



LARK

Leader Applicant's Resource Kit

Combined

2018 August © Leader Accreditation Department Council

Table of Contents

* Each item is hyperlinked.

Introduction Page 3

- [What is required to be accredited as an LLL Leader?](#)
- [Application Work Summary](#)
- [Making Your Application Action Plan](#)
- [Leader Applicant Progress Checklist](#)

Part 1: Personal History Page 9

- [Personal History of Breastfeeding and Mothering](#)
- [LLL Philosophy: The ten concept statements with sample questions](#)
- [References to LLL Concepts in *The Womanly Art of Breastfeeding*](#)

Part 2: Breastfeeding Management Skills page 13

- [Breastfeeding Resource Guide \(BRG\)](#)

Part 3: Leadership Skills and Attitudes Page 28

- [Checklist of Topics to Discuss](#)
- [Organizational Structure](#)
- [Giving Advice Versus Offering Suggestions](#)
- [Guidelines for Skillful Conversations](#)
- [Listening Exercise](#)
- [Bias Exercise](#)
- [Mixing Causes Exercise](#)

Part 4: Background Reading/Learning Page 34

- [Information, reading checklist](#)

**Part 5: Preview of Mothers' Questions/
Problems and Group Dynamics/Management** Page 35

- [Preview and instructions for use](#)
- [Mothers' Questions/Problems](#)
- [Group Dynamics/Management](#)

Part 6: Final Paperwork, Transition to Leadership Page 42

- [Transition hints, Leader email lists, Leader listing](#)

Introduction to the Application

Welcome to your application for La Leche League (LLL) leadership! Everything you need to know can be found in this handbook or by contacting your supporting Leader or your Leader Accreditation Department (LAD) representative. Don't hesitate to ask if you have questions!

What is required to be accredited as an LLL Leader?

Required application work is summarized below. Please also refer to [Application Work Summary](#) on the next page.

Personal History: The personal history serves as a guide for the correspondence part of your application. This is to satisfy the Criteria for Leader Accreditation that you have "demonstrated understanding of LLLI philosophy."

Breastfeeding Resource Guide (BRG): This consists of several pages of self-directed learning about basic breastfeeding management and LLL resources. Completing the BRG is required to satisfy the Breastfeeding Management Criteria for Leader Accreditation.

Checklist of Leadership Skills and Attitudes: This lists the topics you will discuss with a Leader(s) to satisfy the Leadership Skills Criteria for Leader Accreditation.

Background Reading/Learning:

- *The Womanly Art of Breastfeeding*, 2010 edition, or most current edition available in your language
- *Leader's Handbook* (2003)
- Comprehensive childbirth book from the *LLLI Bibliography*. You can also fulfill this requirement by reading the LAD publication, *Childbirth and Breastfeeding* or by learning the information in another way.

Preview of Mothers' Questions/Problems and Group Dynamics/Management (Preview): This is an exercise designed to help you practice with your supporting Leader the kinds of situations Leaders encounter. It relates to the Leadership Skills and Breastfeeding Management Criteria. Please report on your work on the *Preview* to your LAD representative, following the guidelines in the *Preview*.

Application Work Summary

Leader Applicant's Resource Kit: LARK

* Each item is hyperlinked.



[Personal History](#)
[Part 1](#)



[Preview](#)
[Part 5](#)



[Breastfeeding](#)
[Resource Guide](#)
[\(BRG\)](#)
[Part 2](#)



[Background Reading;](#)
[Childbirth Information](#)
[Part 4](#)



[Checklist](#)
[Part 3](#)

Making Your Application Action Plan

- A. Starting point:** What do I already know? What application work have I already done? Do I need to do the work in the listed order?

Feel free to work on the various aspects in any order. You might also like to combine work on several aspects. Use [Leader Applicant Progress Checklist](#) at the end of this chapter and write down what work you have already done to prepare for leadership (books you have read, meetings/workshops you've attended, discussions you've had with Leaders, parts of personal history you have written, etc.).

- B. What more do I need to know?**

Study the LLLI Criteria for Leader Accreditation, Appendix 18, *Policies and Standing Rules Notebook* (PSR). Look at the topics in the Breastfeeding Management Skills Criteria and Leadership Skills Criteria and decide which areas you need to learn more about. What leadership skills do you think you need to develop?

- C. What work is involved for leadership preparation?**

- Discussion with your supporting Leader/LAD representative
- Reading/listening/attending conferences and taking notes
- Online resources
- Reading LLLI publications such as some articles for the public from *Leader Today* and *Breastfeeding Today*. They are available on the public pages of the LLLI website, "RESOURCES" at: www.llli.org
- Electronic forms of communication such as email, e-application group, online chat, Skype, etc.
- Leader Applicant meetings with supporting Leaders, Leader Applicant Workshops

- D. How long does an application take?**

It might help to think about when you would like to be accredited. Many Applicants find they can complete the work in about six months. What will you need to do beforehand in order to make that a reality? Your planning can have targets for each month, week, or even day, which you can adjust regularly depending on how much you are able to do. Finding ways to weave application work into your other commitments will allow you to determine whether leadership will realistically fit into your life right now. You can revise your application action plan as you need to during your application.

- E. Periodically reassess: What required application work do I need yet to do?**

This question refers to the application work/materials which you need to complete in order to fulfill the Criteria for Leader Accreditation: See [Application Work Summary](#).

F. When you encounter a roadblock

Let your LAD representative and/or Leader know if you are finding it challenging to accomplish leadership preparation work. She can help you brainstorm ideas.

G. If you move

Your application can move right along with you. Please consult your corresponding LAD representative.

H. If you have a conflict with Leader(s) in your Group

Resolving co-Leader conflict is a vital skill for a Leader, so you can use this opportunity to learn how to handle it. Your LAD representative can support you if you are dealing with such a conflict.

I. If you don't receive a response from your LAD representative

You or your supporting Leader can contact the LAD representative's support person. An Associate Coordinator of Leader Accreditation (ACLA) is supported by the Coordinator of Leader Accreditation (CLA), and the CLA by a Regional/Administrator of Leader Accreditation (R/ALA). Your supporting Leader can find contact information for those Leaders in the Area Directory. You can also contact the LLLI Leader Accreditation Department at: LeaderAccreditation@llli.org

Leader Applicant Progress Checklist

Send in:	Date
Application form	
Leader application fee	
Personal History:	Date
"About You" section	
Comments on the LLL philosophy statements: The ten concepts	
<ul style="list-style-type: none"> • Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby 	
<ul style="list-style-type: none"> • Alert, active participation by the mother in childbirth is a help in getting breastfeeding off to a good start. 	
<ul style="list-style-type: none"> • Mother and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply. 	
<ul style="list-style-type: none"> • In the early years the baby has an intense need to be with his mother, which is as basic as his need for food. 	
<ul style="list-style-type: none"> • Human milk is the natural food for babies, uniquely meeting their changing needs. 	
<ul style="list-style-type: none"> • For the healthy, full-term baby breast milk is the only food necessary until baby shows signs of needing solids, about the middle of the first year after birth. 	
<ul style="list-style-type: none"> • Ideally the breastfeeding relationship will continue until the baby outgrows the need. 	
<ul style="list-style-type: none"> • Breastfeeding is enhanced and the nursing couple sustained by the loving support, help, and companionship of the baby's father. A father's unique relationship with his baby is an important element in the child's development from early infancy. 	
<ul style="list-style-type: none"> • Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible. 	
<ul style="list-style-type: none"> • From infancy on, children need loving guidance, which reflects acceptance of their capabilities and sensitivity to their feelings. 	

Required reading/learning:	Date
Comments on <i>The Womanly Art of Breastfeeding</i>	
Comments on the <i>Leader's Handbook</i>	
Information on childbirth	
Required exercises	Date
<i>Breastfeeding Resource Guide (BRG)</i>	
<i>Checklist of Topics to Discuss in Preparation for LLL Leadership</i>	
<i>Preview, Send the evaluation report</i>	
Ongoing work, optional exercises:	Date
Regularly attend meetings	
Read from the Group Library and Leader materials	
Bias Exercise	
Mixing Causes Exercise	
Listening Exercise	
Attend workshops, Chapter Meetings, etc.	
Regular communication with LAD representative	

Part 1: Personal History

PERSONAL HISTORY OF BREASTFEEDING AND MOTHERING

This is an outline of the “personal history” segment of your correspondence with the Leader Accreditation Department (LAD). Use it in the manner that suits you best: begin with the section that interests you most, respond in short or essay format, and communicate your reply in one or many installments. Please keep copies of your letters and/or emails.

The personal history consists of two parts: “**About You**” and “**LLL Philosophy**.”

About You

Motivation is an essential element in the work of a La Leche League Leader. What inspired your desire to become an LLL Leader? What would you like to accomplish as a Leader? LLL leadership involves work at home and time away, so it's important to talk to your family about your goals. Please write about any of your interests, hobbies, other volunteer activities, and education/employment experiences that might be significant to the work of an LLL Leader. Feel free to send your letter “About You” as your self-introduction to your corresponding LAD representative.

LLL Philosophy

Our personal philosophy guides our choices, and what we do as mothers strengthens or changes what we believe; thus there is continual interaction between what we do and what we think. Because the Leader represents LLL, her example is critical to how others see the organization. Her ideas and experiences also become part of her resource for helping mothers through LLL.

Please tell how your childbirth, breastfeeding, and mothering have or have not reflected La Leche League philosophy. To be certain that you have covered all the important areas, write about each concept separately and describe what each of them means to you by relating it to your experience. How did you come to hold it as part of your personal philosophy? What choices have you made because of this philosophy, and how have your current ideas been influenced by your choices? How might you present the concepts to others (for example, at Series Meetings) while showing respect for different beliefs and choices?

On the next page is a list of the LLL concept statements with some specific questions related to personal perspective to suggest information you might include. You are unique, and your experience has both similarities and differences to others', so please use the questions as guides only. Whether or not you answer these specific questions, be sure to include information you think will help the LAD to understand you, your experiences, and your ideas.

Writing this personal history offers you an opportunity to reflect on and clarify your experiences, beliefs, and goals related to LLL leadership. Your LAD representative will respond to each of your letters, matching your ideas and experience to the criteria for accreditation; requesting additional information, if necessary; and helping you to develop the understanding, skills, and information base you will need as an LLL Leader.

Please write about **each concept separately** by relating it to your experience.

LLL Philosophy: The ten concept statements with sample questions

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

Describe how breastfeeding has helped you to understand and meet your baby's needs. How have you handled nighttime nursing? How did you manage when your baby cried or had a "fussy" time? Please describe any experience with artificial nipples.

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

Briefly tell about your birth experience and first nursings. How do you think these contributed to nursing and to the attachment you and your baby feel?

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

Describe the transition between birth and breastfeeding. Did you have any difficulties in the early weeks? If so, how did you overcome them?

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

How has your baby shown you that he needs you as well as your milk? Describe any experience of mother-baby separation in the early years and how your baby's needs have been met during this time. How do you know when your baby is ready to increase separations?

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

What qualities of your milk have been most important for you and your family?

For the healthy, full-term baby breast milk is the only food necessary until baby shows signs of needing solids, about the middle of the first year after birth.

When and how did you introduce solids and a cup? What signs of readiness did you look for? If you have used bottles, please describe when and how.

Ideally the breastfeeding relationship will continue until the baby outgrows the need.

What are your thoughts about when and how weaning proceeds? If it's part of your experience, describe your baby's weaning.

Breastfeeding is enhanced and the nursing couple sustained by the loving support, help, and companionship of the baby's father. A father's unique relationship with his baby is an important element in the child's development from early infancy.

How is the father's role viewed in your family?

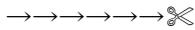
Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.

How have you incorporated principles of good nutrition into your family's diet?

From infancy on, children need loving guidance, which reflects acceptance of their capabilities and sensitivity to their feelings.

Describe how you practice loving guidance. How do you handle "rough" times? What are your favorite resources on this topic?

These two pages can be cut to fit inside the covers of *The Womanly Art*, for easy reference



References to LLL Concepts in *The Womanly Art of Breastfeeding* (2010 edition)

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

“The newborn baby has only three demands. They are warmth in the arms of [his] mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three.” (Page 4, Grantly Dick-Read, MD, from *Childbirth Without Fear*, 1955)

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

“All medications, including those in epidurals, reach your baby through the placenta, affecting his ability to find the breast, latch, and suck effectively after he’s born. Depending on how long the epidural was in place and the drugs used in it, these effects can last from a few days to a few weeks.” (Page 45)

“Many of today’s interventions have not been shown to improve outcomes as much as they’ve been shown to complicate the birth. Most women today *want* to breastfeed, but many are finding it hard, and the way we give birth today is a big part of the problem.” (Pages 49-50)

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

“With all this intimate time together, you get to know his body and his personality better than anyone else. You know how to interpret his cries sooner than your partner. You know what makes him happy and what he doesn’t like. Day by day, breastfeeding builds your confidence and mothering skills.” (Page 11)

“Milk removal is especially important during the first two to three weeks because that’s when your milk production capability is established.” (Page 23)

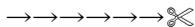
In the early years, the baby has an intense need to be with his mother which is as basic as his need for food.

“But you already *know* that ignoring your crying baby doesn’t feel right. Mothers are hardwired to respond because it’s Nature’s design to keep babies protected, cared for, and thriving.” (Page 143)

“At night, babies ‘expect’ to stay safely close to their mothers, waking as needed to nurse or reconnect. Keeping your baby close at night and letting him nurse to sleep meets his physiological and emotional needs.” (Page 223)

“The research-based reality is that neither one of you is built, physiologically or emotionally, for long and regular separations. Growing research from a number of different countries shows that a baby who is separated from his mother for the hours that full-time outside work requires has elevated cortisol levels – a clear sign of stress. It isn’t always easy to tell how a baby is doing; the baby who seems quiet and content in the child care center may actually have higher levels of stress hormones than the one who cries and protests.” (Pages 280-81)

“Some mothers, consciously or not, harden themselves to the reality of an early return to work and try not to ‘melt into their babies’ during their maternity leaves. While it’s understandable to try and protect your heart, most mothers are far, far happier in the long run if they give their heart freely to their baby, even though it makes the transition tough at the start.” (Page 287)



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

“There’s no formula that comes even close to the milk your body creates. Your milk has every vitamin, mineral, and other nutritional element that your baby’s body needs, including many that haven’t been discovered or named yet, and it changes subtly through the meal, day, and year, to match subtle changes in his requirements.” (Pages 5-6)

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.

“His insides are designed to be ready for solid food once his outside has developed enough for him to eat it on his own. If he can’t pick up food, get it in his mouth, and chew it without choking, then he’s just not ready for solids, and his tummy probably isn’t ready, either. He’ll acquire those on-the-outside skills by about six months. And that’s when his digestive tract is ready, too.” (Page 248)

Ideally the breastfeeding relationship will continue until the baby outgrows the need.

“Many mothers continue breastfeeding because it’s so central to how they mother their children. It’s a whole mothering package – how they interact and manage and connect.” (Page 204)

“Children naturally have a tremendous desire to move on to the next stage of development: once they can walk they stop crawling. As the wider world opens up to them, they gradually close the door on babyhood. So *even if you never lift a finger, even if you never ever ask him to wait, Your Child Will Wean*, just as surely as his teeth will come in. Doing nothing works just fine.” (Page 317)

Breastfeeding is enhanced and the nursing couple sustained by the loving support, help, and companionship of the baby’s father. A father’s unique relationship with his baby is an important element in the child’s development from early infancy.

“Partners don’t need to know how to solve breastfeeding problems; *they just need to help you link up with the support and information you need.*” (Page 31)

“Partners want to connect with their babies, too, and when they see the closeness and intimacy of the breastfeeding relationship, feeding the baby themselves looks like the obvious way to do it. But there are a gazillion ways to bond with a baby without bottle-feeding – in fact partners have the key role of teaching the baby that love sometimes comes without food.” (Page 32)

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

“La Leche League has always recommended a well-balanced and varied diet of foods in as close to their natural state as possible. Fresh foods are usually better than frozen, and frozen foods are preferable to canned. By concentrating on unprocessed foods, you and your baby will get all the known nutrients in their natural proportions.” (Page 255)

From infancy on, children need loving guidance which reflects acceptance of their capabilities and sensitivity to their feelings.

“You’re actually practicing early discipline – gently encouraging alternative activity, substituting an acceptable object or activity for an unacceptable one, distracting your child to head off a problem. A decade from now you’ll be saying, ‘I know you’re disappointed that Sadie can’t come over today. Why don’t we make some cookies that you two can share tomorrow?’ ” (Page 174)

“Children are people, with feelings, capabilities, and limitations that vary from child to child, month to month, moment to moment. If we work within those changing strengths and limits and look for the need that drives the behavior, if we show love and consistency, if we respect them as people who are trying their best to adjust to this strange planet they find themselves on with us, *if they know they are loved*, most likely it will all come out fine in the end no matter how much we stumble along the way.”(Page 216)

Adapted from an article by Lisa Krempasky, CLA, in *LADders* 2010-2 No. 2

Part 2: Breastfeeding Management Skills

After you have completed the *Breastfeeding Resource Guide* (BRG), please let your LAD representative know how you approached the information, whether you found it helpful, and if you have any questions.

Breastfeeding Resource Guide

The *Breastfeeding Resource Guide* (BRG) aims to provide you with certain basic information and references so that you will be ready to support the normal course of breastfeeding and to help mothers cope with common concerns. It also directs you to relevant resources to support mothers facing specific breastfeeding challenges.

The primary resource is the 2010 edition of *The Womanly Art of Breastfeeding* (WAB) or most recent edition in your language. Other resources listed are LLLI website links. Find out what other resources are available in your LLL entity; they may provide alternatives to the LLLI resources listed below. Use the most up-to-date resources available to you.

How to use the BRG

LLL Leaders support mothers by providing them with information and encouragement to make their own decisions. Providing information is just one aspect of the Leader's role. Leaders are not expected to know everything about breastfeeding; they *are* required to know where to find further information and support if they do not have the information necessary to support a mother.

- The BRG is a resource you can use later as a Leader as well as now as a Leader Applicant; add to it to develop a resource which will help you gain confidence to support breastfeeding mothers.
- Use the BRG in ways that suit you and your preferred learning style, so that you gain confidence to support mothers with relevant breastfeeding information.
- *The Womanly Art of Breastfeeding* is the primary resource referred to in the BRG. Chapter and index references are provided for the 2010 edition. You may want to look up **key words** (some of which are printed in bold) in the index of any references you use. Make a note of additional resources available to you.
- Make use of the most up-to-date references available to you through LLLI and your entity.
- The BRG is a tool you may choose to use in conjunction with the *Preview of Mothers' Questions/Problems and Group Dynamics/Management* as you become familiar with the information and resources available to you. You can build your knowledge and skills through note taking, discussion with your supporting Leader, writing an answer to a hypothetical email question from a mother, and role-play with your supporting Leader.

How to complete the BRG

Leader Applicants are required to complete the BRG (LLLI Criteria for Leader Accreditation, *Policies and Standing Rules Notebook*, Appendix 18). Consider each topic presented and self-assess your familiarity with the information and resources provided. You may choose to work with your supporting Leader to build and practice using your knowledge in the ways described above.

Contents

* Section titles are hyperlinked.

Part A: [LLL Resources for Mothers](#)

Every Leader is a resource
Published LLL resources
Online resources
People resources

Part B: [Breasts and Breast Milk](#)

The structure of the breast; how it makes and delivers milk
Colostrum
Fertility
Health and nutritional benefits of human milk

Part C: [What Is “Normal” for a Full-Term, Healthy Breastfeeding Baby?](#)

Infant reflexes and sucking
Maternal nutrition
Positioning and attaching a baby at the breast
Signs baby is getting enough milk
Breastfeeding and separation
Breastfeeding and working
Solid food: baby's readiness
Weaning from the breast

Part D: [Common Concerns](#) *(in alphabetical order)*

Allergies
Breast refusal in the early days
Cesarean birth
Encouraging the let-down reflex
Engorgement
Flat or inverted nipples
“High need” babies/colicky babies
Jaundice in healthy newborns
Nighttime nursing
Nipple/suck confusion
Nursing strike
Signs baby is not getting enough milk
Sleepy newborn
Sore breasts
Sore nipples; thrush
Too much milk
When supplemental feeds interfere with breastfeeding

Part E: [Beyond the Normal Course of Breastfeeding](#)

Published resources (optional for Leaders)
Medical questions
Handling challenging breastfeeding questions
Medical implications

Part F: [Breastfeeding Challenges](#) *(in alphabetical order)*

Adopted baby
Babies born with special needs
Breastfeeding multiples
Diabetes and breastfeeding
Hospitalization of mother or baby
Jaundice
Postpartum depression (PPD)/postnatal depression (PND)
Premature baby
Pumping milk for the baby
Reflux

Part A: LLL Resources for Mothers

Every Leader is a resource

When a mother calls for support with the normal course of breastfeeding, remember that *you* are a valuable resource. Listening, empathizing, reflecting her feelings back to her, clarifying her concerns—these can help in themselves, before you even begin to share information. You may be able to simply confirm to the mother that what she is experiencing is within the normal course of breastfeeding, and this will help her gain confidence to continue. She may be going through a particular phase while her baby builds up her milk supply or begins to learn the difference between night and day. There may be things she can do to help cope with her baby's intense need for her and her milk. It may help her to know that, even if she does nothing differently, her situation is likely to change all by itself because her baby is growing, developing, and learning. This week's overwhelming problem soon becomes history as time and our babies move on.

A Leader is also a resource in terms of the information she can provide. Her knowledge and experience, as well as her familiarity with the resources available to her, contribute to her effectiveness at imparting appropriate information to support a mother.

Published LLL resources

The Womanly Art of Breastfeeding provides answers to many mothers' questions. LLL Groups often keep more than one copy in the Group Library, if available, to loan to any mother who comes to a meeting. A stock of LLL pamphlets and information sheets will mean that you can provide relevant printed support on a range of topics. Make use of the most up-to-date references available to you.

Online resources

Online resources give you the option to refer a mother immediately to information or send her something electronically. On the LLLI website www.llli.org you can find:

- LLLI website "Breastfeeding Info A to Z" at: <https://www.llli.org/breastfeeding-info/>
- Online Mother-to-Mother Forums on which mothers can discuss their specific questions and seek help and support from Leaders and mothers.

There are several **non-LLL websites** that Leaders find informative and helpful. If a Leader suggests these resources to a mother, it is important to mention that the information is not from LLL, yet may be helpful. Describe any association with LLL, such as if the author is a Leader, and the reason you are recommending the site. If you have any reservations about the style or content of the source, either find an alternative source of information or mention your reservations to the mother.

In the list below, Dr. Newman is on the LLLI Health Advisory Council and the others are LLL Leaders as well as holding other qualifications related to breastfeeding. Leaders need to check out the information they think is relevant before passing it on to a mother.

- Kelly Bonyata, M.S., IBCLC: www.kellymom.com
- Suzanne Colson, Ph.D.: www.biologicalnurturing.com
- Kathleen Kendell-Tackett, Ph.D., IBCLC: <http://www.uppitysciencechick.com/postpartum-depression.html>
- LactMed (USA National Institutes of Health database): <http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
- Nancy Mohrbacher, IBCLC, and Kathleen Kendall-Tackett, Ph.D., IBCLC: www.breastfeedingmadesimple.com
- Jack Newman, M.D.: <http://www.breastfeedinginc.ca/>
- Diana West, BA, IBCLC: www.bfar.org
- Diane Wiessinger, M.S., IBCLC: www.normalfed.com

People resources

Every LLL Leader is part of a network of support that extends far beyond the individual or the Group. Sometimes consulting with another Leader (respecting the confidentiality of personal information) will provide you with the support you need. The Professional Liaison Department (PLD) offers support and accurate, up-to-date information to Leaders helping mothers in medical, legal, or other complex or unusual situations. You can contact the PLD if you receive a helping call which goes beyond the normal course of breastfeeding, and for which your usual resources are not adequate. Find out about the LLL support structure where you live.

Leader's Handbook, Chapter One, provides information about how to effectively use published, online and people resources, as well as how to best communicate that information to mothers. **Part E** of this **Breastfeeding Resource Guide** (see below) also provides helpful information about situations that are beyond the normal course of breastfeeding.

A: Study Questions
1. What is a Leader's Log and why must all Leaders keep one? What information needs to be included in this log?
2. What basics are important to remember when a mother calls with a question about a drug/medication she is/will be taking? Who or what are your references?
3. How can we recognize situations where a Leader needs extra help? Where can she turn first? Next? Beyond that?
4. Who is your Professional Liaison (PL) Leader? How can we use the Medical Questionnaire to gather information prior to contacting the PL Leader?

[Back to Top \(BRG\)](#)

Part B: Breasts and Breast Milk

The structure of the breast; how it makes and delivers milk

- WAB 2010 index: Hormones, milk production, milk release--milk ejection reflex

Additional sources of information include:

- Kelly Bonyata's website article, "Frequently Asked Questions about Milk Production": <https://kellymom.com/bf/got-milk/basics/milkproduction-faq/>

You may get a helping call from a mother who has had **breast enlargement** (implants) or **breast surgery**.

- LLLI website, "Breastfeeding Info A To Z," **Anesthesia**: <https://www.llli.org/breastfeeding-info/anesthesia/>
- Diana West's website: www.bfar.org

Colostrum

- WAB 2010 index: Colostrum
- LLLI website, "Breastfeeding Info A To Z," **Colostrum: Prenatal /Antenatal Expression**: <https://www.llli.org/breastfeeding-info/colostrum-prenatal-antenatal-expression/>

Fertility

- WAB 2010 index: Fertility
- LLLI website, "Breastfeeding Info A To Z," **Fertility:**
<https://www.llli.org/breastfeeding-info/fertility/>

Health and nutritional benefits of human milk

Learn how breastfeeding affects a baby's health and well-being, protecting him from **illness** and **allergies**.

- WAB 2010 index: Health benefits of breastfeeding
- LLLI website, "Breastfeeding Info A To Z," **Importance of Breastfeeding:**
<https://www.llli.org/breastfeeding-info/benefits/>

B: Study Questions
1. Identify the nipple, areola, and Montgomery glands on a breast and describe each.
2. What breast surgeries can cause problems with breastfeeding? Why?
3. Name a few signs of a let-down (milk-ejection) reflex.
4. How can a mother encourage her let-down (milk-ejection) reflex?
5. What factors can influence let-down?

[Back to Top \(BRG\)](#)

Part C: What Is "Normal" for a Full-Term, Healthy Breastfeeding Baby?

There is wide variation in what is normal. No one can tell a mother, for example, how often or how long her baby will need to nurse or at what age he will "sleep through the night." Babies' nursing patterns vary, and a pattern that is right for one mother and baby may not be right for another. Also, an individual baby's nursing pattern may vary as he grows. A healthy baby with a good suck who is gaining normally and thriving will naturally fall into the nursing pattern that is best suited to him. By responding to her baby's cues, a mother can be confident that she is doing the best for her baby.

From your own experience, you will know many aspects of behavior that are within the normal range for a breastfeeding baby. To read more about this topic, see:

- WAB 2010 Part II, "Ages and Stages"
- WAB 2010 Chapter 5, "The First Few Days: Hello, Baby . . ."
- WAB 2010 Chapter 6, "The First Two Weeks: Milk!"
- WAB 2010 Chapter 7, "Two to Six Weeks: Butterfly Smiles"
- WAB 2010 Chapter 8, "Six Weeks to Four Months: Hitting Your Stride"
- LLLI website, "Breastfeeding Info A To Z,"

Preparing: <https://www.llli.org/breastfeeding-info/preparing/>

Tips: <https://www.llli.org/breastfeeding-info/tips/>

Infant reflexes and sucking

- WAB 2010 index: Sucking
- LLLI website, "Breastfeeding Info A To Z," **Frequency of Feeding:** <https://www.llli.org/breastfeeding-info/frequency-feeding-frequently-asked-questions-faqs/>

Maternal nutrition, health, and environment

- WAB 2010 index: Nutrition, mothers' needs
- LLLI website, "Breastfeeding Info A To Z," **Vitamin D—Your Baby, and You:** <https://www.llli.org/breastfeeding-info/vitamin-d/>
Contaminants: <https://www.llli.org/breastfeeding-info/contaminants/>
Tobacco, Smoking and Breastfeeding: <https://www.llli.org/breastfeeding-info/smoking-and-breastfeeding/>

Positioning and attaching a baby at the breast

- WAB 2010 Chapter 4, "Latching and Attaching"
- LLLI website, "Breastfeeding Info A to Z," **Positioning:** <https://www.llli.org/breastfeeding-info/positioning/>

Signs baby is getting enough milk

- WAB 2010 Chapter 5, "The First Few Days: Hello Baby . . . ;"
- LLLI website, "Breastfeeding Info A to Z," **Amount of Milk:** <https://www.llli.org/breastfeeding-info/amount/>

Occasionally a mother will be concerned that her baby is gaining weight too quickly:

- WAB 2010 index: Weight gain
- LLLI website, "Breastfeeding Info A to Z," **Growth:** <https://www.llli.org/breastfeeding-info/growth/>

C: Study Questions

1. How often, on average, do newborns need to nurse? About how many times in 24 hours?
2. Explain the difference between foremilk and hindmilk.
3. What is the rooting reflex and how does it affect breastfeeding?
4. Why is it important for a mother to hear or see her baby swallowing?
5. How can a mother reassure herself that her baby is latching on and sucking well?
6. What kind of a diet does a breastfeeding mother need?

7. How can a breastfeeding mother determine how much liquid intake she requires? Is any particular liquid, such as milk, required? Why or why not?
8. What are the basics of proper positioning? What can signal a possible positioning problem?
9. Describe how to help a mother get her baby latched on effectively.
10. How can a mother tell if her baby is getting enough milk? What are some signs that he is not? What might we suggest?
11. How does colostrum help a baby pass meconium?
12. On average, when should a baby regain his birth weight?
13. How can early supplements interfere with breastfeeding? How can a Leader help a mother reduce or eliminate them?

[Back to Top \(BRG\)](#)

Breastfeeding and separation

If a mother must leave her baby, taking his needs into account will help ensure as positive an experience as possible for both mother and baby. Many parents find that they can minimize **separation of mother and baby**, adapting their lives to include their babies and children, such as by taking baby along when going out or travelling, and by altering work arrangements/taking maternity leave for as long as possible.

- WAB 2010 index: Separations
- WAB 2010 Chapter 14, "When You Can't Be With Your Baby"

Breastfeeding and working

The references for "Breastfeeding and separation" (above) may be helpful, as well as resources that specifically support a mother who is returning to work.

- WAB 2010 index: Pumping, maternity leave
- WAB 2010 Chapter 15, "Milk to Go"
- LLLI website, "Breastfeeding Info A to Z,"

Pumping Milk: <https://www.llli.org/breastfeeding-info/pumping-milk/>

Storing Human Milk: <https://www.llli.org/breastfeeding-info/storingmilk/>

C: Study Questions - <i>continued</i>
14. What suggestions could we offer a mother who is introducing a bottle to her baby?
15. What factors determine the number of times a mother needs to pump while away from home?
16. Stimulating the let-down reflex is the key to effective milk expression. What are some techniques a mother might employ to trigger this reflex?
17. Hand expression may be more acceptable than mechanical pumps to some mothers. How could we describe the steps of hand expression to a mother?
18. What information is important to share with a mother who plans to express and store milk for her baby?

[Back to Top \(BRG\)](#)

Solid food: baby's readiness

- WAB 2010 Chapter 13, "The Scoop on Solids"
- LLLI website, "Breastfeeding Info A to Z," **Starting Solids:**
<https://www.llli.org/breastfeeding-info/starting-solids/>

Weaning from the breast

- WAB 2010 Chapter 16, "Everybody Weans"
- LLLI website, "Breastfeeding Info A to Z," **Weaning:**
For medical reasons
<https://www.llli.org/breastfeeding-info/weaning/>
How to
<https://www.llli.org/breastfeeding-info/weaning-how-to/>
I want to
<https://www.llli.org/breastfeeding-info/weaning-i-want-to/>
Unexpected
<https://www.llli.org/breastfeeding-info/weaning-unexpected/>

C: Study Questions - <i>continued</i>
19. For how long is his mother's milk the appropriate primary food for an infant?
20. How does a breastfed baby indicate readiness for solids?
21. While not every baby accepts new foods in the same order, what might we suggest as a first food? What food group might follow? Why?
22. When a baby begins eating solid foods, how might the mother introduce a new food and why?
23. Describe natural weaning and its advantages
24. If a mother chooses to wean, describe a plan if time is not an issue.
25. Discuss a few situations where a mother may have been told to wean her infant. What suggestions might we offer in each situation?
26. If abrupt and/or temporary weaning is required, what consequences can a mother expect? What suggestions might we offer to help her and her baby cope with them?

[Back to Top \(BRG\)](#)

Part D: Common Concerns

- WAB 2010 Chapter 18, "Tech Support"
- LLLI website, "Breastfeeding Info A to Z" <https://www.llli.org/breastfeeding-info/#collapse229>

Allergies

- WAB 2010 index: Allergies
- LLLI website, "Breastfeeding Info A to Z," **Food Allergies and Breastfeeding:**
<https://www.llli.org/breastfeeding-info/allergies/>

Breast refusal in the early days

A baby may refuse to take the breast, which can be very distressing for a mother. There are many possible explanations for this, and your support may enable the mother to work out what is happening and encourage her to persevere.

- WAB 2010 index: Nipple shields, refusing to nurse
- LLLI website, "Breastfeeding Info A to Z," **Back to Breast:** <https://www.llli.org/breastfeeding-info/back-to-breast/>

If a mother continues to be concerned about her baby's jaundice or if the jaundice threatens the continuation of breastfeeding, you may need to provide additional information and support. See "Jaundice" on page 14 (Part F: "Breastfeeding Challenges").

Cesarean birth

- WAB 2010 index: Cesarean birth
- LLLI website, "Breastfeeding Info A to Z," **Breastfeeding After Cesarean Birth:** <https://www.llli.org/breastfeeding-info/breastfeeding-cesarean-birth/>
- Leader Accreditation Department booklet: *Childbirth and Breastfeeding: Background Information for Leader Applicants and Supporting Leaders*

Encouraging the let-down reflex

- WAB 2010 index: Milk release (milk ejection reflex)

Engorgement

- WAB 2010 index: Engorgement
- LLLI website, "Breastfeeding Info A to Z," **Engorgement:** <https://www.llli.org/breastfeeding-info/engorgement/>

Flat or inverted nipples

- WAB 2010 index: Flat nipples; Inverted nipples; Nipple shields
- LLLI website, "Breastfeeding Info A to Z"
Inverted and Flat Nipples: <https://www.llli.org/breastfeeding-info/inverted-flat-nipples/>
Preparing: <https://www.llli.org/breastfeeding-info/preparing/>

"High need" babies/colicky babies

- WAB 2010 index: Colic, fussy babies

Jaundice in healthy newborns

Jaundice in a newborn baby is a common and usually harmless condition. In most cases the **jaundice** will disappear by itself in two to three weeks. Learn what causes normal or physiologic jaundice and how breastfeeding can help.

- WAB 2010 index: Jaundice, newborn
- LLLI website, "Breastfeeding Info A to Z"
Jaundice: <https://www.llli.org/breastfeeding-info/jaundice/>

If a mother continues to be concerned about her baby's jaundice or if the jaundice threatens the continuation of breastfeeding, you may need to provide additional information and support. See "Jaundice" on page 14 (Part F: "Breastfeeding Challenges").

Nighttime nursing

- WAB 2010 Chapter 12, "Sleeping Like a Baby"
- LLLI website, "Breastfeeding Info A to Z," **Sleep:**
BEDSHARE Should I sleep with my baby?
<https://www.llli.org/breastfeeding-info/sleep-bedshare/>

SAFE SLEEP

<https://www.llli.org/breastfeeding-info/safe-sleep-breastfeeding-babies/>

SAFE SURFACE CHECKLIST

<https://www.llli.org/breastfeeding-info/sleep-safe-surface-checklist/>

Nipple/suck confusion

- LLLI website, "Breastfeeding Info A to Z," **Nipple Confusion:** <https://www.llli.org/breastfeeding-info/nipple-confusion/>

Nursing strike

Occasionally a baby will suddenly refuse to nurse for no apparent reason. This can be a real puzzle, whatever the age of the baby. A situation like this is called a nursing strike. The resources for "Breast refusal in the early days" (page 6) may also help.

- WAB 2010 index: Nursing strike
- LLLI website, "Breastfeeding Info A to Z," **Nursing Strikes:** <https://www.llli.org/breastfeeding-info/nursing-strikes/>

Signs baby is not getting enough milk

Learn what **weight gain** and other signs of well-being to expect in the early days and weeks. Asking questions and gathering information to establish the baby's weight gain and loss are essential. If a mother's concern about her milk supply seems to be warranted, these resources can help you support her:

- WAB 2010 Chapter 5, "The First Few Days: Hello, Baby . . . ;" Chapter 18, "Tech Support"
- LLLI website, "Breastfeeding Info A to Z," **Amount of Milk:** <https://www.llli.org/breastfeeding-info/amount/>
- Diana West's website: www.lowmilksupply.org

Sleepy newborn

- WAB 2010: Chapter 5, "The First Few Days; Hello Baby"

Sore breasts

- WAB 2010 Chapter 18, "Tech Support"
- LLLI website, "Breastfeeding Info A to Z," **Mastitis:** <https://www.llli.org/breastfeeding-info/mastitis/>

Sore nipples; thrush

- WAB 2010 Chapter 18, "Tech Support"
- LLLI website, "Breastfeeding Info A to Z," **Thrush:** <https://www.llli.org/breastfeeding-info/thrush/>

Too much milk

Mothers are sometimes worried about an overabundant milk supply or overactive let-down reflex.

- WAB 2010 index: Oversupply
- LLLI website, "Breastfeeding Info A to Z," **Oversupply:** <https://www.llli.org/breastfeeding-info/oversupply/>

When supplemental feeds interfere with breastfeeding

Mothers of young babies are sometimes advised to give **supplements** of water or artificial baby milk (formula) in addition to breastfeeding.

- WAB 2010 index: Supplements can interfere with milk supply
- LLLI website, "Breastfeeding Info A to Z,"
 - Amount of Milk** <https://www.llli.org/breastfeeding-info/amount/>
 - Colostrum: General** <https://www.llli.org/breastfeeding-info/colostrum-general>
 - Nipple Confusion** <https://www.llli.org/breastfeeding-info/nipple-confusion/>

D: Study Questions

1. What are some typical symptoms of allergies in a breastfed baby?
2. What are some suggestions for a mother to try if she suspects an allergic reaction?
3. How long must a mother stop eating a food for it to be eliminated from her system and that of her baby?
4. How can we help the mother who has had a caesarean birth to breastfeed?
5. Name a few signs of a let-down (milk-ejection) reflex.
6. How can a mother encourage her let-down (milk-ejection) reflex?
7. What factors can influence let-down?
8. What is engorgement? How can a mother minimize it? How can it be treated?
9. What breastfeeding problems may exist for a mother with flat nipples? with inverted nipples? How can these be overcome before/after the baby is born?
10. When might a nipple shield be suggested and what information would a mother need about its use?
11. What is thought to contribute to physiologic jaundice in a breastfed infant? What can help the baby eliminate bilirubin?
12. Discuss phototherapy and the side effects bili-lights may have on a baby.
13. What suggestions might a Leader make about nighttime nursing?
14. What suggestions can a Leader make to help a mother to encourage her baby back to the breast after he has become used to bottles?
15. What is a nursing strike and what suggestions can a Leader make to help a mother in this situation?
16. What is slow/low weight gain? List some possible reasons for slow/low weight gain and the actions that can be taken to help baby gain weight. What is failure-to-thrive?
17. How can a mother increase her milk supply?
18. What is breast compression, and how does it work?
19. What are some ways to rouse a sleepy newborn?
20. What is a plugged duct and how can it be managed?
21. Give symptoms of breast infection/mastitis. What steps can the mother take to relieve soreness? When does a mother need to see her health care provider for mastitis?
22. Name some possible causes of sore nipples and suggest possible solutions.
23. What are some sucking problems that could cause sore nipples?
24. If a mother develops sore nipples, what are some things she can do to hasten healing?
25. How could teething affect a mother's nipples? What could be some suggestions to help a mother minimize this?
26. List the symptoms of a yeast infection for mother and baby. How will this affect breastfeeding? What can the mother do?
27. What are some of the predisposing conditions for a mother or baby who has thrush?
28. Some babies have problems coping with milk flow. How can a mother overcome this problem?
29. How can supplements affect milk supply and what can a mother do to get things back on track?

[Back to Top \(BRG\)](#)

Part E: Beyond the Normal Course of Breastfeeding

Sometimes mothers contact LLL with a very specific question about a breastfeeding challenge requiring specific information and support. Knowing where and how to access relevant information is crucial. *The Womanly Art of Breastfeeding* contains information about certain breastfeeding challenges; if this information is not enough, you will need to know where to look next or whom to ask for the information you need.

Published resources (optional for Leaders)

If you own a copy of the 2010 *Breastfeeding Answers Made Simple (BAMS)*, or another more technical resource, such as the most current edition of *Medications and Mothers' Milk* by Thomas Hale, these may provide the answers to specific questions. Sometimes it is enough to look up the relevant section of the BAMS, for instance, and learn along with the mother what she needs to know, reading aloud the relevant extract. An example is if the mother has blood in her milk. *The Womanly Art of Breastfeeding* does not have an entry about this in the index, but BAMS gives detailed information about it ("Blood in milk" is in the index), which can inform a mother who may be anxious about it.

Medical questions

You can refer a mother's question pertaining to a medical condition, either of the mother or the baby, to the Professional Liaison Department (PLD). Contacting a PLD Leader by telephone or email is one way of accessing information you need to help the mother.

Although most mothers' questions can be answered over the telephone, it is sometimes apparent that a mother would be helped most efficiently or effectively by a home visit (see the *Leader's Handbook* index: Home visits). Making home visits, however, is not a part of basic Leader responsibilities. It is a Leader's choice as to whether she is able to provide a home visit to support a mother. If a Leader thinks a mother would benefit from a home visit but is unable to offer that herself, she can refer the mother to another Leader in the community who is known to do home visits, a health professional, or a qualified lactation consultant.

Handling challenging breastfeeding questions

In certain situations, it becomes clear that the mother needs more information than you can provide. If that is the case, it is perfectly acceptable to say that you don't know the answer to her question. In fact, it is important to be prepared to admit this. A mother will respect your honesty and appreciate your help with accessing accurate information.

So what can you do? Adapt the list below, depending on the urgency of the situation and the resources available to you:

- Explain that you would like to find out more information and get back to her.
- Make sure you have her contact details in your Leader's Log; this could include her email address if she has an urgent question and you could send her information via email.
- Arrange to contact her within a reasonable time period, depending on the urgency of the situation.
- Refer to the LLL publications you own or have access to.
- Check out "Breastfeeding Info A to Z" on the LLLI website at: <https://www.llli.org/breastfeeding-info/>
- See "Online resources" on page 3, Part A: "LLL Resources for Mothers".
- Telephone a Leader to get a second opinion, respecting the confidentiality of personal information. See the *Leader's Handbook* index: Confidentiality.
- Contact a Professional Liaison Leader.
- Refer the mother to more local support from a health professional or breastfeeding drop-in, if available in your area, or to a lactation consultant.

Be sure that you record in the Leader's Log the details of the call, the information offered, and further lines of support suggested.

Sometimes the mother will request a face-to-face visit, or you may want to suggest this as something for the mother to consider. If you are unable to visit the mother or have her come to you, it may be especially important to suggest that she see a local health care provider or International Board Certified Lactation Consultant (IBCLC), if there is one in the mother's area. Lactation consultants often provide home visits for a fee. Talk to your supporting Leader about how to refer a mother to an IBCLC.

Medical implications

The *Leader's Handbook* refers to "health care providers," which can include doctors, midwives, pediatricians, or any other health professionals involved in caring for the mother and baby. Read the "Breastfeeding Questions and Possible Medical Implications" section of *Leader's Handbook* (Chapter 1 "Mother-to-Mother Help") to gain confidence in handling questions relating to the following:

- When the Leader's suggestions differ from the health care provider's advice
- Handling medically related breastfeeding questions
- The art of sharing information without giving medical advice
- Helping a mother to work with her health care provider
- Questions about medications while breastfeeding

E: Study Questions

1. What resources are available to Leaders when helping mothers in situations beyond the normal course of breastfeeding?
2. What can a Leader do when she needs to find more information to answer a mother's question?

[Back to Top \(BRG\)](#)

Part F: Breastfeeding Challenges

The Womanly Art of Breastfeeding, Chapter 18, "Tech Support" provides useful background information on many of the topics in this section. If you need information beyond *The Womanly Art of Breastfeeding*, consult the Professional Liaison Department (PLD). Make use of the most up-to-date references available to you. Another source of information is the LLLI website "Breastfeeding Info A to Z" at <https://www.llli.org/breastfeeding-info/> which provides links to relevant information.

This section lists the references that can help you support a mother facing a particular breastfeeding challenge. Become familiar with where to look for this information; practice explaining to a mother that you will find out more information and get back to her. You can use the references below to help you practice a helping situation from the *Preview of Mothers' Questions/Problems and Group Dynamics/Management*.

Adopted baby

Sometimes mothers ask Leaders for support with **relactation** or **induced lactation** in order to breastfeed an **adopted baby**.

- WAB index: Adopted babies
- LLLI website, "Breastfeeding Info A to Z," **Breastfeeding An Adopted Baby:** <https://www.llli.org/breastfeeding-info/adoption/>

Babies born with special needs

- **Cleft lip/palate** WAB index: Cleft lip or palate; LLLI pamphlet: *Breastfeeding a Baby with a Cleft Lip or Palate*
- **Cystic fibrosis and other metabolic conditions** WAB index: Cystic fibrosis;
- **Down syndrome** WAB 2010 index: Down syndrome
- LLLI website, "Breastfeeding Info A to Z," **Special Needs:**
<https://www.llli.org/breastfeeding-info/special-needs/>

Breastfeeding multiples

When a mother has more than one baby and is breastfeeding them, this is referred to as breastfeeding multiples.

- WAB 2010 index: Multiple births
- LLLI website, "Breastfeeding Info A to Z," **Twins:**
<https://www.llli.org/breastfeeding-info/#collapse288>

Diabetes and breastfeeding

- WAB 2010 index: Diabetes
- LLLI, *Breastfeeding Today*, "Diabetes and Breastfeeding"
<http://breastfeedingtoday-llli.org/diabetes-breastfeeding/>

Hospitalization of mother or baby

- WAB 2010 index: Hospitalizations
- LLLI website, "Breastfeeding Info A to Z"
Anesthesia: <https://www.llli.org/breastfeeding-info/anesthesia/>
Pumping Milk: <https://www.llli.org/breastfeeding-info/pumping-milk/>

Jaundice

Newborn jaundice is a common concern; however, **jaundice** which continues to concern the mother beyond the first few days, or which appears to threaten the continuation of breastfeeding, can be regarded as beyond the normal course of breastfeeding and requires additional knowledge.

- WAB 2010 index: Jaundice
- LLLI website, "Breastfeeding Info A to Z"
Jaundice: <https://www.llli.org/breastfeeding-info/jaundice/>

Postpartum depression (PPD)/postnatal depression (PND)

If you suspect, or a mother tells you, that she has **postpartum depression**, she may need medical or other specific support, such as from a local support group for mothers with PPD/PND.

- WAB 2010 index: Postpartum depression
- LLLI website "Breastfeeding Info A to Z," **Postpartum Mood Disorders:**
<https://www.llli.org/breastfeeding-info/postpartum-mood-disorders/>

Premature baby

Human milk is the best possible nourishment for **premature** infants, just as it is for full-term babies. A mother may need support and information about **pumping** her milk.

- LLLI website "Breastfeeding Info A to Z,"
Premies:
Breastfeeding: <https://www.llli.org/breastfeeding-info/premies-breastfeeding/>
Kangaroo Care and Skin-to-Skin Contact:
<https://www.llli.org/breastfeeding-info/premies-kangaroo-care-skin-skin-contact/>
Positioning: <https://www.llli.org/breastfeeding-info/premies-positioning/>
Pumping: <https://www.llli.org/breastfeeding-info/premies-pumping/>
- WAB 2010 index: Premature baby

Pumping milk for the baby

Situations can arise in which a mother needs to pump her milk for her baby. This can occur if the baby is premature, or if the baby has problems latching on at the breast, or there are health issues for either the mother or baby, or in situations involving separation of the mother and baby.

- WAB 2010 Chapter 15, "Milk to Go"
- LLLI website, "Breastfeeding Info A to Z," **Pumping Milk:** <https://www.llli.org/breastfeeding-info/pumping-milk/>

Reflux

Gastroesophageal **reflux** disease, which is not the same as normal "spitting up," can cause feeding problems. A doctor must diagnose reflux, but sometimes simple management strategies can help.

- WAB 2010 index: Reflux
- LLLI website, "Breastfeeding Info A to Z," **Reflux:** <https://www.llli.org/breastfeeding-info/reflux/>

F: Study Questions
1. What are some of the feelings that mothers might be dealing with in special situations? How can we help?
2. What are some good suggestions for a mother who has given birth to twins?
3. What information about breastfeeding would be helpful to a mother with diabetes?
4. How can Leaders help mothers facing hospitalization of mother or baby?
5. Under what circumstances would jaundice be of more serious concern than normal physiologic jaundice?
6. What are some symptoms of postpartum depression? How can a Leader help?
7. How can we assist the mother of a premature baby in pumping? When is it best for her to begin pumping and how often?
8. What can be expected in a premature baby's first few feedings at the breast?
9. Give some ideas for easing the homecoming of mother and baby in special situations.
10. Name some strategies that could be helpful for a baby with reflux disease.

[Back to Top \(BRG\)](#)

Part 3: Leadership Skills and Attitudes

To learn about leadership skills and attitudes, you will discuss with your supporting Leader(s) the topics on the *Checklist of Topics to Discuss in Preparation for LLL Leadership (Checklist)* which is included below. Please refer to *Leader's Handbook* and check the relevant resources as you work on this required exercise.

As you and your supporting Leader work through the *Checklist*, let your LAD representative know if you would like to receive any LLL documents, and tell her when you've completed the entire *Checklist*. This chapter also lists some optional exercises which you may wish to use to increase your understanding.

<Required exercise>

Checklist of Topics to Discuss in Preparation for LLL Leadership

TOPIC	Date covered	TOPIC	Date covered
Mother-to-Mother Support		Managing the LLL Group	
Helping face-to-face		Evaluation meetings	
Helping by phone		Accountability and forms we use	
Helping in other ways		Group jobs	
Leader's Log		Keeping Track of mothers who attend meetings	
Confidentiality		Confidentiality	
Giving information vs. advice		Keeping track of money	
Mothers' concerns		Keeping track of materials	
Sharing relevant LLL philosophy		Group Library	
Home visits		Co-leading/sharing responsibilities	
Fitting LLL into your life		Publicity	
Planning and Leading Series Meetings		Beyond Basic Leader Responsibilities	
Meeting formats		Chapter Meetings	
Meeting introduction and announcements		Area/Regional/LLLI Conferences	
Atmosphere of respect		District Workshops	
Managing biases		Special meetings	
Mixing causes		Outreach	
Group dynamics		LLL and Health professionals	
Difficult meeting situations			
Using LLL Resources		Helping Mothers Become Leaders	
Support for Leaders		Before the application	
LLLI publications		Applying for leadership	
LLLI website		During the application	
Critical reading and using non-LLL sources		When there's no Applicant in sight	
The Structure of LLL		LLLI Documents	
LLLI, Area Network, Affiliate, Area, District/Chapter		LLL Bylaws *	()
		LLLI Inclusivity Statement *	()
Area Departments: Leader Department, LAD, Professional Liaison Department, etc.		LLLI policies, Appendices:	
		• 17 Concept Policy Statements*	()
		• * 18 Applying for Leadership*	()
		• * 33 WHO International Code of Marketing of Breast Milk Substitutes*	()

* Available in LARK Addendum

Organizational Structure



La Leche League International

Board of Directors

Executive Director

Affiliates

<u>English Canada</u>
<u>French Canada</u>
<u>Great Britain</u>
<u>New Zealand</u>
<u>(LAD Council)</u>
<u>LLL World Directory Coordinators</u>

European AN

<u>Austria</u>	<u>Belgium-Flanders</u>
<u>France</u>	<u>Future Areas Europe</u>
<u>Germany</u>	<u>Greece</u>
<u>Hungary</u>	<u>Ireland</u>
<u>Italy</u>	<u>Luxembourg</u>
	<u>Lactancia sin fronteras</u>
<u>Netherlands</u>	<u>Réseau pour l'Allaitement</u>
<u>Spain</u>	<u>Switzerland</u>

International AN

<u>Africa</u>	<u>Asia</u>	<u>Latin America</u>
<u>Middle East</u>		
		<u>Andean Zone Area</u>
<u>Future Areas Asia</u>		<u>Argentina</u>
<u>Middle East</u>		
	<u>Israel</u>	<u>Caribbean</u>
<u>South Africa</u>		<u>Future Areas Latin America</u>
	<u>Japan</u>	<u>Guatemala</u>
		<u>México</u>

United States of America AN

<u>LLL Alliance AN</u>
<u>Garden State AN</u>
<u>Mosaic AN</u>
<u>Southern California/Nevada AN</u>
<u>Texas AN</u>
<u>United States West AN</u>
<u>LAD West</u>

*Area Network (AN)

Organizational Structure 2018 June © LAD Council

[Back to Top](#)

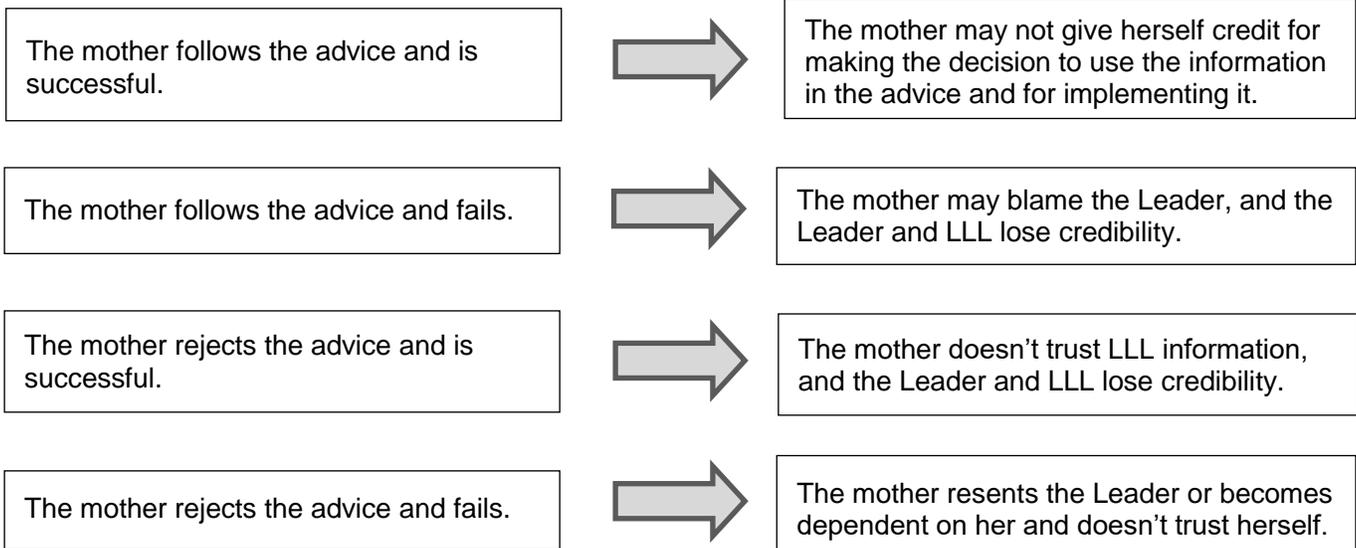
Giving Advice Versus Offering Suggestions

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 . . .*

When we give advice

Possible outcome

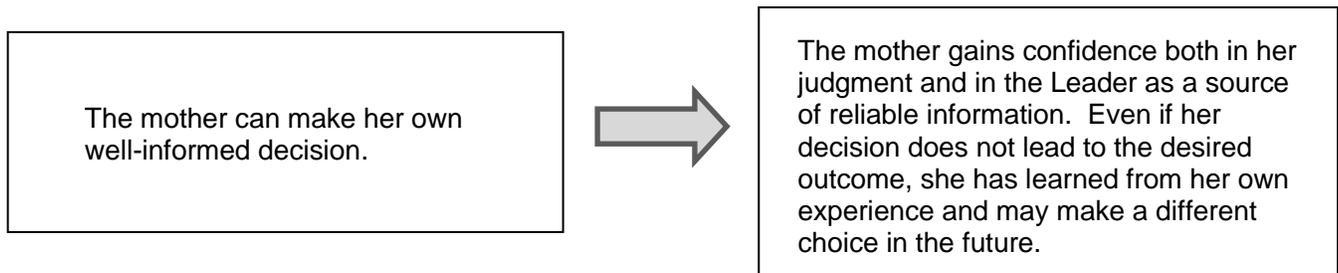


Offering information and suggestions shows respect for the other person and encourages her to choose what suits her. It can begin with phrases such as:

- *Here's what other mothers have done in similar situations . . .*
- *How would you feel about . . .*
- *Many mothers have found . . .*
- *Some babies seem to need . . .*
- *You may find that . . .*

When we offer information & suggestions

Possible outcome



Adapted from: *Leader's Handbook*

Guidelines for Skillful Conversations

- Listen and inquire for understanding
- Suspend judgement and assume good intent
- Use 'I' statements – avoid over-generalization
- Share your thinking – articulate your assumptions
- Allow self and others to be inarticulate
- Express and welcome divergent views
- Respect silence – be aware of pace
- Stick with difficult and important issues
- Maintain confidentiality
- Be responsible for your own participation
- One conversation at a time

Adapted from an article in *Leaven*, June-July 2002, Report from the Board, Trudy Hartt and Jean Moneyhon, LLLI Board of Directors

* See *LARK Addendum*.

Optional exercises may have different names in each entity.

<Optional exercise>

Listening Exercise

At the Series Meeting, you and your Leader observe. If possible, ask another Leader to be responsible for the meeting. If there is only one Leader in your Group, you could still do the exercise, or the two of you could attend another Group's meeting. You and the Leader meet within a few days for discussion:

Note what a few mothers say during the meeting, questions they ask, concerns they express, and/or some reactions to what others say.

Consider:

- What you "heard" and what the Leader "heard"
- What was the mother saying or asking or worried about?

How was the statement or question or concern received by the other people: Leader(s), experienced LLL members, other mothers? How did you react, both inside and verbally?

Consider:

- The different responses of the Leader "group" and the attending "group"
- Why the Leader reacted in a particular manner
- How this tied in with the meeting goals and with La Leche League's philosophy of helping
- The different responsibilities of the Leader, the Group helper, the Leader Applicant, and other mothers at a Series Meeting
- If you are concerned about your inner reaction, this might be a good time to look at those feelings; if you can't come to terms with them, you might place yourself in a stressful position as an LLL Leader; or you might find that at the same time as you explore your feelings, you clear away some misunderstandings about La Leche League or the Leader's role.

Discuss:

- How particular responses or reactions may or may not be helpful to a mother and why
- How some statements or reactions can be modified to become more effective.

Include, if relevant, discussion of vocabulary, body language, how Leaders can set the tone of the responses and reactions of a group.

During your discussions, you may find it helpful to refer to the *Leader's Handbook* and to Communication Skills exercises.

<Optional exercise>

Bias Exercise: *Respecting Differences*

One aspect of preparing to be a La Leche League Leader is developing communication skills. To do our jobs well, Leaders have to hear what a mother is saying. "Biases" -- the things we think of as "right" -- can interfere with communication in many ways. When we hear ideas which are different from our own, we may feel threatened, challenged or disapproving. We may unwittingly send out conversation-stopping messages, or we may close our minds to new information.

For instance, it can be difficult for us to help mothers who choose to be away from their babies. We may distinguish between mothers who "want" to be employed and those who have a financial "need." We may not be able to communicate the same caring and unqualified acceptance as we offer to mothers whose choices, for whatever reasons, are more like our own. Some people are impatient with women who resist suggestions, especially if it is over a long period and there has been an investment of time and energy. Because body language and tone of voice communicate most of our message, the mother may sense our discomfort and feel turned away.

Leader's Handbook (2003), pages 40-43, offers helpful reading on this topic.

The following exercise can help us identify and feel comfortable with our biases. When we recognize that we have valid reasons for believing as we do, we are more likely to respect other people's different ideas, too. Then the feelings that strengthen us cannot weaken or interfere with our communication with others.

1. Pick a topic you feel strongly about. Some examples: home birth, vegetarianism, family bed, homeschooling, methods of discipline, staying at home.
2. Look at an opinion you hold strongly regarding this topic.
3. Identify the reasons for your belief.
4. Understand that you have a right to your opinions.
5. Think about why someone might hold a different opinion on this topic.
6. Recognize that others have a right to their beliefs, too.
7. Think about how you might help a mother with a belief different from yours.

By thinking through our own personal beliefs now, we can prevent less-than-helpful reactions when leading meetings or helping mothers over the phone. We need to remember that the Leader's goal is to empower the mother by giving her the facts she needs to make informed choices. We need to support each mother as the expert on caring for her own baby.

<Optional exercise>

Mixing Causes Exercise

The purpose of this exercise is to help you see how mixing causes might impact different mothers we help and how a Leader can avoid mixing causes. Each of the following situations has potential for mixing causes. You might think of others common to your location or specific to your own experience. Please use this exercise as a "jumping off point" to stimulate your own thoughts and/or your discussions with Leader(s).

For each situation, ask yourself:

- What mistaken impression might a mother make about what LLL believes or supports?
- How might mixing causes in this situation discourage a mother from returning to LLL?
- How would you ensure that what you say stays within LLL's guidelines for how/what Leaders say and do?
- How might you respond if a mother's question is uncomfortable for you due to your own strong personal beliefs?

Some possible situations:

1. You are a midwife and a Leader. The hospital where you work has offered you a room for LLL Series Meetings.
2. You are a nutritionist (or you have strong feelings about a particular diet), and you are planning Series Meeting 4.
3. You are the Leader of a Group meeting in the evening. In the daytime, you operate a day-care business out of your home. At your Series Meeting, a mother asks you about care for her child.
4. Your personal beliefs forbid using birth control, and a mother calls you with a question about contraception.
5. You have sacrificed a second income to stay home with your children. A mother asks you for information about pumping after she returns to work.
6. You live in a small town and everyone knows . . . (the church you attend, the political causes you support, etc.).
7. A member of your Group wants to sell . . . (slings, toys, etc.) at your meetings.
8. Another nonprofit group with similar goals asks your Group to participate in its upcoming presentation/affair.

Here are some resources you might find useful:

* LLL Mixing Causes, Cindy Garrison,

Leader Today, April 3, 2015 <https://www.llli.org/lll-mixing-causes/>

* Exploring the New Policy: "Code of Ethics: Leaders with Personal, Professional or Commercial Interests," *Leaven*, Jul-Feb-Mar 07

LLLI Board of Directors

* Mixing Causes, Rosemary Gordon

Leaven, Feb-Mar 03

* See *LARK Addendum*.

Part 4: Background Reading/Learning

Required:

- *The Womanly Art of Breastfeeding*
- *Leader's Handbook*
- Childbirth information

The Womanly Art of Breastfeeding contains basic breastfeeding management information as well as practical parenting recommendations, all of which reflect LLL philosophy of breastfeeding and mothering. The 2010 edition of *The Womanly Art* has much more breastfeeding management information than previous editions. Many Leaders find that having this book allows them to answer most of the questions they receive from mothers.

Leader's Handbook: This book offers information about leadership and will be a reference you will use throughout your Leader career.

Childbirth information: Also required is knowledge covering a variety of birthing choices, interventions, and experiences, and their effect on the start of breastfeeding. There are various ways to meet this requirement. Some Applicants have in-depth discussions with a Leader who is well-informed about this topic. Other Applicants attend a conference which focuses on this subject. Applicants are also welcome to read a comprehensive childbirth book. The supporting Leader may be able to share the bibliography issued by the local LLL. Another option is to read the Leader Accreditation Department (LAD), ***Childbirth and Breastfeeding*** booklet. Ask your LAD representative for an attachment copy.

Let your LAD representative know when you have read the required items, and send any comments you have. For instance, do you think a particular book will be a good resource for you later, or something you will recommend to others? Do you have any questions or concerns about what you've read?

Recommended:

The LLL Bylaws* are important reading. You can read this document in LARK Addendum. When you sign the *Statement of Commitment (SoC)* at the end of your application, you will be agreeing to "represent La Leche League as a Leader in accordance with the LLLI Bylaws and policies."

* See *LARK Addendum*.

There are also a number of books which are highly recommended. Your Leader can tell you which ones she recommends and which ones are most popular with mothers in your Group. It will be helpful to become familiar with what is available in order to make recommendations to mothers looking for books on a specific topic.

Part 5: *Preview of Mothers' Questions/Problems and Group Dynamics/Management*

Welcome to the *Preview*! This exercise gives you and your Leader(s) an opportunity to practice and assess your readiness to assume basic Leader responsibilities. With your Leader Accreditation Department (LAD) representative and Group Leader(s), decide how you would like to work on the *Preview* material:

- throughout the application time, as part of your regular meetings with your Leader(s) to discuss topics and practice skills;
- at the end of the application, as a review and formal practice of skills;
- in combination, with some during the application and some at the end.

The topics of the *Preview of Mothers' Questions/Problems and Group Dynamics/Management (Preview)* are divided into two sections: "*Mothers' Questions/Problems*" and "*Group Dynamics/Management*." In all, you should cover at least five topics from *Mothers' Questions/Problems* and three from *Group Dynamics/Management*.

As you prepare for *Preview* situations, you will find it helpful to review *The Womanly Art of Breastfeeding*, the *Leader's Handbook*, and other pertinent LLL publications. Bring as many notes and written resources as you like.

If you and your Leader(s) decide to use the *Preview* as a review only:

Your LAD representative will choose five topics from *Mothers' Questions/Problems* and three situations from *Group Dynamics/Management* for you to practice. Under each selected topic, choose at least one specific question/problem to prepare. Be sure to let your Leader know which situations you will do so she can be ready to add her perspective as well as to broaden and expand the discussion. As you desire or see a need, add topics and/or questions.

When you are ready, contact your Leader(s) to plan the logistics. Some Applicants enjoy having more than one Leader participate in the *Preview*, while others feel more comfortable with one Leader. The decision is yours. You may prefer to have more than one *Preview* meeting to allow time to reflect on the discussion and apply suggestions, as well as to accommodate your family's needs and schedules. For any of the situations, choose role-play, discussion, or a combination of formats. To simulate an actual helping call, consider role-playing at least one of the situations from *Mothers' Questions/Problems* by phone at an unscheduled time and completing a log page on it. Consult the *Leader's Handbook* (Chapter 5) for additional suggestions.

Preview Evaluation:

Please communicate with the LAD representative as you complete the *Preview* exercises (throughout the application or towards the end of it), using the following questions as a guide. Before she can proceed with your application, the LAD representative needs to hear from you and the Leader(s) who participated.

- Describe the setting(s) for the *Preview*. When and where did you meet; who was present; etc.?
- Which situations did you select? Describe the format(s) you used.
- What parts of your *Preview* work were most valuable?

- Are there any points that need further clarification? Were there any areas of disagreement between the Leader's suggestions and your understanding of LLL philosophy? If so, please elaborate.

When you have finished all of the *Preview* work:

- How did the *Preview* help you to prepare for LLL leadership? Do you feel ready to assume the responsibilities of leadership?
- How well did the Leader Accreditation Department support and guide you in your preparation for leadership? How might we be more helpful to future Applicants?

Table of Contents

** Each title is hyperlinked.*

[Mothers' Questions/Problems](#)

[A. SORE NIPPLES](#)

[B. NIPPLE CONFUSION](#)

[C. WEIGHT GAIN/NURSING FREQUENCY/TOO MUCH MILK](#)

[D. BREAST INFECTION/PLUGGED DUCTS](#)

[E. BIRTH](#)

[F. HOSPITALIZATION AND PUMPING](#)

[G. NURSING STRIKE](#)

[H. NIGHTTIME NURSING](#)

[I. NUTRITION](#)

[J. NURSING AND SEPARATION](#)

[K. WEANING](#)

[L. LOVING GUIDANCE](#)

[M. INTEREST IN BECOMING A LEADER](#)

[N. BLANK SITUATION](#)

[Group Dynamics/Management](#)

Mothers' Questions/Problems

A. SORE NIPPLES

My nipples are cracked and bleeding. I've been expressing milk and giving it in bottles until they heal. My baby is six weeks old, and my nipples are still sore. I'm certain I'm positioning him correctly.

B. NIPPLE CONFUSION

My one-week-old baby received bottles and a pacifier in the hospital. Now he seems hungry all the time, but I can't get him to nurse.

My baby is two months old. He's not gaining weight and he arches and screams when I try to nurse him.

C. WEIGHT GAIN/NURSING FREQUENCY/TOO MUCH MILK

D. I nurse my two-week-old every two hours, but the baby sucks briefly then falls asleep. She has not recovered her birth weight.

E. My five-week-old baby is nursing all the time. She is gaining well, but I can't live like this forever.

F. My six-week-old chokes and sputters when my milk lets down, nurses frantically, and then spits it all up.

G. My baby's doctor told me to give my two-month-old a bottle after every feeding so she will gain more weight.

H. My baby nurses all the time, and it's causing my nipples to become painfully sore. His weight gain is poor. All this pain for little weight gain!

D. BREAST INFECTION/PLUGGED DUCTS

I have a breast infection. My doctor advises me to wean.

I've had three breast infections on the left side in four months. That side often feels hard in one spot, like it isn't draining.

I have a sore, red area on my breast. My baby is four months old.

E. BIRTH

I'm interested in having a home birth and understand that La Leche League is a good place to learn about it. I've heard that lots of LLL members want home births because doctors and hospitals are so uncooperative.

I'm scheduled for a cesarean birth, and I'm wondering how to get nursing off to a good start.

F. HOSPITALIZATION AND PUMPING

My baby was born prematurely, and I've been pumping, but I've noticed that my supply has decreased.

My baby has jaundice. My doctor says that if the baby's bilirubin level continues to rise, I may have to stop breastfeeding for 24-48 hours.

My three-month-old is in the hospital and unable to nurse.

I'm in the hospital scheduled for surgery tomorrow. My thirteen-month-old will be unable to nurse for another eighteen hours. I'm already engorged. Where can I get a breast pump? [Back to Top \(Preview\)](#)

G. NURSING STRIKE

My three-month-old has been miserable with a cold, and now she won't nurse at all.

My seven-month-old started to nurse less and less and now refuses.

H. NIGHTTIME NURSING

My six-month-old wakes often at night, and my husband thinks giving her a bottle would solve this problem.

My eighteen-month-old does not eat very much solid food and ends up nursing six or seven times at night. The resulting fatigue is making me angry, and I'm thinking of weaning him.

I. NUTRITION

I seem to have no energy. Taking care of my baby keeps me so busy I don't have time to prepare meals.

My baby is seven months old and is not interested in solid food. How can I get her to eat?

I'm afraid I've eaten something that has harmed my milk.

J. NURSING AND SEPARATION

I'm a single mother and will be returning to work in four weeks. My eight-week-old refuses to take a bottle.

I'll soon be going back to work. I need to know how to pump, store, and thaw my milk. Also, how much milk does an eight-week-old baby need?

I returned to work two months ago when my baby was three months old, and everything was fine until now. Now she screams when I leave and wants only me when we're home. My husband is not pleased and blames it on breastfeeding.

My co-workers and employer are pestering me about returning to work, but to tell the truth, I'd really rather stay at home with my baby.

My husband and I enjoyed going places before the baby came, but now we don't go anywhere alone. We miss that part of our life.

K. WEANING

I've nursed my baby for six weeks, and I really don't like it.

My six-month-old is biting, so I guess it's time to stop nursing.

My doctor says I'll need surgery and advises me to wean my ten-month-old because of the drugs I'll be given.

My baby is a year old and only nurses four times a day. After much thought I've decided that I really want to wean.

I am three months pregnant and my two-and-a-half-year-old is nursing as much as a newborn. I would like to wean, but I realize it would be hard for my child. What should I do?

[Back to Top \(Preview\)](#)

L. LOVING GUIDANCE

My eighteen-month-old has started biting other children.

My two-year-old is into everything and won't listen to me. I'm feeling a loss of control as her parent.

Everyone says I'm spoiling my three-year-old.

M. INTEREST IN BECOMING A LEADER

I've been looking for LLL ever since we moved here three months ago and couldn't find you. I attended LLL meetings where I lived before and was just about to apply for leadership when we moved.

I'd like to become a Leader; how do I do that?

N. BLANK SITUATION

LAD representative can write in a question/problem common to your Area.

[Back to Top \(Preview\)](#)

Group Dynamics/Management

1. During Meeting 1, a discussion of the advantages of breastfeeding evolves into an attack on bottle-feeding. One pregnant mother, who is on the verge of tears, says, "I bottle-fed my first baby because of jaundice and I really want to nurse this baby but you're making me feel like a rotten mother."
2. During Meeting 2 the discussion centers around the most useful gift you received. After many comments of front carriers, rocking chairs and copies of *The Womanly Art of Breastfeeding*, a pregnant woman states, "My sister-in-law just gave me a getaway weekend for two that we can take when the baby is four months old. I thought that was a wonderful gift."
3. At Meeting 3 a grandmother asserts that babies need rules right from the start and that she raised her children this way with excellent results. She states that a mother who picks up her baby and nurses him every time he wants to is spoiling him and creating future problems for herself and her child.
4. A mother brings hard candy and soda pop as refreshments for Meeting 4.
5. The Group is large—twenty mothers—and there are several side conversations.
6. A mother at your Series Meeting turns the discussion to the topic of immunization [homeopathy, vegan diet, home schooling]. Several other mothers express their opinions.
7. A mother with a complicated medical problem has been monopolizing the meeting discussion. Other mothers are getting restless and distracted.
8. Tonight there are three toddlers at your meeting, and they're having a good, noisy time. Their mothers are concentrating on the meeting rather than their children.
9. One mother of an eighteen-month-old is exhausted nursing him three times at night. They share a bed for part of the night. Her husband is unhappy about the situation. She feels desperate for help and is unsure of what to do. During the meeting she hears many strident opinions, ranging from, "This is normal baby behavior; we all learn to live with it," to "You need to train your baby to sleep."
10. A brand-new pregnant mother seems shocked when she hears two mothers at the meeting discussing the merits of tandem nursing.
11. A new mother at your Series Meeting starts giving information in a very authoritative way. Her information is, at best, inaccurate.

- 12. You've assumed responsibility for a long-standing Group with a \$20.00 balance in the bank. Eight to ten mothers attend monthly with one or two new mothers per month. Only two memberships have been sold in the past year. The introduction and approach to membership must change, but how?

- 13. A Leader Applicant from another Area has just moved to town and joined your Group. She observes that the Group Library is outdated and not getting much use.

- 14. You are a lone Leader and exhausted. What can you do?

BLANK SITUATION

LAD representative can write in a situation common to your Area.

~~~~~

*Please send your [evaluation report](#) to the LAD representative as you complete the Preview exercises. She needs to hear from the Applicant and the Leader(s) before proceeding*

[Back to Top \(Preview\)](#)

## Part 6: Final Paperwork, Transition to Leadership

### **Statement of Commitment**

When you have completed your application, the Leader Accreditation Department (LAD) representative will send you the *Statement of Commitment* (SoC). You will sign this form and return it to her and pay the fee as explained in the documentation you will receive. Your signature on the form shows commitment to the following:

*I am personally committed to good mothering through breastfeeding, as presented in The Womanly Art of Breastfeeding and other LLLI publications. I agree to represent La Leche League as a Leader in accordance with the LLLI Bylaws and policies. 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.*

When your LAD representative informs you that your signed SoC and fee have been received, you will be an accredited LLL Leader, able to lead meetings, help mothers, and represent LLL. Your LAD representative will make sure that your new status has been publicized in the Area so that you can access Leader resources. When LLLI receives the SoC, your status will be recorded as a Leader in the LLLI database.

### **Transition hints**

It is a good idea to begin leadership through meetings and telephone help before adding other responsibilities. The sooner you begin, the faster your experience and your confidence will grow!

The working relationship you've established with Leaders during your application can be applied to your work as co-Leaders. There is no seniority among Leaders; we work as peers, with each Leader contributing her own experiences and understandings to leadership. The *Leader's Handbook* offers many suggestions for working with co-Leaders. You and other Leaders may want to get together to decide who will be responsible for each of the Leader-only jobs in the Group.

Although the titles may differ depending on the Area support system, a member of the Leader Department will be your support Leader now that you have completed your work with the Leader Accreditation Department. They will be happy to answer your questions as you begin your leadership activity.

As a Leader Applicant, you acquired a lot of information. Continuing this learning is a basic responsibility of leadership. You can keep up-to-date by reading *Leader Today*, your Area newsletter for Leaders, and other publications; by talking with other Leaders; and by attending Area Conferences, Leader Enrichment Workshops/Leaders' Days, and other enrichment opportunities. This can help you keep your resources current so that you offer accurate, helpful information to mothers.

### **What to do if you aren't receiving expected Leader publications**

Contact your DA/DC or Area Coordinator of Leaders (ACL). If your Area has an Area Data Administrator (ADA), she may be able to help you.