



Keeping In the LLLoop

La Leche League Canada

www.LLCC.ca

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Summer 2010

Everything You Ever Wanted to Know About La Leche League Canada (But didn't know who to ask...)

By Nicola Aquino, Professional Liaison Administrator

What do you know about La Leche League Canada (LLCC)? Perhaps you have attended one of our Health Professional Seminars, maybe you have referred a mother to your local LLCC Group, or possibly the local Leader sits across the table at the breastfeeding committee meeting. But do you know who is responsible for organizing the Seminars, what goes on at an LLCC meeting, or what resources a Leader has at her disposal?

An International Movement with humble beginnings

La Leche League is the original mother-to-mother breastfeeding support organization. The vast majority of the literature written on the importance of peer support comes from studies of La Leche League. It was founded in 1956 by a group of seven women, who have come to be known as "The Founders", when they were unable to find support for their decisions to breastfeed their children. They first met at a church picnic in Schaumburg, Illinois (a suburb of Chicago). La Leche League Canada came into being four years later. In some ways La Leche League has changed significantly over the years – it is now an international organization with Groups in almost 70 countries – but in many ways it has not changed: we still offer mother-to-mother support in meetings and one-on-one: in person, via telephone and by e-mail.

Leader Training

Leaders-to-be must have breastfed for at least nine months, meet a set of personal and organizational prerequisites, and have the support of a La Leche League Leader before they begin the application process. The Leader Applicant:

- Takes 6-18 months, on average, to become accredited as a La Leche League Leader
- Learns about the normal course of breastfeeding, what is not normal, and how to assess when more help is needed
- Explores the resources available to her, including *The Womanly Art of Breastfeeding*, *The Breastfeeding Answer Book* and LLCC leaflets
- Takes a series of communication workshops designed to improve active listening skills (where available – 10-12 hours of training)
- Learns how to provide information (NOT advice) over the phone and in other helping situations
- Examines her personal experiences and biases to learn how to use the experiences judiciously, and to provide judgment-free support that meets the mothers' needs and desires
- Works with an accredited Leader and representative of the Leader Accreditation Department (LAD); the process is part apprenticeship, part self-directed learning
- Interested mothers can contact either their local Leader or the Administrator of the LAD, Lesley Robinson (lesleyrobinson@rogers.com)

LLCC Fast Facts

- **474** Leaders and **155** Groups in Canada, as of March 31, 2010
- administered by an elected Board of Directors
- **6** Administrative Areas (from west to east): British Columbia / Yukon, Alberta / Northwest Territories (includes Nunavut), Manitoba / Saskatchewan, Central and Southern Ontario, Quebec (English speaking) and Eastern Ontario, Atlantic Canada.
- **2** paid employees: The National Fundraising Coordinator and the Administrations and Donations Coordinator (who also answers the phone at the National Office number). All Leaders, Board Members and internal department Administrators are volunteers.
- **35,000** hours of mother-to-mother support each year
- **10** philosophy statements guide the work of our organization (*see side bar on page 2*)

Telephone Helping

(What happens when a mother contacts LLLC?)

A mother can access the support of a Leader by phoning central LLLC lines (in large centres – see sidebar), checking www.LLLC.ca, or calling the National Referral number at 1-800-665-4324. A Leader will:

- first listen to the mother empathetically; we have learned that a distraught mother does not take in information very well
- provide information about what to expect from a breastfeeding baby (e.g. diaper counts, weight gain)
- provide suggestions for improving breastfeeding management
- consult with the Area Professional Liaison (APL), her resource Leader, if the question or concern is more complex, or of a medical or legal nature
- read medical information to the mother *verbatim*; a Leader does not interpret the information, nor does a Leader offer alternative therapies or treatment options – she is not qualified to diagnose or prescribe
- brainstorm possible solutions with the mother
- recommend that a mother contact an IBCLC or other health professional for an assessment, when appropriate
- encourage a mother to maintain open lines of communication with the healthcare professionals who are following her and the baby

Central LLLC Telephone Lines

British Columbia:

Vancouver 604-520-4623

Victoria 250-727-4384

Alberta:

Lethbridge 403-381-7718

Red Deer 403-348-1829

Calgary 403-242-0277

Edmonton 780-478-0507

Saskatchewan:

Regina 306-584-5600

Saskatoon 306-655-4805

Manitoba:

Winnipeg 204-257-3509

Ontario:

Ottawa 613-238-5919

Toronto 416-483-3368

Hamilton 905-381-1010

Kitchener/Waterloo/Cambridge 519-579-3800

Quebec:

Montreal (French) 1-866-ALLAITEZ (255-2483)

Montreal (English) 514-842-4781

Nova Scotia:

Halifax 902-470-7029

All other locations: 1-800-665-4324

La Leche League Philosophy Statements

- Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.
- Mother and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply.
- In the early years the baby has an intense need to be with his mother which is as basic as his need for food.
- Breast milk is the superior infant food.
- 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.
- Ideally, the breastfeeding relationship will continue until the baby outgrows the need.
- Alert, active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.
- 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.
- Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.
- From infancy on, children need loving guidance which reflects acceptance of their capabilities and sensitivity to their feelings.

Leaders also answer questions via e-mail, using a similar process to that which they would use when talking on the phone.

Series Meetings (what to expect)

Mothers can find information about times and locations of local meetings from either www.LLLC.ca or by contacting local Leaders. All meetings are:

- held monthly
- informal, facilitated discussions, depending on those in attendance to share their experiences
- respectful of a mother's choices wherever she is on the continuum from exclusive breastfeeding to weaning
- open to all women who are interested in breastfeeding information and support; women are encouraged to attend during pregnancy and babies are always welcome at meetings
- follow a set of four topics: "The Advantages of Breastfeeding"; "The Family and the Breastfed Baby"; "Preventing and Overcoming Difficulties"; "Nutrition and Weaning"
- some Groups welcome male partners to some meetings while others hold Couples Meetings separately
- Most Groups maintain a Lending Library from which attendees can borrow books on a wide variety of breastfeeding and parenting topics

If you would like more information about what happens at an LLLC meeting, take a few minutes to watch *Mothering*

through *Breastfeeding*, a film created by the LLLC-Halifax Chapter with funding from the Nova Scotia Department of Health Promotion and Protection, now available for viewing on YouTube:

www.youtube.com/watch?v=dfXQviz6z2o (Part 1 9 min)

www.youtube.com/watch?v=7bekSAuRZaq (Part 2 8:30 min)

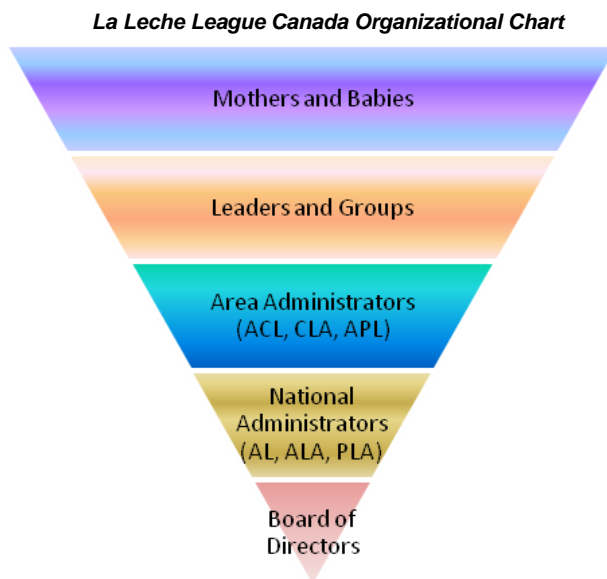
The Professional Liaison Department:

Professional Liaison Leaders are LLL Leaders with special interest or training in the more technical aspects of breastfeeding management. They:

- have access to additional written resources such as *Medication and Mothers' Milk* by Thomas Hale and *Breastfeeding and Human Lactation* by Jan Riordan (accepted texts within the lactation field)
- are connected to the Centre for Breastfeeding Information Library
- ensure Leaders are kept up to date on advances in the field of lactation
- assist Leaders who are making presentations to healthcare professionals
- work with LLLC staff and volunteers to organize the Health Professional Seminar series each year [See information later in the newsletter for news about our fall series]

I hope that this brief overview has provided you with information that will be useful as you continue to support breastfeeding mothers throughout the country.

~N. Aquino



Written by mothers for mothers
THE WOMANLY ART OF BREASTFEEDING

LA LECHE LEAGUE INTERNATIONAL
The leading source of breastfeeding support and information

THE WOMANLY ART OF BREASTFEEDING

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La Leche League Canada
Where breastfeeding and mothering connect

Breastfeeding Quiz

By Linda Wieser, Area Professional Liaison, Atlantic Canada

1. The theme for World Breastfeeding Week 2010 (October 1-8th) is "Breastfeeding: Just 10 Steps the Baby-Friendly Way." Which of the following is not one of the 10 Steps for Baby-Friendly™ Hospitals:
 - a. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
 - b. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
 - c. Have a lactation consultant on staff in the hospital or clinic to assist breastfeeding mothers.
 - d. Practice rooming-in: allow mothers and infants to remain together 24 hours a day.
2. Which statement is INCORRECT regarding the health costs of not breastfeeding?
 - a. Estimates suggest that if 90% of U.S. families exclusively breastfeed for six months, the United States would save \$13 billion/year and prevent an excess 911 deaths.
 - b. There is not enough research to estimate the costs of not breastfeeding.
 - c. If 80% of U.S. families exclusively breastfeed for six months, estimates suggest that \$10.5 billion would be saved and 741 deaths prevented.
 - d. Treatment of otitis media is often used to determine the cost of not breastfeeding, because any use of formula in the first 6 months is significantly associated with increased incidence of otitis media.
3. Which statement is TRUE about lipase?
 - a. Freezing milk with too much lipase will take away the unpleasant smell and taste.
 - b. Lipase is an enzyme in breast milk which digests sugars.
 - c. Too much lipase in breastmilk is dangerous for baby.
 - d. To eliminate the unpleasant smell and taste of too much lipase in breastmilk, a mother needs to heat her milk to a scald right after pumping.
4. When a milk ejection reflex (MER) occurs in the human breast, what happens?
 - a. Intra-ductal pressure increases and the milk ducts dilate to accommodate the flow.
 - b. When the myoepithelial cells relax, there is a reverse flow of the milk.
 - c. The release of the hormone oxytocin triggers the milk ejection reflex.
 - d. All three.
5. Which is NOT CORRECT about human breast anatomy?
 - a. There are lactiferous sinuses about 1" from the base of the nipple.
 - b. The milk ducts are often superficial and easily compressed.
 - c. Glandular tissue can make up as little as half the breast volume.
 - d. The average number of milk ducts at the nipple is 9.
6. Which is NOT a factor related to risk of greater weight gain and obesity among formula fed infants?
 - a. Greater weight gain during the first 8 days of life.
 - b. Mothers encouraging baby to finish a bottle.
 - c. Higher fat content in formula than in breastmilk.
 - d. Greater daily intake among formula fed babies.
7. What is the recommended feeding strategy for term babies who are being breastfed and are jaundiced?
 - a. Wean the baby from breastmilk for at least two days.
 - b. Keep the baby at breast and supplement at breast (or cup feed) with expressed milk, donor milk or formula.



- c. Have the mother pump regularly and bottle feed her baby.
 - d. Have the mother breastfeed 3 times a day and supplement with formula for other feeds.
8. La Leche League Leaders are:
- a. Experienced breastfeeding mothers who receive training in breastfeeding management and provide mother-to-mother support via phone, email or meetings.
 - b. Women who have breastfed their babies for at least two years.
 - c. Breastfeeding mothers who have never used formula or given their babies a bottle.
 - d. Paid breastfeeding educators who take a 6-week course in breastfeeding management and counseling techniques.
9. Which of the following statements is NOT TRUE about the hormone oxytocin?
- a. Oxytocin causes contraction of myoepithelial cells surrounding the alveoli, resulting in increased milk flow.
 - b. Oxytocin levels are higher in mothers who exclusively breastfeed than in those who use supplementary bottles.
 - c. Oxytocin is a chemical messenger released in the brain chiefly in response to social contact, especially skin to skin contact.
 - d. Oxytocin is the hormone responsible for milk production.
10. A father can undermine breastfeeding when he:
- a. Lets his partner know that he supports her decisions.
 - b. Suggests getting away for a weekend without their young baby.
 - c. Learns the basics of breastfeeding before his baby arrives.
 - d. Keeps his partner company during her breastfeeding sessions.

Please feel free to **reproduce our newsletter quizzes for educational purposes**. We hope you will find them useful for staff training or self-study! If you have comments on this quiz or suggestions for future quizzes, please send them along to pat.millar@ns.sympatico.ca. **Thanks!**

La Leche League Canada's Health Professional Seminar Series 2010

Multiple Blessings, Multiple Challenges

Speaker: Karen Gromada, MSN, RN, IBCLC, FILCA and LLL Leader

(author of *Mothering Multiples: Breastfeeding and Caring for Twins or More*)

- Edmonton, Alberta -- October 4, 2010
- Regina, Saskatchewan -- October 6, 2010
- Ottawa, Ontario -- October 26, 2010
- St. Catharines, Ontario -- October 28, 2010

Early Registration: \$160
IBLCE has approved 5.17 L-CERPS

Contact Pat Millar at pat.millar@ns.sympatico.ca
 to be added to our HPS mailing list.

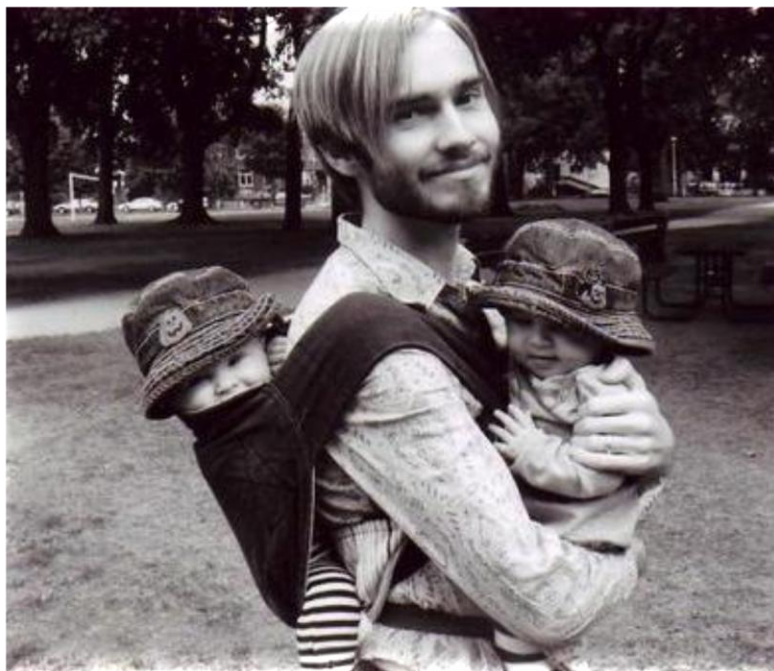
Registration brochure available at www.LLLC.ca



Answers to Breastfeeding Quiz

1. c) Lactation consultants are not mentioned in any of the 10 Steps, which are:
 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
 2. Train all health care staff in skills necessary to implement this policy.
 3. Inform all pregnant women about the benefits and management of breastfeeding.
 4. Help mothers initiate breastfeeding within a half-hour of birth.
 5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
 6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
 7. Practice rooming-in; allow mothers and infants to remain together 24 hours a day.
 8. Encourage breastfeeding on demand.
 9. Give infants no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.Information about the Baby-Friendly Initiative is available on the Breastfeeding Committee of Canada Web site: [http://breastfeedingcanada.ca/pdf/BFI%20Ind%20Hosp%20\(2\)%20March%2024%2004.pdf](http://breastfeedingcanada.ca/pdf/BFI%20Ind%20Hosp%20(2)%20March%2024%2004.pdf).
2. b) There is much research on the risks and extra costs associated with not breastfeeding. Answers a) and c) are quoted from Bartick M, Reinhold A. "The burden of suboptimal breastfeeding in the United States. A pediatric cost analysis." *Pediatrics*, 2010, 125 e1048-e1056. For d) see McNiel M, Labbok M, Abrahams S. "What are the risks associated with formula feeding? A re-analysis and review." *Birth*, 37:1 March 2010.
3. d) Adequate lipase activity is needed for human infants to digest fats. However, mothers with too much lipase activity complain that their milk smells rancid. This can happen with freshly pumped milk or milk thawed from the freezer. When human milk is frozen or refrigerated, lipase is not affected; however, heating expressed milk to a scald significantly reduces lipase activity. Riordan J and Wambach K. *Breastfeeding and Human Lactation*, Jones and Bartlett Publishers: Toronto, 2010, p 146.
4. d) Quoted from Geddes D. "Gross anatomy of the lactating breast," Chapter 2 in Hale T, Hartmann P, eds. *Textbook of Human Lactation*, Hale Publishing, L.P: Amarillo, TX, 2007, p 25.
5. a) Recent research using high definition ultrasound shows no "sac-like appearances" or lactiferous sinuses in the main milk ducts. It does show the other answers to be accurate. Quoted from Geddes D. "Gross anatomy of the lactating breast," Chapter 2 in Hale T, Hartmann P, eds. *Textbook of Human Lactation*, Hale Publishing, L.P: Amarillo, TX, 2007, pp 24-25.
6. c) Breastmilk is higher in fat than formula. (A comparison of the nutrients in breastmilk, other mammals and formula can be found at: <http://www.saanendoah.com/compare.html>)
Answers a), b) and d) are all factors influencing greater weight gain by formula fed babies. In an excerpt from her new book *Breastfeeding Answers Made Simple - A Guide for Helping Mothers* (due out in July 2010), Nancy Mohrbacher discusses research related to milk intake among formula-fed babies. This is the feature article in the May 2010 Medications and More e-magazine (<http://www.ibreastfeeding.com/category/newsletters/may-2010>.)
7. b) The Academy of Breastfeeding Medicine (ABM) in "Clinical Protocol #22: Guidelines for the management of jaundice in the breastfeeding infant equal to or greater than 35 weeks' gestation," *Breastfeeding Medicine*, 2010; 5:87-93, recommends that regardless of which breastmilk substitute is chosen, supplementation should be achieved by cup or use of a supplemental nursing device simultaneously with each breastfeeding. Nipples/teats and bottles should be avoided where possible. (www.bfmed.org).
8. a) La Leche Leader Leaders need to have at least 12 months personal experience breastfeeding a baby; however, there is no requirement for when a baby should be weaned or concerning giving formula or using bottles. The training period for leadership usually lasts 9-12 months and incorporates reading, writing, self-study and role-playing helping situations. All Leaders are volunteers. Detailed information on "Becoming a Leader" is available on the LLLC Web site: <http://www.lllc.ca/becomingleader.php>.
9. d) Prolactin is the hormone responsible for the initiation of milk production (lactogenesis). The lead article in La Leche League's parenting journal *New Beginnings* (Palmer L. "The chemistry of bonding." 2010, 2:4-7) talks in detail about oxytocin and other hormones that are active in mother, baby and father after a birth. The journal is available on the LLLI Web site: <http://viewer.zmags.com/publication/57e09bed#/57e09bed/1>

10. b) Separation of mother and baby in the early months can undermine the breastfeeding relationship. Ways in which a father can be helpful and supportive of the breastfeeding relationship are outlined in the new LLLC information sheet: *How Fathers Help Breastfeeding Happen* (No. 430-2010). It is available from your Local La Leche League Leader.



Good Luck to all our readers who will be sitting the IBLCE Exam this month!

For more information, visit www.IBLCE.org



La Leche League Canada is a non-profit organization and a registered Canadian charity.

La Leche League Canada is an affiliate of La Leche League International, governed by an elected Board of Directors who works with approved by-laws and policies to steer the work of the organization across Canada and to ensure consistency at all levels. La Leche League has a registered office at P.O. Box 700, Winchester, Ontario, K0C 2K0. Telephone: 613-774-4900. All materials in this newsletter are copyrighted and are used by permission of the photographers/authors. To obtain permission for reprints, please contact the TOL editor at pat.millar@ns.sympatico.ca