, ways to encourage greater library use, problems with overdue books, book transport or storage.

**EVALUATION MEETINGS**

Many Groups hold regular Evaluation Meetings as a follow-up to Series Meetings. These meetings provide an additional opportunity for Group members to get together, to contribute to management of the Group and its smooth functioning. Whereas Series Meetings are focused on meeting the needs of newcomers to the Group, Evaluation Meetings are aimed at regular Group participants and the information, support, and encouragement they need as their babies grow.

For Leaders these meetings offer the chance to get to know participants better and to learn how they felt about the recent meeting. This gives the Leader the opportunity to offer more insights on LLL philosophy and helps her to fine-tune plans for future meetings. As the Leader gets to know Group members better, she can spark interest in leadership and provide opportunities for Leader Applicants to learn more about Group management.

**Who** is invited to Evaluation Meetings? Leaders may invite Leader Applicants, Group members and/or donors, Group workers – those who make up the core of the Group. Some Groups invite all those who have attended a complete Series of meetings in order to encourage them to become more involved in the Group and to become members or donors. A Leader may issue an open invitation at the Group meeting to attend an Evaluation Meeting. This may be particularly helpful if the Group is in need of volunteers for particular Group jobs or projects. Babies and toddlers are part of Evaluation Meetings. Allow for toys, snacks, and space to play, and encourage parents to attend to their children as needed.

**When** is a good time to hold an Evaluation Meeting? Holding the Evaluation Meeting at a regular time each month will increase attendance. Participants will mark their calendars and this will help to increase attendance. Try to hold the meeting not more than a week after the Series Meeting, so that memories are fresh. The meeting does not need to be at the same time as the regular Group meeting, but scheduling on the same day and time may facilitate participation and may be a factor in availability of the venue. Usually an hour and a half to two hours is long enough to finish Group business and the enrichment program.
**Where** are Evaluation Meetings held? The location could be the same as the Series Meeting location, depending on availability. If you hold your Series Meetings in a public place, you may choose to hold Evaluation Meetings in a home to emphasize the difference between the two. Some Groups meet in a park during warmer months of the year.

Set an agenda for your Evaluation Meeting to make sure you cover Group business that needs to be discussed. Let participants know that you value their input in meeting the needs of the Group and making plans for future meetings and activities. Talk about how the recent meeting went. Ask what they would like to see for future series. There are always things to learn and improvements that can be made. How did the meeting meet its goal of providing information and support? What was the atmosphere of the meeting? What went well? What concerns might need to be addressed?

Share and/or delegate Group management jobs and involve Group coordinators in Group management. Have participants fill out the monthly Group report. Give Group coordinators the opportunity to report. How are the Group’s finances? How is the Group Library being used, and what books should be added? An Evaluation Meeting is a good time to plan any orders of new books for the library or for sale.

Leaders can also ask for input in the planning of future events. What would the Group like to do for fundraisers and who would like to volunteer to coordinate events? Does the Group want to plan Toddler Meetings, Couples’ Meetings or family events such as picnics?

Offering an enrichment topic at an Evaluation Meeting gives participants the opportunity to share ideas on topics that are beyond the scope of Series Meetings and can provide a deeper perspective of LLL philosophy. Such topics as loving guidance, living well on a small income, travelling with children, decluttering your life, and responding to criticism from well-meaning friends and family members make good topics for Enrichment Meetings. Ask regular participants what topics are of interest to them, and invite them to present topics on which they have a particular interest. Some Groups hold Enrichment Meetings separately from Evaluation Meetings. Evaluation Meetings are scheduled regularly, while Enrichment Meetings may be planned to meet Group needs and interests.

**LEADER AND GROUP REPORTING**

**Group Reporting**

Leaders are accountable to the parents they serve, to their Area/Network/DCE, and to LLLI. We support breastfeeding, and we plan and lead meetings in accordance with LLL policies. It is
your responsibility as a Leader to report activities as specified by your Area/Network/DCE. Many Areas and Network/DCEs have an online reporting system for Group and Leader reporting. Your support Leader can explain the reporting set-up you are expected to use and provide assistance if you do not have regular internet access.

Statistics on Series Meetings attendance and parents helped by telephone, messaging, email, and in person help the Group Leader identify trends within the Group and for support Leaders to recognize trends within the Area/Network/DCE. (Website statistics are typically gathered automatically.) It is important to know how many new and returning adults attend our meetings. If we have many regular participants, but few new ones, we may need to make changes to our publicity. If there are many newcomers, but few of them return, we may need to think about why that is and what we might be able to change in order to encourage participants to return to meetings.

These statistics may also be used to publicize the extent of work done by LLL volunteers and in writing grant proposals to secure funding for LLL projects to reach more families. It is more useful to be able to say that we connect with a particular number of parents per year than simply to say that we help “many” mothers.

Group reporting forms may give an opportunity to give a brief summary of the Series Meeting, thus giving your support Leader an opportunity to add a different perspective to the questions and challenges facing the Group. Many Leaders use the notes taken during the Evaluation Meeting as the basis for a report.

Most Areas/Networks/DCEs have Leader forums, either on the Leader section of their website, via private social media groups, or through group email lists which facilitate sharing of ideas with other Leaders. Your experience and insights can reach beyond your own Group and your Area when you share information with other Groups through the support network. Please share Series Meeting ideas, activity and fundraising ideas, and Group management and problem-solving techniques through the Leader Support Team, so that other Groups can benefit.

Although you, as the Group Leader, have final responsibility for making sure Group reports are completed and submitted, a Leader Applicant or Group worker may help fill them out.

**When a Leader Moves**

If you are moving to a new community that is not in your current Area and wish to continue functioning as an active Leader in the new Area/Network/DCE, you should inform both the Area/Network/DCE Data Administrator (N/ADA) and ACL/Leader Department Director of your current
entity and of the new entity that you’d like to transfer your primary connection to. Acceptance into a new entity is generally subject to verification of “good standing” in your previous entity, acceptance of the relevant Area and Network/DCE agreements, signature on the Statement of Commitment in the new entity, and payment of Leaders dues where relevant. You may wish to maintain a secondary connection to your previous Area/Network/DCE, and if so, inform both N/ADAs of your intention.

In a few cases, a Leader may choose not to transfer primary connection and remain active in her move-out Area/Network/DCE. This might occur if the entities are close geographically and the move is expected to be temporary, for reasons of language, or because the Leader intends to continue in an administrative position for which her physical presence is not required. Even in this case, it is appropriate to be in contact with the ACL/Leader Department Director of the move-in Area/Network/DCE, to consider a secondary connection and to participate in Area/Network/DCE events.

**Leader Status**

You may decide to retire at the time of your annual recommitment or at any time. Be sure to notify your support Leader and your Area/Network/DCE Data Administrator of your plans.

**Leader Reactivating**

If you wish to return to active status after retiring, contact the Area Coordinator of Leaders for specific requirements. Generally, the ACL/Leader Department Director will dialogue with you to get acquainted or re-acquainted and to discuss the reasons you retired and the reasons you wish to resume active Leadership. The ACL/Leader Department Director will try to provide as much information as possible that you may have missed during the post-retirement time.

The extent of the dialogue and amount of information covered will depend greatly on how much time has passed since retirement and whether you are reactivating in an Area/Network/DCE where you were previously active and well known. If you are reactivating in a different entity than the one from which you retired, the ACL/Leader Department Director of your current Area/Network/DCE will be in contact with your previous Area/Network/DCE to verify that you were in good standing at the time of your retirement.

Along with this on-going dialogue, and at the discretion of the ACL/Leader Department Director, you might be required to:

- Attend several LLL meetings. This can be accomplished through more than one Group. The ACL/Leader Department Director may ask the Leaders for their observations. Attending meetings and observing Group Leaders will assist you in becoming
reacquainted with basic Group management, meeting dynamics, and active listening skills.

- Read the most recent edition of *The Womanly Art of Breastfeeding* if it is available in an accessible language. (The 8th Edition revised many basic breastfeeding management techniques, e.g., including information about laid-back breastfeeding positions.)

- Read digital copies of recent publications, such as *Leader Today* (formerly *LEAVEN*), *Breastfeeding Today*, and Leader and other publications in your Network/DCE or Area. The ACL/Leader Department Director may forward links or inform the reactivating Leader where the publications can be viewed on the LLLI or entity website.

- Learn how to sign onto the LLLI website and explore its resources, become familiar with Area/Network/DCE websites, social media groups, etc.

- Attend Leader enrichment opportunities scheduled for your entity.

If relevant, you will be asked to read the Area Agreements (usually provided by the ACL/Leader Department Director). Any relevant Network Agreements may be shared also in order to illustrate the support structure available to Leaders. You will be expected to understand and fully accept any relevant Area Agreements, re-sign on the Statement of Commitment, and pay Leader Assessment fees.

This process is not intended to take very long: under 3 months would be the ideal. Open and regular dialogue should be maintained between the former Leader and the ACL/Leader Department Director.

**ORGANIZING LEADER MATERIALS**

Keeping your materials organized will help you to be effective as a Leader. Find a system that works for you. Your place of work as a Leader is also your home, and you will do much of your work while you are simultaneously getting on with everyday activities. Leaders with young children may find it useful to keep Leader materials close at hand in their main living area. If you have a desk in your kitchen or your children’s play area, that might be a good place to keep materials.

You may find it helpful to organize your materials (whether online or in hard copy) in a way that corresponds to the basic responsibilities of leadership:
• **Materials for individual help**: Leader’s log, pens, *The Womanly Art of Breastfeeding*, LLL tear off sheets, meeting notices

• **Materials for meetings**: file of meeting ideas for Series Meetings, special meetings, and enrichment topics

• **Group management materials**: inventory of Group Library books, Group Treasury materials, forms, office supplies, Group job descriptions, financial records

• **Materials for keeping up to date**: Leader Today, LLLI website

• **Materials for working with Leader Applicants**: Leader Applicant packet, the Leader Handbook, and the Leader Applicant’s Resource Kit (LARK), Leader’s Guide or Leader Applicant’s Handbook.

Organize a bookshelf for LLL books. You don’t need to keep a bulky file of articles and handouts. You can keep many of these materials electronically and print off copies as needed and thus avoid ending up with piles of outdated materials. When documents are updated, you can simply download the latest versions.

Keep a tote bag ready with what you’ll need for meetings, or a home visit if you do them. Your Area/Network/DCE may have standard templates for your Leader’s log and Professional Liaison Questionnaire (for medical or legal questions) available on the Leader section of their website. Alternatively, guidance on what should be included in your summary may be provided.

You can keep a file of meeting ideas in a binder or create an electronic file of ideas you have tried and found successful. You can also keep sets of cards, handouts, and visual aids that you have used. You can organize them into folders by meeting topic.

Your Area/Network/DCE may have a live online directory of Leaders and personnel directories available on its website or accessible through an online Leaders group.

In your Group records keep an inventory of books in your Group Library and a wish list of books you would like to add. Note the dates of editions and keep them as up-to-date as possible. Keep copies of forms you use, Group job descriptions, and some income and expense sheets for the Group Treasury.

You can keep a supply of materials on hand to share with potential Leader Applicants. Make up a plan for a meeting with potential Leader Applicants and keep it on file. Keep a file of records of your work with each Applicant you are working with. Use a checklist to keep track of progress.
and keep track of your correspondence with the Leader Accreditation Department (LAD) Representative who is working with the Leader Applicant. Back up electronic files periodically or email them to yourself on web-based email, so they cannot be permanently lost unless you delete them from your email folders.

Here are some organization tips:

• Don’t put things down, put them away. The sooner you file something, the less likely you are to lose it. A single piece of paper can be dealt with quickly, but a large stack of papers and letters can be daunting.

• Develop a system. Keep a file of items to do and another of things to read. If you are not in the habit of using lists, begin with whatever items are currently in your inbox. It feels good to be organized.

• Use your calendar. Set yourself deadlines of things that need to be done each month. Some Leaders find it helpful to report on meeting statistics and update their Group web page as soon as they get home from a meeting, so that these tasks are not hanging over them indefinitely.

THE GROUP LEADERSHIP

“Lone” Leadership: Working on Your Own

Many Leaders lead LLL Groups alone and enjoy both the challenge and the advantages. Lone leading gives you a chance to develop your own leading style and maintain a consistent meeting atmosphere. You will get to know your Group participants well. Decision-making is simplified. You can work on planning your Series Meetings at any time and you can make decisions on how to use Group funds.

Even if you do not have a co-Leader, you do not have to do all the work yourself. Relying on help from the core group who attend regularly often facilitates their developing a sense of ownership in the Group. It will be among this group that you will find your future co-Leader/s. Look for potential and interest in leadership. Try to schedule regular Evaluation Meetings. They can provide support and encouragement in planning and problem solving. Encourage Group workers to make suggestions about managing the Group and listen to their ideas.

Find ways to streamline your work. Report meeting statistics as soon as possible after the meeting and while you are online, update your Group’s or Area’s web page with information on
the next meeting. If you choose to hold Evaluation Meetings, you could combine them with social activities, such as a potluck meal, a play date, or picnic in the park.

Pay attention to money matters. As the Leader this is your responsibility, although the Group Treasurer can take care of day-to-day treasury business. Plan ahead to be sure you will raise the money needed for your Leader dues and Group Affiliation Fee where applicable, and set aside the money, so it will be available when you need it. Encourage participants to make donations and to become involved in fundraising projects. Talk to a member of the Leader Support Team about your plans before embarking on any fundraising project.

Set yourself realistic goals. If your expectations of yourself are too high, you could end up with a lot of frustration and early burnout. It may take time for the Group to grow. Your primary goal is to provide breastfeeding help and information. Every meeting that you lead and every helping call or email you answer is a positive step towards this goal.

In some respects, there is no such thing as a lone Leader. There are thousands of Leaders all over the world who are all in fact your co-Leaders. Take advantage of Leader forums and online communities. The help and suggestions of another Leader are only a click away. Keep in close contact with your support Leader, ask for help with difficulties, and communicate your needs. Attend Area/Network/DCE meetings, if available and LLL workshops and conferences (See Chapter 5). Visit another Group, if possible, to give you new perspectives.

Shared Leadership: Working Together

Co-Leaders are jointly responsible for managing the Group. The way that you divide responsibilities with co-Leaders may depend on your individual talents and the help that you have from Group members. If there is no member of the Group willing and able to take on the Group Treasury, Group publicity, or the Group Library, co-Leaders can divide up these jobs.

Regular Planning and Evaluation Meetings are helpful and give opportunities for Leader Applicants to learn about the responsibilities they will be taking on. Talk about how you will share tasks such as setting up meetings and cleaning up afterwards. It may make sense for a Leader who is attending without small children to do certain tasks. Leaders are always encouraged to put family first, and if taking care of the needs of a Leader’s children make some tasks difficult, other jobs are likely available that can work better. Having systems in place makes it easy for co-Leaders to step in for each other in the case of unexpected emergencies. We all want to be appreciated for our contribution to the Group, so take the time to let your co-Leaders know how much you appreciate what they do.
Leaders may co-lead a Series Meeting. This can work in a variety of ways. One Leader could lead the introductions, another the body of the meeting and another summarizes and brings the meeting to a close. If the Group is large, it could work to divide into smaller groups for part of the meeting, with each Leader leading a discussion on a different aspect of the meeting topic with a small group. Sometimes a co-Leader can be ready to step in with some ideas if the Group is particularly quiet or if the discussion has gone off topic.

Each Leader has unique interests, talents, energy levels, and family situations. Leaders, participants, and the Group benefit when co-Leaders appreciate these differences and work together to accommodate one another. Getting together periodically for Leaders-only meetings can be a useful aid to communicating concerns and reviewing division of responsibilities.

Co-Leader Communication
As an accredited Leader, you understand and are able to both present and represent LLL philosophy. There are many ways to put the philosophy into practice. Diversity strengthens LLL, making our message and help available to many different parents. This diversity helps you relate to more families because they see that there is no one way to breastfeed, parent, or represent LLL and its philosophy as a Leader.

If you and a co-Leader disagree about something, keeping your common goals in mind can help you resolve conflicts. You can explore options and possible solutions from the basis of your mutual interest as Leaders in supporting breastfeeding.

- Handle any disagreement in a direct manner. Discuss it only with those involved, not with other Leaders or Group members.
- Give the disagreement or conflict immediate attention; postponement can intensify negative feelings.
- Listen carefully and consider other viewpoints.
- Avoid assumptions; inquire for further understanding.
- Use respectful dialogue and avoid accusations. It is helpful to use “I” messages (“I feel… when…” to explain your viewpoint.
- Be open and willing to change your mind if you receive new/different information Look for solutions together that will enable you to satisfy your individual and mutual goals.
- When a conflict is resolved, put it in the past and move on.
If you need help resolving difficulties, you can discuss the situation with your support Leader, who may refer you to the resources and information available through the Communication Skills/Human Relations Enrichment program. (See Chapter 5).

You may or may not be interested in developing friendships with Group workers and other Leaders. Keep in mind that individuals with different lifestyles, values and expectations can work productively together to help breastfeeding families; friendship is not necessary to a respectful, effective working relationship.

**When a Leader Moves to a New Group**

If you move to a new town or city and connect with an existing Group, ready-made systems will be in place for you. LLL leadership is a wonderful way to feel instantly at home in a new community. You may want to settle into your new home and get a feel for the Group before leaping in and taking on too much responsibility too quickly. Get to know your co-Leaders and see how they already share responsibilities. If there are several Groups in the area, you may want to visit all of them before you decide where you can be most useful. All Groups and Leaders have their own style. As a move-in Leader be careful in making suggestions right away. Suggestions that differ from the way things have been done in the Group may appear to challenge the Leaders. Remember that what you have been used to is just different – not better or worse. Choose your words carefully and ask others how they think ideas would fit in with the Group. Be open to ideas that are new to you.

Give the Leader who moves into your community a warm welcome to the Group. Move-in Leaders are usually busy with settling family and may mourn the loss of relationships in their former community, including relationships with previous co-Leaders and Group members. Be understanding of the need for time to adjust. The move-in Leader may appreciate an opportunity to get acquainted with you, the other Leaders, Leader Applicants, and Group coordinators. To provide background and a brief overview, you and Group members might give a brief history of the Group and general information about Group participants; you might talk about how you currently divide responsibilities. Your Chapter might plan an informal “get acquainted” meeting for the new Leader.

**STAGES OF GROUP DEVELOPMENT**

**Starting a New Group**

New Groups may be formed in several ways:
A new Leader starts a new Group when accredited.

A Leader who moves may decide to start a new Group in her new community if it doesn’t have one or if travel to meetings of the previous Group is difficult.

A large Group splits into two Groups or a Leader starts a new Group in a neighboring community.

Look for a location to hold meetings. Some Leaders start by holding meetings in their own homes, while others find a central location in the community. Factors to consider in choosing a location include cost, convenience to potential participants, public transportation, and parking. Also consider safety for evening meetings. Once the Group is established, you may choose to switch to meeting in homes if you have volunteers available to host.

A Leader Applicant who plans to start a new Group will find it helpful to inform the Leader Accreditation Department representative while they are corresponding during the application for leadership. Upon accreditation, the new Leader’s support person in the Leader Department helps with plans for starting and leading a new Group. Your support Leader will welcome you as a Leader and will provide you, from this point on, with help getting started.

Many Areas/Networks/DCEs send “New Group Kits” that include a directory of Groups, Leaders, Area/Network/DCE resource Leaders, and the forms used by Groups in the Area/Network/DCE. New Groups generally receive help from their Area/Network/DCE. The Group will usually have a webpage on their Area’s or national organization’s website.

It is important to consult with your support Leader before deciding on a name for a new Group. In some cases, certain formats are needed for insurance purposes. For mothers seeking a Group, it is helpful if the Group name reflects your geographical location.

Some financial help and other assistance may be given to new Groups. Before buying books for the Group Library, check with the Area/Network/DCE. Many Areas lend or give new Groups a starter library of basic books. An established Group may also be willing to “adopt” a new Group while it is starting out. Check with the Area Coordinator of Leaders. If your Area/Network/DCE collects Group affiliation fees, a new Group may be excused from these fees for the year in which it is formed.

Splitting an Existing Group
There may be times when you have been co-leading a Group that you decide to split the Group. This can happen for a number of reasons. If attendance is particularly high, it may be difficult to meet the needs of everyone attending or noise levels may be high, making it challenging to keep the meeting on track. More than 15 regular participants would be a large
Group. There may also be quite a few Leaders. Splitting the Group would give all Leaders more opportunities to lead meetings and help parents. If a number of participants are travelling from a nearby community to attend meetings, it may be time to split the Group and start a new Group there. If there is a need for meetings at different times in the community and/or if different times are convenient for the Leaders, it can make sense to split the Group to accommodate these needs.

Should you and your co-Leaders decide to split the Group, contact the Leader Support Team and the Area Coordinator of Leaders/Leader Department Director. They will tell you how to proceed to make the split official. Your Leader Support Team can help you make the transition smoothly.

Make sure that you communicate well with your co-Leaders about dividing the Group’s assets, such as the Treasury and the Group Library. Think about how you will cooperate in the future on matters such as publicity, fundraising, or joint events. Talk to Group participants about your plans in advance of the split, so that they are fully informed and you can make sure that everyone will see the split as a positive outcome for all. Meet as co-Leaders to discuss the timetable for the split, the division of Group materials and money, as well as the potential changes to the support network for Group coordinators. Talk about the split with Group members and invite their questions and concerns. Approach the change with the knowledge that a split is a positive event for LLL in the community.

A lone Leader in a Group in which there is consistently high attendance may consider a split because she believes she can meet the needs of the participants more effectively in two smaller Groups. Responsibility for two Groups and two Series Meetings each month is a lot of work. With this workload, it would be especially important to share the management tasks with Group workers, to be on the outlook for potential Leader Applicants, and to keep in contact with your support Leader.

**Group at a Standstill**

When a Group is thriving with consistent or rising attendance at each meeting, Leaders feel they are doing a good job. But suddenly there may be few, if any, new faces at meetings and total attendance drops off. Instead of growing, the Group seems to be standing still.

Every Group has its ups and downs in attendance, no matter how long it has been established. The time of year can play a part. Attendance often decreases during holiday seasons and months of extreme temperatures; pleasant weather may bring an increase. You may attribute...
the lack of new participants or falling attendance to your leadership skills. Although this is possible, it is usually not the case.

Set meeting goals to ensure efficient use of time available. Focus on helping all participants feel welcomed and valued. Encourage participants to talk; ask experienced parents to encourage newcomers to participate. Come well prepared for the topic and make sure that you cover the basics and answer questions. Be sensitive to image and the impressions the Group leaves with a newcomer.

Hold a special Evaluation Meeting. Offer a general invitation to everyone at the Series Meeting. At the Evaluation Meeting, talk about the tone of the meeting and the format. Invite participants to say what makes them feel comfortable, what they need, the kind of discussion they enjoy and learn best with. Invite them to help you develop meeting plans that may be more attractive.

Keep in touch with participants between meetings. Letting Group members know you care might encourage them to return to the next meeting, read a little more, or call with a question. Invite parents who call to come to meetings. Let parents know that their babies are welcome, too. Call or send reminder notes after the meeting.

Try new publicity ideas. Discuss ideas at an Evaluation Meeting. Using social media in creative ways can draw in new participants and encourage others to return.

Consider inviting partners and support people. Inviting partners and support people to attend a complete series might bring a Group out of an attendance slump. Over the course of the series, you can decide whether to develop a Couples Group, organize Group socials or invite partners and support people to attend occasional meetings.

A different time, for example, moving to evening or weekend meeting, and/or change in location may be more suitable for local families.

The traditional LLL Group meets monthly, on a set day of the month (e.g. the first Monday of the month). Some Groups choose to meet more frequently – typically twice a month, or occasionally weekly in a cafe meeting. Meeting weekly or bi-weekly often helps attract mothers who may be at home for relatively short maternity leaves. It may encourage them to keep coming because they find that the LLL meeting is a comfortable regular activity with their babies and new LLL friends. Virtual Group meetings (see below) are another option.
Continue to do the best job possible. Maintain a regular meeting schedule. Meeting on a regular basis is vital to parents finding LLL. If there are no new participants, take advantage of the opportunity to discuss subjects in depth.

Virtual Group Meetings
A virtual meeting can be a good option for LLL Leaders who live in remote areas, for parents who find it difficult to leave their homes, or for participants who live in a foreign country and don’t yet speak the local language. Holding virtual meetings may be an alternative to disbanding the Group. It can also work for any Group that wants to add an additional meeting, but struggles with logistics. Leader Today has some great articles about running virtual meetings (LLLI ID and password required):
https://www.llli.org/online-meetings-with-video-conferencing/
https://www.llli.org/an-online-lll-meeting-via-facebook/

Facebook Group Meetings
Some LLL Groups use closed Facebook groups to hold virtual meetings. Publicize on your regular Facebook page or group that the virtual meeting will take place in the closed group at a specific date and time. From there, the meeting discussion can take place like it would at an in-person meeting. Typically multiple threads will go on, each with a different discussion topic, as with an interactive Facebook group. The difference is that everyone plans to be online at the same time, so there is more interaction. It helps to have more than one Leader as well as some dependable regular attendees and/or Leader Applicants to help communication and reliable information flowing. Some Leaders turn posting to administrators only during non-meeting times. Interested participants can still go take a look at past threads, but they cannot post or reply after the meeting is over.

Skype Group Meetings
A Leader who actively leads Spanish speaking meetings while living in France, uses Skype audio. Sound quality is generally excellent as long as nobody turns on the video.

She recommends:
- Publicity: creating an event on Facebook to advertise the meeting and to find out in advance exactly how many people will attend. Although Skype will allow up to 25 participants, limiting the number to 10 mothers enables better participation.
- Skype allows multiple accounts: consider creating a separate Skype account for your LLL meetings.
• Participants also need a Skype account. Instruct each participant to add you as a contact so that you can add them to the Group call.

• Send an email reminder the day before the meeting.

• Sign-in 15 minutes before the meeting time to verify that everything works (connection, sound etc…), Ask participants to do the same. Sometimes those 15 minutes are the moment to have a cup of tea or coffee and greet one another while waiting for the meeting to start.

• Prepare: List of those who have signed up for the meeting, notepad, pen, bottle of water, *The Womanly Art of Breastfeeding*, links on your computer’s desktop. (Images, articles, etc) so you will be able to send them through the Skype chat.

• When the meeting starts: Call attendance and check their names on the participant list. Confirm that everyone can hear you and you them.

• As in a face-to-face meeting start by introducing LLL.

• Ask participants to introduce themselves briefly and say the question/s that they would like to ask. Write down questions in your notepad so that you can group questions per subject.

• Start answering questions. You may group pregnancy questions, newborn questions, etc, so that there is a sequence. Or perhaps, depending on the group, the other way around (from weaning to pregnancy).

• Once all questions have been discussed/answered, ask once again if there are additional questions before concluding the meeting, and if so, respond.

• Remind how to contact you or other Leaders in between meetings (email, cell phone, etc.) If you use WhatsApp and Facebook PM, you can also suggest that.

• After the meeting, consider sending participants a short summary of the topics discussed, links to articles to read more about them, a reminder to buy memberships so LLL can continue supporting them, and the date of the next meeting.

**Disbanding a Group**

Disbanding a Group is a difficult decision. Groups may disband when a lone Leader moves, takes a Leave of Absence (for six months or more) or retires. Sometimes, a lone Leader is no longer willing or able to continue handling the Group on her own, there is no Leader Applicant, and Group members are unwilling or unable to accept responsibility for the Group jobs.

Before disbanding, consider potential alternatives. If even a few participants are attending meetings, there is a need for LLL and LLL information in that community.
• Is there a potential Leader Applicant in the Group? Perhaps holding an Evaluation Meeting and frankly discussing the Group’s situation will bring forth someone willing to continue the Group. Would you be willing to continue a few more months with additional help from a potential Leader?

• Is another Leader available who might be willing to lead the Group for a few months, possibly until an Applicant is accredited. Because of the work involved in keeping two separate Groups going, it is wise to plan carefully and clarify at the outset so everyone knows exactly how many months will be involved and what each person needs to plan to do following this deadline.

• Have you exhausted all means of and places for publicity? Consider some new ideas or approaches.

• Could the Group merge with another nearby Group? Some participants, accustomed to travelling long distances, may be willing to attend Group meetings farther away. If necessary, the merged Group might need to reconsider meeting times and places to meet the needs of those who travel from afar.

• If you are moving, and there is no nearby Leader available, consider running a virtual group. A few Groups operate regularly via Skype or Facebook.

If an LLL Group has no alternative but to disband:

• Notify your support Leader.
• Decide on a closing date for the Group.
• Pay all unpaid bills.
• Announce the Group’s closing throughout the last Series of meetings, so that participants can plan to attend another Group, form a non-LLL breastfeeding support group, etc. Encourage parents to continue as members of LLL.
• Remove posters and meeting notices from places in the community. Thank people for their support and let them know that the Group could form again when an accredited Leader is available.
• Arrange for Group information to be removed from your Area/Network/DCE website, and other websites such as those of community resource centers that may have been publicizing the Group’s meetings.
• Turn over the Group Library and all Group supplies to your support Leader or the Area Coordinator of Leaders. Books and supplies purchased with LLL funds belong to LLL, not the Leader.
• Make sure Treasury records are up-to-date and turn over all money to the Area Coordinator of Leaders, Area Treasurer or Finance Director. Close all bank accounts and complete a financial report for the year-to-date.

Groups may wish to include a “diversity statement” to make it clear that participation is open to parents of any religion, ethnicity, work status, race, sexual orientation, etc. The LLLI inclusivity statement is “La Leche League International is committed to serving everyone inclusive of race, ethnicity, religion, sex, national origin, ancestry, age, marital status, physical or mental ability, socio-economic status, political views, gender identity, sexual orientation, family structure, or other protected status.”

In some countries, all Group information is published on an Area website and it is not common for Groups to maintain individual websites.

Other Areas are experimenting with applications such as “Zoom”. Additional applications may be available at no or low cost.
Chapter 4 - Using LLL Resources

Printed, digital and human resources support the Leader’s work. When you need to know more, if you encounter a challenging question or a situation that is beyond your experience, or if you need encouragement in your work as a Leader, you can turn to LLL’s resources. These include publications, networks of support and resource Leaders, meetings, workshops, conferences, and other continuing education opportunities.

In this chapter you will find tips about the following. You can scroll or read through the chapter, or click on the links to ‘jump’ straight to a section:

- **LLL Print Publications**
- **LLL Internet Resources**
- **LLL Areas/Affiliates Support**
- **Professional Liaison Department**
- **Using Non-LLL Sources**
- **Valuing LLL As Source of Mother-To-Mother Information**
- **Helping with Legal Questions**
- **Keeping Up to Date**
- **Communication Skills Sessions**
- **LLL Archives**
- **Additional Opportunities**

**LLL PRINT PUBLICATIONS**

LLL publications are a primary source of information for Leaders. While your personal breastfeeding experiences provide insight and understanding, LLL publications support your experiences with background information, research findings, and the accumulated knowledge from more than 60 years of our organization’s existence. LLL publications can help you keep up-to-date, prepare for and lead Series Meetings, work with Leader Applicants, and support all who call with breastfeeding concerns.

**The Womanly Art of Breastfeeding**

*The Womanly Art of Breastfeeding* is LLL’s classic guide to breastfeeding. It provides breastfeeding facts and management techniques, along with encouragement for the...
breastfeeding relationship. You need to have the most recent edition available in an accessible language so you can refer to it often. Links to where to buy *The Womanly Art of Breastfeeding* in a number of languages can be found on the LLLI website here.

If you let someone know that information or a suggestion was found in *The Womanly Art of Breastfeeding*, it’s an easy transition to suggesting they might want to own a copy. When you refer to *The Womanly Art of Breastfeeding* during Series Meeting discussions, parents see that this reference is one they can turn to again and again.

For Groups that maintain a Group library, *The Womanly Art of Breastfeeding* is the most important book. Although *The Womanly Art of Breastfeeding* is widely available from online vendors and bookstores, when purchased through an LLL Group it comes “packaged” with LLL warmth and support. When feasible, you may want to offer a discount to members or donors.

LLLI also publishes the following books in English:

*Sweet Sleep*
*Feed Yourself, Feed Your Family*

**LLL INTERNET RESOURCES**

Because the LLLI website is updated frequently with the latest information, you can rely on it as your first choice for breastfeeding information on the Internet. Review any non-LLL Internet resources on breastfeeding with the same “critical reading” standards you use for printed material. (See Using Non-LLL Sources in this chapter, and Finding Material to Post in Chap. 2.)

**The LLLI Website**

The LLLI website at [http://www.llli.org](http://www.llli.org) offers a variety of information for Leaders. The Leader Area is password-protected and includes:

- **Leader Today**
- Past issues of *LLL News* (LLLI’s bi-weekly newsletter to Leaders)
- Information about the Board of Directors, Board meeting minutes and Treasurer’s Reports
- Information about the Global Leaders’ Committee (GLC) and reports from their meetings
- The LLLI Bylaws and complete text of the *LLL Policies and Standing Rules* (PSR) Notebook
- Brand and Style Guidelines
- Many Leader Accreditation Department (LAD) documents, including materials that are part of the Application Packet
LLL Leader Journals
LLL Leader journals include Leader Today (published online in English by LLLI, with translations of many articles into languages other than English). Leader publications are also produced by Area Networks/ DCEs, and Areas. (See Materials in Languages Other Than English, in this chapter). Their purpose is to help you keep up-to-date on current breastfeeding and LLL information and inspire you in performing basic Leader responsibilities.

Articles and columns focus on the basic responsibilities of LLL leadership, breastfeeding research, publications, fundraising, and activities of Groups and Leaders in all parts of the Area, DCE or world.

LLL Publications Oriented to the Public
LLL publishes a publicly accessible online blog, Breastfeeding Today. The Breastfeeding Info A-Z page found under Resources on the LLLI website also provides basic information to the public. Some entities also make blog posts and journals accessible to the public. Publications provide parents and Leaders with information and inspiration through articles, stories, poems, and photos. Features are often written with the first-time mother or family in mind and may support the experience of an LLL Series Meeting.

You can use LLL journals written for the public when providing one-to-one support and at Series Meetings. One individual’s story may offer information and encouragement to another facing a similar challenge. Narrative stories often contain inspirational passages suitable for opening or closing comments at Series Meetings. Informative features can help open the discussion topic or add supporting material. For example, a nutrition-focused blog post in Breastfeeding Today may provide part of the focus for Meeting 4. Question-and-answer columns may offer an interesting starting point for discussion at Evaluation or Enrichment Meetings. Book reviews may help you select books for the Group Library. Highlighting books and other publications at meetings can encourage memberships and/or donations.
**Materials in Languages Other than English**

Through the efforts of volunteers around the world, LLL breastfeeding information is available in more than 20 languages. Translations of LLLI publications, along with online resources and original pamphlets in various languages are produced by many entities.

The LLLI website contains resources in languages other than English: select from the drop down ‘Find Your Language’ menu. The LLLI website also hosts links to entity websites where people can find resources in the languages they need.

**Other Online Resources for Leaders**

Many Areas, Area Networks, and Direct Connect Entities have websites with resources for Leaders. LLLI’s website has links to other LLL websites, or you can contact your support Leader to find out if an entity has a website and how to access it.

Many entities and LLL departments maintain email lists as a means to exchange ideas and information. Documents are typically distributed this way, which saves postage and printing costs while still allowing documents to be distributed via postal mail to Leaders without email access.

Some entities also use Facebook groups for discussion and sharing of resources. Leaders who participate in email and Facebook discussion groups enjoy opportunities to share ideas and encouragement and to create Leader-to-Leader connections. For more information about joining a discussion group, contact the list/group owner or a Leader who participates there. If you are interested in creating your own discussion group with other Leaders, please set it up as a “private” and “hidden” email list or a “secret” Facebook group so it can’t be found by anyone typing “La Leche League” into a search engine and consider requiring admin approval for those joining the group so that you can feel confident that only LLL Leaders are viewing and participating in discussions.

**LLL AREAS/AFFILIATES SUPPORT**

Through your connections to your Area/Affiliate, you are accountable to your fellow Leaders and will have access to support and resource Leaders. An Area serves as the link between Leaders and the Area Network and/or Direct Connect Entity (DCE). An Affiliate functions in much the same way as an Area but is also a DCE; hence, as well as providing support services for Leaders, it is the direct connection to LLLI. LLL Areas/Affiliates may be geographical units, consisting of a region of a country, a single country or several countries, or may be non-
geographical units, bound by common interests. The Area/Affiliate organization and the manner in which support is provided varies. You can ask your entity Council for more information.

Some Areas/Affiliates have an Area/Affiliate Council that handles the business of the Area/Affiliate, including setting goals, planning for Area/Affiliate and Leader needs, and providing support and resources to Leaders. They maintain support departments in some or all of the following:

- Leader responsibilities and skills
- Leader accreditation (in the context of the global Leader Accreditation Department)
- Conferences and workshops
- Communication skills
- Publications
- Finances
- Professional Liaison (Medical and legal issues)

Resource and support Leaders in the various departments have developed knowledge, experience, and skills in specific areas. Their responsibilities may vary according to the Area/Affiliate and the needs of Leaders and Groups. Some positions may not exist in your Area/Affiliate, or the positions may have different names. In some Areas/Affiliates, support is provided more informally and/or through the Network or Direct Connect Entity to which the Area belongs. Your support Leader can provide specific information about the administrative structure and support and resource personnel for your Area/Affiliate.

**PROFESSIONAL LIAISON DEPARTMENT**

The Professional Liaison (PL) Department provides support and accurate, up-to-date breastfeeding information to Leaders helping parents in medical or other complex or unusual situations, and to some extent, legal situations. Like all LLL Leaders, Professional Liaison Leaders do not give medical or legal advice. Department members serve as a resource for Leaders with challenging breastfeeding questions and assist Leaders with communicating and working with healthcare providers. PL Leaders may have access to professional journals publishing current breastfeeding research. They may have outlines for presentations to medical professionals and may be available to speak to medical professional audiences themselves. They help Leaders keep up-to-date on current breastfeeding information through articles in entity publications, correspondence, and conference/workshop sessions.
Contacting the Professional Liaison (PL) Leader
When faced with an unfamiliar situation or problem, look for information in the LLL-published materials noted above. If you have difficulty finding the information you need to answer an enquiry, you may want to contact a PL Leader. You can then pass the information from the PL Leader back to the person who asked the question, rather than asking them to contact the PL Leader. In this way, you build a relationship with the person who asked for help. You also build a stronger knowledge base and will be ready the next time someone asks a similar question.

PL Leaders often have a wider range of published materials at their disposal than most Leaders. They can draw from the experience and knowledge of other PL Leaders. As they are contacted frequently about unusual situations, they tend to have up-to-date information available on a variety of subjects. They are familiar with medical resources and may have access to medical references on breastfeeding.

Completing a Medical Questionnaire
Before contacting a PL Leader, fill out the Medical Questionnaire form provided by your entity. This form is a learning tool for Leaders as well as an aid to the PL Leader. It may be helpful to keep several blank Medical Questionnaire forms with your Leader Logs.

The Medical Questionnaire is designed to help you define the problem and request appropriate information from the mother. Sometimes just filling out the form can help you answer a mother’s question on your own. If you are still unsure, the completed Medical Questionnaire provides the PL Leader with the information needed to research the problem. When filling out the form, use descriptive terms that are as specific as possible. Too much information is better than too little. You can email the completed Medical Questionnaire or read it to the PL Leader over the telephone – check how your local entity’s PL Department prefers to receive enquiries.

USING NON-LLL SOURCES
Most situations and questions Leaders encounter can be answered using LLL resources. *The Womanly Art of Breastfeeding* and LLL online resources contain a wealth of information that addresses most of the questions Leaders get about breastfeeding. Not only are LLL resources extensive, credible, reliable and consistent, but they also present information and suggestions in ways that let mothers or families decide for themselves what is best for their situation.

Leaders sometimes turn to non-LLL sources to find information in unusual situations. The volume of breastfeeding literature has increased dramatically in recent years. However, before
using non-LLL sources, whether printed or from the Internet, you’ll need to read them critically and carefully, evaluating them in light of LLL recommendations. If you find information in a non-LLL source that might be pertinent to someone you are helping, first determine whether that information conflicts with what you have read in LLL publications and philosophy. If there is no conflict, you may offer the new information, providing the source so the mother can refer to it directly, sharing with relevant healthcare professionals as needed.

If there is a conflict between the information you’ve found in another source and the usual LLL recommendations or LLL philosophy, consult a more experienced Leader or a Professional Liaison Leader before offering it to a mother. LLL recommendations have come about as the result of many years of experience on the part of mothers, families, researchers, and healthcare providers, and they align with LLL philosophy.

You may offer information from various viewpoints, especially when sources disagree. It is always up to the mother or family in consultation with their healthcare providers to make their own decision about the course of action to take.

**Critical Reading**

Critical reading is an important skill in understanding, interpreting, and evaluating written material. Not all scientific articles, for example, present relevant and logical conclusions. Being able to recognize the signs of a well-done study – as well as the red flags for a poorly done one – will help you determine which studies might be helpful to share in a breastfeeding helping situation.

When evaluating a source of information, consider the following:

- **Source**: When a new study comes out, the headlines that announce it in print and online media are often misleading. They may be designed more for increased readership than for accuracy. Whenever possible, rather than reading a news report about a study, try to locate the study and read it for yourself.

- **Format of the article**: Original research published in peer-reviewed scholarly journals is considered the “gold standard” for publication. Research articles are reviewed and evaluated by other researchers familiar with the field.

- **Date of publication**: Articles and information that go back more than five years are likely to be dated. Look for more recent information if available. There are sometimes older studies and resources that can still provide relevant information.
• **Purpose of the article**: Is the article announcing new research? Or is it reporting on someone else's research? Is it trying to sell a product? Is it intended for the general public or for academia?

• **Author's background**: Look for information about the writer’s or researcher’s background and credentials. If individual authors aren’t listed, look for information on the publisher.

• **Sources cited**: Where did the writer get the information to write the article? Original sources are much more reliable than articles written about the original source.

• **Funding sources**: Who paid for the research? In breastfeeding literature, research funded by formula or complementary food companies is likely to be slanted in favor of the funder. While it is certainly possible for one of these companies to publish an unbiased report, it should be read with caution. See also Chapter 6 – The International Code of Marketing of Breastmilk Substitutes.

• **Methods section**: This section of a research article contains important clues to the usefulness of the study:

  • **Breastfeeding definition**: Does the article distinguish between exclusive and “any” breastfeeding? What other options are spelled out? Artificial milk usage, vitamins or other supplements, complementary foods, etc.

  • **Sample size**: How many people were involved in the study? A research study on 10 people will not likely provide the credibility that a study done on 10,000 will.

  • **Control group**: The best research is done with at least two groups: the experimental group and the control group. The theory being tested is performed on the experimental group, but not on the control group, and the participants are randomly assigned to the two groups. While this research set-up is optimal, it is not always possible for breastfeeding research. Researchers can’t randomly tell one group to breastfeed and the other not! Often it is possible to match people with similar circumstances into two groups and come up with valid conclusions.

  • **Conditions being tested**: How close to “real life” are the conditions being studied? Are mothers being asked to breastfeed in ways that are far-removed from how they would do so naturally or at home?

  • **Significance**: A study that shows “statistical significance” is one that demonstrates a real difference between the two groups.
• **Conclusions:** Do the conclusions follow the arguments and data presented? Does the article suggest further research needed? Does it state a conclusion in absolute terms: “you should do this…”? LLL Leaders routinely say, “many mothers/parents have found…” as a way of providing information that might be helpful, but still allow individuals to decide whether that information works for their situation. A well-written research study will provide sound, strong arguments for its conclusion, but will leave open the need for further investigation under different circumstances.

If you need help to identify studies relevant for a particular breastfeeding situation or to understand a research study, your entity’s Professional Liaison Leader or another experienced Leader may be able to help.

**Websites**

Leaders also need to read and evaluate information from websites, email lists and social media with a critical eye: Who is the author? What are his or her credentials? Who sponsors the website or social media site? Is the information backed by properly cited research studies?

If a website quotes another trusted website, it is best to go to the original website to read the information. The original author may post updates that don’t necessarily make it into those secondary websites. Although university and major medical center websites often offer excellent medical information, inaccurate and/or obsolete material can be found on even the most respected sites.

See Leader Handbook Appendix 3, Online Resources for suggestions of external resources you may wish to use.

**Email Lists and Facebook Groups**

The exchange of thoughts and ideas on an email list or Facebook group is usually informal, and the communication is written. Messages posted to an email list or social media group are neither peer-reviewed nor edited. You may need to regard such text with caution, even if the writer is a recognized authority on the topic under discussion. Be careful when sharing non-referenced, anecdotal, or personal observations and/or opinions posted on these lists, and request permission from the original writer before sharing such messages with others not on the list or group. If you identify yourself as a Leader when posting on any social media platform, please observe the Social Media Policy for LLL Leaders.
VALUING LLL AS SOURCE OF MOTHER-TO-MOTHER INFORMATION

La Leche League’s mission statement says that we offer mother-to-mother support. Most Leaders are not medically trained. The focus of our work is supporting the nursing parent in various situations. All Leaders have nursed their children, which gives them a unique perspective. As Leaders we share information on breastfeeding-related topics. This means we share (ideally) a variety of possible answers to a certain question and do not present a single diagnosis. From the possibilities we offer, others can take what is needed for their current situation and leave the rest. Very much like a supermarket: you buy what you need, what you like and what works for your family. All the rest stays on the shelves, but may be of interest for someone else.

When you convey warmth, sensitivity and respect in communicating with an individual in a helping situation, that individual is more likely to be forthcoming about the issues and concerns they have. They may also be more open to information and alternative suggestions you have to share. Keep in mind that individual experiences and backgrounds vary greatly and may be very different than your own. Childbirth, breastfeeding, and child-rearing customs and challenges may be shaped by cultural background, economic situation, parental age, family status and gender identity (among other characteristics). Don’t assume, and don’t question an individual’s decisions. Listen for their cues. For example, tactfully asking questions about support networks avoids the assumption that someone has a partner. Refer to an individual and their support network in the terms they use themselves. When recommending special breastfeeding equipment or any other purchase, it is important to remember possible income differences and give several options with different costs, such as renting instead of buying a pump or using hand expression.

During a meeting, attendees may share their personal experiences. Leaders help ensure everyone is heard by moderating and putting individual experiences in context. Leaders don’t share their personal experiences, unless they contribute information or ideas that would otherwise be unsaid. In such cases, phrases such as “I knew someone who had a similar experience” can help avoid direct sharing and prevent the Leader from appearing to be “the authority” or “the ideal model” for managing a situation.

Difference between giving advice and sharing information

As Leaders, we do not want to impose solutions on others but rather to present several possible solutions. Offering several ideas allows a parent to choose the best solution for their individual situation. Be aware that you may not always get the whole picture. A family’s situation
may be very complex, or a parent may feel uncomfortable about sharing something personal with the entire group. As a result, important factors may be omitted or even concealed. Building rapport and asking open-ended questions can help you gain a greater understanding of the situation and any underlying issues.

You’ll want to avoid overwhelming an individual with too much information, too quickly. Later, you may support the points discussed by providing links to relevant published and online resources. This can help others learn more details and allow them to absorb information more easily.

Of course, it is essential to suggest contacting a medical professional (a doctor or an International Board Certified Lactation Consultant/IBCLC) if there is a serious problem or when medical treatment may be necessary (e.g., thrush, tongue- or lip-tie). Check what pathways for referral are in your entity.

**Giving mother information to share with her doctor**

Doctors and other healthcare providers are often focused on the things that can go wrong with breastfeeding. As a result, they may have less information to share about breastfeeding management or a lactation-related problem than Leaders have to offer. Breastfeeding families may represent a small fraction of their patients. In many countries, doctors receive little specific breastfeeding training. We can assist parents and healthcare providers with the normal course of breastfeeding. For example, we can provide scientific information on the compatibility of a medication and breastfeeding. We can give the mother resources for her doctor to use, such as the US-based Infant Risk Center or the UK-based Drugs in Breastmilk service. If in doubt, a mother may opt for a second opinion or ask her healthcare provider to consult a colleague. One of our LLLI resources has links to services parents can use to look up medications themselves: Medications- A Quick Guide for Parents.

We can also support parents with talking points when discussing breastfeeding-related topics. Encourage a mother to talk to her healthcare professional about how she feels. She could mention that breastfeeding or continuing to breastfeed is important to her (and her child). Stress the importance of being open with the healthcare provider about any plans to adapt the advice received. If the healthcare professional consistently does not support the family’s choices, suggesting the option of finding an alternative provider might be appropriate.
HELPING WITH LEGAL QUESTIONS

Handling medical questions can be challenging for Leaders since such questions are often well beyond the scope and knowledge of an LLL Leader. Handling legal questions presents even more challenges:

- Unlike medical questions, Leaders have very few resources available for legal questions
- Laws vary considerably from entity to entity and from country to country
- Sometimes the answers to the questions have different interpretations within the law
- Decisions on legal issues may be settled by judges or other officials who are not necessarily knowledgeable about breastfeeding relationships

There is no requirement for contacting a Professional Liaison Leader in order to answer a legal question. However, you must be confident that the sources you are sharing are accurate and legal in your region/entity. It is important to be very careful not to interpret the law. Leaders should never give any legal advice. It is highly recommended that you share any information you have given with the Professional Liaison Department so they are aware of what is occurring in your entity. This is important for risk management purposes of the organization. If you have any doubts about your information or suggestions, it is helpful to call the Area Professional Liaison Leader/ Professional Liaison Director to brainstorm ideas and phrasing for the answer.

The Professional Liaison Department does not have the legal knowledge to handle legal questions. There is no list of “LLL-approved” lawyers. Following the mission of LLL, and within the Leaders’ scope of practice, Leaders inform and educate mothers and professionals with information on the importance of breastfeeding and on managing breastfeeding issues that may arise related to the legal situation. Of course, Leaders are also excellent at providing mother-to-mother support in difficult situations.

It is important to explain LLL limitations in providing support for legal issues affecting breastfeeding in order to guide expectations for the kind of help LLL Leaders can give. Many times, people understand those limitations and are appreciative of whatever help Leaders can offer. Others become very angry and think LLL Leaders should be able to be all things to all people. Many times, the job of the Professional Liaison Department is to help Leaders understand the limits on what Leaders can do for people in these situations. Sometimes
Leaders just need to hear that they have done all they can and the best they can now offer is support. This may be especially true in custody situations, such as when a baby may be going back and forth between parents who no longer live together.

**KEEPING UP TO DATE**

**Continuing Education Events for Leaders**

Getting together with other Leaders at meetings, in workshops, at conferences, and on the Internet can strengthen your knowledge and skills. Leaders inspire other Leaders with Series Meeting ideas, one-to-one helping techniques, fundraising projects, and tips for balancing LLL with family. This is one of LLL’s greatest strengths – our worldwide network of Leaders who continually share and learn from each other, enhancing the solid base of information and experience available to breastfeeding mothers. Even the newest Leaders have a unique set of breastfeeding experiences to share with others.

Another area of learning and reinforcement takes place when Leaders get together: support and encouragement for the kind of mothering and parenting we want to give our children. Many Leaders find that they share a common bond in their parenting beliefs and goals. Even though this kind of interaction often takes place on an informal basis, there are many opportunities in La Leche League that offer Leader enrichment, education, and skill enhancement.

**Chapter Meetings**

An LLL Chapter is formed by Leaders, usually from several Groups near each other. The Leaders may choose to meet regularly to discuss topics of mutual interest. Applicants may be included. Chapters may or may not follow District or other regional boundaries. Isolated Leaders may choose to meet on the Internet, getting together in person with other Leaders only as time and finances permit.

Usually one Leader, sometimes two or more together, agrees to coordinate the Chapter for a period of time. That Leader, often called a Chapter Leader, will make arrangements for:

- meeting day, time, and location
- notifying others when and where the meeting will take place
- refreshments, if any
- the topic to be discussed during the meeting
- someone to present the topic or lead the meeting
The Chapter Leader also reports to the Groups’ support Leader(s) on the Chapter’s activities. Some Chapters decide on discussion topics meeting by meeting; others develop a yearly schedule of topics. Many Chapters set aside time for announcements of Group activities. Some Chapters use part of the meeting to discuss challenging helping situations.

Chapters help Groups and Leaders to help each other. They can enrich Applicants’ preparation for leadership. The networking is invaluable. Groups often collaborate on community activities and/or fundraisers. Groups may save money by ordering books or other items as a Chapter and taking advantage of quantity discounts.

LLL Workshops
A District Workshop is organized by (or with the assistance of) the support Leader for the Groups in the District. Not all Areas have Districts, so Leaders may substitute the word that seems to fit. Sometimes Leaders and Leader Applicants in several Districts get together, or an entity might hold a larger workshop or Leader Day. Depending on travel distance, workshops might be held once or twice a year. A small registration fee may be charged to cover the cost of materials and other expenses. Registration fees and travel expenses may be paid out of Group funds when the Group has the money. Check with your support Leader about entity guidelines for using Group funds to pay registration fees or travel expenses for Leader Applicants.

Several topics are usually planned to meet the needs of the Leaders and Leader Applicants who attend. The topics may be presented by Area/Area Network/Affiliate resource and support Leaders or local Leaders. Topics covered at workshops relate to the Leader role. For instance, they might include:

- current information on breastfeeding research and management
- counseling and communication skills
- organization tips
- working with healthcare providers
- Series Meeting ideas
- helping others prepare for leadership

Area/Area Network/Affiliate personnel may use the opportunity to bring Leaders up-to-date on entity plans, procedures, and guidelines. Get-acquainted and personal enrichment topics are often included as well. LLL workshops are a wonderful opportunity to network with neighboring...
Leaders as well as LLL resource and support Leaders. Both Leaders and Leader Applicants find the experience energizing.

LLL Conferences
For many Leaders, attending an Area, Affiliate or Regional LLL conference is a highlight of their years of involvement. There are many opportunities to learn from speakers and informal chats with other Leaders. In-person conferences offer the opportunity to spend time in a totally supportive atmosphere, where breastfeeding and gentle parenting are the norm, reinforces what Leaders believe. Online conferences bring additional opportunities for Leaders and members without the need for travel. They can bring large numbers of people together in the comfort of their own homes.

Conferences are typically one- or two-day events providing information on breastfeeding and parenting in a uniquely supportive environment. Leaders, parents, health care providers, and other specialists may lead a variety of sessions throughout the conference. An Area/Affiliate Conference may be open to all who are interested in learning about breastfeeding and related topics.

There may be sessions scheduled specifically for Leaders and Leader Applicants as well as sessions on many aspects of parenting.

Some conferences cover an extensive selection of topics. Many combine support for Leaders with opportunities to network with healthcare providers. Many also offer a wide variety of special LLL guests and professional speakers and provide continuing education credits for healthcare providers. Entities usually schedule conferences on a regular basis, once a year or every other year. A central location may be chosen for all conferences, or the site may vary from year to year. Upcoming conferences are listed in Leader and member publications. Your Group or District support Leader or an Area/Affiliate Council member can provide information about upcoming conferences in your entity or neighboring ones.

Other Continuing Education Opportunities
Many organizations offer opportunities for additional learning. For example, LLLI offers webinars on a variety of topics of interest to Leaders, including breastfeeding after loss, breastfeeding after sexual trauma, and the International Code of Marketing of Breastmilk Substitutes. Find more information in the Webinar Library on the LLLI website. Other organizations that offer webinars accessible in many countries include ILCA, Gold Lactation and i-Lactation. There may be others in your region, you can find information about these online
and through your entity support Leader. By following other organizations on social media you may receive information about upcoming webinars so you can register. While not all are free, many are.

**COMMUNICATION SKILLS SESSIONS**

Communication Skills (CS) are programs designed to help participants develop and enhance their skills in talking with others in an empathetic and supportive way. Specific skills discussed may include identifying feelings, empathetic listening skills, asking effective questions, presenting information, setting limits, and problem solving. Trained Communication Skills Instructors or facilitators offer a variety of workshops for Leaders, Leader Applicants, Group members, and others who are interested. CS sessions may be offered as stand-alone sessions or in conjunction with LLL workshops and conferences.

Many Areas and Affiliates offer additional Communication Skills sessions such as:

- Interactive Group Leading
- Conflict Resolution
- Assertion Powers
- Communicating with Children

The Communication Skills program has been developed over the years by experienced LLL Leaders. The program is based on approaches found in books such as, People Skills (Robert Bolton), Getting to Yes (Roger Fisher, William L. Ury, and Bruce Patton), Please Understand Me (David Keirsey and Marilyn Bates), and Difficult Conversations (Douglas Stone, Bruce Patton, and Sheila Heen).

To find out more about communication skills sessions and workshops offered in your entity, contact your support Leader or a member of your Communication Skills Department.

**LLL I ARCHIVES**

The LLLI Archives is an active collection of LLLI materials including publications, meeting minutes, correspondence, conference files, reports, some photographs, audiovisual materials, and memorabilia. Publications are available in many languages.

The LLLI Archives are stored in the Special Collections and Archives Department at the John T. Richardson Library, DePaul University, Chicago, Illinois USA. As of 2019 the Le Leche League
International collection measures 104 linear feet (204 boxes) and includes documentation about the organization’s foundation, mission, and expansion since it was started in 1956. To see a description and inventory of the collection, please consult the ‘finding aid’ available on the DePaul University website: https://libguides.depaul.edu/ld.php?content_id=10135906.

Please direct general questions about using the collection to any DePaul staff member by a telephone call to 001-773-325-7864 or by asking a question using the online form: https://libguides.depaul.edu/askspca

Limited reference assistance is available; more lengthy research requests will require a visit to DePaul’s Special Collections and Archives or arrangements for an independent contract researcher. Special Collections and Archives is open Monday to Friday, 9 a.m. to 5 p.m. Central Time (USA). The schedule may change based on DePaul University’s academic calendar; traveling researchers are encouraged to make arrangements in advance and confirm the open hours for the dates of the anticipated visit. Potential visitors can review the location information and policies, and plan visits by using the DePaul University website.

Adding to the Archives Collection
Additional materials will be considered for inclusion if they do not duplicate materials already in the collection and if they document key initiatives, decisions, and achievements. When considering a donation to the LLLI Archives be sure to review what is already in the Archives so as not to send duplicates. In deciding what to save for (and eventually send to) the Special Collections and LLLI Archives at DePaul University, materials that provide a summary or bird’s eye view of a program, region, or time frame are generally preferred, though more extensive materials related to an individual project may be warranted based on their impact to LLLI’s mission. As additional LLLI materials are donated and reviewed by Special Collections and Archives staff, they are either integrated into the collection or will be added in a new section at the end of the collection.

In general, one copy of each item is sufficient although LLLI has sent two copies of most books published by LLLI. All materials sent must be free of water exposure or pests. Digital files may also be transferred, but should not duplicate paper records. Please keep in mind that the collection is open for research use by a global community of students, scholars and interested individuals, and that no confidential information should be placed in the archival collection.

If you have questions about the LLLI Archives, or possible donations to the LLLI Archives Collection, please contact:
History of the LLLI Archives
La Leche League International first donated their archival records to DePaul University Library Special Collections and Archives in Chicago, Illinois USA in the early 2000s. DePaul’s Special Collections and Archives is committed to collecting, preserving, and making accessible archival collections that document contemporary social issues. La Leche League’s advocacy for and support of breastfeeding families, as well as the organizational structure that was created for communication and education, are significant achievements; and the early archival records document a period of change for women, men, families, the medical profession, and public policy in the United States. By the 1990s LLLI’s network of international entities marked La Leche League’s global impact on the lives of mothers, fathers, and children.

Local LLL Leader Liaisons to the DePaul University LLLI Archives
- Mary Lofton, Riverside, Illinois USA; phone: 001-708-557-0642; or email rmlofton@sbcglobal.net
- Katy Lebbing, Villa Park, Illinois USA; phone: 001-630-207-9995; or email katylebbing@gmail.com

ADDITIONAL OPPORTUNITIES
Many Leaders enjoy attending healthcare provider conferences and workshops, including LLL entity-sponsored events. Others take college or university classes to explore new interests or complete a degree. Colleges and adult or business education organizations may offer courses and training workshops in areas you might find useful in various aspects of your leadership. These courses might include grant writing, fundraising, nonprofit issues, writing, editing, website design, computer skills, and other areas of interest to LLL Leaders and LLL administrators.
Chapter 5 - Helping Others Become Leaders

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Introduction

Leaders have a tremendous influence in shaping the future of La Leche League. In most cases, someone who applies for accreditation as an LLL Leader does so with the help and encouragement of their local Group Leader(s).

Many mothers learn about breastfeeding and parenting by observing and interacting with other mothers and parents. In the same way, those interested in leadership learn about LLL and leadership by observing and interacting with Leaders. While attending LLL Series Meetings, they begin building their knowledge about breastfeeding, LLL philosophy, and LLL as an organization. As a Leader, you give concrete meaning to “LLL” and “LLL leadership.” You demonstrate the Leader’s role leading Series Meetings and managing the Group. When a potential Applicant goes on to explore and prepare to be a Leader, you represent LLL as both a role model and mentor.

To fulfill this basic Leader responsibility, Leaders:

- Help potential Applicants find out about leadership.
- Help Leader Applicants prepare for their new role.
  (See 3.1 Role of the Supporting Leader)

The goal of LLL is to accredit Leaders who have the experience, knowledge, and skills they will need to do their job with confidence and pleasure. The Applicant, Leader and Leader Accreditation Department (LAD) representative work together throughout the application so the Applicant will:

- Understand a Leader’s role and responsibilities.
- Appreciate how personal experience with breastfeeding and mothering forms a basis for credibility of both Leaders and our organization.
- Develop the knowledge and skills necessary to help those who need it.

Identifying and accrediting new Leaders is important because it:

- Ensures the future of the organization.
- Makes Group work more manageable.
- Keeps the Group fresh and responsive to the needs of those attending.
- Gives others the opportunity to develop their skills and talents to the benefit of all.

This chapter provides an overview of your role related to Leader accreditation. For detailed information, contact your LAD representative, who can answer specific questions as well as provide written resources and outlines for workshops. Read and keep on hand relevant articles from Leader publications. These will provide you with up-to-date information for attracting, encouraging, and assisting Applicants.

The documents and exercises with an asterisk mark (*) are available in the Leader Applicant’s Resource Kit (LARK) (username and password required).
1. Before the Application

1.1 Pre-Application Dialogue

When you dialogue with someone about leadership, or are approached by someone, suggest reading *Thinking About La Leche League Leadership?* FAQ. If a potential Applicant believes that all the prerequisites are met, arrange to meet for a pre-application dialogue. Ideally you will be able to meet in person. If not, you can meet via online video call (i.e., Skype, FaceTime, WhatsApp, etc.) or by phone. When you meet, use the *Leader’s Pre-Application Packet* to prepare for this dialogue and have other resources, such as *The Womanly Art of Breastfeeding*, *Leader’s Handbook* and *Leader Today* (username and password required), and *Leader Today: Public*, local LLL publications for Leaders, on hand. The packet will become available on the LLLI website. Please contact the local Leader Accreditation Department for the documents in the *Leader’s Pre-Application Packet*.

Refer to the *Pre-Application Guidelines for Leaders*, in *Leader’s Pre-Application Packet* and discuss the following subjects in this suggested order:

1. **LLLI Prerequisites to Applying for Leadership**
2. **La Leche League philosophy**
3. **The work of a Leader**
4. **The application work**
5. **Costs of an application**

Unlike a workshop, where you are primarily sharing information, the purpose of this dialogue is to determine whether the potential Applicant’s experiences meet the prerequisites and if LLL leadership suits the Applicant. After meeting together, the potential Applicant will decide whether or not to apply, and you will decide if you can fill out the Leader Recommendation form.

During the pre-application dialogue, the Leader helps a potential Applicant:

- Share breastfeeding and mothering experiences.
- See whether the Personal Experience Prerequisites are met.
- Review the Organizational Experience Prerequisites.
- Learn the personal skills a Leader needs and how they can be demonstrated.
- Understand how Leaders use these skills in their interactions with mothers and parents.
- Explore how Leaders’ goals will fulfill the mission of LLL.
- Determine if all the prerequisites are met.

If you have any doubts or questions, talk with your LAD representative.

It is important for you to feel confident that the individual meets the prerequisites before proceeding with an application.
1.1.1 About LLLI Prerequisites to Applying for Leadership

There are three sections in the LLLI Prerequisites to Applying for Leadership. They are found in Applying for Leadership, LLL Policies and Standing Rules. (See boxes below.)

1) Personal Experience Prerequisites

Individuals refer to breastfeeding in different ways, such as suckling, nursing or chest-feeding. For this policy, LLLI defines all of these terms as referring to feeding a child directly from the breast.

Experience with breastfeeding and nurturing through breastfeeding, plus the personal experience with La Leche League via in-person or virtual Group meetings and website resources, give an Applicant a strong basis for helping others as a Leader.

A potential Applicant:

• has breastfed, nursed, chestfed or suckled a child for 12 months or more,
• has introduced complementary foods when baby showed signs of readiness, around the middle of the first year for a healthy full-term baby, and
• has chosen attentive breastfeeding as the way to provide touch, comfort, warmth, protection, security, and responsiveness, as well as nourishment.

Special consideration is given to someone whose personal breastfeeding experience is outside the usual course of breastfeeding as described in The Womanly Art of Breastfeeding, due to medical, physiological, or anatomical issues impacting either partner in the breastfeeding dyad.

Some examples requiring special consideration are:

• low milk supply because of breast surgery or insufficient mammary tissue,
• induced lactation,
• adoptive nursing,
• temporary interruption of breastfeeding because of a serious medical condition; or the need to take a medication incompatible with nursing, or
• inability of baby to latch, temporarily or permanently, due to conditions such as cleft lip/palate, prematurity, or genetic disorder.

For the Personal Experience Prerequisites to be met under the special consideration guidelines, the potential Applicant has demonstrated attentive breastfeeding as the way to provide touch, comfort, warmth, protection, security, and responsiveness, as well as nourishment.

The supporting Leader consults a LAD representative when the personal breastfeeding experience differs from the Personal Experience Prerequisites and might warrant special consideration.
Read each statement together to see whether the potential Applicant’s experience and attitudes reflect the prerequisite. It is important to remember that those who have met all the prerequisites can apply for leadership. It is recommended to discuss the three prerequisite sections in order. To determine whether the above prerequisites have been met, Leaders can refer to:

- Applying for Leadership, LLL Policies and Standing Rules (PSR)
- Concept Explanations, LLL PSR
- LLL Philosophy

Make sure that the potential Applicant is familiar with the contents of the most recent edition of *The Womanly Art of Breastfeeding*, if available in an accessible language. If the potential Applicant is familiar with the book, it indicates a good understanding of the approach of LLL to breastfeeding. Share other LLL publications, such as *Leader Today: Public* and *Breastfeeding Today*.

2) Organizational Experience Prerequisites

A potential Applicant:

- is a member of LLL or contributes as appropriate for the entity in which the application is being submitted
- supports LLL Vision, Mission, and Philosophy
- when possible, has attended at least four LLL meetings in person or online
- demonstrates a clear understanding that leadership is volunteer work
- has knowledge of the information contained in the most recent edition of *The Womanly Art of Breastfeeding*, if available in an accessible language and format
- is willing to create time to fulfill the basic responsibilities of leadership and/or provide other service to LLL, as described in the LLL Policies and Standing Rules
- is willing to complete the application work, and
- has a recommendation from an LLL Leader.

Look for a commitment to the Group and LLL:

- Becoming a member of La Leche League.
- Attending Series Meetings regularly, where available, and participating in the discussion.
- Volunteering for a Group job.
- Participating in Group activities.
- Wishing to be more involved.

Create opportunities to get more involved in the Group:

- Talk about becoming an LLL member or making a donation.
- Announce Group jobs.
- Invite attendance at Evaluation or Enrichment Meetings.
- Encourage participation in Group projects, such as fundraisers or family events.
To determine whether the Organizational Experience Prerequisites have been met, Leaders can refer to:

- **Applying for Leadership, LLL Policies and Standing Rules**

In order to facilitate effective discussions, help others breastfeed, and represent LLL appropriately, a Leader needs to:

- Relate respectfully to others.
- Communicate effectively.
- Provide appropriate assistance.

An Applicant needs adequate language ability to:

- Complete the application work.
- Maintain a knowledge base about LLL and breastfeeding management.
- Communicate effectively with meeting attendees, other Leaders and health professionals.
- Report needs and accomplishments to the organization.

To determine whether the Personal Skills Prerequisites have been met, Leaders can refer to:

- **Applying for Leadership, LLL Policies and Standing Rules**

### 3) Personal Skills Prerequisites

A potential Applicant:

- has communication skills in the potential Applicant’s preferred language necessary to begin the application and preparation for accreditation,
- demonstrates an accepting and respectful attitude toward others,
- provides information and support without judgment, and
- is willing to develop further communication skills as needed to fulfill the responsibilities of leadership.

#### 1.1.2. La Leche League Philosophy

The ten concepts are the essence of LLL Philosophy. Even if you have discussed them on other occasions and are sure that the potential Applicant understands LLL philosophy, discuss them again one by one before the person applies for leadership. This can help assure both of you that the potential Applicant understands, agrees with, and can provide personal examples of LLL philosophy in action.

- Remember that the purpose of this discussion is to:
  - Learn how the concepts are revealed in the potential Applicant’s experiences.
Help the potential Applicant see mothering through breastfeeding as a practical philosophy.

Show how we present LLL philosophy while respecting other choices.

- Take one concept at a time and ask what each means to the potential Applicant and how it has been practiced?
- Be aware that this may be the first time the potential Applicant has heard LLL philosophy expressed formally.
- Ask how the potential Applicant would explain a concept to someone new to LLL.
- Invite questions.

1.1.2.1 The Ten Concepts

Here are the ten concepts with some sample questions and suggestions which may help initiate your discussion. One statement or question may be all you need to explore a concept. Use, Concept Explanations, LLL Policies and Standing Rules, to enhance your discussion.

Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.

- Describe your breastfeeding relationship.
- How does your baby show he needs you?
- How has breastfeeding helped you learn about mothering and meeting your baby’s needs?
- Share examples of how you respond to your baby’s needs both day and night.

Human milk is the natural food for babies, uniquely meeting their changing needs.

- How has your milk been important to your baby?
- How is your milk suited to your baby’s needs?

Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.

- Describe your birth experience and how you feel about it.
- Is there anything you would do differently for a subsequent birth?
- From what you know, how does the birth experience affect the initiation of breastfeeding?
- Why discuss childbirth at a La Leche League meeting?

Mother and baby need to be together early and often to establish a satisfying breastfeeding relationship and reliable milk production.

- Describe how you initiated breastfeeding with your baby.
- How did the setting for the birth affect the time you spent with your baby immediately following the birth?
- What kind of assistance was helpful when you initiated breastfeeding?
- If you experienced any initial difficulties, please explain.
• What were your first weeks of breastfeeding and mothering like?
• How was "early and often" a help in getting breastfeeding off to a good start?

**Breastfeeding is enhanced by the loving support of the baby’s father, a co-parent, a partner, and/or close family members who value the breastfeeding relationship.**

• What types of support did you find helpful when you started breastfeeding?
• How has your baby’s father and/or your partner supported the breastfeeding relationship?
• How is your baby’s relationship with his father, or other important persons, different from his relationship with you?

La Leche League expects Leaders to recognize the importance of fathers. We also know that not all families have an active father.

The family situation—married, single, divorced, etc.—is not relevant. As long as all the prerequisites have been met, a potential Applicant will be eligible and can apply for leadership. When a baby’s father is not present or supportive, encourage the potential Applicant to read this concept in broad terms and to describe how support given by other people enhance the breastfeeding relationship.

**In the early years, the baby has an intense need to be with his mother which is as basic as his need for food.**

• What does this concept mean to you and how does it relate to your experience with your baby?
• How does your baby show that he needs your presence as well as your milk?
• How have you and your baby benefitted from mother-baby togetherness?
• How would you explain this concept to others at a meeting?

**For the healthy, full-term baby, human milk is the only food necessary until the baby shows readiness for complementary foods, about the middle of the first year after birth.**

• When and how did you introduce complementary foods to your baby?
• What signs of readiness did you see in your baby?
• What information on introducing complementary foods is important to share with others?
• Why wait until about the middle of the first year to introduce foods other than human milk?

**Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.**

• For you, how is this concept related to breastfeeding?
• Describe the importance of good nutrition for your family.
• How do you ensure a healthy diet for your family?
Ideally the breastfeeding relationship will continue until the child outgrows the need.

- Describe your experience with weaning.
- If your child has completely weaned, how and when did weaning happen?
- What does “outgrowing the need to breastfeed” mean to you?

From infancy on, children need loving guidance which reflects acceptance of their capabilities and sensitivity to their feelings.

- How do you see loving guidance following naturally from the breastfeeding relationship?
- What is your experience with this concept so far?
- How do you practice loving guidance?
- How has your relationship with your baby developed as your baby has grown? If your baby is still very young, how do you think loving guidance will unfold in the future?
- What does the term "loving guidance" mean to you?
- How do you see loving guidance developing as part of your interaction with your child from infancy on?

1.1.3. The Work of a Leader

Make sure that the potential Applicant understands what each Leader responsibility includes. Explain that La Leche League values putting family first; yet be clear that leadership is a commitment.

As you discuss Leader responsibilities, include these aspects:

- Accountability—what is expected of a Leader and what a Leader can expect from the Area, Area Network, Affiliate, LLLI; the importance of reporting and consultation.
- Resources—printed/online LLL resources and a Leader’s support network.
- Mother-to-mother/peer-to-peer help—the approach used by LLL Leaders to provide breastfeeding support.
- Confidentiality—how and why Leaders keep mothers’ personal and identifying information private.
- Commitment—how Leaders balance LLL work and family needs.

If the potential Applicant is unwilling or unable to fulfill basic Leader responsibilities, ask the following questions before proceeding with the application:

- What do you want to accomplish as a Leader?
- What aspirations do you have?
- What skills would you bring to leadership and how do you see yourself using them?

Among the five basic Leader responsibilities, keeping up-to-date on all important breastfeeding information is required for all the accredited Leaders. The other four responsibilities are recommended. However, Leader Applicants need to learn the skills and
knowledge about all the five basic Leader responsibilities during their applications in order to be accredited as Leaders.

### The Five Basic Leader Responsibilities

A La Leche League Leader:
- Helps mothers one-to-one, by telephone, online or in person, keeping accurate records of these helping situations.
- Plans and leads monthly Series Meetings.
- Supervises the management of the Group, including membership, finances, Group workers, Group Library, and materials for sale; informs the Area Coordinator of Leaders (usually through the District Advisor/Coordinator) about her LLL activities through written monthly reports.
- Keeps up-to-date on all important breastfeeding information, taking advantage of LLL’s opportunities for continuing education through publications, meetings, correspondence, and the network of resource Leaders.
- Takes an active role in helping other mothers find out about leadership and helps them prepare to become LLL Leaders.

*(LLL Policies and Standing Rules, Feb 98)*

### Definition of an Active Leader

An active LLL Leader pursues the La Leche League mission through basic Leader responsibilities as defined in the Policies and Standing Rules Notebook and/or other service to LLL. An active Leader’s fees are current, she keeps up to date with Leader education, and she communicates regularly with the organization.

*(LLL Policies and Standing Rules, Oct 91, Mar 01)*

You can proceed to the next step of the pre-application dialogue: “The Application Work.” if:
- The potential Applicant’s experiences and goals are compatible with La Leche League philosophy
- The other prerequisites are also satisfied
- The potential Applicant is willing and able to:
  - Stay up-to-date with Leader education
  - Communicate regularly with the organization
  - Do the application work
1.1.4. The Application Work

Let the potential Applicant know that the application work focuses on developing the knowledge, attitudes, skills, and approaches necessary to fulfill basic Leader responsibilities. Share your own experience of the application as well as Leader resources such as Leader Today and local LLL publications. Explain application work by using the
following “Application Work Summary.” For detailed information about the application requirements see 3.3 of this chapter and refer to Leader Applicant’s Resource Kit (LARK).

Application requirements:
- Correspondence with a LAD representative.
- Writing a personal history.
- Required reading: The Womanly Art of Breastfeeding and Leader’s Handbook (username and password required), if available in an accessible language. LLL entities should make it a priority to have these resources available in accessible languages, and seek help from their Direct Connect Entity, LAD Council or the LLLI Board if they can’t manage themselves.
- Childbirth information requirement.
- Using the Breastfeeding Resources Guide* (BRG) to learn about the topics of breastfeeding management and resources available to Leaders.
- Regular meetings with a supporting Leader to complete
  - Checklist of Topics to Discuss in Preparation for Leadership* (Checklist).
  - A Preview of Helping Questions and Group Management* (Preview).

The Applicant is welcome to complete additional exercises such as:
- Listening Exercise.*
- Bias Exercise.*
- Mixing Causes Exercise.*

What to expect:
- The application requires time and reflection.
- Completing the requirements for accreditation takes about 6-12 months. Some Applicants need more time than others. Some applications slow down because of a move, illness in the family, arrival of a new baby or a return to work or school.
- The LAD encourages Applicants to “design” their own applications. Each application is different, because each breastfeeding relationship, each Applicant and each Leader is unique.
- Applicants are expected to attend Series Meetings regularly, where available.
- It is important for Applicants to keep both their LAD representative and supporting Leader updated.

1.1.5. Costs of an Application
- Discuss the current fees/costs of application and accreditation, and what they cover. Your LAD representative can tell you what they are in your Area, Area Network or Affiliate.
- Discuss possible sources of financial help.
- Review "Is there a cost involved?" in the Thinking About La Leche League Leadership? FAQs
1.2 Consulting with Co-Leaders

If a Leader has a concern or question about a potential Applicant’s readiness to submit an application for LLL leadership, it helps to discuss it with co-Leaders.

If any Leader in the Group disagrees about the appropriateness of an application, explore the issues together.

- Which prerequisite does it relate to?
  - Personal Experience Prerequisites
  - Organizational Experience Prerequisites
  - Personal Skills Prerequisites

- If it relates to the Organizational Experience Prerequisites, is there a way for the potential Applicant to meet the prerequisite? For instance, the person may need to become an LLL member.

- If the concern is about one of the Personal Skills Prerequisites, identify what it is. Does the potential Applicant need to learn how to communicate with a respectful attitude? Does the potential Applicant plan to develop the skill in providing information and support without judgment? If so, consider how, when, and where you might help the person work on these skills. You might begin by saying something like, “Jane, I have some questions about a comment you made at the last meeting. Can we talk about it?”

To help your co-Leader(s) resolve their concerns:

- Focus on providing information about Leader expectations, problem solving and communication skills.
- Present an objective viewpoint.
- Explore possible solutions.
- Look for an approach that will solve the concern.

Although Applicants work on many skills during their applications, you want to have reasonable expectation that the potential Applicant can and is willing to develop the skills necessary to represent LLL as a Leader. If you are uncertain, consult with a LAD representative. Suggest that the potential Applicant work on communications skills before you agree to write the recommendation. Introduce Communication Skills Department sessions if available.

On the other hand, after talking together, you and your co-Leaders may discover that the concern relates to personal preference or style. In this case you can proceed with the confidence that Leaders are a diverse group bound together by a common philosophy and one-to-one approach.
Or, you may decide that you need more information about the potential Applicant’s experience, beliefs, and interests.

2. Applying for Leadership

When you have completed pre-application dialogue and you, the potential Applicant and your co-Leaders are in agreement to proceed:

- Ask the Coordinator of Leader Accreditation (CLA) for the current Leader Recommendation and Application forms.
- Complete the Leader Recommendation form.
- Consult with the CLA as to whether to send both the Application and Leader Recommendation forms at the same time, or only your recommendation first.
- Ask about payment of the application fee. Some Areas, Area Networks or Affiliates invoice the Applicant; others ask that payment, or receipt of online payment, accompany the application.
- Ask the Applicant to fill out the Application form.

If you have any doubts that a potential Applicant meets the prerequisites, consult the CLA first. It is desirable to resolve any concern before the person sends the Application form and pays the application fee, and before you submit the Leader Recommendation form.

After receiving your recommendation, the Application form, and confirmation that the fee has been paid, the CLA may have questions about something you have written. If it is clear that all prerequisites have been met, the CLA will assign the application to a LAD representative. To initiate the application, the assigned LAD representative writes separately to the Applicant and to you, as the supporting Leader and will answer any questions you may have initially or at any time during the application period.

3. During the Application

The documents and exercises with an asterisk mark (*) are available in the Leader Applicant’s Resource Kit (LARK) (username and password required).

Although one Leader in the Group often takes on the responsibility of working with the Leader Applicant, it helps if all the Leaders support the application and share their knowledge and experience with the prospective Leader. The Applicant, supporting Leader and LAD representative work together during the application to help the Applicant prepare for leadership.

You and the LAD representative support the Applicant to:
- Explore how the Applicant’s breastfeeding and mothering experience relates to LLL philosophy.
• Enhance the Applicant’s understanding of LLL philosophy and the role of a Leader.
• Improve communication and leadership skills.
• Increase knowledge of breastfeeding management.
• Become familiar with LLL resources and LLL-related websites.
• Prepare to take on the responsibilities of leadership.
• Find ways to balance LLL work with the family needs.

The Applicant is responsible for the pace and progress of the preparation for leadership. As the supporting Leader, you are expected to meet regularly with the Applicant to complete the work which needs the Leader's participation.

You and the Applicant can expect to hear from the LAD representative within two weeks. This response policy allows LAD representatives to work with more than one Applicant. If at any time you, or the Applicant, is waiting for more than two weeks for a response, please contact the LAD representative again to make sure that your message was received.

### 3.1 Role of the Supporting Leader

As the supporting Leader, you have an important role in the application. Overview of Application Work for Leader Accreditation from the Leader's Pre-Application Packet provides you with a guide for the application period.

To support an Applicant, it’s important to:

• Help the Applicant develop a flexible plan for completing application work while continuing to meet family needs.
• Assure the Applicant that both you and the LAD representative will be available to offer guidance, give support and answer questions.
• Review each part of the Leader Applicant’s Resource Kit (LARK, username and password required), available at for Applicants.
• Arrange to meet regularly to work on the Checklist* (LARK, Part 3, “Leadership Skills) and Preview* (LARK, Part 5 “Preview”).
• Include the Applicant in planning meetings and other Group activities.
  • Look at Series Meeting guides in Chapter 7 of the Leader's Handbook (username and password required).
  • Share past meeting plans.
  • Explore new ideas together.
  • Discuss a variety of approaches considering the needs of the Group.
• Role-play specific helping situations.
• Discuss working on the Breastfeeding Resource Guide* (LARK, Part 2, “Breastfeeding Management Skills”) together, at the Applicant’s request.

Keep in mind that prior to accreditation, Applicants are not representatives of La Leche League and are not covered by liability insurance. They cannot lead Series Meeting, help mothers and parents one-to-one as a Leader, or speak to outside Groups in the name of LLL. Applicants should not be put in a position where they might appear to represent LLL, whether a Leader is available or not. To avoid confusion, Applicants should not introduce themselves or be identified as Applicants at Series Meetings, on Internet chat lists or in any public settings.
Use your creativity to think of ways to offer the Applicant opportunities to practice one-to-one helping and leading meetings without putting the Applicant in the position of representing LLL before being accredited as an LLL Leader.

3.2 Role of the Corresponding LAD Representative
• Dialogue with the Applicant about LLL philosophy by responding to the Applicant’s personal history writing
• Support application work by:
  • Corresponding with both Applicant and supporting Leader on a regular basis.
  • Monitoring the Applicant’s progress in completing requirements for accreditation.
  • Ensuring consistency in Leader accreditation worldwide.
• Complement the work of the Applicant and Leader by:
  • Acknowledging the progress of the application.
  • Discussing topics from a broader, perhaps Area, Area Network, Affiliate or LLLI point of view.
  • Suggesting alternative focuses.
  • Covering additional topics.
  • Finding resources or letting Leaders know about new ones being developed.
  • Answering questions and helping to resolve challenges.

3.3 Application Requirements
The documents and exercises with an asterisk mark (*) are available in the Leader Applicant’s Resource Kit (LARK, username and password required), Parts 1-5.

3.3.1 Part 1: Personal History
The Applicant writes about the ten concepts and shares some personal information in a letter called “About You.” This is called “personal history” and is explained in *Personal History of Breastfeeding and Mothering.* The Applicant submits the writing to the LAD representative. It is possible to send a complete personal history letter at once or send it in parts. Writing about the ten concepts can be done in any order. If writing is challenging for an Applicant, it may be possible to do it orally. In this case, either the LAD representative or supporting Leader writes down what is said by the Applicant who then reviews it. Check with your LAD representative whether this option is available.

The LAD representative responds to all writing the Applicant sends. The Applicant’s writing and the corresponding LAD representative’s responses form a written conversation which enhances the Applicant’s understanding of LLL philosophy and how it will affect future work as a Leader. The LAD representative’s responses build on what the Applicant’s writes, relating personal experiences, knowledge, impressions and attitudes to the work of an LLL Leader.

As the supporting Leader you can help by:
• Playing with the children while the Applicant writes.
• Suggesting books from the Group library.
• Encouraging Applicants to work in a preferred learning style at a steady pace.
• Writing down the Applicant's personal history, if requested.

3.3.2 Part 2: Breastfeeding Management Skills
The Breastfeeding Resource Guide (BRG)* is a list of resources which provide information about the normal course of breastfeeding and common concerns. It can be completed in many ways.

The Applicant may:
• Work on it alone, with you or with other Applicants.
• Use the questions for discussion or write out answers.
• Participate in a session about the BRG,* if available.
• Make notes on where to find information about each topic or put tabs on pages in written resources, such as The Womanly Art of Breastfeeding.
• Work in a group with each Applicant preparing and presenting a topic.
• Use the BRG* to research a topic and then follow up with a question from the Preview* (see 3.3.5).
• Participate in a Leader Applicant workshop with a number of Leaders and Applicants. This can be an effective way for Applicants to help and motivate each other.

3.3.3 Part 3: Leadership Skills and Attitudes
Use the Checklist of Topics to Discuss in Preparation for Leadership (Checklist)* to discuss leadership skills and attitudes with the Applicant.
• Share details of how things work in practice in your Group. Each Group has its own character. The size and location of your meetings will affect the way that you plan for meetings and the format that will work best for your circumstances.
• Relate the Checklist* topics to the responsibilities of leadership (see 1.1.3 The Five Basic Leader Responsibilities).
• Follow up with practice telephone helping and meeting situations.
• Share online resources with the Applicant.

3.3.4 Part 4: Background Reading/Learning
• If the Applicant has read the most recent edition of The Womanly Art of Breastfeeding prior to applying for leadership, suggest reading it again, this time from the Leader’s perspective.
• The Leader's Handbook (username and password required) is often read in conjunction with working on the Checklist.*
• The Applicant sends a short report to the LAD representative after having read these books.
• Knowledge covering a variety of birthing choices, interventions, and experiences, and their effect on the start of breastfeeding is also required. Ways to meet the requirement of childbirth information include:
  • Having in-depth discussions with a Leader who is knowledgeable about this subject.
• Attending a workshop or conference session which focuses on this subject.
• Reading a comprehensive book on childbirth or the LAD publication, Childbirth and Breastfeeding (username and password required)
• The Applicant reports to the LAD representative when the childbirth requirement has been completed:
  • How this required knowledge was acquired.
  • Comments on a book if the Applicant chose this method.

3.3.5 Part 5: A Preview of Helping Questions and Group Management (Preview)*
You and the Applicant work together on the Preview.* This exercise gives the Applicant opportunities to practice communication skills and share information. It brings together what the Applicant has learned, identifies areas that would benefit from more work, and assures everyone that the Applicant has the basic information and skills to begin working as a Leader.

Ways to Complete the Preview*

• Practice helping questions throughout the application, for example, in conjunction with each section of the Breastfeeding Resource Guide.*
• Discuss Group Management situations while reviewing the Checklist.*
• Do it at the end of the application as a review and formal practice of the skills and information accumulated.
• Use it early in the application, then return to it at the end when the Applicant has more knowledge and confidence.
• Practice responding to questions in a variety of formats: email, phone, in person.
• Role-play helping situations.
• Play the role of “Leader” so the Applicant can see how you would respond, then switch roles.
• Email a helping question.
• Do helping situations on the phone, both scheduled and unscheduled.
• Use a question in the Preview and focus on giving empathetic responses or filling out the Leader’s log without practicing a complete dialogue.
• Discuss how it went.
  • What did the Applicant find most useful?
  • What might the Applicant do differently another time?
The Preview* exercises cover:

• One-to-one helping situations.
• Group situations, including:
  • Facilitating discussion.
  • Handling challenges to leading a discussion.
  • Responding to criticism.
  • Helping others prepare for leadership.

The Applicant can choose which Preview* topics to tackle. It is required to cover five questions from the Helping Questions section and three situations from the Group Management section. Many Applicants choose to practice more. It is helpful to select topics the Applicant is comfortable with as well as others that are more challenging. This way the Preview practice can help the Applicant build both confidence and knowledge. You can add other situations that come up frequently in your Group. The LAD representative may also recommend certain Preview* topics.

Skills to Look for When Doing the Preview*

• Giving empathetic responses.
• Listening before offering suggestions.
• Asking appropriate questions to gather more information.
• Sharing information, not advice.
• Explaining what’s most important, not everything on the topic.
• Helping the mother or parent prioritize.
• Creating a plan to follow-up with the person seeking help.

When the Preview* has been completed, both the Leader and Applicant send their evaluations of the exercise to the LAD representative by responding to the questions which are listed at the end of the Preview.*
4. Finding Potential Applicants
4.1 Making Leadership Attractive and Accessible

Showing how much you enjoy being a Leader and sharing information about La Leche League encourages others to become interested in LLL leadership.

We make LLL leadership attractive by:
- Acknowledging a potential Applicant’s contributions to the meeting discussion.
- Listening and responding to questions about LLL and LLL leadership.
- Inviting participation in other LLL events, such as fundraising, family picnics, Couple’s Meetings.
- Inviting help in Group management through Group jobs.
- Encouraging attendance at workshops and conferences.
- Talking about the benefits and satisfaction of leadership.

We make LLL leadership accessible when we:
- Share where to find information including The Womanly Art of Breastfeeding, Leader’s Handbook, LLL Internet resources.
- Describe the LLL support system.
- Discuss becoming an LLL Leader with those interested in leadership.
- Hold workshops about applying for LLL leadership. (See 4.4 Workshop about Becoming an LLL Leader.)

Time spent working with Applicants is not only an important responsibility of leadership, but is an investment in the future of the organization. Sometimes it may seem simpler just to do everything yourself. Remember that an Applicant will share Leader responsibilities with you as your co-Leader in the future. By helping others become Leaders, you are also helping the Group and LLLI.

4.2 When There’s No Applicant in Sight

There may be times when you don’t see any potential Applicants on the horizon. If you are a lone Leader or leading a new Group, it may take time for the Group to grow. Be patient.

If it seems that you do not need any help in running the Group, then it’s possible no one will offer. Group attendees may see you as someone who is easily able to do everything yourself. Perhaps they think that they could never do everything that you do. Encourage them to participate in the life of the Group and build their confidence by telling them how much you appreciate their help.

If there are already several Leaders in the Group, members may think that no more Leaders are needed. You appear to be a well-established and smooth-running team. When there are several Leaders, it may be time to split the Group, add additional meetings or offer a Breastfeeding Café, which is an informal drop-in gathering. This relatively new style of meeting may take place in locations where meetings typically would not occur, such as a
maternity store, café, etc. Some Leaders may decide to do outreach or participate in a project organized by the Area, Area Network, Direct Connect Entity or LLLI.

4.3 Identifying a Potential Applicant

**LLL Philosophy** is represented by a range of “mothering through breastfeeding” styles, rather than one “right” way. Knowing that a Leader’s experience is an example of LLL philosophy in action shows that it is a realistic approach, rather than an unattainable ideal. It gives the Leader credibility to represent the organization. As meeting participants watch you and listen to what you say, they see and hear what LLL recommends.

When considering someone as a potential Applicant, pay attention to all aspects of the LLLI Prerequisites to Applying for Leadership, Applying for Leadership, LLL Policies and Standing Rules. Ask yourself if the person is likely to meet the prerequisites.

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**Finding an Applicant**

- Demonstrate at Series Meetings how much you enjoy your work as a Leader.
- Explain that it is possible to balance volunteer activities with family needs.
- Encourage attendance at other Groups’ Series Meetings so those interested in leadership can see that Leaders have different experiences and use different leading styles.
- Look for what you have in common with a potential Applicant.
- Remember that every Leader is unique and may have different skills and expertise.
- Look for potential Applicants who:
  - Express enjoyment of mothering and breastfeeding.
  - Find LLL ideas workable in their lives.
  - Make suggestions which are in line with LLL philosophy.
  - Attend meetings regularly.
  - Explore books in the Group library.
- Encourage interest in leadership from those with diverse interests and talents.
- Invite potential Applicants to:
  - Attend Evaluation/Enrichment Meetings.
  - Take a Group job.
  - Help with fundraisers.
  - Bring refreshments.
  - Come to LLL conferences and workshops.
When You Think You Can't Recommend Someone for Leadership

• Appreciate the person’s desire to help others breastfeed their babies.
• Acknowledge that person’s talents.
• Discuss specific topics to be sure that you understand the person’s ideas, feelings, and goals.
• Invite questions about *La Leche League Purpose, Mission, Philosophy* in the *Leader’s Pre-Application Packet*.
• Encourage the potential Applicant to share new information.
• Ask open questions such as:
  “How do you feel about my assessment?”
  “Let me know any new information you have not shared”
• Use active listening and respect silence.
• Refer to written material to indicate and describe the discrepancies.
• Be specific and factual. Avoid opinion.
• Show how the discrepancies may affect potential Applicants’ ability to function fully as an LLL Leader.
• Make sure that you’ve understood the situation correctly. Avoid assumptions.
• Be honest and straightforward.

In order to write a recommendation, you will need to get to know the potential Applicant you are recommending. If you are approached with full of enthusiasm after the first Series Meeting and if that person wants to be a Leader, take the time to get to know each other.

The prerequisite of attending at least one series of meetings, where available, will give you the opportunity to learn more about the potential Applicant. This may include Breastfeeding Cafés, as well as Series Meetings. Both offer the potential Applicant opportunities to learn about LLL and to feel a part of the Group. Explain that the person’s enthusiasm is welcome and suggest taking on a Group job or helping with a fundraising project. If the potential Applicant has not yet read *The Womanly Art of Breastfeeding* recommend reading it in order to become familiar with our approach to mothering through breastfeeding.

Observe those attending your meetings. Listen to what they say and how they offer suggestions to others. Consider how their personal experiences reflect what LLL recommends. Think about how they meet the LLLI Prerequisites to Applying for Leadership:
• Personal Experience Prerequisites.
• Organizational Experience Prerequisites.
• Personal Skills Prerequisites.
4.4 Workshop about Becoming an LLL Leader

A workshop can be simple or elaborate. Invite those who have expressed an interest in leadership or whom you have observed in the Group and would like to talk to about leadership. It’s helpful to have more than one Leader present. Ask your local Leader Accreditation Department for the copies of the following three underlined documents.

- Give each participant a copy of:
  - *Thinking About La Leche League Leadership* (compact PDF version)
  - *Overview of Application Work for Leader Accreditation*

- Explain the following sections of the *Pre-Application Guidelines for Leaders* in the Leader’s Pre-Application Packet. (See 1.1 *Pre-Application Dialogue.*)
  1. LLLI Prerequisites to Applying for Leadership
  2. La Leche League philosophy
  3. The work of a Leader
  4. The application work
  5. Costs of an application

- Encourage discussion and answer questions.
- Explain that the next step is a pre-application dialogue.

5. Leaders’ Concerns

5.1 If There Are Differences

If the potential Applicant’s point of view seems to differ from the LLL mission, purpose and philosophy, explore the differences before you proceed. Review the relevant concepts again. If the person voices disagreement or if the person’s actions seem to conflict with our philosophy, explain that as representatives of LLL, Leaders are expected to agree with and provide examples of LLL philosophy in action. Share the *LLL Leader Statement of Commitment* and explain that Applicants are required to sign it before accreditation.

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**Leader Statement of Commitment**

_I am personally committed to furthering the mission of LLL and to supporting breastfeeding as presented in The Womanly Art of Breastfeeding and other LLLI publications. I understand and agree that in using the designation “La Leche League Leader,” and in representing La Leche League, I will comply with the most recently published version of the La Leche League Policies and Standing Rules as posted on the LLLI website. I will resign from this position if for any reason I find that I can no longer represent La Leche League in accordance with this agreement, and I will discontinue use of the designation “La Leche League Leader.”_

(Oct 09; Dec 19; Aug 20; Apr 21, Feb 22)

*LLL Policies and Standing Rules*
With these explanations, a potential Applicant might say:

“I just can’t agree.”
When this is the case, the potential Applicant will most likely decide not to apply.

“I’m not sure if I agree.”
You have the opportunity to help the person learn more about LLL philosophy. Offer relevant reading material (e.g., sections of The Womanly Art of Breastfeeding, Leader’s Handbook, Leader publications) and an opportunity to discuss it. Consult your LAD representative for more specific suggestions. Reading and reflecting can help the potential Applicant see whether LLL leadership is a right goal. If the difference is something the person cannot, or will not, work on, explore other ways of helping mothers breastfeed their babies.

“I think you’ve misunderstood.”
This calls for careful listening on your part. When you believe you have come to understand the potential Applicant’s point of view, ask for feedback to make sure. Continue to clarify and offer more information on LLL philosophy. Clear communication can help the potential Applicant make a decision.

5.2 When You Can’t Write a Recommendation
As a Leader, you are responsible for discussing leadership with someone who expresses interest.

If you cannot recommend the person, explain why and give them the Accreditation Appeals Procedures policy, which explains how to appeal the decision to LLLI. Accreditation Appeals Procedures can also be found in the Leader’s Pre-Application Packet. Please contact the local Leader Accreditation Department for the documents in the Leader’s Pre-Application Packet.

Remember that the LAD representative is willing to answer your questions.

5.3 When an Applicant Does Not Complete the Application
During the course of the application, the Applicant might decide that there is no time to do the work of a Leader. Circumstances may change or the application for leadership is not what the Applicant expected. It may become necessary for the Applicant to withdraw the application.

Explain that you enjoyed working with the Applicant and that if the situation changes, the application can be restarted within a year. The Leader Accreditation Department will keep the application file for one year. During that time frame, it won’t be necessary to send a new Application form, repay the fee or redo any work.

5.4 When There Are Doubts about an Application
In some cases, issues or questions might arise which leave you in doubt as to whether accreditation will be the outcome. Not only must a potential Applicant meet the LLLI Prerequisites to Applying for Leadership at the start of the application, it is required to continue to do so in order to meet LLLI Criteria for Leader Accreditation, Applying for
Leadership (username and password required), LLLI Policies and Standing Rules. There may be concerns about the Applicant’s communication skills or ability to represent the philosophy and/or policies of LLLI.

To help avoid this disappointing situation:

- Have a thorough pre-application dialogue.
- Be sure to cover all the necessary information prior to submitting your recommendation and the application.
- Help maintain the Applicant’s learning and interest by arranging meetings to explore, discuss, and practice what the Applicant needs to prepare for LLL leadership.
- Invite questions; work with doubts and concerns before they become impediments.

If you have concerns at any point during the application, contact your corresponding LAD representative or the Coordinator of Leader Accreditation (CLA).

6. Accreditation

When the application work has been completed and the Applicant is ready to be accredited, the corresponding LAD representative sends the LLLI Leader Statement of Commitment and Database Form for the Applicant to sign (see 5.1). The Applicant may also be asked to pay an accreditation or new Leader fee. A new LLL Leader can be accredited after having met all the LLLI Criteria for Leader Accreditation.

You, the Leader Applicant, and the LAD representative will ensure that the Applicant has met the Criteria for Leader Accreditation as an LLL Leader, set by the LLLI Board of Directors.

### LLLI Criteria for Leader Accreditation

To be accredited as an LLL Leader, an Applicant shall:

- meet the LLLI Prerequisites to Applying for Leadership,
- demonstrate understanding and practice of LLL philosophy,
- complete all steps of the LLL Leader application work as described below in Breastfeeding Management Skills and Leadership Skills criteria, and
- sign LLLI Leader Statement of Commitment.

*La Leche League is a worldwide, educational, nonsectarian, non-discriminatory service organization.*

[Applying for Leadership, LLLI Policies and Standing Rules]
As soon as the LAD representative receives the signed *Statement of Commitment* and fee, if applicable, the Applicant will be notified: *You are now an accredited LLL Leader and may assume all the responsibilities of leadership.* The LAD representative will also notify you and your co-Leaders. You can announce the new Leader’s accreditation in the Group and welcome the former Applicant as a co-Leader. Congratulations!

To help your new co-Leader transition to the Leader role:
- Plan together who will lead the next Series of Meeting.
- Talk about how you will support each other’s role at meetings.
- Focus participants’ attention on the new Leader at Series Meetings.
- Discuss Group responsibilities. Decide together who will complete the meeting report, order books, support each Group worker, etc.
- Bring the new Leader’s talents to the attention of administrators of the Area, Area Network or Affiliate so that the new Leader can be invited to help with administrative work in the future.

When you are closely involved in an Applicant’s preparation for leadership, it ensures steady progress of application work. Your dedicated work mentoring a future LLL Leader contributes to providing support to more breastfeeding mothers, parents and babies and helping your future co-Leader enjoy LLL work with confidence and pleasure.
CHAPTER 6: THE WORLD HEALTH ORGANIZATION, THE INTERNATIONAL CODE, AND LA LECHE LEAGUE

In this chapter you will find information about the following (you can scroll or read through the chapter, or click on the links to ‘jump’ straight to that section):

- What Is the International Code?
- Products Covered by the Code
- Purpose And Overview Of The Code
- How Does The Code Guide Countries?
- How Does The Code Guide Manufacturers And Distributors?
- How Does The Code Guide Health Care Systems And Health Workers?
- How Does The Code Affect La Leche League Leaders And La Leche League International?
- Interacting With Or Collaborating With Companies
- Leaders, Boycotts and Code Monitoring
- Our Global Engagement Related To The Code
- Conclusion
- References

OVERVIEW AND HISTORY: WHAT IS THE INTERNATIONAL CODE?

In May 1981, the World Health Organization (WHO) adopted the International Code of Marketing of Breastmilk Substitutes (the International Code, or simply the Code). The authors had important reasons for writing the Code:

1. protecting and promoting breastfeeding.2
2. supporting optimal infant health, development, and immunities, and
3. reducing infant hunger, illness, and deaths around the world.3

The authors knew that breastfeeding is the best means of providing nature’s perfect food for babies.3 They also knew that breastfeeding provides immunities to the baby and helps the baby’s immune system develop. They believed that any substitutes for human milk must meet babies’ needs and be available when truly needed. Finally, the research showed that breastfeeding plays an important role in the health of the mother.3,4

The Code describes how formula manufacturers and distributors are to advertise and market their products. It also covers how bottles and teats may be advertised and
marketed. Practices related to the marketing, manufacture, quality, and instructions for safe use all fall under the Code.

Research has shown that formula marketing can compete with breastfeeding in unfair ways. Much of the advertising makes it seem that formula is just as good as human milk and breastfeeding. Inaccurate information may confuse parents about the unique qualities of human milk and the importance of breastfeeding. The World Health Assembly (WHA) saw that unneeded use of formula adds to infant illness and poor development.\textsuperscript{5} To counter biases in advertising and marketing, the Code guides how companies may market breastmilk substitutes, bottles and teats (nipples).\textsuperscript{6, 7}

The authors also knew that there are times when infant formula saves lives. These products should be available when needed but should not undermine breastfeeding. The Code protects the health and development of infants who need formula by requiring high standards for making it.\textsuperscript{8} The Code also explains how to write instructions for using breastmilk substitutes to ensure safe and proper use. The authors explain when using breastmilk substitutes is suitable.

**PRODUCTS COVERED BY THE CODE**

The WHO says that infants should be exclusively breastfed for six months for the best health and development.\textsuperscript{9} Together, the Code and the WHA resolutions cover breastmilk substitutes and foods and drinks marketed for young children from birth to three years of age. The products covered include:\textsuperscript{10}

* All artificial baby milk products sold as partial or total replacements for breastmilk (whether changed or not) during the first full six months of life, including:
  - infant formula,
  - follow-on formula,
  - any other milk products, foods or beverages,

* Any other foods or drinks marketed for infants under six months of age,
  - cow’s milk,
  - fruit juices,
  - cereals,
  - vegetables,
  - “any other fluid, solid or semi-solid food,” \textsuperscript{11}
• all foods or drinks marketed for infants and young children from six months to 36 months of age.\textsuperscript{12}
• complementary foods,
• weaning foods,
• breastmilk supplements,
• follow-up milks, which are not needed.\textsuperscript{13} and
• feeding bottles and teats (artificial nipples).\textsuperscript{8}

**PURPOSE AND OVERVIEW OF THE CODE**

The main body of the Code consists of a Preamble and 11 articles. Each article covers specific needs or groups, including health care workers and systems. The first three articles describe the aim and scope of the Code and give definitions for terms used. The next article gives guidance for developing clear and correct information and education on infant and young child feeding. The fifth article describes how manufacturers and distributors are to relate to the public and mothers and how they can contact them. Two articles explain how health care systems and health workers are to follow the Code. Another article tells manufacturers and distributors how their employees should behave in relation to consumers. One tells them how they should label their products. Another speaks of product quality. The final article urges countries around the world to take action.\textsuperscript{14} It is critical to read all the articles with all subsequent World Health Assembly resolutions pertaining to the Code for full understanding.\textsuperscript{15}

In sum, in order to protect, promote, and support breastfeeding, the Code advises how to:

• Provide accurate information about when breastmilk substitutes should be used,
• Improve quality and distribution of breastmilk substitutes,
• Improve instructions for using breastmilk substitutes to ensure they will support infant development and growth and will be safe for infants,
• Give health care workers factual information about infant feeding, so they can educate families accurately,
• Make sure product labels are factual so consumers can make informed decisions as to whether and when they need a product, and
• Reduce and get rid of unfair marketing tactics that might sway families not to breastfeed.
HOW DOES THE CODE GUIDE COUNTRIES?

The WHO cannot order countries to support the Code. However, the WHO urges countries to pass laws to support the Code.\textsuperscript{16} The WHO and the WHA urge countries to support their laws by watching for problems and taking legal action. Some countries have passed strong laws; some have weaker laws; and some have no laws related to the Code at all. LLLI encourages Leaders who are interested in learning how or whether their own country enforces the Code to contact their Ministry of Health or other appropriate department in their government for more information.

HOW DOES THE CODE GUIDE MANUFACTURERS AND DISTRIBUTORS?

The Code itself is not a law, and the WHO has no power of enforcement. Hence, the WHO cannot penalize companies that fail to follow the Code. In countries where national laws have been passed, companies have been taken to court for violations. Even without legal power, the WHO urges manufacturers and distributors of artificial baby milks, feeding bottles, and teats to abide by the Code. The Code gives information to help manufacturers and distributors of human milk substitutes with use of ethical marketing practices that will not weaken breastfeeding. Both the WHO’s support and national laws and regulations have had some success in reducing problems. However, no one can take the cooperation of for-profit corporations for granted even in nations with laws. Many companies find ways to get around the guidance of the Code.\textsuperscript{17}

The Code bans:

\begin{itemize}
\item Direct advertising to consumers,
\item Free samples being given to consumers,
\item Gifts, free samples, or discounted supplies being given to health care workers or health care facilities,
\item Giving materials with the company name and logo to health care systems for use with patients,
\item Allowing such materials to be visible in patient-care areas of health care facilities,
\item Payment of company representatives by result,\textsuperscript{18} and
\item Company representatives from conducting educational activities with potential purchasers, such as pregnant women or mothers of infants or young children.
\end{itemize}
Among other things, advertisements should not include pictures or wording that make formula feeding look better than breastfeeding or that could undermine breastfeeding. For example, companies should not use cute photos of babies or toddlers under three years of age on any drinks or foods supposedly intended for older children. Even if the company put “For four years and up” on the box, a photo of a toddler or a baby suggests that the drinks or foods are appropriate for that age group. Instead, all information in advertisements or on labels should be factual. It should include the fact that breastfeeding and human milk are superior. Labels and package inserts must also state that the product should only be used when a health care worker advises it. The label and insert should clearly explain how to use the product safely and the risks of use. There should also be no discounts, free samples, or advertising to the public. Manufacturers and distributors should not give anyone with new infants or young children gifts that could promote the company and its products. Gifts, especially samples, may influence consumers to bottle-feed or use formula.

The industry uses many marketing tactics to inspire health care workers to promote formula. For example, some companies give gifts to health care workers and health care systems, such as expensive equipment, cases of formula and other items for new family gift bags, or even low-cost calendars or pens. These gifts may influence them to promote products the company sells. In addition, gifts such as posters, calendars, or even tissue boxes showing the company logo should not be put on a desk or wall in an office or hospital. If they are, families who see them will remember the logo and be drawn to buy that company’s products. Such tactics are common. WHA 69.9 also addresses gifts and other tactics used to influence consumers or health care workers.

Companies also use other tactics to gain access to health care workers and consumers and influence them. Manufacturers and distributors may join workshops held at a hospital, giving lunch to everyone who attends and advertising themselves with signs, posters, and brochures. They offer to sponsor conferences, research, and travel for health care professionals. Manufacturers and distributors also use many other tactics. To sum up, the Code states that giving gifts or using other tactics to try to influence consumers (mothers and families), health care facilities, or health care workers is not acceptable. However, companies constantly find new ways to market their products.

The Code also says companies that produce breastmilk substitutes should not have direct or indirect contact with pregnant women or mothers of infants and young children. For example, companies should not have:

• telephone help lines offering advice on feeding babies or parenting,
The Internet gives companies even more ways of reaching people. The WHA talks about new modes of contact in resolution 54.2. The resolution urges countries to strengthen their laws to cover all forms of advertising in all forms of media. WHA 69.9 repeats restrictions against companies using websites, social media groups, and any other media to contact mothers and families.

**HOW DOES THE CODE GUIDE HEALTH CARE SYSTEMS AND HEALTH WORKERS?**

Article 7 of the Code specifically focuses on health care workers. The Code includes volunteer health care workers such as La Leche League Leaders by definition. Health care systems (which includes health care workers in private practice, hospitals, clinics, and both governmental and nongovernmental organizations such as La Leche League; see Article 3 for complete definition and health care workers are not supposed to take gifts or free supplies from manufacturers or distributors. If companies give them samples, retailers and health workers cannot give them out to families, though they can sell or distribute products they have bought. They must follow the Code. For example, they must pay fair market value for products they want to sell. They cannot give clients special short-term discounts but must charge fair market value.

Article 6 states that health care facilities should not promote breastmilk substitute products. They also should not give families any form of advertising or infant-feeding brochures with company logos. They should not have such brochures, posters, or other marketing products or gifts with the manufacturer’s or distributor’s name and company logo in the facility where clients can see them.

The Code states that health care workers may recommend formula only when it is clinically necessary, such as when:

- the infant’s mother is critically ill,
- the mother has died,
- the mother has been separated from the infant due to a disaster or abandonment, or
- the infant has some metabolic disorder that blocks digestion of human milk.
Manufacturers and distributors have found many ways of undermining Article 6. Often, they do so by going around Article 6.6, which allows companies to donate or make low-cost sales of breastmilk substitutes to institutions under certain conditions. As a result, the WHA addressed the issues through later resolutions.\textsuperscript{9,27, 28}

If health workers or health professionals need to evaluate a product as part of their professional work or research, they may accept samples or buy the products at fair market value. Health care workers can only evaluate artificial baby milks at the institutional level. The researcher must state they received samples in their report on the formula. The manufacturer or distributor must also state they gave the health worker samples.\textsuperscript{23} Health care workers and health care systems must promote, protect, and support breastfeeding.\textsuperscript{21, 23}

**HOW DOES THE CODE AFFECT LA LECHE LEAGUE LEADERS AND LA LECHE LEAGUE INTERNATIONAL?**

La Leche League Leaders, even though volunteers, are health workers according to the Code.\textsuperscript{23, 24} The Code defines the information and support we offer families as a form of health care. We indirectly care for the health of nursing couples. This means that Leaders must abide by the Code in their volunteer work supporting lactation and follow the guidelines for health care workers as described in Article 7.\textsuperscript{23} Thus, Leaders need to have some basic knowledge about the Code and how it applies to their work as Leaders.

La Leche League International has a long-standing policy of support for the International Code of Marketing of Breastmilk Substitutes and all subsequent World Health Assembly resolutions related to the International Code.\textsuperscript{29} Our policies state that we shall not accept "sponsorship or endorsement or licensing agreements with any corporation that violates the International Code".\textsuperscript{30} In addition, we must not accept advertisements or exhibits from companies that do not uphold the Code. The guidelines include both subsidiaries (a company owned by another company) and parent corporations.\textsuperscript{29} The PSR are currently undergoing review to ensure they are fully up to date. Hence, it is important for Leaders to read the LLLI newsletter\textsuperscript{31} in order to be aware of any changes to the PSR that may affect them.

We are required to fulfill our mission as La Leche League Leaders in an ethical manner. Our Code of Ethics describes our ethical duties in our role as Leaders.\textsuperscript{32} Among other things, La Leche League International expects Leaders to uphold the Code. This means we must not promote:
· products covered by the Code or companies known to violate the Code, or,
· manufacturers or distributors of breastmilk substitutes, infant feeding bottles, or teats.

For example, we should not accept free samples or agree to give out or sell a product covered by the Code.

As Leaders, we are required to share evidence-based, current, accurate information about breastfeeding and nursing with parents in order to help them make healthy feeding choices for their infants. Both the Code and LLLI expect Leaders to help people understand that human milk is the optimal food for babies. We shall promote and protect breastfeeding for all families as much as possible.

Leaders may wonder what to do if someone who is giving their baby formula comes to an LLL meeting or if someone asks questions about formula feeding. La Leche League warmly welcomes all families. We would not want to make anyone feel judged about a decision to supplement or formula-feed their infant. Sometimes babies truly need formula to survive. It is not our role to decide when that is. We want everyone to feel comfortable coming to us for help. It is important to remember that parents know their own needs, the needs of their baby, and their family’s needs best. They make decisions based on their family’s situation. Instead, we should offer accurate information about the benefits of human milk and breastfeeding. We should try to help them overcome any difficulties they may have in nursing their babies. By sharing good information to support breastfeeding, we empower families to make their own infant-feeding decisions and to succeed in their goals.

Sometimes discussions about formula use may arise in meetings or other LLL venues, such as online Groups. Some people may express strong feelings about the importance of human milk and the value of breastfeeding in their own lives. They may speak negatively about formula or about anyone who uses formula. Leaders need to watch meetings and online groups for negative comments. Leaders should make sure that no one makes anyone feel guilty or judged for their decisions. We may need to use our best communications skills to help all parents feel accepted and supported, no matter what their feeding decisions may be. As Leaders, we need to keep the focus on giving evidence-based information about human milk and breastfeeding. With that, we can help other people to be positive and supportive as well.

Leaders need to use extreme caution and avoid giving out or selling products covered by the Code to anyone who comes to them for information and support. It is most important to give information that helps people improve their own milk supply. If a Leader gives out or
sells formula, it could undermine breastfeeding. It could also give people a poor impression of LLL. Selling or giving away products covered by the Code conflicts with our responsibilities as Leaders representing La Leche League. If someone asks a Leader about formula, it is a good idea to refer the person to their baby’s doctor for information. Again, both LLLI and the Code require us to protect, promote, and support breastfeeding.\textsuperscript{23, 33, 34, 35}

Leaders who are also health care professionals should take care to keep their roles separate. It is not within a Leader’s scope of practice to evaluate products covered by the Code. Some Leaders are also health care professionals (HCPs), such as IBCLCs or physicians. Leaders who also work in an institutional setting as an HCP may find a need to evaluate products as part of their professional work. When doing so, the Code and their employer give guidelines they should follow in their work. In such a situation, they will be acting in their role as a health care worker and not as a Leader.\textsuperscript{23} Keeping one’s Leader role separate from one’s professional role is important in this situation, as in many others.\textsuperscript{36}

\textbf{INTERACTING WITH OR COLLABORATING WITH COMPANIES}

LLLI and Leaders need to be careful about dealing with any companies that manufacture or market artificial baby milk, feeding bottles and nipples or teats, or any foods meant to replace human milk. The International Code and subsequent WHA resolutions do not label an entire company or division as compliant or noncompliant. Instead, they urge companies to conform to the Code, and they note the problems that result from failure to abide by the Code.\textsuperscript{9, 37} In 2016, \textit{The Lancet} published strong research showing the costs of using formula and the ongoing benefits of breastfeeding for individuals and for society.\textsuperscript{38} Companies engaged in the manufacture, distribution, and marketing of products covered under the Code may often fail to fulfill their duties under the Code.\textsuperscript{9} It is important to keep this problem in mind when considering a relationship with any company, especially a manufacturer or distributor.

Leaders should be wary of any situation that may allow a company that is not meeting its obligations under the Code to connect its name with LLL in the public eye. For example, giving “quotes” to an outside organization for something they plan to publish, such as an article or advertisement, could be risky. Leaders should request final approval on any advertising or article. In addition, it is a good idea to check:

\begin{itemize}
  \item the general tone of articles a magazine or company wants to publish,
  \item their corporate relationships and/or sponsors, and
\end{itemize}
any products they accept for advertising.

It is also important to be careful about mixing causes. For example, a local business might offer discounts to people who mention LLL. There are two risks for LLL in this situation. If the primary product line of the business is covered under the Code, the Leader would be failing to uphold the Code if they told meeting attendees about the discount. Even if they don’t sell products covered under the Code, sending meeting attendees to that business would mean the Leader and LLL would be advertising that business. People who came to that meeting might think that LLL endorses that business. Leaders are encouraged to read information on mixing causes to ensure they understand the risks of such situations.39

Leaders may wonder how to decide whether it is safe for LLL to be involved with a company. These questions (inspired by IBFAN40) may help Leaders make that decision:

• What is the company’s brand presence in the local community?
• Does the company market products covered by the Code directly to consumers?
• What requests has the company made or assumed in exchange for their sponsorship or support of an event or donations to an event or fundraiser?
• What kinds of risks could even a minor relationship with the company bring?
• How does the company plan to use the LLL name?
• What will the overall content of any advertising or article convey about the importance of human milk, about LLL’s involvement, or about formula use?
• Will others see your participation as an endorsement of the company’s practices and/or products?
• Will your participation convey mixed messages about LLL’s expressed principles or philosophy?
• Does the company partner with or have as sponsors any companies that market formula or bottles and teats?

As an example, a company may offer to sponsor an LLL event, or someone may invite LLL to join an event a manufacturer or distributor is sponsoring. They might state they will be selling or giving away only products unrelated to the WHO Code. They may claim that they will be sharing helpful infant feeding information at the event. Explore the company’s local brand presence. If they market products covered under the Code—and especially if products covered by the Code are their primary products—be careful. Companies often build brand recognition by giving out non-Code covered items, such as baby calendars, bibs, infant clothing, or “baby on board” signs with recognizable logos and brand names.
Companies give away such items knowing that consumers will see and recognize the same logo on the company’s formula or bottles and teats. This will persuade people to purchase the company’s other products.\(^{6,12}\) Use of products not covered by the Code to create brand recognition in consumers’ minds is called “brand extension”.\(^{41}\) If a company’s main product line includes breastmilk substitutes, and/or bottles or teats, or if a company distributes products covered under the Code, it is in LLL’s best interest that Leaders or LLL entities avoid working with them.

Think about what a company offering to sponsor an event has to gain by linking itself with LLL. Their primary goal is to build sales. To achieve their goal, they may engage in a number of activities at or related to the event. For example, they may:

- hand out brochures or other forms of advertising with their logo,
- display posters showing their name and logo,
- give away small items with their logo and name to increase brand awareness,
- give out coupons among the attendees, and/or
- collect mothers’ or families’ names and contact information so they can contact them to sell their products.

If any of these are occurring, the event does not comply with the WHO Code and subsequent WHA resolutions. A Leader who joins an event where this kind of thing is taking place may imply LLL supports a company that is not meeting its obligations under the Code. Joining the event will connect LLL with that company’s name in advertising or other publications about the event. Though Leaders may want to counter a company’s claims about their product, any publicity connecting LLL with the company’s name will be to that company’s advantage.\(^{40}\) It is best to avoid any event sponsored by a company not meeting its obligations under the Code.

Sometimes it may be acceptable to participate in an event where a commercial company with products covered under the Code is also going to be. First, it should not be an event sponsored by that company. Second, if the company is just one among a number of other vendors, it may be all right for LLL to join the event as well. Still, Leaders should be careful.

A baby fair is a good example. Some Leaders may want to go to such an event to share La Leche League’s perspective on infant feeding. It may be safe to have an LLL booth at a baby fair if:
• it is not being sponsored by a formula or bottle and teat manufacturer or distributor,

• such a company is just one among a number of participants, and

• the participating company is selling or demonstrating products that are not substitutes for breastmilk or feeding bottles.

If a Leader decides to have a La Leche League booth at a baby fair, it would be best to ask that the LLL booth be set some distance from the other company's booth. That would lower the risk of implied support of the company by LLL. Again, the company's primary goal will be to increase brand recognition among people who go to the event. They will hand out sample products, brochures, or other items with their logo clearly shown. As a result, any link with La Leche League, such as by having booths next to each other, could be an advantage for the company.

IBFAN explains that there is a real risk that the company will gain from LLL's presence. In sum, La Leche League Leaders should not accept gifts or invitations to attend events sponsored by manufacturers or distributors of products covered under the Code. Accepting any gifts or invitations from these companies creates a conflict of interest. Their real goal is always to sell their products.

Even if a Leader is thinking of teaming up with a company that is meeting its obligations under the Code, our PSR states we must take care to ensure the parent company or any subsidiary is also doing so. This can be difficult because a parent national or multinational or global company may own many companies. Figuring out global relationships can be difficult. In addition, they may change quickly as parent companies sell other companies they own or as companies merge. If Leaders are unsure about a company's parent or subsidiary relationships, they are welcome to contact the International Code and Conflicts of Interest Committee or a similar committee in their own LLL entity.

Leaders often must make careful decisions to uphold their duties to the Code under other circumstances. For example, Leaders or LLL entities should take care when seeking:

• meeting or other LLL event locations,

• donations for their Group, an Area Conference, Leader Day, or other LLL event, or

• donations for a fundraiser

Leaders should completely avoid some businesses, yet others may be fine. Deciding which are safe can often be tricky.
Clearly, Leaders should never accept donations, sponsorship, or funding from a manufacturer or distributor of formula or bottles and teats. They should never accept meeting space or join a workshop or other event at a venue sponsored by a manufacturer or distributor of products covered under the Code. On the other hand, according to IBFAN, Leaders may not need to avoid companies selling a wide variety of products. However, Leaders still need to think about each situation carefully. First, a company or business should meet four basic conditions:

1. They do not make and sell their own brand of formula or bottles and teats,
2. Formula, bottles, and teats are simply some among many other products the company carries for sale and are not their primary product line,
3. They do not try to promote breastmilk substitutes, bottles, or teats during the event or in any advertising related to the event, and
4. They meet their responsibilities under the Code for advertising and promotion of products covered under the Code as described in Article 5.6

Second, Leaders should consider:

- Any restrictions their LLL entities may have on such relationships, and
- Any local or national laws that may impact their decision.

After making sure that the business meets the first three conditions, Leaders should contact their Leader or Professional Liaison Department for information about concerns their LLL entity may have. Leaders are also welcome to contact the International Code and Conflict of Interest Committee with any other questions they may have.

LEADERS, BOYCOTTS, AND CODE MONITORING

LLLl has a strong policy against mixing causes. LLLL urges Leaders not to use their positions as Leaders to set up boycotts or other protests. Similarly, we do not ask Leaders to become Code monitors, i.e., to report Code violations they see. Joining boycotts, protests, or Code monitoring as a Leader would be mixing causes. As Leaders, we need to focus on our primary purpose of supporting breastfeeding and nursing.

If Leaders do choose to join boycotts or report Code problems they see, they should do so as individuals and not as La Leche League Leaders. They need to keep their actions separate from their leadership when they do so. Leaders who learn of Code issues can report to one of the following:
• Anywhere in the world, the International Code Documentation Centre arm of the International Baby Food Action Network (IBFAN) at http://www.ibfan-icdc.org/report/. 44

• In Canada, the Infant Feeding Action Coalition, INFAC, at http://infactcanada.ca/Int_Code_TOC.htm, 45

• Baby Milk Action, a branch of IBFAN in the UK, at http://www.babymilkaction.org/ 46 or

• organizations in Leaders’ own countries

OUR GLOBAL ENGAGEMENT RELATED TO THE CODE

As an international organization, LLLI strongly supports35 the Code, as it aligns with our work to support breastfeeding. Other global organizations, including the WHO, recognize our support of the Code. In 2018, the WHO invited LLLI to join NetCode (Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions). 47 The WHO established NetCode in January of 2016 to help countries support the Code. 48 First, NetCode aims to help countries strengthen national Code legislation. Second, NetCode offers countries strategies to improve monitoring of Code violations. Finally, NetCode offers support to help countries strengthen enforcement of their legislation. The main goal is to protect people around the world from unethical marketing of formula and feeding bottles and teats. 47

LLLI is also a member of the Partnership for Maternal, Newborn, and Child Health (PMNCH), another WHO initiative. 49 PMNCH aims to improve health outcomes for children of all ages and for mothers. Thus, their goals overlap with those urged by the WHO and the WHA in the Code and its supporting resolutions. LLLI is one of over 1000 member organizations from 192 countries engaged in this partnership. All of us know that protecting and supporting breastfeeding helps improve health around the world.

LLLI is a core partner of the World Alliance for Breastfeeding Action (WABA) as well. This global network supports breastfeeding as a human right. Like LLL, all organizations that partner with WABA support this basic human right. Leaders can learn more about WABA at their website. 50

LLLI also collaborates with other organizations to promote and support the Baby Friendly Hospital Initiative around the world. We have worked with the World Health Organization, UNICEF, WABA, and Baby Friendly USA51 to help revise the Ten Steps and develop strong guidance for implementation.
LLLI continues to seek ways for Board members, Leaders, and our organization as a whole to promote, protect, and support breastfeeding and the international Code. We work with other organizations to support nursing families. As always, our mission remains our focus. LLLI will post additional information on the LLLI website or publish information in *LLLI News* as we join these activities.

**CONCLUSION**

As Leaders, we need to learn about our duties as health workers under the Code. Getting to know more about the Code and the WHA resolutions that go with it will help us uphold the Code in our role as Leaders. We have important roles in educating our community about the Code and in supporting breastfeeding. Any Leader with concerns about any LLL entity’s or LLLI’s own adherence to the Code is welcome to write the Executive Director and the Board of Directors to describe their concerns. In today’s rapidly changing world, activities or partnerships that were “safe” at first may change as companies connect with others. Companies may add to the products they sell. It is good for all of us to check on long-term or repeating events or partnerships from time to time.

For example, LLL Leaders who join annual events should check partner or sponsor organizations each time they think about joining the event. As Leaders and as members of LLLI, we want to avoid relationships with any company that manufactures and advertises and/or markets products covered under the Code in a manner that fails to uphold the Code as well as with any individual or organization that accepts donations, sponsorship, or support from such a company. That will reduce the risk of linking La Leche League’s name and credibility with such companies.

Currently, UNICEF offers a free, introductory course of eight modules covering all elements of the Code and the related WHA resolutions at its free AGORA global hub for learning. The site itself is available in English, French, and Spanish; however, the introductory course on the Code is available only in English at this time. Each module is self-paced with quizzes at the end of each module to help Leaders assess what they have learned. Any Leader who would like to learn more about the Code can find the course by registering at [https://agora.unicef.org](https://agora.unicef.org). After registering, the course on the Code can be found by clicking on the three horizontal lines at the top left on the page and clicking on “Browse learning activities”. Then click on “Catalogue,” and in the search box, simply enter “international code.” That will bring up the course as one of the options.
REFERENCES


11 Annex 3: Excerpts from the Introductory Statement by the Representative of the Executive Board to the Thirty-fourth World Health Assembly on the subject of the Draft


39 *LLLI Mixing Causes*. Available at [https://www.llli.org/lll-mixing-causes/](https://www.llli.org/lll-mixing-causes/)


International Code Documentation Centre. Online report form. IBFAN. (Website currently being updated.)


PMNCH (Partnership for Maternal, Newborn, and Child Health). Available at [https://www.who.int/pmnch/about/en/](https://www.who.int/pmnch/about/en/)

World Alliance for Breastfeeding Action (WABA). Website: [https://waba.org.my/](https://waba.org.my/)

Baby Friendly USA. Website at [https://www.babyfriendlyusa.org/about/](https://www.babyfriendlyusa.org/about/)

Chapter 7 - Series Meeting Ideas

In this chapter you will find information about the following (you can scroll or read through the chapter, or click on the links to ‘jump’ straight to that section):

Introduction
Approaches
Using the Meeting Guides
Resources
Meeting 1: The Importance of Breastfeeding
Meeting 2: The Baby Arrives, the Family And the Breastfed Baby
Meeting 3: The Art of Breastfeeding and Avoiding Difficulties
Meeting 4: Nutrition and Weaning

See also:
• Meeting ideas on the LLLI website – this collection of ideas comes from Leaders all around the world.
• Chapter 2 of the Leader’s Handbook – Leading A Series Meeting

INTRODUCTION

These Series Meeting Guides offer a basic approach to La Leche League meetings that promote open, interactive discussions. These meetings may be held in person or online.

These guides provide a sense of uniformity to meetings while allowing individuals to personalize them and add variety, just as with meeting ideas passed from Leader to Leader. The standard series of four meetings progresses chronologically and is designed to help parents attending meetings hear about and explore a range of experiences regarding breastfeeding and ‘ages and stages’. Consider each meeting idea carefully to be sure it is appropriate for your entity, as well as for the attendees in your local Group.

• The decision to breastfeed—Meeting 1: The Importance of Breastfeeding
• Birth and the first few weeks of baby’s life—Meeting 2: The Baby Arrives: The Family and the Breastfed Baby
• The normal course of breastfeeding—Meeting 3: The Art of Breastfeeding and Avoiding Difficulties
Introducing complementary foods, and the weaning process—Meeting 4: Nutrition and Weaning

The Series Meeting titles repeat, series after series, yet each meeting is unique due to the ever-changing mix of participants, growth of the children, and the ever-changing needs of families. You can choose a more specific focus of the topic based on the anticipated participants and their needs.

APPROACHES

Some Leaders plan meetings on a monthly basis, allowing for the most flexibility if changes in the schedule arise. Planning monthly gives you the opportunity to continue addressing the interests and needs of attendees from one meeting into the next, or to try something new. Another way to plan meetings is a theme approach. A theme gives a series continuity from meeting to meeting. Within the context of the theme, each meeting can be adapted to meet the needs of the participants.

For example, if “Expectations” is the theme, meetings might have the following titles and discussion questions:

- **Meeting 1—Great Expectations: Breastfeeding Benefits Everyone**
  What benefits are you expecting from breastfeeding? If you are experienced with breastfeeding, what benefits have you noticed that you didn’t expect? How does breastfeeding help you fulfill the expectations you have for yourself or that others have of you?

- **Meeting 2—Realistic Expectations: A New Baby in Your Family**
  What does your family expect of the new baby? …of you? What do you expect from your partner/support people when your baby arrives? …from any other children and family members? …from yourself? What can make these expectations realistic?

- **Meeting 3—What to Expect: Knowing What’s Normal and Avoiding Problems**
  What avenues did you/are you using to learn about breastfeeding? Are there people in your life who are teaching you about breastfeeding? What difficulties did you anticipate you might have with breastfeeding? (What difficulties do you anticipate you might have with breastfeeding?) If you have breastfed a baby, what did you do to avoid difficulties?

- **Meeting 4—Guess Who’s Coming to Dinner? Beginning Solid Food**
  What emotional and physical needs does a meal meet? What do you do to help accomplish
that? During pregnancy, how long do/did you expect to breastfeed? If you have breastfed or are breastfeeding a baby, compare your original expectations with your expectations now. How have they changed? What are some signs your baby is showing that suggest a readiness to begin eating solid foods? How do you feel as your breastfeeding relationship with your baby is changing as weaning begins?

The more specific the meeting title, the less flexibility you will have, since the focus needs to reflect the title. A flexible meeting plan allows for spontaneity. Even though the meeting title suggests a focus or topics for that meeting, no one should have to wait for a specific meeting for an answer to their question. Perhaps questions fit the meeting topic; if not, you can alter the focus or suggest talking together at refreshment time. Some Groups set aside the first few minutes of each meeting to respond to urgent/burning questions, especially if they are not directly related to the meeting topic. You might say something like this during introductory remarks: “Please don’t leave with unanswered questions.”

USING THE MEETING GUIDES

Each Meeting Guide includes two sample prepared meetings and several possible focuses for less structured meetings. Each offers discussion plans and possible questions to help the discussion along. The Meeting Guides are ready to use and can be adapted as the meeting progresses. Feel free to use the prepared meetings as they are, adapt them, or compose your own ideas from other Leader resources.

RESOURCES

_The Womanly Art of Breastfeeding_ is a Leader’s primary source for breastfeeding information and LLL philosophy (if it is available in an accessible language and format). Within each of the Meeting Guides, specific chapters of _The Womanly Art of Breastfeeding_ and other LLLI resources are listed. An article in an entity/member publication may be used as the basis for a meeting. Leader publications often offer meeting ideas. LLLI’s [website](https://www.llli.org) is also a wealth of expanding information and support for families and Leaders, and includes a collection of meeting ideas.

Within each meeting guide is a section called, “Additional Resources,” which lists LLLI publications that contain offer related information. The resources that are listed can be made available during the meeting. These resources need to be updated as new information is published by LLLI or becomes available in your language. You might also want to display...
relevant titles from your Group Library if you have one, as a way of further engaging the participants in the Group.

**MEETING 1: IMPORTANCE OF BREASTFEEDING**

**Resources**

*The Womanly Art of Breastfeeding*, Chapters 1, 2

LLLI website:

https://www.llli.org/breastfeeding-info/benefits/
https://www.llli.org/whats-in-it-for-mothers/
https://www.llli.org/lactancia-materna-que-beneficios-tiene-para-las-madres/
https://www.llli.org/why-breastfeeding-is-good-for-mothers-mental-health/
https://www.llli.org/por-que-es-buena-la-lactancia-para-la-salud-mental-de-una-madre/
https://www.llli.org/handling-criticism-becoming-your-own-advocate/
https://www.llli.org/breastfeeding-info/responding-to-criticism/
https://www.llli.org/green-feeding-breastfeeding-for-a-healthy-planet/

**MEETING 1: ALTERNATE TITLES**

The Importance of Human Milk, Why Breastfeed Your Baby?

**Introductory questions**

- What interested you about breastfeeding?
- What influenced your decision to breastfeed?
- If a friend or relative told you they were pregnant, what would you tell them about breastfeeding?
- What is one benefit that has been particularly helpful with your child?
- Was there anything about breastfeeding that surprised you?

**Discussion**

Ask meeting attendees to expand on the physical and emotional elements for baby and the physical and emotional elements for mothers/nursing parents. You might list benefits on a big pad of paper as people talk. You might pass out photographs from magazines, household items or show images on a phone/mobile device that would inspire participants. You could also highlight passages in *The Womanly Art*, mark the pages with tabs, and pass the book around for participants to read from. Below are benefits that can serve as examples if needed.
Leader’s Handbook

For baby

**Colostrum** provides: immunity and defense against infection; a laxative effect to encourage passage of meconium after birth and to decrease the absorption of bilirubin; stimulation of hunger in the newborn, which increases frequency of suckling and accelerates milk production; higher concentration of protein than mature milk.

Mature milk provides: only food needed for the first six months; all necessary nutrients in proper proportion; easily digestible food; promotion of good health and optimal development; antibodies; protection against infections; hydration for baby during illness and a more rapid recovery; reduced risk of **allergies**; reduced risk of obesity later in life; **reduced incidence of Sudden Infant Death Syndrome**; optimum IQs. The act of breastfeeding also develops hand-eye coordination, promotes proper jaw, tooth, and speech development, and satisfies hunger immediately.

Mother and baby togetherness: builds strong ties of love; ensures lots of close physical contact; nursing is comforting to baby when fussy, overtired, ill, or hurt.

Mother/nursing parent: continues natural reproductive cycle of conception, pregnancy and childbirth; hormones stimulated by suckling contract the uterus, reducing the risk of hemorrhaging; can aid in natural **weight loss**; night feedings are easier, less disruptive; prolactin relaxes, making parenting easier; reduces risks of breast and uterine cancers; can save time and money; trips away from home are easier, no worry about baby’s food; delays return of **fertility**.; being able to physically satisfy and comfort baby through breastfeeding can provide greater closeness and increase a nursing parent’s perception of their baby’s needs.

**Follow-up questions**

- How does breastfeeding help meet the challenge of caring for a new baby?
- What would a mother miss if she decided not to breastfeed her baby?
- What are some benefits of breastfeeding to siblings?
- What elements of breastfeeding are important to you today that perhaps would have been less important a generation ago?

**MEETING 1: ALTERNATIVE PLAN**

Alternate Titles: The ABCs of Breastfeeding, Importance of Breastfeeding from A to Z

**Introductory questions**

- When was the first time you saw someone breastfeeding/chestfeeding?
• Can you name an important element of breastfeeding that begins with the first letter of your child's name?
• How is breastfeeding helping you love and enjoy your baby?
• How has the experience of breastfeeding changed you?
• What were/are your expectations about breastfeeding?

Ask each participant to write on a piece of paper, or send digitally, something about nursing that is important to them. Collect these pieces of paper and save them for later in the meeting.

Discussion
Create a list of what is important about breastfeeding by using the letters in the alphabet. You will need a flip chart, poster, or large piece of paper to write on so that everyone can keep track of the list; if your meeting is online you can enter responses onto your shared screen. While going through the alphabet, add the responses offered by the participants. To make the game a little more challenging, ask attendees to come up with additional answers for each letter.

Here are some examples:
A—Always available, avoiding allergies
B—Biological norm, bonding
C—Colostrum, comfort
D—Delicious!
E—Expressed milk can make returning to work easier, eye-hand coordination, breastfeeding in emergencies saves lives
F—Frugal, fresh, fewer health problems
G—Growth
H—Healthy, happy baby
I—Immunities, intelligence, immediate
J—Jaundice risk lower
K—“Kangaroo care” for premature babies
L—Laxative, less constipation
M—Money saved
N—Nighttime parenting easier
O—“Outage” of power but baby can still have a warm meal
P—Periods delayed, peace of mind, pumping provides milk when nursing dyad can’t be together
Leader’s Handbook

Q—Quick
R—Rest, relaxing
S—Simple, safe, sterile
T—Travels well, temperature always right
U—Uterus contracts after birth when baby nurses, understanding between the nursing dyad develops
V—Viruses result in “custom made” milk
W—Weight – optimum in baby, and nursing parent may lose pregnancy weight more easily
X—“Xactly” what babies need, when they need it
Y—Yummy smell of breastfed infants
Z—Zero waste food, zero food miles

Follow-up questions

• How does breastfeeding affect the way you parent?
• Why did you decide to breastfeed, and what helps you to continue?
• How do LLL meetings support you in your breastfeeding relationship?
• Can you describe a situation when you were especially glad to be breastfeeding?
• What would your baby say is the most important thing about nursing?

MEETING 1: ALTERNATIVE FOCUS
How Breastfeeding Affects Parenting
Questions

• How has breastfeeding enhanced the way you parent?
• How do you feel when you breastfeed?
• When did breastfeeding become natural for you?
• What is your experience of expressing your milk?
• What doubts or worries did/do you have about breastfeeding?
• What do you hope to gain from breastfeeding?

Discussion:
In this meeting, you might discuss the benefits of prolactin, bonding, tuning into baby’s needs, and building confidence in nursing/parenting.
MEETING 1: ALTERNATIVE FOCUS
Coping with Others’ Attitudes about Breastfeeding Questions

• Whose attitude about breastfeeding affects you the most?
• What was the best advice about breastfeeding or expressing you received from a friend or relative?
• How does breastfeeding help you meet your baby’s nighttime needs?
• How have you dealt with something that our society sees as a disadvantage of breastfeeding?
• Give an example of positive or negative coverage of breastfeeding in the media.

Discussion:
In this meeting, you might discuss society’s misconceptions about breastfeeding, how someone can breastfeed discreetly, and how the attitudes of family, friends, and healthcare providers can have an effect on the breastfeeding relationship. It is important to accentuate the positive and find opportunities to build attendees’ self-confidence.

MEETING 2: THE BABY ARRIVES: THE FAMILY AND THE BREASTFED BABY
Resources
The Womanly Art of Breastfeeding, Chapters 2, 3, 4, 5, 6, 20

LLLI website:
https://www.llli.org/breastfeeding-info/birth-and-breastfeeding/
https://www.llli.org/breastfeeding-info/breastfeeding-cesarean-birth/
https://www.llli.org/what-my-doctor-taught-me-about-birth/
https://www.llli.org/breastfeeding-info/family-needs/
https://www.llli.org/breastfeeding-info/frequency-feeding-frequently-asked-questions-faqs/
https://www.llli.org/breastfeeding-info/is-baby-getting-enough/
https://www.llli.org/five-steps-to-an-easier-return-to-employment-or-education/
https://www.llli.org/finding-your-people/
https://www.llli.org/nurturing-the-nurturer/
https://www.llli.org/breastfeeding-info/bottles/
Look under ‘W’ in the Breastfeeding A-Z for resources on working and breastfeeding:
https://www.llli.org/breastfeeding-info/
MEETING 2: ALTERNATIVE TITLE
Preparing for Birth and Breastfeeding

Introductory questions

• What have you done/did you do during pregnancy to make the early weeks after birth easier?
• What have you done/did you do during pregnancy to prepare for breastfeeding?
• What is useful to think about before your baby comes?
• What was the best suggestion someone gave you for the early weeks?
• What have you done/would you do differently in subsequent pregnancies in planning for your birth and breastfeeding?

Discussion

• Research: information about breastfeeding, birth plan, finding a support network, figuring out how to...
• Equipment: clothing, furniture, and accessories
• **Expressing** and **pumping** milk
• Technique: **latch-on and positioning**, normal newborn behavior, care of mother and baby, avoiding and overcoming problems

Follow-up Questions

• Describe your favorite clothing for ease of nursing/pumping.
• How to make a cosy nursing/pumping spot?
• Who gave you support when you were breastfeeding for the very first time?
• What did they say or do to help you feel good about breastfeeding?
• What special needs do you/did you and your baby have at first?
• How is life different after the baby is born?

MEETING 2: ALTERNATIVE TITLE
There’s a New Baby in Your Life

Introductory questions

• Who were the people in your life who provided the emotional support you needed in the first months?
• What advance plans have you considered to make life easier at home once your baby is born?

• Tell about one change having a baby has made in your life.

• People often talk about “good” babies. How can you respond?

• What item(s) have you gotten/did you get while pregnant that will help with breastfeeding?

Discussion

“There’s a new baby in your life, how do you…”

This discussion can generate many tips that are useful for expectant parents who are wondering what life is like with a new baby and for those with young children who need fresh ideas.

On the front of small cards write: “How do you…” and on the other side of each card write one of the following activities. Pass the cards out and ask the attendees to share their answers.

• take a shower?
• cook a meal?
• shop for food?
• shop for clothes?
• eat?
• drive?
• use a public restroom?
• sleep?
• take care of older children?
• clean your home?
• get your hair done?
• have time alone with your partner?
• get exercise?
• breastfeed in public places?
• relax?
Substitute questions for ones that are relevant to your group/region. If it is common for mothers in your area to return to work in the weeks/months after birth you may want to include questions that allow discussion about this experience.

Follow-up questions

- What other activities were challenges for you with a new baby? What did you do?
- What special needs did you and your baby have at first?
- How can we handle the feeling of being overwhelmed by a baby’s needs?
- What special interests or hobbies did you have before your baby arrived? Have you managed to keep up with them?
- How can we keep ourselves focused on those things we really value?

MEETING 2: ALTERNATIVE FOCUS
Getting Breastfeeding Off to a Good Start

Discussion

Often this discussion brings up local hospital policies and how they affect the early days of breastfeeding. You can let attendees know that they have the right to make requests regarding birth. However, it is equally important that they understand that an ideal situation is not a prerequisite to breastfeeding. You can encourage attendees to communicate with the hospital staff about policies. You can also call on those whom you know have had a wide range of birth experiences and ask how they have worked to have successful breastfeeding relationships.

Questions

- What have you done or are you doing to help breastfeeding get off to a good start?
- What early breastfeeding experience did you have that you did not expect?
- What made/makes you anxious about breastfeeding in the early days? What do you know now that would have made those days easier?
- What have you and those around you done to make the early days of breastfeeding go more smoothly?

MEETING 2: ALTERNATIVE FOCUS
How Older Children Adapt

Discussion

The birth of a baby affects all family members. Discuss preparations and attitudes before
and after a baby’s birth that can help make the adjustment easier for siblings. Acknowledge that jealousy and regression are normal and that children need to find acceptable outlets to express their feelings.

Questions

• What have you done/can you do before the birth to prepare a sibling for the baby’s arrival? How can you help the older child to still feel loved and needed?
• Who in your family had a difficult time adjusting to the baby’s arrival? How did you help?
• What are some ways to handle bringing home a new baby to siblings?
• How can you help every child within the family to feel special and yet understand that the baby’s needs come first?

Working and Breastfeeding Discussion

Returning to paid work, and what preparations to make beforehand, are frequent topics of discussion in LLL meetings. The information needed and the specific concerns may differ depending on the level of maternity/paternity leave available in each country. Attendees who have not returned to work, or don’t plan to, will still have scheduling challenges, and many parents express and store milk regardless of their work status. If the experienced breastfeeding parents in the group have not faced the challenges of breastfeeding and working outside the home, stories from member publications and Breastfeeding Today can be helpful in adding to the discussion.

Questions

• What adjustments have you made at work to help with breastfeeding and pumping?
• How have you overcome any challenges?
• What would your ideal work situation look like?
• What pumps or other products have been helpful to you?
• What is your top tip for someone planning their return to work?
• Have you found any good resources about working and breastfeeding? (an opportunity to showcase books from your Group library, if you have one, or highlight La Leche League articles)
• What changes have you experienced in your working and breastfeeding career?

Possible Title/Focus How Childbirth Options Can Affect Breastfeeding

Discussion
Check about legal restrictions and provisions regarding birth options in your community, region or country. A new mother can experience a range of emotions, from elation at having a new baby to discouragement that the birth experience wasn’t what she expected. Encourage discussion about a diversity of reasons for choosing various birth options. Invite attendees to speak about their positive experiences, and to share how they processed and came to terms with more upsetting aspects.

Be aware that some meeting attendees may not be gestational parents. If your meetings include others, be sensitive to any grandparents present who may not have had the same experience as others may discuss.

Questions
• What are some decisions you have made about your birth that you think will have a positive effect on the early days of breastfeeding?
• What childbirth options have you found that allow for minimum separation between you and your baby?
• Which childbirth choices would you make differently next time?
• How can you/did you include your family in your birth experience?

MEETING 2: ALTERNATIVE FOCUS
Avoiding Common Difficulties: Using LLL Information

Introductory questions
• Is breastfeeding easier or harder than you expected?
• Is there a question about breastfeeding to which you have never received a satisfactory answer?
• What is one remark you remember hearing that helped you to keep breastfeeding when you were still learning and unsure? (Record these answers and reread them at the end of the meeting for a positive conclusion!)
• Tell us one of the ways you are learning to breastfeed.
• Where do you get your determination to breastfeed?
Discussion
Choose several resources from the Breastfeeding Info A-Z menu on the LLLI website, or your entity website that address common difficulties, and print them out. Put them in a basket from which participants can take one. Invite participants to choose a page and take a moment to read (or skim) it. Ask them to give mini-reports, pointing out what LLL suggests about handling or avoiding that difficulty. Then encourage the participants to share their personal experience. At a meeting with all repeat mothers/parents, ask them to pick books they have read from the Group Library that address common difficulties and discuss them. If you don’t have a printer or want to reduce paper/ink use, you can do the same task asking attendees to look at articles on their phone, or read a summary out loud and invite responses.

Common difficulties or concerns could include the following:

- Sore nipples
- How to know that baby is latched on well
- How to know whether baby is getting enough milk
- Plugged ducts/mastitis
- Jaundice
- Fussy baby
- Baby biting
- Nursing strike
- Parent or baby ill
- Worries about what is ‘normal’

Follow-up questions

- Why continue to breastfeed if you experience difficulties?
- Did you have any preconceived ideas that caused you to have problems with breastfeeding? What did you do to change?
- What was a problem you expected while you were pregnant that was not a problem when you were breastfeeding?
- What support do you need most during breastfeeding? If you are pregnant, what support do you need most in making your decision and preparations to breastfeed?
• What resources do you find the most practical to turn to when you have questions about breastfeeding?

MEETING 3: THE ART OF BREASTFEEDING AND AVOIDING DIFFICULTIES

Resources
*The Womanly Art of Breastfeeding,* Chapters 5, 6, 7, 8, 9,10,11, 12, 17, 18

*Sweet Sleep*
[https://www.llli.org/resources/sweet-sleep/](https://www.llli.org/resources/sweet-sleep/)

LLLI website:
Search the Breastfeeding A-Z for specific topics [https://www.llli.org/breastfeeding-info/](https://www.llli.org/breastfeeding-info/)
[https://www.llli.org/breastfeeding-info/back-to-breast/](https://www.llli.org/breastfeeding-info/back-to-breast/)
[https://www.llli.org/breastfeeding-info/sleep-training-or-not/](https://www.llli.org/breastfeeding-info/sleep-training-or-not/)
Look under ‘S’ in the Breastfeeding A-Z for more resources on sleep and nighttime parenting:
[https://www.llli.org/breastfeeding-info/](https://www.llli.org/breastfeeding-info/)

Alternate Titles:
*The Normal Course of Breastfeeding,* *Questions Breastfeeding Mothers/Parents Ask,* *Is It Normal or Does It Need Attention?*

Introductory questions
• What was your question or concern when you first contacted LLL? If this is your first contact with LLL, what brought you here today?
• What is something you’ve heard about breastfeeding that you are not sure about?
• What cues does your baby (or your body) give you when it’s time to breastfeed/express milk?
• What suggestion would you give a friend who was planning to breastfeed?
• Tell us one thing your baby does that they were not doing last month. How has this affected breastfeeding or your relationship?

Discussion
Offer the following statements to participants, asking if each seems normal or needs attention. The statements can be printed on individual cards, written on a board, or shown on your screen. Some situations may be normal at one stage of breastfeeding but need attention when they arise at another stage. Remind participants that situations that need atten-
tion are not necessarily ‘abnormal’. Encourage attendees to trust their instincts based on knowledge of their babies, to ask questions, and to seek out answers that will work for their families. Remind attendees that they may also want to contact their health care providers if they have concerns or worries about their baby’s health. Discuss some of the statements below in depth. Choose situations that will be relevant for the parents at your meeting.

- My baby is eight months old and still shows no interest in eating complementary foods.
- My breasts are uncomfortably swollen. They feel heavy, hard, warm, and sensitive, as if they are ready to burst!
- My baby breaks out in a rash every time I eat peanuts.
- My baby is two weeks old and exclusively breastfed. He had two wet diapers today, and he hasn’t had a bowel movement in three days.
- My baby cries uncontrollably for hours every night.
- I never feel the let-down sensation, and my breasts don’t leak.
- My baby keeps biting when we nurse.
- I have no interest in being intimate with my partner. Whenever we are intimate, it’s really uncomfortable for me.
- I can’t pump more than a small amount at a time.
- My newborn sleeps all the time. He won’t wake up to nurse.
- My baby makes noise when he breastfeeds.
- My baby won’t take a bottle.
- Yesterday my breasts were big and full. Today they are soft.
- My baby is six months old, and I still haven’t had my period.
- My toddler is nursing like a newborn!
- Breastfeeding was going along just fine, but in the past few days my breasts are extremely sore when my child nurses.
- I think I have the flu. My breast is sore and red and I ache all over.
- My six-week-old baby is nursing all the time. It seems like as soon as one feeding is over, it’s time for another one. He nurses for 30 minutes at a time!

Add to or revise these concerns to meet the Group’s needs.
MEETING 3: ALTERNATIVE FOCUS
The Normal Course of Breastfeeding
Issues that are part of the normal course of breastfeeding can include (though not necessarily in this order):

- Establishing supply
- Adjusting to the nursing relationship (establishing ease and pattern)
- Growth spurts
- Teething
- Starting complementary foods
- Periods return
- Common problems, e.g., engorgement, mastitis, sore nipples, nipple confusion
- Next pregnancy
- Long term breastfeeding
- Weaning

Follow-up Questions

- What did you think life would be like with your baby, and what is it really like?
- How can you learn to trust your instincts and discover that you know your child best, when breastfeeding can sometimes seem like such a scientific process?
- Why is it important to listen to your instincts when it comes to breastfeeding?
- What has your child taught you about breastfeeding? Have subsequent babies taught different lessons or created different answers?
- How can the range of “normal” be different for nursing parents?

MEETING 3: ALTERNATIVE FOCUS
Breastfeeding Myths and Facts
Introductory questions

- Where have you heard breastfeeding myths?
- What myths about breastfeeding have you heard?
- What conflicting advice have you received about caring for your baby?
- What is a funny piece of advice about babies that you got from a family member?
• How do you handle comments that show disapproval for your way of caring for your baby?

Discussion
On one side of small cards print one myth of breastfeeding. On the other side of each card, write its corresponding fact. Myths and corresponding facts can also be printed on separate cards to be played as a matching game. Some Leaders prefer to let the mothers and parents verbalize the truths. Pass these out to the participants to read and discuss.

For an online meeting, myths could be displayed on the screen then, following the discussion, the fact can be displayed.

Some examples could be:
• Myth—“Never wake a sleeping baby.” Fact—“A hungry baby may be too weak to indicate his need for food.”
• Myth—“If the baby isn’t gaining well, you may have low quality milk.” Fact—“Studies have shown that even malnourished women are able to produce milk of sufficient quality and quantity to support a growing infant.

MEETING 3: ALTERNATIVE FOCUS
Becoming a Mother: Adjusting to Parenthood
Questions
• How is motherhood different from what you thought it would be?
• What is the biggest adjustment you needed to make before the baby arrived? How about after the baby arrived?
• How has becoming a parent affected your attitude and lifestyle? What changes do you anticipate?
• Name one positive way you or your lifestyle has changed since your baby arrived.
• How can breastfeeding make the adjustments easier?
• How has breastfeeding affected your parenting?

Discussion
Many new parents find that their day-to-day pattern of living is altered. They often restructure their priorities to accommodate the baby, for instance by simplifying housekeeping and meals, and modifying usual activities. Changes can be hard to make and harder yet to accept. One of the Leader’s challenges is to guide a discussion that looks at these changes
positively and yet acknowledges common feelings and concerns. At a La Leche League Series Meeting participants can see parents and babies bringing joy to each other and talking about the positive side of mothering, childcare, and family life.

MEETING 3: ALTERNATIVE FOCUS
Nighttime Parenting
Discussion
Discuss attitudes and expectations as well as ways to satisfy baby’s nighttime needs that are least disruptive of sleep. Respect each family’s individuality and acknowledge that each family must find nighttime solutions that are most comfortable for them. What works well in one family may not be appropriate for another. A mother who is waking up frequently with her baby is very vulnerable. She is tired and frustrated, maybe even frantic. She may need an opportunity to talk things out after the meeting, one-to-one with a Leader.

Questions
- How do you make night breastfeeding easier?
- Other than getting enough sleep, what worries do you have about meeting your child’s nighttime needs?
- How have you found ways to meet your need for sleep, your baby’s need to be close to you, and your baby’s physical needs?
- What has worked and what hasn’t worked for your family? How has that changed with time?
- What are some possible reasons that your baby wakes at night?

MEETING 3: POSSIBLE FOCUS
The Womanly Art Of Breastfeeding
Discussion
Display copies of The Womanly Art from the Group Library for this meeting, to promote LLL as a resource. If the meeting is online you can share this link https://www.llli.org/resources/womanly-art-breastfeeding/ or one from your entity website/shop. This meeting can enlighten participants about LLL information and philosophy, sell memberships and The Womanly Art of Breastfeeding, and promote an interest in leadership.

Questions
- How is breastfeeding your baby an “art”?
• Why go to LLL meetings if you don’t have a question? Or, what continues to draw you to meetings?
• Tell us about something you’ve heard or seen at Series Meetings or read in *The Womanly Art* that was a surprise to you.
• What would you say to a friend or relative about LLL?

**MEETING 4: NUTRITION AND WEANING**

**Resources**  
*The Womanly Art of Breastfeeding*  
Chapters 13, 16

*Feed Yourself, Feed Your Family*  
https://www.llli.org/resources/feed-feed-family/

**LLLI website:**  
https://www.llli.org/breastfeeding-info/starting-solids/  
https://www.llli.org/breastfeeding-info/water-supplements/  
https://www.llli.org/breastfeeding-info/foods/  
https://www.llli.org/feeding-the-new-mother/  
https://www.llli.org/breastfeeding-info/toddlers/  
https://www.llli.org/breastfeeding-info/length-of-time/  
https://www.llli.org/breastfeeding-info/weaning-how-to/  
https://www.llli.org/breastfeeding-info/weaning-i-want-to/

**ALTERNATIVE TITLE: IMPROVING FAMILY NUTRITION**

**Introductory questions**
• Is there something in your diet that you feel especially good about that you would like to share?
• In your family, what problems have you had to overcome in your efforts to improve everyone’s diet?
• What are some ways you have cut food costs without sacrificing quality?
• How does your diet compare to the way you ate when you were a child?
• Did you improve your eating habits during pregnancy? How?
Leader's Handbook

Discussion:
Bring to the meeting two paper grocery sacks/shopping containers marked “Not So Great” and “Getting Better.” Before the meeting, fill them with food items from your kitchen. (You could also use pictures of various food items.) At the meeting, pull out items from each bag as visual aids for carrying the discussion. Learning about nutrition can be both challenging and fun. The goal is to offer a stimulating discussion on good nutrition, while leaving parents free to choose whether or not they want or need to change their family’s pattern of eating.

While taking out items from the “Not So Great” bag, discuss these points with the participants:

- An LLL Leader is not a nutritionist, nor do they eat a perfect diet. When you show that these items came from your home, you show that you are also trying to improve and maintain healthy eating habits.
- Remind attendees to think of their eating habits over a long time, such as months and weeks, rather than focusing on what they ate that day.
- Avoid being extreme in your choices and telling scare stories about food choices. Referring to foods as garbage or junk might offend those who include them in their regular diets.

While pulling from the bag marked “Getting Better,” discuss these points:

- Make it clear that “Not So Great” and “Getting Better” are not a comparison of good and bad; neither category is an extreme.
- Point out that LLL does not have an official position on vegetarianism, boycotting artificial substances in food, eating organic food, or other special diets.
- Avoid reading labels or discussing technical terms and complex food charts.

Prompt attendees to share tips on healthier eating during the various stages of pregnancy and breastfeeding. This might include the nauseated weeks of pregnancy, quick meals, feeding toddlers, eating on a budget, challenges to healthy eating while traveling, and introducing whole foods into your family’s diet. Focus the discussion on nutritious foods that can be found at the local grocery store. Parents are often concerned about high food costs. Explain that processed foods generally cost more and are less nutritious. Fresh and whole foods are often the healthiest and most economical choice.
You might also have available copies of LLLI’s book *Feed Yourself, Feed Your Family* and ask attendees who have used the book to tell the group about a favorite recipe.

**Follow-up questions**

- What resources do we have locally to find foods that are as close to their natural state as possible?
- Tell us about a meal that is healthy and economical that your family enjoys.
- What are some ways that you introduce healthier foods to your family?
- What have you done to make food preparation (buying, cooking, cleanup) easier for your family?
- How has having a child changed your attitude about nutrition?

**MEETING 4: ALTERNATIVE TITLE**

*Weaning: Four Chambers of the Heart*

**Introductory questions**

- What concerns you the most about weaning or not weaning your child?
- How long did you originally think you would breastfeed your baby? How have your views changed?
- If your baby could decide, how do you think they would want weaning to happen?
- Other than nutrition, how does breastfeeding meet the needs of your child?
- With whom have you discussed weaning? How did it come up, and what was said?

**Discussion**

- On a large poster board draw a large heart. Divide the heart into four sections. Label each quarter with one of the following descriptions:
  - Child's reasons to continue
  - Child's reasons to wean
  - Mother/nursing parent’s reasons to continue
  - Mother/nursing parent’s reasons to wean
- Ask the attendees to find reasons to fill up the heart. For example:
  - Child's reasons to continue: *tastes good, feels good, time with their nursing parent*
  - Child's reasons to wean: *too busy, likes variety of other foods*
Mother/nursing parent’s reasons to continue: easy, cancer prevention, spacing pregnancies, puts child to sleep, soothes bumps and bruises

Mother/nursing parent’s reasons to wean: needs space, return to work, planning for next child, pregnancy

When each chamber is full, attendees can see that the decision of when to wean is filled with emotions. With each perspective, individuals can weigh the pros and cons. Having equal space for each chamber respects different decisions and thoughts about weaning and continuing to breastfeed. Avoid a contest in which attendees compare length of breastfeeding. Too often this backfires by creating the impression that the longer someone has breastfed, the better a parent they are, or the more welcome they are at LLL meetings! Be ready to offer specifics about weaning with an emphasis on continuing to meet the baby’s emotional as well as nutritional needs.

Follow-up questions

• What do you like best about breastfeeding your child at this age? How have your ideas changed since your baby was an infant?

• As your child loses interest in breastfeeding, how have the roles of adults changed?

• How do you cope with family and friends saying, “Is that baby still nursing?”

• As your child outgrows the need to breastfeed, how can you meet their needs in other ways?

• How did you feel the first time you saw an older child breastfeed?

MEETING 4: POSSIBLE FOCUS
Introducing complementary foods
Discussion
This discussion topic includes the wisdom of waiting until around the middle of the first year to introduce complementary foods and awareness of and respect for each baby’s individuality. There are many variations in readiness, appetite, and temperament. Visual aids representing readiness signals may help the discussion; these could include baby’s interest in complementary foods, emergence of teeth, hand-eye-mouth coordination, and sitting up unsupported. Focusing the meeting on individual readiness may help attendees who have already introduced complementary foods feel respected for their choices. When a parent asks for specifics about which foods should be started at what time, you might refer them to The Womanly Art of Breastfeeding, and LLLI’s book Feed Yourself, Feed Your Family or other LLLI/LLL resources.
Questions

• As your baby has grown older, what are the signs you've looked for to know that your baby needs more than mother’s milk?
• Once you have gotten your baby off to the best start by breastfeeding, how do you plan to continue as your baby starts complementary food?
• What myths have you heard about babies and complementary foods?
• When it was time to start complementary foods, how did you feel about it, and how did it work out?
• Why would you continue to breastfeed once your baby starts complementary food?

MEETING 4: POSSIBLE FOCUS
Discipline Is Loving Guidance
Discussion
Your member publication may help to facilitate this discussion (if you have one.) Print the concept regarding loving guidance on a board for the Group to see. Ask the participants to discuss what this means to them. You might also want to ask participants to discuss parenting books they’ve read from the Group Library and the tips they’ve received from those sources. When the meeting focuses on positive discipline, attendees feel respected and proud of their choices. We can present the principles that underlie loving guidance as a way of life for ourselves and for how we interact with our children. Our goal is to affirm each mother’s sensitivity to her baby’s needs, encouraging her confidence in her ability to know what’s best for her child.

Questions

• What helps you to remember that loving guidance is worth it?
• How does breastfeeding promote a loving way of life?
• One of the toughest comments to deal with is being told you are spoiling your child. How does that make you feel, and how can you deal with it?
• What suggestions do you have for keeping your priorities in order?
• How are you developing a parenting style that feels right

MEETING 4: POSSIBLE FOCUS
Long term Breastfeeding, Alternative title Breastfeeding the Older Baby
Discussion
An important point to keep in mind with this meeting is to not encourage competition about breastfeeding duration. To some people, breastfeeding beyond three months is extended breastfeeding. A discussion that promotes LLL resources and shows respect for parents knowing their babies best can be enlightening and inviting to both pregnant people and those with young babies. Discussing society and family expectations can help bring out concerns. Focusing on baby’s needs can help attendees feel confident in their choices.

Questions

• When you were pregnant, how long did you think you would breastfeed?
• How does breastfeeding beyond that age continue to meet your baby’s needs?
• What is your older child’s word or signal for breastfeeding when you are in public?
• What would your child’s favorite benefit of breastfeeding be?
• How have your attitudes about breastfeeding and parenting changed as your child has grown?