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la leche league international lli.org

SunLLLight

La Leche League South Africa Newsletter

The mission of La Leche League 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

Inside this issue:

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- Elizabeth & Nicole - editing and proof-reading
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- Amor - LLLSA newsletter journalist
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Welcome!

Happy 2018 and welcome to SunLLLight, La Leche League South Africa's third newsletter for this millennium.

In this edition we bring you more insight into LLLSA's Peer Counsellor Program, LLLSA's counselling training, have the spotlight on Elaine (LLLSA's Area Treasurer), bring you interesting articles from our esteemed journalists and much more!

Leche League's Peer Counsellor Program

For 60 years, La Leche League International has provided information and encouragement to breastfeeding mothers worldwide. La Leche League's success is based on the understanding that one experienced mother helping another mother is the best way to increase breastfeeding rates and duration.

The Healthcare 2030 vision of the Western Cape government identifies poverty as one of the major challenges for our young democracy with millions of people still living in informal settlements. Mothers living in these areas do not have access to clean, piped water to their homes; they often do not have electricity, and cleaning and sanitation services either do not exist or are erratic. Artificial feeding in these circumstances is not only unsafe but contributes to the perpetuation of poverty. Breastfeeding a baby not only saves lives in these circumstances but rights many emotional and physiological issues that would usually add to the obstacles faced as a result of a disadvantaged start in life.

The need for ongoing support in the field of breastfeeding in disadvantaged, low-income families, as well as amongst the privileged few, remains with us. Far too many outside influences are hindering mothers in their breastfeeding efforts. A once traditional, life-saving practice is under threat.

In 2004/5 the Department of Nutrition in the Western Cape invited La Leche League to work with them in appointing 4 breastfeeding peer counsellors and a coordinator at selected facilities. The success of this Peer Counsellor pilot initiative resulted in the Western Cape Department of Health increasing funding for the Peer Counsellor Program to 27 peer counsellors in 2005/2006 and subsequent years.

The primary focus of the program is to recruit mothers from their communities and enroll them in a minimum of 24 hours' training. After training, they become involved in their communities in various ways. We provide opportunities for continuing education. This ranges from partaking in peer counsellor follow-up training and support sessions and breastfeeding workshops to attendance at La Leche League conferences. Attendance at our Area Conference in South Africa has increased steadily over the years, and all our conferences provide for Peer Counsellor Program sessions.

Peer Counsellor Program continued…..

The recognition given to our Peer Counsellor Program by the Western Cape Department of Health (DOH) has proven to be crucial in many Maternity Obstetric Units (MOUs) and hospitals gaining BFHI (Baby Friendly) status. Peer counsellors work in specifically targeted MOUs and government hospitals. The peer counsellors are able to complement the work of the nurses who are often too busy to provide one-on-one support to expectant and new mothers. The peer counsellors' dedication to their work sees them work long past their required hours.

The only way a community member can come on board is when the Department opens a site either at a well-baby clinic or a MOU. The coordinator will then be notified, and she has to find a suitable person (not always easy) and train that person. This woman is then placed, and ongoing training is provided in the form of compulsory workshops to keep abreast of all current changes the DOH may come up with.

The main aim of the peer counsellor is to educate and support the mother in her quest to breastfeed her infant for 2 years and beyond. Education starts at antenatal visits and continues throughout infancy, hence the 1000 days. These peer counsellors receive a stipend from the DOH. The contract is on a year-to-year basis.

More than 3 510 peer counsellors have been trained in South Africa over the years. The Western Cape is the most active province. The Eastern Cape used to have some peer counsellors; however, there have been some challenges there.

Currently we have 3 peer-counsellors who have gone on to do the Doula course. They provide invaluable support to the staff at their respective facilities.

We are extremely proud of what has been accomplished over the past 25 years in South Africa, especially in Cape Town.

La Leche League South Africa's Peer Counsellor Coordinators are Sophia Blows and Dilshaad Sungay.

Meet LLLSA's Area Personnel :Elaine Dawson our Area Treasurer

I am a qualified primary school teacher having passed the Transvaal Teachers Higher Diploma with distinction in 1975. My majors are Mathematics and Science with Physical Education as my sub-major. After qualifying, I taught Mathematics to Standards 6----8 at Nigel High School for a year. Following this, I was appointed to Pinegrove Primary School.

I'm married to Rodney…this year will be our 40th wedding anniversary. In July 1980, I resigned from my teaching post to become a fulltime mother. We have 3 adult children. Bronwyn is 38 and is married to Craig. They have 3 children: Keagan 11, Liam 9, and Maddison Jade 5 (all long-term breastfed). Gareth is 36 and is dating a lovely young lady whom we pray will be his wife □, and Brevin is 34 and is married to Andreya. They have 3 children: Amelia 4 and twins Ava and Aria who are 10 months. My family are my world. It's wonderful to have them all living close by. La Leche League (LLL) has made a significant difference in how we nurtured our children and how they subsequently care for their children. I will always be grateful to the LLL Founders for their wisdom and dedication. Giving each of them a hug at an International Conference in 1991 was a dream come true.

My first contact with La Leche League was in December 1980 when I was ready to throw Bronwyn out the window and jump after her. I'd left the hospital with the idea of Bron being on a 4-hourly schedule (grrrrr) and so encountered terrible frustrations while nursing Bron. Thank heavens for my dear friend giving me Denise Wilshire's number from the Benoni group. In 1982, I was accredited as a La Leche League Leader and immediately started the Springs Group. Eventually Rene Swanepoel joined me there as a new Leader. When we moved to Durbanville, I joined Rosemary Gauld's Durbanville Group. In 36 years, I have met and embraced soooo many wonderful LLL Leaders.

My LLL experience is vast. I served a 3-year term as District Coordinator for the Eastern Transvaal, 2 years as Fundraising Coordinator, 2 years on the Public Relations Committee, and 2 years as La Leche League's representative on the Steering Committee for National Breastfeeding Week. In 1989, I was appointed as Area Coordinator for South Africa. In 1992, I initiated the pilot program for the Peer Counselor Program and supported Jane Maasdorp in the training of the first group of Peer Counselors in the Valley Trust Area in Kwa-Zulu Natal

I was Regional Administrator of Leaders for Africa, Asia and Middle East for 3 years. I then devoted my time to my new position as Co-Division Director for The International Division (ID) of LLLI. My term in this position ran until 2002. When my term a co-director was complete, I became ID administrative assistant. This position was discontinued after about 2 years. I am currently the

Treasurer for LLL South Africa and one of the administrators for our Peer Counselor Program.

In 1990 I passed the International Board of Lactation Consultants exam and recertified in 1995. Jean Ridler, Rose Gauld and I ran many workshops for health professionals. I left the trio in 1998 as I found my passion for LLL work outweighed the more clinical world of being an LC.

Wherever possible, I involve myself with all the activities my family partakes in even at this stage in their lives. This has led me to coaching a Super League soccer team from under u/8 level to u/15, organizing swimming galas, and scoring cricket and baseball matches and lately watching motorbike racing at Killarney. I am actively involved in the activities of our Church. I am currently involved in the Hospitality Commission, overseeing the Young Mothers Group.

I know that without having encountered LLL and all we stand for, my life would have been a whole lot different from what it has become. I look forward to many, many more years with LLL and seeing how we all make that significant difference in the lives of our communities.

Communication Skills Training

We asked one of LLLSA's Training Facilitators, Sonja Albertyn, to shed more light on the Communication Skills Training (CST) for La Leche League Leaders (LLLL), peer counsellors and health professionals working with breastfeeding families.

Sonja says CST is a division of La Leche League (LLL) which exists because good communication does not come naturally for everyone. CST, or the more up-to-date name CSD (Communication Skills Development), Facilitators strive to guide LLLL and Leader Applicants to improve their own communication skills. Whether it is communication with their spouse, children, co-Leaders, other mothers, or medical staff, all relationships will benefit from taking part in a CST/CSD course.

Sonja says for a new mother too much information can be harmful. A typical CST statement to remember is "People are usually not interested in how much you know until they know how much you care!" She says most La Leche League Leaders have the affinity to help mothers and to contribute to better breastfeeding relationships.

Sonja quotes Nancy Mohrbacher in her book Breastfeeding Answers Made Simple: "Too much information at the wrong time leaves some mothers overwhelmed. Too much information can even make breastfeeding difficult." On the other hand, "encouraging each mother to find her own way can enhance both her self-confidence and the mother-baby relationship." She says we need to note that there is a difference between teaching and supporting.

LLLLs apply their listening skills, offer options and make suggestions in order to support, rather than blatantly give advice. The message Leaders convey to a mother is not only factual. It is very much a combination of attitude, body language, words and facts. Sometimes a mother is so overwhelmed with all the "newness" that she cannot grasp even the most basic information a Leader is giving her. Even a very good message might be in vain if the mother is in a negative emotional state and unable absorb the information as her own. The Leader then uses her reflective listening skills to help the mother let go of her fear or tension and feel emotionally ready for a conversation. When a mother feels emotionally safe, she can better evaluate the different options available to her.

Next time you speak to a mother, evaluate your own body language, your tone of voice and what you say - what message does it convey? What is your attitude towards the

Advice	vs.	Counselling
One way process		Two way exchange, enabling people to:
↓		↓
Giving opinion		Explore problems
Making a judgment		Understand problems
Making a recommendation		Resolve, come to terms with problems
Persuasive, dis-empowering		Facilitative, empowering

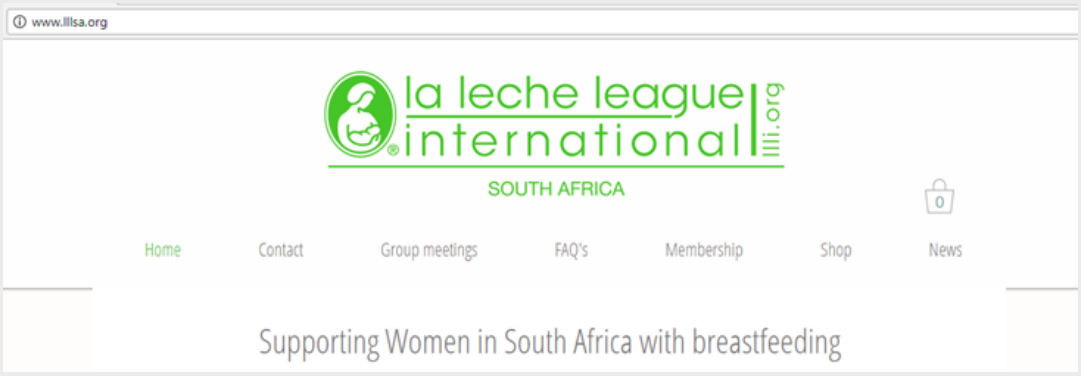
Communication Skills Training continued……

mother? Do you perhaps judge her negatively because her way of doing things is different from yours? Do you really listen to her? Or do you hear what you think she is saying or asking? Does your perception about the situation perhaps cloud your judgment and influence your way of speaking to the mother, making you sound negative or judgmental?

Well-meaning friends and family offering advice need to know that when they give advice and the mother follows it and is successful, the mother may become dependent on them for more advice. If she follows it and it fails, then the advice-giver is going to lose credibility. This is not empowering. Mothers need to be supported to make well-informed decisions for themselves. This will enrich their self-confidence and the mother-baby relationship.

For more information or to take part in CST, please contact Sonja on 072 259 3521.

News



La Leche League South Africa (LLLSA) recently launched its very-own website to be found at www.lllsa.org. Here parents can find contact details for a leader near them, information on group meetings and a host of frequently asked questions, apply for LLLSA membership and shop online. There is also a "news" section where newsletters can be downloaded. ENJOY!

Spitting up in the breastfed baby

Being a mother opens up a whole new world of 'lingo' - phrases or terms you never knew existed or thought about before. A traditional term that usually enters into conversation is that of the "spoegdoek" or "burp cloth". Simply put, a burp cloth has made its way into most baby wardrobes as a means to protect your shoulder when burping your baby.

Once baby arrives, however, quite a lot of attention and analysis is spent on baby's "spitting up". Is my baby spitting up too much? Is there a medical problem? Did baby keep anything down? This can be a worrying topic for any new mother; after all, we want the very best for our babies and want to ensure that they're healthy and growing well.

In the early weeks, it is normal for a baby to "spit up" and around half of all newborns do, at least once a day. As baby's digestive system matures, this usually decreases and for most mothers it is just a short-term inconvenience.

What can I do about baby spitting up?
Many babies don't seem to be the least bit bothered by spitting up, and the amount of milk they lose usually looks like a lot more than it really is. It can happen as a result of larger meals at longer intervals, so try offering the breast more often. Your baby will take less each time and may keep it down better. Carrying your baby upright, especially after nursings, can also help. Those cultures that carry their babies and offer small snacks more than hourly do seem to have some answers for us.

Generally, if baby is still having sufficient wet and dirty nappies every day (babies older than six weeks might soil less often) and is growing well on their individual growth curve, these babies might often be referred to as "happy spitters", and might very well indicate more of a laundry issue, rather than a medical one.

What if my baby is really unsettled and fussy?
Gastroesophageal reflux occurs when the valve between the stomach and oesophagus opens or does not close completely and stomach contents and acids rise up into the oesophagus. All humans have reflux many times a day, babies more often than adults. Not all reflux is noticeable and not all reflux makes us uncomfortable. But when it's severe, the acids rising from the stomach into the oesophagus can be painful.

What are the signs to look out for to discuss with baby's healthcare provider?

- A baby may choke and cough, or seem to have a sore throat. Some babies have bad breath.
- A mother may notice back arching and head turning. The baby may stretch out flat as this reduces discomfort or pain, instead of snuggling close with mom.
- A baby may cry for long periods and be irritable during and after feeds. This sometimes leads to a misdiagnosis of colic.
- A baby may seem to fight feeding or even refuse to feed. There may be poor weight gain.

What can I do to help my baby?
First, speak to your breastfeeding tech support person and rule out the possibility of oversupply (overabundance of milk) as a likely cause of symptoms. If you're making too much milk, resolving oversupply can often alleviate symptoms entirely.

Other ideas that mothers have found helpful include:

- Keeping baby's head higher than his bottom during feeding (and after!) – one way for baby to nurse more comfortably may be with his bottom in mom's lap and his torso supported by mom's crossed leg.
- Babies can find travelling in a car seat uncomfortable due to the pressure on their stomachs. Some mothers have found a rolled-up towel under the baby's knees when he's in a car seat can help ease this. However others choose to use the car less while it distresses the baby and instead use public transport where possible while carrying baby in a sling.
- As the opening from the stomach to the oesophagus is usually on the right side, keeping the right side higher than the left may also help.
- Nurse often, so that his meals are smaller and your milk flows with less force.
- Sleep so that your baby lies on his left side. Consider a wedge under the mattress to keep his head higher than his feet.
- Make sure that baby has a deep latch and good tongue function.

What causes reflux?
There are several suggestions as to the cause of reflux. Some suggestions include an immature sphincter muscle and that this will strengthen over time. Other studies have shown links between reflux and allergies, particularly an intolerance to cows' milk protein (a mother could try to eliminate dairy products from her diet, under the guidance of a registered dietician, for up to two to three weeks to see if there is an improvement). One of the most common causes can be fast-flowing milk or oversupply. If a baby seems to be choking or gasping because of the fast flow, there are several things you could try. Take baby off the breast until the flow slows, or let gravity help by nursing baby in a laid-back breastfeeding position. Some mothers find "scissoring" the breast behind the latching area with their fingers helpful to stem the flow.

What about formula or thickened feeds?
Research does not support thickened feeds or simethicone drops, but there are medications that can help. Switching to formula may worsen symptoms – research has found that breastfed babies tend to have fewer reflux episodes than babies on formula. As one cause of reflux can be a delayed emptying of the stomach, the fact that human milk leaves the stomach twice as quickly as formula, means that there is less of the stomach contents to reflux, and baby will have absorbed more of the feed to aid baby's growth.

Stay positive
Your baby is growing every day – each passing day means your baby's digestive system is maturing a little more or that it can cope with a fast flow of milk a little more easily. Just like reaching new developmental milestones, this too shall pass.
A good resource for further information about reflux is Colic Solved by Dr. Bryan Vartabedian.

Written by Amor Herbst, La Leche League Leader in Pretoria Centurion