Welcome to Our April 2019 Issue!

In this issue we have an Update on HIV and Breastfeeding by Pamela Morrison, a look at The Joys of Leader Accreditation by Sylvia Walker and Linda Smith asks “What Is Advocacy, and What Does It Have to Do with LLL Leaders?” Annette Green shares thoughts for meetings which are dominated by Expert Mothers and Rachel Brown Kirkland discusses The Value of a Welcome.

- Update on HIV and Breastfeeding
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PLEASE SEND IN YOUR IDEAS AND ARTICLES

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

Philippa Pearson-Glaze, Leader Today Managing Editor
Update on HIV and Breastfeeding

PAMELA MORRISON, IBCLC, WEST SUSSEX, ENGLAND

La Leche League Leaders occasionally receive requests for information about whether mothers who have tested positive for the Human Immunodeficiency Virus (HIV) can breastfeed their babies.

Although the discovery that the virus can be passed from mothers to babies during breastfeeding was made in 1985, the original international advice from the World Health Organization (WHO) was that breastfeeding should continue, since the risk of death from acquisition of the virus through mother’s milk was less than the risk to babies when breastfeeding was withheld. It was not until 1997 that this recommendation changed to suggest that when formula feeding could be made acceptable, affordable, feasible, sustainable and safe, then there was less risk to babies when breastfeeding was withheld.

By 2010 WHO and UNICEF (United Nations International Children’s Emergency Fund) issued new recommendations on breastfeeding with HIV which were seen as “transformational.” All mothers who tested HIV-positive (HIV+) should receive effective antiretroviral treatment (ART) from the time of diagnosis, whenever that occurred, and such treatment should continue for life, enabling mothers to protect their own health and live a normal life span. Underpinning the new 2010 guidance was research demonstrating that when mothers received effective ART, the level of virus in their blood (their viral load) could be suppressed to undetectable levels. This meant that the risk of transmission of HIV during a vaginal birth could be reduced to <1%. Importantly, with maternal ART and six months exclusive breastfeeding (meaning that the baby receives no foods and liquids except breast milk, not even water) the risk of postpartum transmission of the virus could also be reduced to virtually zero. This was in line with
global breastfeeding recommendations outside the context of HIV. Thereafter breastfeeding should continue with the addition of household weaning foods for up to 12 months. In 2016, WHO extended the recommended duration of breastfeeding for HIV+ mothers to 24 months.\[^{[4]}\]

In spite of this guidance, it is often believed that a diagnosis of HIV precludes breastfeeding. It needs to be acknowledged that in the era of effective antiretroviral treatment, fears of transmission through breastfeeding are often exaggerated, while the risks of formula-feeding are down played.

The British HIV Association (BHIVA) issued guidance on HIV and infant feeding in 2011, suggesting that while the usual advice was formula-feeding, if HIV+ mothers chose to breastfeeding then they should be supported to do so. This guidance was revisited in 2014 and 2017, and at the end of 2018, after being under consultation for over a year, the British HIV Association issued two final guidance documents.\[^{[5]}\]\[^{[6]}\] BHIVA is clear in its latest update that while formula-feeding is the usual advice, it is certainly envisaged that mothers living with HIV in the United Kingdom may want to breastfeed and—if they do—then there are fairly detailed recommendations on how to support them.

In 2013 the American Academy of Pediatrics issued recommendations outlining that support should be given to HIV+ mothers who wanted to breastfeeding.\[^{[7]}\] While formula-feeding is described as the initial option, later in the document, specific strategies for support and care of breastfeeding mothers and their babies are clearly outlined.

Current recommendations from the US Centers for Disease Control and Prevention (CDC) specify:

“In the United States, to prevent HIV transmission, HIV-infected mothers should not breastfeed their infants. The best way to prevent transmission of HIV to an infant through breast milk is to not breastfeed. In the United States, where mothers have access to clean water and affordable replacement feeding (infant formula), CDC and the American Academy of Pediatrics recommend that HIV-infected mothers completely avoid breastfeeding their infants, regardless of ART and maternal viral load. Healthcare providers should be aware that some mothers with HIV may experience social or
cultural pressure to breastfeed. These mothers may need ongoing feeding guidance and/or emotional support.”

For those who would like a more in-depth exploration of breastfeeding in the context of HIV, in July 2018 the World Alliance for Breastfeeding Action (WABA), published an update of their HIV Kit, originally issued in 2012, which contains a wealth of information from many angles.

In early December 2018, the Thousand Days project also published a piece outlining five things you need to know about breastfeeding and HIV.

Finally, reminding us that this is a breastfeeding situation which is still current and in need of continuing clarification, in late 2018 the Global Breastfeeding Collective published a new call to action on HIV and breastfeeding. Led by UNICEF and WHO, the Global Breastfeeding Collective is a partnership of more than 20 prominent international agencies calling on donors, policy makers, philanthropists and civil society to increase investment in breastfeeding worldwide. The Collective’s vision is a world in which all mothers have the technical, financial, emotional and public support they need to breastfeed.

The Global Breastfeeding Collective HIV and Breastfeeding Advocacy Brief outlines key messages and key facts that can be used when sharing information with parents and their health care providers:

“Mothers living with HIV can breastfeed without negative consequences for their own health and the health of their children. When these mothers take antiretroviral medicine consistently throughout the breastfeeding period, the risk of transmitting HIV to their children is extremely low.

“WHO and UNICEF’s 2016 revised guidelines on infant feeding and HIV clarify that antiretroviral therapy (ART) is effective at vastly reducing virus transmission during pregnancy and breastfeeding. It is strongly recommended that pregnant and breastfeeding women living with HIV enroll in care and initiate ART to protect their own health and reduce the risk of HIV transmission to their babies.
“... In settings where breastfeeding with ART is recommended, the WHO/UNICEF guidelines for optimal breastfeeding are the same as those for all mothers and babies: breastfeeding initiated within the first hour after birth, exclusive breastfeeding for the first 6 months and continued breastfeeding for 2 years or longer.”

What does this mean for LLL Leaders? Leaders helping mothers with questions about HIV and breastfeeding can refer them to the most up-to-date recommendations for the country in which they live. Mothers, in turn, should seek the help, support and advice of their HIV clinicians, doctors, obstetricians and pediatricians.

In the light of new data, child protection measures are no longer recommended. To reduce her viral levels to undetectable, thereby rendering her infectivity to her baby as untransmissible, the mother with HIV needs to receive full antiretroviral therapy for approximately three months before delivery of her baby, and to adhere to her medication with no breaks. If she will be breastfeeding, she should seek help to exclusively breastfeed her baby for the first six months of life, with frequent follow-up and prompt treatment of any breastfeeding or breast problems and she should wean gradually when she is ready. Her baby should receive four to six weeks of antiretroviral prophylaxis after birth, and frequent monitoring of his HIV status, e.g., as a minimum, at birth, at four weeks of age and three months after weaning.

It is a great privilege to help a mother to achieve her breastfeeding goals, and nowhere is this more apparent than when working with mothers who have HIV. Thanks to current national and international guidance, HIV is no longer an automatic contraindication to breastfeeding, but we still have a little work to do in disseminating up-to-date recommendations.
HOW LEADERS CAN HELP HIV+ MOTHERS BREASTFEED

- Leaders helping mothers with questions about HIV and breastfeeding can refer them to the most up-to-date recommendations for the country in which they live. Working with a mother who is HIV+ in a decision making capacity about breastfeeding is usually beyond a Leaders’ primary role.

- Be sure the mother knows the importance of maintaining her treatment, both for herself and for the health of her baby. Encourage her to stay in close contact with her doctor.

- Emphasize the importance of exclusive breastfeeding for the first six months. Mixed feeding (with both breast milk and formula) is known to increase the risk of transmission of the virus to the breastfed baby. Exposure of the immature infant gut to foreign proteins in formula may cause inflammation and damage, thus increasing the risk of contact of any virus in the breast milk with the baby’s bloodstream.

- Provide information around the normal course of breastfeeding, including the principles of good positioning and attachment to avoid bleeding or damaged nipples, and how to protect a milk supply so that HIV+ mothers can produce sufficient breast milk to exclusively breastfeed for the first six months of life.

- Make sure the mother knows to watch the baby for hunger cues, not the clock. Skin-to-skin and frequent nursing can help assure a robust milk supply so supplements are not needed.

- Help the mother with any other breastfeeding concerns and provide emotional support.

- For support beyond encouragement and information about the normal course of breastfeeding the Leader can refer the mother to her health care professionals and a local International Board Certified Lactation Consultant (IBCLC) in her area.

In 1990 Pamela Morrison was certified as the first International Board Certified Lactation Consultant (IBCLC) in Zimbabwe where HIV-prevalence amongst pregnant
women reached more than 30%. Pamela has been speaking and writing about breastfeeding in the context of HIV since 1995. She also served as a member of the Zimbabwe National Multi-sectoral Breastfeeding Committee, as a Baby Friendly Hospital Initiative trainer and assessor, and assisted with development of national World Health Organisation (WHO) Code legislation and HIV and Breastfeeding policy. She emigrated to Australia in 2003, moved to England in 2005 and worked for WABA for several years. She authored the 2012 WABA HIV and Breastfeeding Kit and co-authored the 2018 update.


BHIVA 2018, General information on infant feeding for women living with HIV


Thousand Days, 5 things you need to know about breastfeeding and HIV, December 2018 https://thousanddays.org/5-things-you-need-to-know-about-breastfeeding-and-hiv/ (accessed 4 December 2018.)

What Is Advocacy, and What Does It Have to Do with LLL Leaders?

LINDA J. SMITH, CITY, OHIO, UNITED STATES OF AMERICA

Advocacy is speaking out on “anything” you feel strongly about. Advocacy is an optional role for Leaders: something you might want to do as an individual, or as an official “delegate” on behalf of LLL to another organization or activity.

Advocacy for breastfeeding could be as simple as explaining your breastfeeding-theme T-shirt to someone who asks you about it at a shopping mall or outdoor event. Another example: supporting World Breastfeeding Week (day, month) is a form of advocacy. This could include preparing a display for a health fair; writing an article for media; putting links to World Breastfeeding Week (WBW) on your personal social media page; organizing or participating in a public breastfeeding event such as LLL USA’s Live, Love Latch!™ It could be as as extensive as volunteering to be a liaison for World Alliance for Breastfeeding Action (WABA) and participating in phone conference calls or attending a WABA event. And WABA/WBW isn’t the only advocacy outlet in the world. Advocacy efforts can be local, regional, national, or international. It all counts toward the global support for breastfeeding. I have a breastfeeding-theme sticker on the lid of my laptop; explaining it to the airport security workers is a form of advocacy.

Over the years, individual Leaders and LLLI as an organization have supported advocacy efforts that have resulted in these cultural changes and more:

- Maternity protection legislation
- Laws protecting breastfeeding in public places
- Coverage for breastfeeding support in health insurance programs
- Global research and policy changes regarding breastfeeding related to HIV and AIDS
- Changes in birth practices that support breastfeeding, including but not limited to the Baby-Friendly Hospital Initiative
- Efforts to stop unethical marketing of breast milk substitutes
- Research on human milk, infant and young child feeding and nutrition for nursing mothers
- Infant and young child feeding in emergencies
- Policies that include and support the perspective of breastfeeding families.

Linda J. Smith, MPH, FACCE, IBCLC, FILCA is a lactation consultant, childbirth educator, author, and internationally known consultant on breastfeeding and birthing issues. Linda is the International Lactation Consultant Association’s (ILCA’s) liaison to the World Health Organization’s Baby Friendly Hospital Initiative and consultant to Infant Feeding Action Coalition (INFAC) Canada/IBFAN (International Baby Food Action Network) North America. As a La Leche League Leader and Lamaze-certified Childbirth Educator, she has provided education and support to diverse families over 40 years in nine cities in the USA and Canada. Linda was a founder of the International Board of Lactation Consultant Examiners (IBLCE), founder and past board member of ILCA, and is a delegate to the United States Breastfeeding Committee from the American Breastfeeding Institute. She owns the Bright Future Lactation Resource Center, [http://www.BFLRC.com](http://www.BFLRC.com) and is co-author of LLLI’s Sweet Sleep.
The Joys of Leader Accreditation

SYLVIA WALKER, WINNIPEG, MANITOBA, CANADA

A new Leader’s accreditation is cause for celebration. As a Leader Accreditation Department (LAD) representative, I have the privilege of learning the news first. Often I let out a joyous shout, clap my hands or dance around and sometimes I bake a special dessert. Eagerly, I’ll sit down to share the exciting news with the newly accredited Leader and co-Leader(s).

Working with Leader Applicants is a rewarding experience. Learning and skill development are an ongoing part of my work. I’ve learned more about LLL philosophy and accreditation criteria than I ever thought was possible.

LLL philosophy is more than just ten separate statements. The ten concepts along with the Concept Policy States (Appendix 17, LLLI Policies and Standing Rules) describe the parenting values that are important to our organization. Some of the concepts overlap each other, so they need to be interpreted as a whole. I’ve been enlightened through reading personal histories, in which I learn about the many different ways that LLL philosophy has been interpreted and experienced in each Applicant’s family.

Similarly, the LLLI Criteria for Leader Accreditation (Appendix 18 Applying for Leadership in LLLI Policies and Standing Rules) are more than a list of requirements. They are the skills, knowledge and experience that we expect Leaders to have. As a Leader Applicant works to meet the criteria, I feel honored to play a part in her preparation for the role of a La Leche League Leader, and help ensure that leadership will be a fulfilling experience for her.

LAD work also offers me the opportunity to develop my communication skills. Correspondence with Applicants and Leaders is a large part of my work. Whether
acknowledging an accomplishment, providing information, offering support, or asking questions, communicating well is important. My letter-writing skills improve with each letter sent. I can also further my writing skills by collaborating with my LAD support person and submitting an article for a LLL publication such as *Leader Today* or *LADDers*, the Leader Accreditation Department newsletter. My LAD support person has been so helpful when I’ve written articles that I can’t imagine writing solo.

Have you ever wondered about LAD work? If you have questions or are curious to learn more, please approach the Coordinator of Leader Accreditation (CLA) in your Area. CLAs love to hear from Leaders interested in joining the LAD.

I develop my speaking skills each time I present a LAD session at LLL events. A prepared outline is all that is needed, but I sometimes use handouts, props or displays, themes or costumes. It helps to be prepared for all the “thank you” comments received for presenting the session.

I’m thankful for the various LAD mailings I receive, because they have helped me hone my organizational skills. New applications, newsletters, memos and correspondence have prompted me to set up and maintain a good organization system. I can quickly retrieve what I need from the small box of supplies, file folders and binders I keep in a drawer and on a few shelves of my bookcase. While I still prefer printing application correspondence and using paper folders, many LAD representatives now keep all application files and LAD documents electronically.

Finally, LAD work allows me to be creative. I enjoy decorating letters, holiday and birthday greetings with rubber stamps, stickers, ribbons and bows. The posters I make for LAD sessions can be as simple or as artfully detailed as I like. I’ve used balloons, flowers and crafted hangers as giveaways so that LAD’s presence is remembered at these events. LAD representatives find many different ways to express the importance of Leaders taking an active interest in helping mothers find out about leadership and mentoring them to become LLL Leaders.
And that, after all, is what being a LAD representative is all about. I have happily sent the message, “Congratulations on becoming a La Leche League Leader today” 107 times in my over 30 years as a LAD representative, and it never loses its glow.

**Sylvia Walker** lives in Winnipeg, Manitoba, Canada with three grown adult sons living nearby. She has a 14-year-old granddaughter, Leah and eight-month-old grandson, Dylan who constantly reminds her how quickly years go by. Sylvia was accredited in 1982 and since 1989 has been Coordinator of Leader Accreditation (CLA) for Manitoba/Saskatchewan. She was part of LLLI Leaven Editorial Review Board (LERB) for about 10 years. Sylvia enjoys reading, writing, walking or bicycling to work, gardening and perfecting one craft; braided hangers.
Annette looks at coping strategies for a Series Meeting where a mother has made herself the “expert” in the Group but her information isn’t always in line with La Leche League.

As Leaders, we know that the dynamics of a Series Meeting can be somewhat unpredictable. So many factors affect how we and the mothers who attend meetings feel—from how much sleep we all had last night, our general mood, our expectations of the meeting, our anxiety if we don’t know anyone, if we ate recently and even the weather!

When mothers and babies gather together, it can be even more challenging if there is a crying baby or a lot of background noise from the children present. Sometimes the dynamics can have you reaching deep inside for your best coping strategies.

One of the most challenging situations I have encountered during Series Meetings is the mother who sees herself as the expert in the Group and knows the answer to every question broached. Even though she is sitting in a La Leche League Series Meeting she feels comfortable repeatedly sharing advice and practices that are not in line with La Leche League philosophy, information or recommendations. This can be frustrating and worrying; if these ideas are left unchallenged the other attendees could leave that meeting thinking we endorse them and later tell others they heard about them at a La Leche League meeting

How can we act in situations like this?

1. **Stay calm**
   
   Even though it can be frustrating and tiring to deal with repeated comments that you may
disagree with, try to stay calm for the sake of the meeting and the other mothers attending. Take a deep slow breath. Smile. Pause before responding.

2. **Understand she has good intentions**
   Usually when a mother has a lot of information and advice to share, she has a genuine desire to help. That's why she is giving so much information. When you understand that her intentions are good, it may help you to stay calm and work with her for the benefit of the entire meeting.

3. **Treat the person with respect**
   We want each mother who attends La Leche League meetings to feel respected even if her views differ from ours. We can do this by choosing our language, body posture and tone very carefully. There are many different perspectives in the world about infant care and she is entitled to her opinion.

4. **Build rapport**
   When we take more time to really understand and connect with the other person, we can often find common ground. While I'm not sure we will ever get to that point with someone who is suggesting aggressive sleep training for a two-month-old, we may be able to acknowledge our shared intentions; “Of course, we all want to get as much sleep as possible while caring for our babies’ needs…” and then ask if there is anyone else at the meeting who can share what has worked for them.

5. **Set limits and boundaries**
   I often start meetings by saying that mothers may see and hear things that don’t feel relevant to them at the moment. They are encouraged to feel free to pick and choose what is relevant for their family. We can remind mothers that this is a La Leche League meeting and we have a certain philosophy. It can also be helpful to mention that they may hear ideas that aren’t line with La Leche League philosophy but everything Leaders say is in agreement with our philosophy. Sharing this statement at the beginning sets a clear boundary that what Leaders say coincides with LLL concepts but they may hear other things from other participants. We cannot control what participants in meetings say so we might as well acknowledge this at the start.

6. **Let the meeting attendees know where you are coming from**
   The format for LLL meetings is different to most groups I have participated in and for someone new, it can take a bit of getting used to. So often in Western society today
when a concern is shared or a question asked, we expect to be told what to do quite directly.

In LLL, we share information and support rather than telling a mother what to do. Some people don’t always appreciate the difference. It can be helpful to explain at the beginning of the meeting about the type of support we offer in meetings and how it differs to other types of support. This can also encourage and empower mothers to share from their personal experience regardless of the age of their baby.

If during the meeting you feel the line has blurred, you can remind everyone: “As I mentioned at the beginning of the meeting, we share our personal experiences and information and support during meetings rather than giving direct advice. Thanks for your input, Jane, let’s see if someone else has dealt with this issue.”

7. Ignore
I hesitate to include this strategy but I think we all have been in situations where ignoring the behaviour seemed like the best option. Use your judgment and ignore when you think that’s the best strategy.

Sometimes this can mean ignoring the behaviour during the meeting and talking with the mother privately at the end of the meeting. Talking with her privately can be important so if she attends in future, you can avoid a similar situation.

8. Use humour
Humour can be a great way of diffusing a difficult situation if you feel confident to use it respectfully without directing it at an individual. The trick here is to make sure the mother doesn’t feel you are laughing at her but with her.

9. Look for the hidden need
The postpartum period can be a confusing and challenging time in a woman’s life. Many women have left work positions where they were respected, confident and appreciated.

While caring for their babies they may feel a distinct lack of confidence and unappreciated. Sharing information as a way to be seen as an expert can be their way of seeking the appreciation and respect they miss. Affirm her contribution while gently trying to steer the conversation to a different mother.
10. **Debrief**

   After the meeting, or at an Evaluation Meeting, if you felt there was an issue you can discuss it with your co-Leaders. If there are mothers in the Group whom you know well and trust their opinions and discretion, you can gently ask what they thought. Did they think a particular mother was sharing too much? How did they feel with the content she was sharing? Discussing the situation with your LLL support person can also be helpful. Sometimes, getting someone else’s perspective can help us see the meeting in a more positive light.

   Alternatively you can think about how you might handle a similar situation differently next time.

11. **Pat yourself on the back**

   Give yourself credit for getting through an uncomfortable situation. It takes a lot of energy not to react when someone else is pushing our buttons. If you handled the situation calmly and with empathy and respect, pat yourself on the back even if you are critical of yourself! Know that each time dealing with these types of situations you learn something new and hopefully that will make it easier for you next time.

**Annette Green** was born and raised in Australia but moved to Israel 20 years ago. She has two daughters and has been a Leader since 2004. Currently, she is a lone Leader of a Group in Modi’in, Israel. She is a contributing editor for Leader Today. Annette has her own holistic health clinic helping women with fertility, pregnancy and menopause challenges.
Think back to the first La Leche League meeting you attended as a parent. Walking into a new place to meet new people and learn new concepts can be nerve-wracking when you don’t know what to expect. Add to that experience the challenge of being a new parent or a parent new to breastfeeding, and you’re likely to have many questions on your mind:

- Will the other parents and I have much in common?
- Will I receive support or criticism?
- What if I disagree with some of the ideas presented?
- How will Leaders and other attendees perceive me?

Many Groups have found that a warm welcome can help ease some of these concerns. In addition to creating an atmosphere of acceptance throughout the meeting, some Groups have found welcome packets or newcomer bags to be a nice way to both set a positive tone and help participants feel valued.

These small gifts can be as simple as a paper folder with an encouraging welcome note and some information sheets or as elaborate as a reusable bag filled with snacks, water bottles, pens, keychains, books and breastfeeding accessories.

Here are some welcome bag items that several Groups have found are well-received:

- Introduction letter explaining more about the Group and providing contact information for the Leaders
- Flyer with information on dates, times and locations for a year’s worth of meetings
- Tearsheet handouts from *The Womanly Art of Breastfeeding*
- Printed copies of articles from LLL publications
- Folder for participants to store LLL contact information and any flyers, articles or tearsheets shared at future meetings
- Coupons or discount vouchers for breastfeeding-friendly products and services (make sure they’re WHO Code compatible)
- Information on local breastfeeding laws

Some Groups also use Group funds or solicit donations to put together a “breastfeeding corner starter kit” with items such as:

- Cup or reusable water bottle
- Prepackaged biscuits, cookies, crackers or other non-perishable, non-allergenic items that can be eaten with one hand
- Individually packaged tea or coffee bags
- Small pack of wipes or facial tissues
- Breast pads
- Small notebook
- Bookmarks
- Pens or pencils

Whatever your welcome packet includes, the simple act of giving one can be one way of helping newcomers feel valued—perhaps enough to not only return but also bring along a friend or two!

*Rachel Brown Kirkland* is a La Leche League Leader in Dalton, Georgia, USA, where she lives with her husband and four-year-old son.