Many mothers experience a less-than-perfect start at breastfeeding, and in most cases their early difficulties can be overcome. However, sometimes a mother may not be able to achieve exclusive breastfeeding because of circumstances beyond her control, such as an adopted baby, cleft palate, or medical emergency. How does this affect the mother’s ability to meet the LLLI Personal Breastfeeding Experience Prerequisite?

LLLI Prerequisites to Applying for Leadership, Appendix 18 of the LLLI Policies and Standing Rules Notebook, states:

**Personal Breastfeeding Experience**
Mother has breastfed her baby for at least nine months when she applies for leadership. Baby was nourished with mother’s milk until there was a nutritional need for other foods (i.e., about the middle of the first year for the healthy, full term baby). If baby has weaned, the baby was nursed for about a year and the transition from breastfeeding respected the baby’s needs.

*Note:* Special consideration may be given to a woman whose personal breastfeeding experience is outside the realm of a normal course of breastfeeding.

How is this “special consideration” to be applied? According to the “LLLI Prerequisites to Applying for Leadership - Guidelines for Leaders,” a mother may have experienced situations, usually short-term, in which substitutes for the mother’s milk and/or for nursing at the mother’s breast were determined to be or were accepted as necessary. In discussion of the Personal Breastfeeding Experience Prerequisite, we can consider the mother’s understanding of her baby’s needs and LLLI philosophy and how this understanding is revealed in her subsequent experience of mothering through breastfeeding. The special consideration note applies only to the Personal Breastfeeding Experience Prerequisite and can be
applied in unusual situations that can challenge a mother’s ability to breastfeed, such as a physical limitation of the mother or baby.

The amount of formula that the baby receives does not necessarily affect whether a mother can meet this prerequisite. However, the way that the supplement is delivered can be important because it can affect the mother’s overall experience of mothering through breastfeeding. Sadly, many cases of low milk supply are caused by inadequate breastfeeding management. Early supplementation can be a big factor. When no specific cause of low supply can be determined, extensive supplementation with bottles might even be the major cause of a continuing problem.

Whatever the initial problem, poor advice and poor breastfeeding management could exacerbate it. When a baby receives a supplement in a bottle, this will serve to decrease the supply even further.

A mother who chooses to feed her baby only her pumped milk in bottles would not meet the prerequisite, so the exclusivity of mother’s milk is not the issue. To meet the Personal Breastfeeding Experience Prerequisite, the mother needs to have the experience of breastfeeding through breastfeeding. Giving her milk through means other than at the breast can be considered artificial feeding. In many cases where special consideration is applied, the situation will have proved temporary. The mother was able to resolve it to resume full breastfeeding.

For a supplementer to work at the breast, both to encourage the baby to continue to nurse and to stimulate the supply, the baby needs to be given free access to the supplement at the beginning of the nursing. When the supplement is given at the beginning of the feeding, the baby will nurse actively and stimulate whatever milk is there. When there is a let-down, the baby will get the milk from the breast. If the supplementer is working to increase the supply, then the mother will gradually notice that there will be supplement left over in the supplementer at the end of the feeding. If she uses bottles instead of or as well as the supplementer, then the vicious circle of low supply and supplementing can be a big factor. When no specific cause of low supply can be determined, extensive supplementation with bottles might even be the major cause of a continuing problem.

Whatever the initial problem, poor advice and poor breastfeeding management could exacerbate it. When a baby receives a supplement in a bottle, this will serve to decrease the supply even further.

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Just as in the case of a mother with separation, there may be nothing that a mother has done that disqualifies her from meeting the Personal Breastfeeding Experience Prerequisite. The LAD looks for a description of an experience that matches the prerequisite, including specific experience which will serve as a basis for mother-to-mother helping. It may help to consider what you might expect a Leader to do if faced with a situation which would affect her ability to breastfeed exclusively.

Let us look at some examples of situations where special consideration may or may not apply:

*Brigitte is diabetic and has struggled with low milk supply. She was told that diabetes can cause low milk supply and reluctantly supplemented with formula in bottles for the whole of the first year. Her doctor ruled out thyroid issues as a possible cause of low supply (by testing). Brigitte tried to use a supplementer, but said that it did not work for her: when using it the baby became easily frustrated and fussy at the breast. Brigitte is happy with the amount of breastfeeding she has been able to achieve.

Diabetic mothers frequently have a delayed onset of lactation (six or seven days rather than the usual three or four). A slow start can lead to low supply, but diabetes is not the cause of low supply. In fact diabetic mothers are strongly encouraged to breastfeed, both for their own health and for that of their babies. Brigitte believes that her diabetes is the cause of her low supply, but this belief does not make it so. Unfortunately Brigitte was poorly advised and did not find a way to supplement which would have helped her over this hurdle. Consequently her experience of breastfeeding does not seem to match the prerequisite.

*Claudia had a life-threatening illness and needed to take a medication that was incompatible with breastfeeding for several months. The baby was ten months old at the time and refused to go back to the breast later.

What happened to Claudia was due entirely to a physical condition beyond her control. Here is a case where we might ask what a Leader might do in this situation. We might ask what Claudia did to encourage the baby back to the breast, how she met the baby’s needs for closeness and security when not feeding at the breast. Did she use bottles? If so, did she hold the baby close in a breastfeeding position to give the bottles?
Dafne breastfed her baby for only six months because of a lack of accurate breastfeeding information. She now truly regrets that she did not continue any longer. If she had had LLL information and support at that time, she would have surely continued breastfeeding. She is now playing an important role in the Group and would like to make available for others the kind of information she lacked.

Eva’s situation is similar to Claudia’s situation above, except that her baby was much younger and breastfeeding was not as well established. Again we might consider what a Leader might do if faced with this situation.

Fatima’s baby was exclusively breastfed until six months. At that time, Fatima had a serious accident and was hospitalized for two months, during which time she was unable to nurse. When Fatima returned home, she was unable to re-establish her milk supply. However, she continued to offer the breast and comfort-nursed her baby until the third birthday.

Despite the fact that Fatima was unable to re-establish her milk supply, she continued to meet the baby’s need for comfort at the breast. More questions might shed some light on what she did in her attempt to re-establish her supply. How did she give the supplement to her baby? Does it match what a Leader might have done in this situation?

Galina had breast reduction surgery as a teenager. She was never able to establish a complete milk supply for her baby. She decided to use formula in a supplementer and never used bottles. She finally gave up using the supplementer at 18 months and the baby continued to nurse until age two for comfort.

Galina’s inability to establish a complete supply was due to a physical limitation. She mothered exclusively at the breast. It is likely that a mother like Galina would be given special consideration.

Helen has hypoplasia. She was never able to breastfeed either of her babies fully because of insufficient breast tissue. She tried using a supplementer, but it didn’t work well for her and her babies were fully weaned from the breast at around six months.

Helen’s situation is due to a physical limitation. Had she nursed longer using the supplementer, her experience could have met the prerequisites. Compare this with Galina’s experience above. Having an insufficient supply need not necessarily lead to early weaning.

Inge’s baby went on a nursing strike at four months. She did all she could to coax him back to the breast. He continued to nurse at night for a few weeks, but then stopped altogether. Inge suffered plugged ducts, mastitis, and a bout of influenza. She saw lactation consultants and took the baby to the doctor, but nothing seemed to work. She pumped her milk and tried using a nursing supplementer to no avail. As the baby continued to refuse to nurse, her supply began to dwindle and she gave up pumping when the baby was six months old. Inge was devastated and hated having to use bottles and formula. She continued to wear her baby and sleep with him at night. She believes strongly in LLL philosophy and wants to use her experience to help others.

Despite all her efforts Inge was not able to nurse “for at least nine months.” She faced a number of challenges. Here again we can consider what a Leader faced with such challenges might do.

Jeanne adopted both of her children. She got her first baby when he was only a few days old. Jeanne had never been pregnant, but she was able to stimulate a milk supply by pumping and by putting the baby to the breast. Although her supply was not enough to meet the baby’s need, she supplemented with a Supplemental Nursing System (SNS) at the breast until the baby was 15 months old and continued to nurse for comfort after that. Jeanne’s second baby was already nine months old when she adopted her and she was never able to encourage her to take the breast. She always held her close when giving a bottle to simulate breastfeeding as best she could and to establish a bond with the baby.

In cases where we are considering how a mother meets the Mothering Experience Prerequisite, we would focus on the experience with the youngest baby. When considering the Breastfeeding Experience Prerequisite it may make more sense to look at the mother’s experience overall and to consider what Jeanne might have done, had she already been a Leader when she adopted her second child.
The special consideration clause does not exist in order to allow some mothers to apply without meeting the prerequisites. Only those who have met the prerequisites can apply for leadership, and that is unchanged. The special consideration clause clarifies how a mother meets the prerequisites even when her breastfeeding experience differs from what we would describe as the normal course of breastfeeding.

As with separation, there are no hard-and-fast “rules” for determining whether “special consideration” should be given to a woman whose breastfeeding experience differs from the Personal Breastfeeding Experience Prerequisite. Please consult with your LAD support person if you are unsure about granting “special consideration” to a prospective Applicant, so that you can discuss the nuances of her situation and be sure that this is an appropriate instance for accepting the application.

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

LLL Philosophy in Our Hearts

LAD Council

The purpose of LAD representatives’ dialogue with Applicants is to determine how they meet the criteria for accreditation in the areas of philosophy, mothering-through-breastfeeding experience, background reading, and LLL Group experience. In the following examples replying to what Applicants write about philosophy, LAD representatives use a variety of methods: connecting concepts to what we say and do; relating an Applicant’s ideas and experience to Leader responsibilities; defining what is outside LLL philosophy; and ensuring that the Applicant is familiar with breastfeeding management, child development, and parenting information. We are grateful to our contributors for these responses full of useful ideas to enrich our dialogue with Applicants about these two concepts.

Early and often

Mother and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply.

Already at birth, mother and baby have an intimate bond and knowledge of each other. Separating them after birth would be traumatic for both of them. Breastfeeding is a symbiotic relationship. Mothers need their babies as much as babies need their mothers, not only because they are physically overflowing with milk, but also because of the psychological bond. A mother’s confidence in her ability to mother through breastfeeding, as well as having the right help at the right time, makes a big difference in overcoming early difficulties.

There are many factors that can affect initiation of milk production. Some of the common factors include being a first-time mother, having a long labor, a cesarean birth, maternal obesity, maternal diabetes, etc. In some cases, babies do need supplementation when there is a delay in milk production. Jaundice and significant weight loss are common medical reasons to supplement. Unfortunately, in most cases, the alternative to mother’s own milk is infant formula. This would be an ideal use for banked human milk if it were more readily available.

It wasn’t until you saw a lactation consultant at eight weeks that you found out your baby was tongue-tied and therefore having difficulty achieving a deep latch and efficiently emptying the breast. Once this was corrected, he nursed better and was able to build up the milk supply. Although frequent feedings are important for establishing an adequate milk supply, there may be other factors influencing the amount of milk a mother makes. When a mother calls with concerns about a low milk supply, it helps to take her seriously and ask many questions to assess the situation before reassuring her that all is well.

It’s important to explain to mothers the reason behind our recommendation to breastfeed often. Some mothers worry that frequent, early nursing means that they “don’t have enough milk.” This might lead them to supplement unnecessarily. It can help a mother to learn the purpose to such a pattern, and to understand the relationship between “supply” and “demand.” Keep in mind that frequent breastfeeding does not automatically lead to an adequate milk supply if the latch is not right. It’s important for mothers to understand the signs that baby is getting enough milk, and to know to get help right away if the baby is not latching effectively.

Sample questions:

- Was denkst du, sind die häufigsten Stillprobleme am Anfang der Stillbeziehung? Was könnte dagegen getan werden?
- Was heisst für dich frühzeitig, was bedeutet für dich oft?
- Was für Hilfe könntest du einer Mutter anbieten, die ihr Kind per Kaiserschnitt bekommen hat und es zum ersten mal angezogen nach dem Aufwachen aus der Narkose zu sehen bekommt und jetzt ein schlechtes Gewissen hat deswegen?
- Was für Gefühle hast du Frauen gegenüber, die die Zeit im Spital geniessen und ihr Kind ins Säuglingszimmer geben, um sich ausruhen und erholen zu können?
- Wie hast du gemerkt, dass deine Kinder bereit sind, auch eine Zeit getrennt von dir zu verbringen?

* English translations follow
What do you think are the most common problems encountered as the breastfeeding relationship is being established? What could be done to prevent them?

What do you understand as “early”? What does “often” mean to you?

How could you help a mother who gave birth by caesarean section and was feeling guilty because the first time she saw her fully clothed baby was when she came round from the anaesthetic?

How do you feel about mothers who enjoy their stay in the hospital, leaving their babies in the nursery so that they can rest and recover?

How have you recognized when your children are ready to spend some time away from you?

**Childbirth**

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

Some mothers are advised not to take any drugs during pregnancy because of risks to the baby. However, as soon as they arrive at the hospital to deliver, they are offered many different medications and told that it won’t hurt the baby. In other situations, pain can be a sign that something is wrong. However, during childbirth, it is a sign that all is going as it should. It is the contractions that do the work of bringing the baby closer to birth. It can help if a mother understands the strength of her body to deliver the baby.

When talking to mothers about childbirth and breastfeeding, I think that it is important for us to speak of breastfeeding as a normal part of the sequence of conception, pregnancy, birth, and mothering. A mother’s decision about childbirth can have an impact on initiating breastfeeding.

Some mothers have birth experiences that they view as less than ideal and not what they had hoped for. It is therefore important for Leaders to focus on what the mother has achieved rather than on any difficulties. By concentrating on mother and baby after birth, we move the focus from “performance” in labor to the actual birth of the baby as the beginning of motherhood. LLL meetings can offer a safe place for a mother to verbalize her feelings, to look at the realities of her experience, and to understand that she made the best choices she could, given her circumstances.

We know that when mother is awake, aware, and actively involved, she is more likely able to avoid procedures or interferences that can compromise the initiation of breastfeeding. At the same time, we help mothers see how they can make breastfeeding work even after a cesarean birth, a medicated birth, an induced birth. This focus can be important because we want to help women move from any feelings of regret or disappointment to the positive feelings that come from bonding with their babies and confidence that they can breastfeed and meet their babies’ needs.

* French translations follow

**Sample questions:**

- How would you explain this concept to pregnant women without giving the impression that LLL is recommending only natural birth?
- At a meeting, a mother might start talking about all the problems she had with the birth and how upset she was with the nurses and doctors at the hospital. How would you respond to her if you were leading the meeting?
- What would you say as a Leader to help a first-time mother who was opting for every possible technical intervention because of her fear of the pain of childbirth?
- How would you explain that a satisfactory experience at birth can have an influence on the overall duration of breastfeeding?

**Exemple de questions :**

- Comment expliqueriez-vous ce concept à des femmes enceintes sans donner l’impression que LLL recommande uniquement un accouchement naturel ?
- A une réunion, une mère peut commencer à parler de tous les problèmes qu’elle a eu lors de son accouchement et de à quel point elle était en fâchée contre les médecins, sages-femmes, puéricultrices, infirmières de l’hôpital. Comment pourriez-vous lui répondre, si vous animez la réunion ?
- En tant qu’animatrice, qu’est-ce que vous pourriez dire pour aider une primipare qui choisit toutes les interventions médicales possibles par peur des douleurs de l’accouchement ?
- Comment expliqueriez-vous qu’une expérience positive d’accouchement peut avoir une influence sur la durée de l’allaitement ?
**LAD International Statistics**

**LAD Council**

Note: LLL Germany and LLL Switzerland are no longer Affiliates; they are now Areas supported by LLL Europe. From the 2011 April SAR, their statistics are included under the column “Europe” in the first chart, “Semi-Annual Report Compilation,” and under “ID” in the second chart, “Comparison of Global Statistics for four reporting periods.”

### Semi-Annual Report Compilation

**16 Oct 2010 – 15 April 2011**

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### Comparison of Four Reporting Periods

**LAD Council**

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### How Would You Respond?

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

I am a doula, so I have plenty of experience and exposure to new mothers. Being a doula, I have access to and an interest in the wealth of new information regarding the health of babies and mothers. In addition I have the experience of breastfeeding my own children. I feel strongly about many issues related to mother and baby health, and I can provide information with confidence, even on things that go beyond breastfeeding. I look forward to bringing information to mothers on behalf of LLL.
Sample Response

Thank you so much for sharing some information about your experience working with mothers and babies. How wonderful that you are trained as a doula. As you wrote, that experience and training will help you with your work in La Leche League. You sound very excited about becoming a Leader and being able to share your knowledge and experience with other mothers. And you are eager to keep up-to-date with the latest breastfeeding research and information. That is important.

Like you, many Leaders “feel strongly” about issues related to maternal and infant health. It can often be challenging to remain neutral when one of these issues is discussed at a Series Meeting. However, as Leaders, we are careful to avoid “mixing causes.” The mission of LLL is “to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.” From our mission statement it is clear that LLL is a breastfeeding organization. We don’t take positions on other health or parenting issues such as home births, vaccinations, circumcisions, sleeping with baby, etc. Our goal at Series Meetings is to offer a safe, nonjudgmental environment for mothers to share information. We don’t want mothers new to LLL to leave a meeting with a false impression, for example, thinking that LLL supports only home births or recommends that all mothers sleep with their babies.

Have you heard any of the Group Leaders use the phrase “mixing causes”? I am attaching “An Exercise about Mixing Causes” which will help you explore this idea further. The exercise lists several online articles from the LLLI Web site about this topic. I suggest you review the articles and then discuss the exercise situations with your sponsoring Leader. “Mixing causes” is an issue that all Leaders need to review periodically. It is so easy to be blind to our passions and not be able to see objectively what impressions we might be giving a mother new to LLL. After you complete the exercise, let me know what you found most helpful about it and what you learned from doing it.

Linda Wieser, ACLA, Canada

New Situation

I don’t need to write much about this concept because I already know it’s good to nurse the baby early and often. It is natural and I enjoy being with the baby.

How would you respond when the Applicant’s comments are as brief as this? Send your suggested reply or a situation/extract you would like to share with other LAD representatives, to Eleanor Becker at: ellleanorbecker@gmail.com

GOOD IDEAS!

Be Proactive in Your LAD Work

Too often, important goals get set aside amidst the press of day-to-day, urgent tasks clamoring for our attention. To make sure that you find time for writing an article, organizing your LAD work, or some other project that will give you satisfaction, try to make a habit of doing at least one proactive task each day before opening email and responding to incoming concerns.

Orientation

Consider asking a new ACLA to act as a mentoring Leader for an isolated Applicant, to work on things the local sponsoring Leader would normally cover. This will provide the Applicant with the benefit of the perspective of a Leader in her application and will provide the new ACLA with the opportunity to observe how you work on an application. It will enable her to participate in "real" LAD work and will help you to take advantage of the new ACLA’s enthusiasm and to keep up the momentum of her orientation.
A Taste of LAD International

In this third issue for 2011, we have the pleasure of meeting two LAD representatives who have recently begun their CLA terms, living on different continents and sharing a similar enthusiasm for international LAD work. Please write and share your stories while introducing yourselves and the LAD work you enjoy, including challenges. Contributions may be sent to LADdersmail@gmail.com by November 7, 2011, for the next issue.

Groete van Kaapstad
Greetings from Cape Town
Juliet Matthee, KLA/CLA, Suid-Afrika/South Africa

*English translation follows

Ek is al 16 jaar getrou met Giliomee en ons het 3 pragtige kinders, onderskeidelik 12, 9 en 6 jaar oud. Al drie van hulle is langtermyn geborsvoed. Ek het La Leche League gevind toe my eerste baba 3 maande oud was en ek het regtig so tuis gevoel van die eerste oomblik. Ek is al ’n Lei-er vir 7 jaar en was ’n AKLA vir 18 maande. Ek sien baie uit daarna om met die 4 AKLA te werk hier in Suid-Afrika en ook met alle toekomstige Leier Applikante.

I have been married to Giliomee for 16 years and we have three beautiful children, aged 12, 9 and 6. All of them have been extensively breastfed. I found La Leche League when my first baby was three months old, and I really felt so at home right from the start. I have been a Leader for seven years and a LAD representative for 18 months. I am looking forward to working with the four ACLA’s we have in South Africa and all future Leader Applicants.

Anne Ferguson, CLA, Minnesota, North/South Dakota, USA

Hello fellow LAD representatives around the world. I am Anne Ferguson, CLA of Minnesota and North and South Dakota, USA. I have been a Leader since March 2008 and have worked in LAD since spring of 2010. I became CLA in the spring of 2011. I have two boys. Henry will be five in October and Jamie turned two in April. They are precious and challenge me every day. I came to LLL when Henry was just a newborn and I was having many breastfeeding difficulties. LLL definitely saved my nursing relationship, and I quickly knew I wanted to be a Leader.

Before children I ran the Dairy Queen that we own (which we bought before LLL made us much more nutrition-savvy!), and I also held jobs in event planning and as a trainer in a corporate human resources department. I was thrilled to leave those jobs behind and become a "stay at home mom,” which has been my dream for as long as I can remember.

In my spare time I enjoy gardening, nutrition and recently started my own business as a birth doula. My husband, Chris, is a small business owner as well. When we have some time together we enjoy going out to a movie or to play some blackjack at a nearby casino. We also enjoy traveling and look forward to taking our boys to many different parts of the world.

I look forward to many good years working with Leader Applicants and the very supportive LAD representatives all over the world.
Congratulations on your appointment!

Marie-Claire Bakker  ACLA, Future Areas in Asia and the Middle East
Janice Benne  ACLA, Missouri, USA
Michelle Burgroff  CLA, Sunshine State, USA
Melissa Caines  ACLA, British Columbia/Yukon, Canada
Paula Crawford-Brunt  ACLA, South Africa
Kristin McFetters  ACLA, Missouri, USA
Catherine McKenzie Jansen  ACLA, Central and Southern Ontario, Canada
Catherine Josi  ACLA, Florida and Caribbean Islands, USA
Grace Mack  ACLA, Florida and Caribbean Islands, USA
Juliet Matthee  CLA, South Africa
Brianne McCarthy  ACLA, Michigan, USA
Melissa Nootz  ACLA, Montana, USA
Angela Taylor  CLA, Northern California and Hawaii, USA
Lisa Wilson  ACLA, British Columbia/Yukon, Canada

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Did you enjoy your summer or winter holiday with your family? The LAD is such an international department that we experience various seasons, depending on the location. **LADders** shows the connection LAD representatives have in different parts of the world. We can all go “travelling” on our computer screens and find international ideas, suggestions, and friendships! **LADders** is a publication by LAD representatives for LAD representatives. We look forward to hearing from you!

LAD Council

**LADders** is a publication by LAD representatives for LAD representatives, designed to offer LAD representatives a place to share information and experiences. © LAD Council 2011