



la leche league
international | lli.org

SunLLLight

La Leche League South Africa Newsletter

The mission of La Leche League is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother

W e l c o m e !

Welcome to SunLLLight, La Leche League South Africa's newsletter!

In this first edition for 2019, "Baby oh Baby", we learn about the Golden Hour and Ester tells us more about birth practices' impact on the establishment of breastfeeding. We learn how to cope with engorgement during the first week and Katinka tells us what to expect from a newborn. Olga informs us about the age-old practice of baby wearing and the importance of skin-to-skin contact. Anneri tells us about her experience on the value of support. Dilshaad brings us stories from Peer Counsellors and Gwynneth reports back on the very successful High Tea hosted by the WC Chapter and tells us more about contributing to LLLSA with a My Schools Card. We also have the spotlight on Tanya Thomas, LLLSA's Area Personnel Membership Secretary!

B a b y o h B a b y ! - T h e G o l d e n H o u r



You have probably heard of the term the "Golden Hour"? It is used in photography, describing the period of daytime shortly after sunrise or before sunset, during which

light is properly diffused and warm, transforming photos from *ordinary* to *extraordinary*, and in medicine defining the first hour after a traumatic injury, during which spe-

cific actions must be taken to assure positive outcomes.

The Golden Hour of neonatal life is defined as the first

Inside this issue:

Welcome	1
The Golden Hour	1
Tanya Thomas - Membership Secretary	3
Birth practices' impact on the establishment of breastfeeding	4
Coping with Engorgement	4
High Tea	6
Baby wearing: the importance skin-to-skin contact	7
The value of support	9
Stories from PCs	9
What to expect from a newborn	11
My Schools Card	12

Newsletter team

- Elizabeth & Nicole - editing and proof-reading
- Leana - Publications Coordinator: please send **all** your news and contributions to leana@llisa.org

hour of life requiring rapid adaptation of multiple newborn organ systems and includes respiratory, vascular, metabolic, and hemodynamic changes. Important elements of the Golden Hour (among which are maternal–neonatal **skin-to-skin contact** for at least an hour, **delayed cord clamping** and the **early initiation of breastfeeding**) contribute to better newborn temperature regulation, decreased stress levels in a mother and her newborn, improved mother–baby bonding and neonatal adaptation. Implementation of these elements is also associated with increased rates and duration of breastfeeding.

Dr Nils Bergman says the first hours of life – while we may not remember our own – are absolutely critical for the development of a baby's brain and long-term social behaviour. He goes on to say earliest experiences matter most, because those are the ones that are building the foundation, and early bonding in the first day leads to secure attachment in the first 1000 days, giving a child "a safe base from which to explore the world".

The first hour is a sensitive period in which the newborn infant begins to orient to what life outside the womb is about. A new skill acquired during the sensitive period is much more readily acquired than if it is missed. When this sensitized period has passed, considerable attention and effort is required to then master the skill.

Let us look at a few of the important elements of the Golden Hour:

Maternal–Neonatal Skin-To-Skin Contact

Skin-to-skin contact (SSC) is the placing of the dried, unclothed newborn directly on his/her mother's chest and abdomen just after birth, before cutting the umbilical cord. Benefits of continuous and prolonged SSC between mother and child, observed from numerous researches include the following: improved maintenance of the infant's temperature, heart rate and other vital signs; lower pain measurements reducing stress levels resulting in further optimization of growth; promotion of exclusive breastfeeding; reduced risk of sepsis, hypothermia, hypoglycaemia and readmission to hospital. The benefits have shown to improve overall outcomes in all infants but it is especially advantageous to preterm infants.

When a baby is in SSC after birth there are nine observable newborn stages, happening in a specific order, that are innate and instinctive for the baby. Within each of these stages, there are a variety of actions the baby may demonstrate. Stage 1: The Birth Cry. Stage 2: Relaxation. Stage 3: Awakening. Stage 4: Activity. Stage 5: Rest. Stage 6: Crawling. Stage 7: Familiarization. Stage 8: Suckling. Stage 9: Sleep.

Staying in continuous and prolonged skin-to-skin contact with your baby immediately after birth will give your baby the amazing above-mentioned benefits at no extra cost!

Delayed Cord Clamping

Delayed cord clamping allows for the flow of blood from the placenta to the newborn, with improved red blood cell volume, increased birth weight, and greater iron stores in infants at 6 months of age. Simultaneously, delayed cord clamping decreases the need for neonatal blood transfusions and decreases the risk of necrotizing enterocolitis, iron-deficiency anemia, and intraventricular haemorrhage. Discuss delayed cord clamping with your health care provider.

Early initiation of breastfeeding



Breastfeeding and bonding are closely linked as they both occur on the mother's skin and chest. It is known that the most sensitive period for initiation of breastfeeding and bonding occurs in the first hour and day following childbirth.

Breastfeeding in newborns is an instinctive response; however, this is found to be true only when the newborn is left undisturbed after birth to find its way to the maternal breast! Positional stability, nipple protection and optimal milk transfer are achieved when we let baby go through the natural stages that occur during the Golden Hour.

Our earliest connection sets the stage for the connections we are to make throughout the rest of our lives. We can help lay the foundation for our child's secure attachment & bonding and increased duration of breastfeeding. We have an opportunity to help our child start life at an extraordinary advantage and assure positive outcomes by implementing simple measures like maintaining skin-to-skin with our baby immediately after birth (continuously and prolonged) and helping baby initiate breastfeeding soon after birth.

Meet LLLSA's Area Personnel: Tanya Thomas, LLLSA's Area Personnel Membership Secretary!

Interview with LLLSA's Area Personnel Membership Secretary Tanya Thomas

Tanya where do you live?

Sandton, Johannesburg

What is your background?

I am a South African working in the financial services sector. I also own a small retail business with my sister, but am not very involved in the day-to-day operations. I have no formal degree or qualification. I believe in the University of Life and have learned and grown from the very valuable lessons that life has thrown at me. I am passionate about breastfeeding and mother-to-mother support.



Are you married / single / life partner?

I am married to Matthew, born and raised in Wales, UK. We met 20

years ago in South Africa through mutual friends and have been married for 11 years on 25 April.



How many children do you have and their ages?

We have a birth daughter Nerys who will be 8 years old in August. We also care for my cousin Storm, who turned 8 years old in February.

How did you become involved in LLL / why did you choose to become a Leader?

I started attending LLL meetings when Nerys was 3 months old. I would be returning to work when she was only 5 months old and really felt that I needed the support with breastfeeding, expressing and continuing to mother through breastfeeding even though we would be separated for a part of the day. The only meeting on a weekend was in Krugersdorp, so I used to travel once a month so that I could connect with like-minded mothers. They inspired me to continue our breastfeeding journey until well into the toddler years. LLL had such a profound effect on me and resonated so deeply with how I wanted to raise Nerys that I wanted to be able to give back what I had received.

What about breastfeeding / breast milk amazes you?

I am constantly amazed by the effects that breastfeeding has on a baby. The fact that breast milk alone can sustain a human is testament to its amazing qualities. I love that through breastfeeding we can connect so completely with our babies, meeting their every need.

What is your wish for breastfeeding in South Africa?

I wish that all mothers had the right support from day one to breastfeed their babies. The stories you hear about mothers' experience in hospitals differ tremendously from nurse to nurse. Even within the same hospital, you can get the best support from one nurse and completely the opposite from another. It would be wonderful if all healthcare professionals accepted that they don't know everything, especially about breastfeeding and referred mothers to LLL or other breastfeeding experts. It would be wonderful to see a peer-counselling program in other provinces as successful as the one in the Western Cape.

How do you spend your free time?

I love being fit and healthy, so I exercise regularly by going to the gym and boxing. I love reading and will read anything recommended, both fiction and non-fiction. I love spending time with my family around the pool in summer and around the table in winter playing games. We knit and do crafts all year round. Our favourite outing as a family is to attend musicals.

What are your favourite music, movie, book and food to eat?

I love a wide variety of music from classical to rock. We always have music playing in the house and we all sing along. I am constantly reading but some of my favourite authors are Terry Pratchett, Jeffrey Archer and JRR Tolkien. I find immense value in all the LLL books as they are wonderful to read and re-read, sometimes for renewed knowledge and sometimes for inspiration and encouragement. Even though my children are growing and past breastfeeding and no longer toddlers, the principles still ring true.

What do you feel most proud of?

My family – husband, daughter and now my little cousin. They are my inspiration to be a better person and will always strive to do my best for them. I am proud that I can set a good example for my children by working hard to achieve my goals, sometimes succeeding and sometimes failing but getting up to try again.

What do you want your tombstone to say? (what kind of legacy do you want to leave behind?)

Loving, fun, passionate and hard-working.

Thank you Tanya for sharing!

Birth practices' impact on the establishment of breastfeeding

Madison enters the room quietly with her baby, having been warned that there's a mom and baby with jaundice inside. "Hi there!" and not waiting for the other mom's response, she continues, "They're at it again! This time fighting who should go into labour ward with the 16-year-old mom; her mother or the gangster boyfriend!" The security guard actually recognised him as one of the gang members who smashed the cars outside, four days ago! Crazy, hey!?"

This time, when the other mom doesn't respond, Madison, sizes up her puffed eyes and forced smile. "Very Bad?" she asks softly as if afraid to upset the mom. "Yes, my baby doesn't want to suck and my breast milk hasn't come in yet and today is day four! As if twenty four hours of labour and an emergency Caesar wasn't enough!! Thank God for the epidural; it gave me such wonderful relief from the pain!" "Ahh! There you go!" Madison thinks, but dares not add to the mom's obvious guilt by mentioning that with breastfeeding in mind, it is beneficial to avoid epidurals and other birth practices. Concerned, she starts sharing about expressing breast milk, skin-to-skin and other wonderful ideas with the mom.

I'm Ester Williams. I'm 48 years old and have been married for 21 years to my best friend, Denzil Williams. We have 3 beautiful children. La Leche League Leader since 2017



Ester and her beautiful family

Coping with Engorgement

What is happening with the milk production?

Kelly Bonyata (kellymom.com) explains that during pregnancy, the breasts are making colostrum (Lactogenesis I) but high levels of progesterone inhibit milk secretion and keep the volume "turned down". After birth, the delivery of the placenta results in a sudden drop in progesterone, estrogen and Human Placental Lactogen levels. This abrupt withdrawal of progesterone in the presence of high prolactin levels cues copious milk production (called Lactogenesis II). Other hormones (among which insulin, thyroid hormones and cortisol) are also involved, but their roles are not yet well understood. Although biochemical markers indicate that Lactogenesis II commences approximately 30-40 hours after birth, mothers do not typically begin feeling increased breast fullness (the sensation of milk "coming in") until 50-73 hours (2-3 days) after birth.

SO....during the first three to five days after birth, copious production of milk "takes off". Blood flow to the breasts increases, as well as lymph

flow to remove waste products. The frequently feeding baby removes milk from the breast often and the mother does not feel anything more than some heaviness and warmth (though some mothers find themselves engorged even with an effectively feeding baby).

What is Engorgement?

We have come to see engorgement as the natural follow-up to birth, but it is not! Newton and Newton suggested that too full milk sacs (alveoli) in the breast could lead to compression on surrounding ducts, which subsequently leads to secondary vascular and lymphatic compression meaning that the overfull breasts in the early days are not just due to milk alone but also blood and lymph that cannot drain away. Thus, if milk is not frequently and effectively removed from the breasts (either by the breastfeeding newborn or by the mother with gentle expression of milk) the breasts may feel heavy, full, tender and/or painful and hot. This can expand into tight, shiny breasts that are too congested for the milk to leave, the way a cold can make one too stuffy to blow one's nose.

Extreme engorgement can even damage a milk supply. This over-fullness may also make it difficult for baby to latch on. Engorgement symptoms occur most commonly between days 3 and 5, with tenderness on day 5 but some as late as days 9–10. BTW more time spent breastfeeding in the first 48 hours is associated with less engorgement.

What to do?

⇒Keep baby close and feed as often as possible, at least every 2-3 hours. After birth removing milk from the breasts is also critical in helping the blood and lymph drain

⇒If breasts are/become too firm for baby to latch on, try softening the breast around the nipple (pressing fluid gently out of the way) where baby's mouth needs to be, to give baby more softness to latch deeply and remove milk effectively. Do any pressing gently and for a short time; nothing done to the breasts should hurt. Use fingertips (short nails!) or the sides of the index fingers to make slight dents in the area around the nipple. This is called "Reversed Pressure Softening" (RPS). Press steadily with the length of the index finger (first joint opposite nipple) on either side of the nipple's base where baby's upper and lower gums will be. Press for 1-3 minutes and then offer breast immediately



⇒If baby cannot latch even after RPS, gentle massaging of the breasts and then gentle hand expression or pumping on a low setting may help (too high pump setting may pull more fluid into the areola - making it more difficult for baby to latch on, and put more pressure on the little ducts inside the nipple making it more difficult for milk to flow)

⇒Gentle massage before hand expression may also help drain lymph fluids backwards. (See a video on "The Basics of Breast massage and Hand Expression" by Maya Bolman @ <https://vimeo.com/65196007>)

⇒Gravity may also help drain fluids away, a mother can try lying flat on her back while doing RPS

⇒Now that nipple-areola area is softer, let baby latch deep and drain the breast

⇒After the feed a mother may need to gently massage and express the opposite breast just enough to relieve and then apply cold packs or cabbage leaves on both breasts

⇒Inflammation (as a result of engorgement) responds best to cold. A mother can try commercial cold packs for breasts or use green cabbage leaves to help bring down swelling

***Green cabbage** leaves may be used chilled or at room temperature

*For engorgement or oversupply limit use, as cabbage can decrease milk supply. (During the weaning process one can leave the leaves on the breast until they wilt, then apply new leaves as often as needed for comfort)

*Discard the outer, possibly sprayed, leaves. (Red cabbage could stain.) Peel off one or more leaves, wash cabbage, tear out the hard vein, crumple each leaf gently by hand, and put the leaves on breasts (not over the nipple) after feeds. Leave on for 20 minutes at a time and discontinue use as soon as engorgement/oversupply begins to subside or within 24 hours. Leaves should feel nice and cool, and can be held in place with a bra

⇒Standing in a shower and letting the hot water land between the shoulder blades will help stimulate a let-down and a mother can gently massage any lumps with soaped-up hands

Nothing about breastfeeding should hurt. Pain is a sign that something is not right. Some fullness and a little nipple discomfort for a few days may be okay BUT bruising, broken skin, or outright pain is not, and probably means baby is having some trouble taking milk out easily.

Almost all breastfeeding problems now have known reasons and remedies, but no one person knows them all! If breasts or nipples are sore, ask for help! Contact a LLL Leader! Find one at <https://www.lll.org/contact> or on Facebook: groups/lalecheleaguesouthafrica

References

- <https://kellymom.com/pregnancy/bf-prep/milkproduction/>
- La Leche League International. 2010. The Womanly Art of Breastfeeding
- Newton M, Newton N. Postpartum engorgement of the breast. Am J Obstet Gynecol 1951;61:664–667
- ABM Clinical Protocol #20: Engorgement. Breastfeeding Medicine, Volume 4, Number 2, 2009
- <https://www.llli.org/breastfeeding-info/engorgement/>
- <https://kellymom.com/bf/concerns/mother/engorgement/>



Compiled by Leana, mother of 3, LLL Leader Helderberg (Somerset West, Strand, Gordon's Bay and surrounding areas)

High Tea



LLLSA Western Cape Chapter's Fundraising Initiative: A High Tea

The Western Cape Chapter of La Leche League South Africa (LLLSA) held a high tea fundraising event on Saturday, 23rd February. Almost 200 attendees joined us at Edgemead Community Hall in Cape Town.

The event was planned and organised by Leaders who served on the organising committee and who sourced everything needed for the day to be a success. Leaders, Leader Applicants and Peer Counsellors assisted by hosting tables at the event with the hostesses' main duty being to fill their tables through ticket sales and to ensure that their guests were happy. In return, the groups affiliated with the hostesses received a percentage of the profit generated on the day. Even regular group attendee mothers showed their support by hosting tables on behalf of their groups.

The event was a wonderful opportunity for the community to give back to the organization and its Leaders who support them in such a special part of their parenting journey.

The event was advertised widely: at group meetings, on all social media platforms as well as local radio where Olga Lipkovics was interviewed.

With the primary objective being to raise funds, the event also served as an opportunity to market LLLSA. Books from the LLLSA book depot were on

display and for sale on the day, and LLLSA info sheets were distributed. LLLSA is now a listed beneficiary of the My School My Village My Planet program, (see page 12) which is an initiative that raises funds for charities. Attendees were invited to sign up and add LLLSA as their beneficiary and in return could enter a lucky draw using their application forms.

It was a fun-filled day with mothers, fathers and babies in attendance. The program on the day included a talk by guest speaker Carly Tzanos, an occupational therapist, and performances by a musical band called The Stix. Lots of prizes were up for grabs, thanks to generous sponsorships and donations from companies and individuals. Attendees also received goodie bags. The event was a success and made the hard work and sacrifice worth it. It was the first event of its kind for LLLSA but will definitely not be the last.

Funds raised will be invested into LLLSA, to uplift its Leaders and will go far to help the organization meet its objective of breastfeeding support.

The organising committee would like to thank the Leaders, Leader Applicants, Peer Counsellors, group mothers, sponsors and attendees for making the event such a success through their support and participation.

Written by Gwynneth Jacobs, LLL Leader from the Parow Group, book depot keeper and mother to Christian (4 years old).

Baby wearing: the importance skin-to-skin contact



What is baby wearing?

People all around the world have been carrying their babies for centuries. It is the way of looking after babies to help them to get used to the new world they arrive in when they were born. It is the most natural act of a mother to hold her baby in her arms. And it is the most natural act of a baby to want to be held in her mother's arms. It is called the in-arm phase and you can't spoil your baby by doing this. This is what helps the baby regulate her breathing, blood pressure, temperature and all of her vitals. The skin-to-skin contact with another human being allows the baby to become a human itself.

After a baby is born, we want to introduce her into the world around her. But we also need to do certain things, and with a tiny newborn baby in our arms, this is just "a bit" difficult. So centuries ago, clever mummies invented the tools. A piece of cloth is the solution. It allows the mom to carry on with everyday chores in her life and at the same time gives the opportunity to her baby to learn about life, about her mom and dad and other family members, and about her environment. At the same time, by doing everything together with her mom, her excess energy can also get out of her body because they are constantly in motion. So traditional baby wearing is the most effective and simplest way of loving our babies while we give them the opportunity to experience life as is.

What are the benefits for mom and baby?

Benefits manifest in so many important fields of development for the baby, as well as the mom. I call it the M.E.P.S. It stands for Mental, Emotional, Physi-

cal and Social development.

M:

How does it serve the Mental development?

Carrying your baby on your body stimulates all of the senses at the same time, allowing the neurons in the brain's cells to connect so the baby's mental development can get a great start. The more connection they arrange in the early days/weeks, the more likely the baby will have a higher intellectual performance.

When a mom carries her baby, it allows her brain-cells to adapt to the brand new role in her life: becoming a mother. It is one of the most difficult roles we can ever have because it means we have to give up one part of our life to serve a baby who is completely relying on our presence.

Carried babies learn faster because they are at eye level.

E:

How does it serve the Emotional development?

Baby knows mommy best since she knows mommy inside out, so that's where she feels most safe. She loves to sleep on mom's chest because she can hear her heartbeat and her familiar voice when mom is talking or singing; this makes it similar to the experience she had inside the womb. Feeling safe builds trust: trust in her mom that she is there for her and trust in her own instinct that she knows what's best for her. She has chosen the right person to care for her.

Carrying baby on mom's body helps to build a strong bond between mom and baby to develop trust and build the fundamental emotional connection between the pair. It allows the baby to feel safe and loved and allows the mom to feel how much her baby needs her which will help her to listen to her baby and to her motherly instinct, and to act accordingly even if the whole world tells the mom to do the opposite with her baby.

It serves an extremely important role. It helps the mom to get to know her baby so she can trust her, and it helps the mom to trust in herself since she is the one who knows her baby best. It builds confidence that allows the mom to realize that each baby is different and each baby is unique and needs unique solutions in each and every situation. Every baby is a "good" baby. Babies don't want to play with us, and they don't want to take advantage of our love. All they need is unconditional

love. In their mind, love is equal to time — the time we spend with them. Carrying your baby allows you to spend 24/7 with your baby, so she can feel most loved!

P:

How does it serve the Physical development?

Being in motion is one of baby's basic needs right after being breastfed constantly. Your baby has been in motion for 9 months in your tummy, so don't expect her to stay still all of a sudden. Via the umbilical cord, she has been fed 24/7 without any effort. Don't expect her to be hungry only every 3–4 hours. Babies have a transition time that varies from baby to baby in which they get used to the new world around them.

Being in mom's arms in a baby carrier allows the baby to be close to the breast, so she can nurse 24/7 if she wishes which will serve best her physical development. Being carried helps the baby to develop the muscles next to the spine, so she can hold her head and whole body properly. It means no need for tummy time. Being in motion on mommy requires baby to balance as mom walks, so the balancing system can develop properly. Walking constantly with mommy and on mommy allows babies to learn how to walk properly, and to feel the real rhythm of walking will help them to walk earlier. It helps them to get rid of their frustration at not being able to walk on their own yet. Many times "put down" babies build up so much tension and stress simply because they are not allowed to move properly and they cry these feelings out. They cry for help to move.

Carrying baby constantly it is a great work out for moms as well. With the fact that baby wants to nurse constantly and being in motion constantly, it gives a great opportunity to the moms to lose that extra weight built up during pregnancy. Our babies help us to lose weight; isn't this fantastic? How does it get even better?

S:

How does it serve the Social development?

It serves the social development in the easiest and simplest way. It allows babies and moms to get out of the house and meet other babies and moms. You just have a walk whenever you feel frustrated together with your baby and find another mom who carries her baby on her as well and you are already out of depression, out of feeling alone with your problems. You are out of the blue. Your baby can be breastfed in the carrier without others knowing what is going on. You don't need to take anything with you. You have your baby and your carrier and you are ready to go. It is the best way to celebrate life, the new life you have. Not just the

new life as the new life of your baby, but the new life of being a mom that can often be so frustrating because we haven't been trained to be a mom. The good news is our babies help us to reinvent this skill in ourselves if we listen to them and allow ourselves to listen to our inner voice. When you make a decision that makes you feel light, you made the right decision. If something makes you feel heavy, you better turn back from that road. Right is always light. Carrying your baby feels light; you just need to be aware of it, allow yourself to make this decision for your baby's sake and for your sake. Socializing has never been easier. Play dates before the age of 3 are actually for the moms, not for the kids. They can't really do anything with each other, but it gives the opportunity for the moms to get out of the house and chat with other moms and to allow the family to take a deep breath of the fresh air around them.

Why is it becoming so trendy now?

I deeply believe it gets more and more trendy because it is easy and joyous! There is so much fun you can have together with your baby if you carry her. You can dance together, you can do yoga together, you can go on a trail run, or simply walk around the block where you live. You can go to a wedding with your 3 week- or even 3-day-old baby because the baby that is on mommy's chest and in her arms feels content and loved and this is all it needs. Carrying a toddler is also so much fun. It allows the family to have all kinds of activities together.

I think most moms haven't even heard about how beneficial it is for M.E.P.S. development; they just saw another mom carry her baby and they wanted to have the same feeling and freedom. I think it is wonderful that we are about to turn back into the natural way of raising our babies by allowing them to be part of our life, so they can learn firsthand what life is.

Introducing your busy life to your babies keeps them busy. It is hard work for sure but then why exactly did we want to have children in the first place? We wanted to spend time with them; we wanted to help them to learn how to walk, how to talk, how to play and how to enjoy life. We wanted to show them how life can be so much fun, joy and laughter. This is what babywearing offers to those families who choose it.



a: 15 Erica Way, Pinelands 7504
e: olga.lipkovic@gmail.com
c: +27 82 062 0206
w: www.olgalipkovic.com

The value of support

A few weeks ago there was an online discussion on a local parenting group about the price of formula and why the parents decided to formula feed instead of breastfeeding.

Reasons varied, with some mothers taking a strong stance in 'fed is best'; others believed they had to supplement for various reasons, while other moms just couldn't breastfeed.

Many of these moms wished they could have breastfed for longer and felt a sense of failure.

I believe, often times, there's certainly failure: not of the mom, but of her support system, of her community, family, friends, the healthcare system, and the workplace. All these fail to support and equip the mother and her baby to be able to breastfeed, and continue to do so, successfully.

The best advice I can give, should anyone ask, is educate yourself. Read, ask all the questions, join all the breastfeeding support groups (actual and online). Surround yourself with encouraging people, trust yourself, and close off to negativity. And if it doesn't work – you've really tried.

I joined the local La Leche League meetings – for breastfeeding help throughout and to make new friends with similar goals and interests.

Maybe I was just lucky, or incredibly blessed. But without the care and accommodation of the abovementioned systems, and most definitely the wonderful support of the local LLL leaders, we probably wouldn't have been able to get this far with our breastfeeding journey.

The value of all the support available (whether free or at a fee) cannot be measured – not even against the price of formula.



Beautiful Anneri with gorgeous baby Kayla

Stories from PCs

The following article is about a group of ladies trained by LLL and who work at their local Community Health Centres. They are called The Breastfeeding Peer Counselors (PCs).

Going back a bit, ACL, Elaine Dawson took part in the PC training course at the International Conference in Miami in 1991. Jane Maasdorp agreed to train the first group of Peer Counselors in South Africa. A group of women were trained at a clinic in the Valley of a Thousand Hills, KwaZulu Natal, in 1992. These PCs graduated at the LLLSA AGM that year. From there, Rosemary Gauld, Elizabeth Robinson, Jean Ridler, Elaine Dawson and Nan Jolly went on to train PCs in the Western Cape and Port Elizabeth. Sophia Blows and Dilshaad Sungay have been very active in continuing with this training. Over the years, thousands of lay people have been trained as PCs and have supported mothers in their communities. Last year, a group of volunteers and professionals in Gauteng underwent the PC training led by Juanita Lee and Cecilia Teixeira.

The majority of mothers from so-called previously disadvantaged areas do not always understand the basics of caring for babies and young children. Children burned with boiling water over a weekend will sometimes only be brought to the clinic on a Monday morning. Babies with severe dehydration will arrive at the clinic needing to be

Stories from PCs continue....

SunLLLight

resuscitated. Babies with extremely high fevers will convulse at some clinics before being attended to, and the list goes on.

I would like to paint a pretty picture, but one cannot ignore the reality. Teenagers want to have babies for various reasons. Some mothers refuse to use any kind of contraception. They end up having baby after baby, while in a state of poverty. The mind-set of some communities needs serious attention. Our monthly meeting is a safe place to share about the social ills, as well as the triumphs. In the last 12 months, PCs have attended a rape management workshop, debriefing sessions with a social worker, and a parenting workshop run by the Parent Centre. Even though not directly related to breastfeeding, all these workshops play a vital role in their work.

It is often the PC who will actually find out that a mother has had a baby as a result of rape. This will go unnoticed by staff because they are exhausted, over-worked, and frustrated.

Sometimes it is the PC who will notice an extremely sick child in the clinic, and rush the child to the ER, because all other staff is too busy.

It is the PC who may pay attention and listen when a teenager says she's being raped by her father. The PC will do something to help when everyone else turns their backs.

It is the PC who will sit with a mother for up to 2 hours trying to help a crying mother with painful engorgement and a non-latching baby.

It is the PC who will counsel an HIV+ mother with all the information she needs to make an informed choice about feeding her baby, while the rest of the staff pushes formula which the mother cannot afford.

It may be the PC who insists that the doctor refers the mother for further breast examination, while ill-informed health care workers think that pus coming out of her nipple is colostrum (one mother was diagnosed with cancer).

It is the PC who desperately dashes off to find a doctor because a baby stopped breathing.

It is the PC who educates mothers how to wash their

baby's clothes to prevent further skin rashes.

It is the PC who is sometimes admonished by staff for speaking kindly to mothers.

It is the PC who teaches mothers to buy crayons and colouring books, cut up fruit, and sit with their young children to play and interact in a healthy way, instead of giving 2 and 3 year olds 50 cents to run to the shop across the road at 7 in the morning to buy cheap chips, because mom wants to sleep.

It is the PC who educates mothers how to love their babies and children.

It is the PC who notices a young child was abused and has a broken rib.

It is the PC who notices a mother is malnourished.

PCs will try their best to educate the grannies and extended families.

And again, the list goes on.....



Many a times PCs have to dodge bullets on their way to and from work. I have experienced a lock down at one of the clinics because a gangster was shot and was in the ER. Some PCs are supported well at the place of work, while many others are completely excluded and made to feel very unwelcome. Peer Counselors no longer just do breastfeeding support. They cannot just do

breastfeeding support. We are in a situation where mothers may not know how to mother for various reasons.

What I have learned through LLL and from the older and wiser leaders has really helped me to work with these special ladies called Peer Counselors: sincerity, kindness and compassion.

We try to rise above all the challenges. Peer Counselors know their worth and are often thanked by mothers for their kindness and support. And with each other's support, they always manage to smile and continue doing what they do best.....supporting mothers and babies. :-)

Written by Dilshaad, Peer Counselor Coordinator for Northern/Tygerberg substructure, LLL Leader, Parow Group, Mother of Naadirah 25, Raeesah 23, Mohamed Umer 21, Mohamed Yasin 18, and Ebrahim 11.

W h a t t o e x p e c t f r o m a n e w b o r n

I remember one day after our third baby was born. I was still resting in bed most of the time, learning the personality of this new human, breastfeeding and holding him. I was in my mother's house. The older children would occasionally storm in to tell or show me something. I could hear voices and sounds of life simply moving along. I knew I had no worries in the world but to hold, breastfeed and love this new baby. This time, it was going to be okay. This time, I had no expectations; I did not know what our breastfeeding journey would look like. I did not feel like an expert. I was able to say, "Hi, I'm your mother, let's get to know each other. What is it that you like?"

Breastfeeding support has so many faces. The greatest supporters of breastfeeding mothers often do not need to have the slightest clue about breastfeeding. Warm meals, taking the kids, keeping me in a safe bubble and keeping me with my newborn was so important to me, and we breastfed without any problems.

I also remember one day when my husband could not take it anymore and had to take that nap with our boy. Oh well, I was looking forward to that long hot shower anyway ...



Written by Katinka, LLL Leader in Harare, Zimbabwe

The MySchool MyVillage MyPlanet programme: An easy way to raise funds for La Leche League SA



The MySchool MyVillage MyPlanet programme is a community fundraising initiative that raises funds for schools, organisations and charities. Supporters can raise funds for their cause every time they shop at a partner store. Partner stores will contribute a percentage of the purchase amount to the charity of choice without it costing anything extra to them.

As of 2018 La Leche League South Africa (LLLSA) is an official listed beneficiary of the MySchool programme. Supporters of LLLSA can support us by signing up for the programme and assigning La Leche League South Africa as a beneficiary.

To ensure LLLSA fully benefits from the programme, we need as many people as possible to sign up for the programme and assign LLLSA as a beneficiary. By raising funds for LLLSA through the MySchool programme, you will be helping us further our cause to provide breastfeeding support. Our organisation is run completely by volunteers, and this is a wonderful opportunity to help us raise funds.

How to sign up for the programme:

- 1) Sign up for the programme online here: <https://www.myschool.co.za/supporter/apply/>
- 2) Choose La Leche League South Africa as your beneficiary
- 3) Swipe your MySchool card at any of the partner stores and in doing so give back to

LLLSA. For partner stores see here <http://www.myschool.co.za/partners/partner-profiles>

Link any of your Woolworths cards to the program:

Link your Woolworths card (any Woolworths card including WRewards/store card) by following these easy steps:

- 1) Go to <http://www.myschool.co.za/cardholders/link-your-woolworths-card> and enter your details
- 2) Once you have received notification via email that your card linkage is complete, log in here <https://www.myschool.co.za/supporter/update/> using your card number and ID nr as password
- 3) Add La Leche League South Africa as a beneficiary
- 4) Start giving back by swiping when you shop!

Download the MySchool Virtual App from App store or Google Play Store. Use the app to link your card, swipe your card at till points and support La Leche League SA! Every swipe counts.

Written by Gwynneth Jacobs, LLL Leader from the Parow Group, book depot keeper and mother to Christian (4 years old).