BREASTFEEDING MATTERS

September / October 2025
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Mothers on sharing milk

Breastfeeding a child with diabetes

Tribute to Naomi Stadlen

Loving with every fibre of my being

La Leche League GB

#269

La Leche League GB

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LLLGB

Breastfeeding Matters
Editors: Jayne Joyce and Bronwyn Davies
Editorial Consultants: Eden Anderson and Rachel O'Leary
Layout Editors: Claire Patel and Bronwyn Davies
Book Review Editor: Sarah Chate-Taylor
Proofreader: Shoko Jin

Contributions and Feedback
We would love to receive your contributions and hear your ideas. If you have a story, toddler talk, poem, piece of art, feedback, or anything else you'd like to to share with us, please use our form: *bit.ly/lllgb-newsletter*
or email *editor@laleche.org.uk*

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Layout Editor

Claire Patel is LLLGB's Operations Manager, and mum to Ishaan (6) and Annika (3)

Book Review Editor

Sarah Chate-Taylor is a Leader in Wetherby & Harrogate, and mum to Zac (8), Josh (5), and newborn baby Luke

Proofreader

Shoko Jin is a Leader in Groningen, the Netherlands, and mum to Azusa (3) and Kazumi (5)

Editorial Consultant

Rachel O'Leary co-leads the LLL Cambridge group. Her children are Corinne, Fran and Nick, and she loves being Granny too

Editorial Consultant

Eden Anderson is a Leader in Edinburgh, and has three adult sons and two young grandsons

Editors' Letter

Welcome to Breastfeeding Matters!

Most of the time, breastfeeding is quiet and ordinary: a bleary 3 a.m. latch, a sleepy cuddle, a thousand unnoticed moments woven through day and night. But for families facing bigger challenges — prematurity, disability, illness, or feeding aversion — it can become far more complex and intense. The stories in this issue reveal the strength and dedication of mothers, including how their care can even extend beyond their own children; offering milk, and love, to other families too.

We're delighted to welcome Shoko as our new proofreader. Shoko has lived in Japan, the US, UK, Germany and the Netherlands, and she prepared to become a Leader with LLLGB while living in the Netherlands. Her journey is a lovely reflection of how LLL's shared values and support reach across borders.

With LLLove,

Jayne and Bronwyn

Jayne Joyce (left)

Jayne Joyce is a Leader in Oxfordshire. Her family includes three teen/young adult children and a cat called Honey

Bronwyn Davies (right)

Bronwyn Davies is a Leader in Rochester, Kent, and mum to two boys

Cover

Catherine Bligh

Read Catherine and Elizabeth's story on page 23

Sharing my poems in Breastfeeding Matters has been a surreal experience. I have rarely shared my work with anyone other than my mum! I've been able to read my poems aloud in our local meeting – it brought tears to my eyes and inspired me to go to an open mic event – thank you!

I feel honoured to be able to share my poems with LLL. It is wonderful to be able to submit your thoughts and I highly recommend sending in your stories too.

– Jess

What's inside?

6 **Breastfeeding a child with diabetes**
Emma Lord

9 ***How Babies Sleep*** **by Prof Helen Ball**
Amy Todd

10 **All Party Parlimentary Group (APPG) on Infant feeding**
Emily Lunny

12 **Willow's story**
Fee Taylor

16 **Mothers on... Sharing milk**
Various

20 **Meet a Leader**
Freya Cripps

23 **Loving with every fibre of my being**
Catherine Bligh

25 **Equality**
Catherine Harper

26 **In memory of Naomi Stadlen**
Anna Burbidge

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Reading your friend's copy?

We're delighted they wanted to share the LLLove! If you'd like to receive your own, by post or online, join LLLGB today to support our work.

laleche.org.uk/join

Breastfeeding a child with diabetes

By Emma Lord, LLL Farnham

Our youngest daughter, Dottie, was about two when she was diagnosed with type 1 diabetes. It started with stubborn nappy rash, then progressed to lack of appetite, sleeping more (which felt like a blessing at the time!), drinking lots of water, asking to nurse around the clock, constipation, and weight loss. We had no experience of diabetes so the diagnosis was a total shock to us!

We had no experience of diabetes so the diagnosis was a total shock to us!

Type 1 diabetes is an autoimmune condition, often triggered by a virus. The body begins to attack the beta cells in the pancreas and eventually they become incapable of producing insulin. Once insulin production has slowed down or stopped, the body becomes incapable of converting food into energy, so your blood is constantly flooded with the glucose from the food you eat. Your liver begins to produce ketones, which convert body fat into energy, but with no insulin to clear away the excess ketones, your blood becomes acidic and poisonous. This is condition is called Diabetic Ketoacidosis (DKA) and is fatal if not treated quickly.

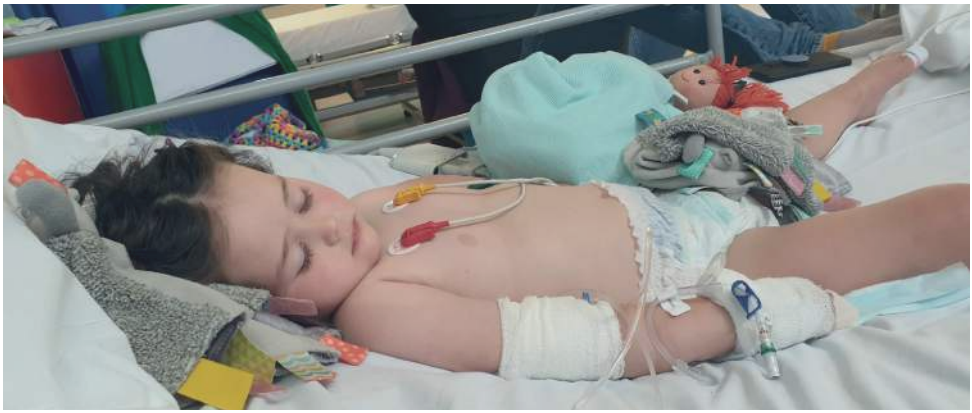
Nursing was her biggest comfort and favourite hobby.

Dottie had been in DKA for some time when she was finally diagnosed. After lots of back and forth with the GP surgery, we ended up in an ambulance with her one Saturday afternoon. She was struggling to breathe, falling in and out of consciousness, and vomiting. An out-of-hours GP had performed a finger prick test and confirmed she was diabetic, in severe DKA, and needed immediate hospitalisation.

She spent many hours in resus [resuscitation] and six days in the high dependency unit of our local hospital. She was nil by mouth [no oral consumption] for three days while they carefully controlled her intravenous fluid intake. Reducing ketones in the blood has to be done very slowly to prevent permanent brain damage.

As soon as the lovely A&E nurses realised we were breastfeeding, they brought me a hand pump to express while Dottie couldn't feed. I felt so sad watching my tiny unconscious two-year-old lie in her hospital bed covered in wires while I sat and pumped her milk away. Nursing was her biggest comfort and favourite hobby.

The following week brought us the steepest learning curve of our lives. We had to figure out how to calculate the insulin doses she would need whenever she ate, nursed, or drank anything other than water! The calculations are based on an 'insulin to carbohydrate' ratio that varies for each individual, and at different meal



times. (Most people's insulin sensitivity changes throughout the day.) Once we'd figured out how much insulin she would need for different foods, we had to learn to test her blood sugar levels with a finger prick kit, and persuade her to let us inject her with insulin roughly 15 minutes before she ate. Like most two-year-olds, Dottie did not want to be injected multiple times a day – so this was pretty tricky!

One of the hardest parts of getting to grips with her treatment was breastfeeding. We had to do some pretty quick thinking to plan how she could continue to nurse when we had no idea how much milk she would consume each time she fed, or what the carbohydrate content of my milk would be. I reached out to our local La Leche League community and one of our amazing local leaders, Paula Hinson, found me

I reached out to our local La Leche League community.

a guide to the estimated nutritional content of human milk.

The nurses in the ward suggested that I pump for the average time that Dottie would usually feed for (I guessed at ten minutes), then measure what I collected and calculate the carb content for that amount. We all knew there was a lot of guesswork involved, but it gave us a starting point to be able to insulin-dose her for her favourite 'mummy milk'.

The first time she was allowed to nurse in the hospital was a huge relief for both of us. She seemed to come back to life and finally smiled again. It was so emotional to see her feeding and happy, and to know we would find a way to continue nursing until she was ready to stop.

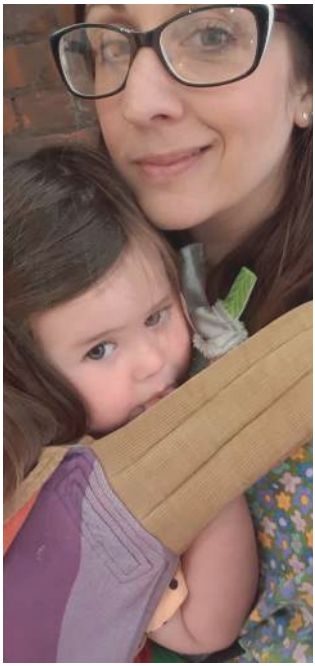
Despite all our fears, we continued to breastfeed for a further two years.

We left the hospital after six days – she was still poorly but we were able to care for her at home. I was a little nervous about how we would manage to breastfeed her in the night, with the '10-15 minutes before eating' injections of insulin. What if I gave her insulin, then she fell asleep after three mouthfuls?

Despite all our fears, we continued to breastfeed for a further two years. We muddled through the night feeds and came to realise that a quick feed helped steady dropping blood sugars – and took some of the sadness of injections away.

We were challenged in the hospital by just one doctor who suggested it was the perfect time to switch to cow's milk so we could calculate the carbohydrates more easily. The rest of the hospital team were incredibly supportive of our decision to keep feeding, which we were so grateful for.

Our little girl is five now, and she's strong and healthy. Thankfully she now has a continuous glucose monitor and insulin pump (a small pod filled with insulin that attaches to her skin and



drip-feeds it to her via a cannula) so we don't have to struggle with multiple injections and finger pricks anymore. She still has to be very brave when it's time for her pod and glucose monitor to be changed, and she's been incredibly resilient.

We, on the other hand, are often emotional wrecks about it all! It's added a whole new level of anxiety and vigilance to parenting. There are 42 factors that affect blood sugars, and food is just a small part of it. We spend a lot of time calculating, correcting, balancing, and worrying! High blood sugars can lead to long term and permanent damage to the body, while low blood sugars (hypoglycaemia) cause cognitive impairment, bouts of extreme emotional behaviour, fits, unconsciousness, and brain damage. Some days it feels a huge weight to keep her in the 'safe' zone.

If you, or your little one ever displays any of these symptoms, please ask your GP to check blood sugar levels. If our case had been caught earlier, it would have saved us, and her, a lot of upset and trauma. Keep an eye out for the most common symptoms:

- Toilet – going for a wee a lot, especially at night.
- Thirsty – being really thirsty.
- Tired – feeling more tired than usual.
- Thinner – losing weight without trying to.

A lot of these can be blamed on teething and viruses in younger children – but it's always worth double checking!

How Babies Sleep - A Factful Guide to the First 365 Days and Nights by Helen Ball

Book Review by Amy Todd, LLL East Cambridgeshire

Prof Helen Ball

How Babies Sleep is the brand new book written by Professor Helen L. Ball. In a world filled with self-proclaimed baby sleep experts, it is refreshing to discover someone who has truly earned this title. Helen Ball is Professor of Anthropology and Director of the Durham Infancy and Sleep Centre. She has over 30 years' experience of baby sleep research, in addition to the lived experience that comes from raising your own children. She is also the creator of BASIS – the Baby Sleep Information Service.

The book is packed full of information on what constitutes normal baby sleep from biological, evolutionary, and cultural perspectives (and the wide range that "normal" covers). It is surprisingly easy to read given the amount of information it contains, and is comprehensively referenced throughout.

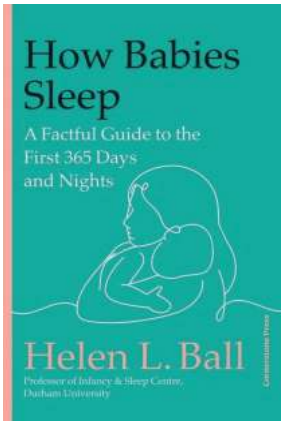
I found the discussion of how different cultures believe babies should sleep particularly reassuring. It seems that many of the 'sleep problems' that UK families struggle with would be considered perfectly normal in other parts of the world, or at different points in history. This reminded me of the relief I felt with my first child when I realised that I didn't need to 'fix' his sleep – it was still exhausting, of course, just one less thing to worry about!

It was also interesting to read about where certain myths about baby sleep may have come from. For example, there is a common belief that giving a baby a big bottle of formula before bed will help them sleep through the night. Multiple studies have shown that this is simply not true. However, in the past, when the composition of formula was different and babies were routinely put to bed lying on their front, it may have been. We now know that putting babies to sleep on their back, and regular night wakings, are both protective against Sudden Infant Death Syndrome (SIDS).

Amy Todd

Crucially, the book also includes practical ideas and advice on how to manage baby sleep and our own expectations, to help the whole family get the rest they need. The ideas are presented in a kind and friendly way that recognises that babies are individuals and each family has different needs. It is the opposite of the 'one size fits all' approach taken by many 'experts' that leaves you feeling hopeless when it doesn't work for your family.

I would particularly recommend this book to expectant parents so that they have a realistic expectation about how their baby may sleep. The book would, of course, also be helpful for anyone struggling with their baby's sleep. It does discuss some of the stricter sleep training methods (that families may already have tried) and provides information on why they may not be such a good idea, but in a way that is free of judgement and full of compassion and understanding for why these methods may seem appealing.



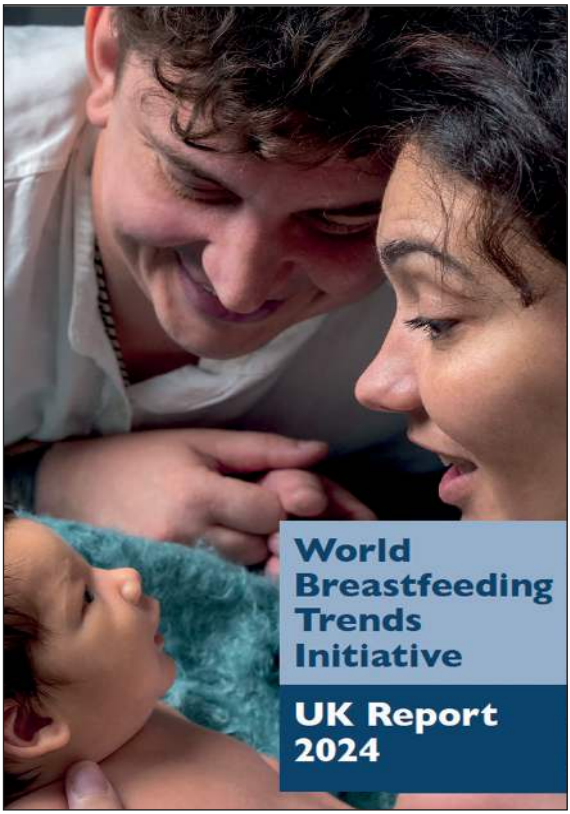
***How Babies Sleep** is available from the LLLGB Shop*

La Leche League GB at the All Party Parliamentary Group (APPG) on Infant Feeding

By Emily Lunny, LLL West Norfolk

On Wednesday 18th June, Jayne Joyce and I (both LLLGB Leaders) travelled to Parliament in London for the All Party Parliamentary Group (APPG) on Infant Feeding. An APPG is a cross-party group of MPs and Lords, open to members from any political party. These groups meet with stakeholders – in this case representatives from LLLGB and other breastfeeding-related organisations – to discuss key issues and concerns.

The APPG is chaired by Jess Brown-Fuller MP and was attended by representatives from the World Breastfeeding Trends Initiative (WBTi), First Steps Nutrition, the Royal College of Midwives, Medics in Lactation Community (MiLC) and more! Two other MPs were also in attendance.



The day began early. After a quick stop for snacks in Norfolk, my husband, daughter and I travelled for almost two hours to King's Cross. We then got the Tube to Westminster, where Jayne was waiting right opposite Big Ben. We headed round the corner to Portcullis House, a bright modern building just across the road from the Palace of Westminster.

It was a bright, sunny day when we arrived and made our way through the strict, airport-style security at the entrance. Jayne and I met up with LLL Leader Helen Gray, who was representing Lactation Consultants of Great Britain. Once she joined us, the three of us headed upstairs to find the right room.

The meeting began with an opening from Jess Brown-Fuller, who shared her own breastfeeding experiences and why she is passionate about this topic. Next, Helen Gray and Patricia Wise (Members of the WBTi UK steering group.) presented the second World Breastfeeding Trends Initiative (WBTi) UK report, published in early 2025 (covering the period 2023-2024.) You can find the full report at ***ukbreastfeeding.org/wbtiuk2024/***. It's a fascinating but sobering read that highlights how the lack of joined-up policy continues to hold back progress. The UK still has some of the lowest breastfeeding rates in the world.

The report includes 'score cards' for England, Scotland, Wales, and

L-R: Jayne Joyce (LLLGB), Emily Lunny (LLLGB), Helen Gray (WBTi), Patricia Wise (WBTi), Katie Pereira-Kotze (First Steps Nutrition)

Northern Ireland, as well as UK scores. The UK overall scored 48/100, a reduction from 50.5/100 in 2016.

England scored very poorly at 44.5/100. The ten categories include national policy, governance and funding, WHO Code legislation, maternity protection and many more. For category 9: Infant and Young Child Feeding during Emergencies, the entire UK scored zero!

There was also an analysis of pre-registration training in different areas of infant feeding, colour-coded in green, amber, and red. It showed a disappointing amount of red, meaning important topics weren't included for health visitors, paediatric nurses, paediatricians, and pharmacists. Midwives received better scores.Breastfeeding counsellors (including LLL Leaders) and International Board Certified Lactation Consultants (IBCLCs) scored much better. The IBCLCs were the only group to score green in all categories.

Following Helen and Patricia's excellent presentation, questions were welcomed from both the room and online attendees. Topics included workplace rights for breastfeeding employees, safe formula preparation, and research into how the public perceives the challenges of breastfeeding, among others.

The session concluded with closing remarks from Jess Brown-Fuller, after which we all stepped out of the room and gathered in the corridor for an informal chat and photos. It was a valuable and enlightening glimpse into the political and governance landscape surrounding breastfeeding rights and support in the UK. Real progress will require genuine political will – we hope that some of the ideas discussed during the meeting to elevate the profile of infant feeding among politicians and policymakers will begin to take root before the next report is due.

L-R: Jayne Joyce, Athena Lunny-Knight (Emily's three-year-old daughter), Emily Lunny

Editors' note

Launched in 2004, the World Breastfeeding Trends Initiative (WBTi) assists countries to benchmark progress in implementation of the Global Strategy for Infant and Young Child Feeding. It is based on the World Health Organization (WHO) tool for national assessment of policy and programmes on infant and young child feeding. The first UK WBTi assessment was published in 2016. This latest assessment was completed to determine whether any progress had been made over the last eight years.

You can find out more about the WBTi at ***worldbreastfeedingtrends.org***
You can read the report here ***https://ukbreastfeeding.org/wbtiuk2024/***

Willow's Story

By Fee Taylor, LLL Farnham

Editors' note

This is a story about a very ill baby – and the extraordinary team of women who expressed milk for her. We are very grateful to Fee for sharing Willow's story with La Leche League for **The Art of Breastfeeding, *9th edition, 2024***, *and allowing us to publish it here too. You can find a whole section on milk sharing in* The Art of Breastfeeding, *chapter 18, and many stories of milk sharing throughout the book.*

If you want to explore milk sharing as an option, we can provide information about how to do it as safely as possible.

You can find out more at ***laleche.org.uk/sharing-breastmilk/*** *and* ***llli.org/breastfeeding-info/milk-donation/***

Please note that LLL is not able to arrange or facilitate informal milk sharing.

Willow was born at 38 weeks, not breathing, APGAR 0. A flicker of a heartbeat thankfully kept the team resuscitating her. *[APGAR is the scoring system used to assess a baby's condition one and five minutes after birth. 0 is the lowest possible score]*.

I was planning to tandem breastfeed her along with her older brother, Arthur, who was about to turn two. I continued to nurse Arthur through Willow's pregnancy – things were going to get easier once I was no longer dealing with the aversion I had been experiencing every time I nursed Arthur since I became pregnant with Willow. I was going to happily tandem feed my newborn and my two year old, and they would both be fed by me for as long as they wanted.

However, that version of my life changed the day Willow was born. She suffered a brain injury at birth, which meant she didn't have many of the natural reflexes that babies are usually born with. She had no suck and no swallow, and she showed no interest in anything around her, let alone the breast. She was a very poorly little girl.

That version of my life changed the day Willow was born.

On the top of Willow's birth plan I wrote, "Do Not Give Formula!!" and thankfully, they didn't.

Willow spent her first five weeks of life in the neonatal and special care units. I didn't hold her until she was a week old, but I expressed for her from day one. I tried to replicate how often a newborn would feed, pumping next to Willow's

incubator pretty much constantly, at least every two hours. Sometimes I would 'cluster-pump' every hour to try and increase my supply. I wasn't producing as much milk as she needed by expressing; I'd never had much success with it. (Two years earlier, when Arther was three months old, I'd had to express ahead of surgery. I expressed during the night for weeks – and he drained all of it in his first bedtime feed with his Daddy, the night I was away from him!) I made flapjacks, lactation cookies using brewer's yeast, drank fennel tea, fenugreek tea, special herbal tea, and was eventually prescribed medication, which did the trick.

She needed all the breastmilk she could get.

We tried everything possible to help Willow at the breast, but it wasn't to be. She had a nasogastric tube and we were told she would eventually have a gastrostomy, an operation to allow us to feed Willow directly into her stomach via a PEG. She eventually had this at nine months old. *[PEG: Percutaneous Endoscopic Gastrostomy, surgery that enables a feeding tube to be passed into the stomach through the abdominal wall.]*

After Willow was born, while I was waiting to be transferred to the local NICU *[neonatal intensive care unit]* where Willow had been transferred earlier that morning, my friend Emily took her expressed milk to the NICU and asked for it to be given to Willow. They refused to take it, telling her they could only accept donor milk from women registered with the hospital as donors and who had a baby under three months old. Emily was neither.

Twelve incredible women pumped for Willow alongside me.

I had a very poorly baby in NICU, I had just had an emergency C-section, and my baby was being refused donor breastmilk. Mother's milk, donated breastmilk, then artificial milk – that's the order of preference for feeding my baby; for feeding any baby. My baby had suffered a brain injury, she was in an incubator

being cooled to stop her organs from shutting down, she was full of meconium, and she needed all the breastmilk she could get. When I was discharged from the maternity unit at three days, I entered the world of exclusively expressing, with top-ups from my friends added to my own stash. Friends I'd made through a local natural parenting group and through LLL.

At first I was keeping up, with donor milk added to mine occasionally. But at that tricky four-month mark, I wasn't producing as much as Willow needed and I was getting pressure from the dietitian to top up with formula. That's when the amazing Mamas in my life stepped up in the most unbelievable way and helped me nourish my baby. They continued doing so till she was over a year old. Twelve incredible women pumped for Willow alongside me, regularly. Twelve of us ensured Willow had the very best start we could give her. If breastmilk, magic milk, gold top, was everything we knew it to be, Willow's little brain was being given the best possible opportunity to survive.

I pumped between eight and ten times a day for most of that first year. Arthur was only feeding to sleep by then, but pumping while nursing became MY adventure in tandem breastfeeding. While I did my midnight pump, sitting up between Willow and Arthur in bed, my husband Paul turned into 'the milk man'. We gave our friends a special cool bag, which they would fill with their daily expressed milk for Willow and leave out on their doorstep. Paul drove to everyone's houses and collected their milk every night around midnight. Most lived 20 to 30 minutes away. When our fridge and freezer supply dwindled, we would have a 'pump party' to fill it back up again. Our children would play while we passed the pump round, each topping up the bottle as it went from Mama to Mama, starting a new one when it was full. *[Unlike formula, fresh human milk actively kills pathogens – it's amazing stuff! You can read about safe handling and storage at* ***laleche.org.uk/expressing-your-milk/****.]*

Pumping while nursing became MY adventure in tandem breastfeeding.

Paul continued his 'milk run' every night, driving our collecting bags of fresh milk while I pumped at home and looked after our babies. Willow didn't sleep much and used to choke on secretions many times a night, so we didn't sleep much either. She was also on oxygen 24 hours a day. It was a tough time, but we both felt so passionately about Willow having human milk. We really believed, and still do, that her damaged brain needed everything breastmilk could give her. Not only the immunity and perfect nourishment, but also the unknown in breastmilk.

Rhiannon, Kate, Gheila, Laura, Lillah, Amy, Sara, Nadja, Emily, Meg, Cath, Leigh, Yasmin, Eleanor, Mish and Sarah all donated milk to Willow in her first year. Some every single day for months, some a one-off. Some gave Willow 25 ml, some actual gallons, but we have them all to thank for giving Willow the start she needed.

I have to give a special mention to two extra special women who shared this journey: Rhiannon and Kate. We had been pregnant with our second babies at the same time. When these two women returned to work, they expressed not just for their own babies, but for my baby too. Then, as our babies got a bit older, they were exclusively expressing at work for Willow. Incredible women, Aussie legends, who produced phenomenal amounts of milk for Willow.

We were all supported in the best way possible throughout this time by Paula Hinson from LLL Farnham, who was there guiding and helping us with Willow from day one and every step of the journey from then on. We have so much to thank Paula for; she went above and beyond for our family and is a very special friend.

Those women became Willow's "Guidemothers". They gave their love to my little love through their milk and will always be part of her life, even those who are no longer in

it, and those who now live on the other side of the Earth!

I continued trying to help Willow latch; if nothing else, my breastmilk would deal with any bugs she might have, having recently discovered the magic of infant saliva at the nipple sending the message to a mother's body to create appropriate antibodies. I dreamt of Willow breastfeeding pretty much nightly. It hurt that she couldn't. I still have the occasional breastfeeding dream now, almost thirteen years on. *[You can find out more about 'messaging' between the baby's and nursing mother's immune systems, and other amazing properties of human milk, at* ***laleche.org.uk/amazing-milk/****]*

On the morning of her second birthday, I expressed for the last time.

I continued expressing for Willow beyond her first year. I was determined to get her to that magical two years. And I did. On the morning of her second birthday, I expressed for the last time. I'd nearly given up so often over that second half of her second year; it was really tough, and by 20 months I was only pumping three times a day. Willow was having a blended diet (real food, blended, then given via tube) and my milk had significantly reduced. I'd forget to pump, life was busy. I treated what I expressed as medicine. I kept going as long as my body kept producing anything. Then, on the morning of her second birthday, Willow had her last breastmilk, a 5 ml syringe of pure gold, magic milk, and I hung up my breast pump.

Willow is now thirteen years old. She has severe cerebral palsy: she is non-verbal, fully tube-fed, non-ambulatory. She will never walk or talk. But despite her difficulties, she rarely gets ill and she has a spark in her eyes that lights the Universe. Via all that breastmilk she received in her first two years, she carries in her the immunity and love from me, my mother, my grandmother, and also of those women who also gave her their milk, their mothers, their grandmothers. The children who shared their milk with Willow, some knowingly and some not, are part of Willow's story, too. There can't be many people in the UK, possibly the world, who have the immunity of so many women!

It is almost certainly the hardest thing I've ever done, but something I am so proud of.

I make it sound easy; it's a lovely story, but exclusively expressing for a tube-fed baby is hard, and while also looking after a toddler, even harder. It is almost certainly the hardest thing I've ever done, but something I am so proud of, and will be until the end of my days.

*[The charity Peeps HIE (****peeps-hie.org/****) support families of children who have been diagnosed with HIE, like Willow; and Thomas and Reuben (their stories follow on pages 18-19)]*

Mothers on... Sharing Milk

Editors' note

Following on from Willow's story, we asked around in the LLLGB community for other experiences of milk sharing – both as donors and recipients.

If you have milk to spare, you can find registered milk banks at ***ukamb.org/donate-milk/***

For information on informal milk sharing, see ***laleche.org.uk/sharing-breastmilk/*** *and* ***llli.org/breastfeeding-info/milk-donation/***

Please note that LLL is not able to arrange or facilitate informal milk sharing.

If you've had low milk production, we know that it can feel dispiriting to read stories from mothers who have abundant milk to spare. Every drop of your milk provides irreplaceable value to your baby. Whatever your breastfeeding challenges, we're here to help.

I'm a first-time-mum with a premature baby. Amongst the many initial challenges, I struggled to establish my milk supply.

Thanks to the generosity of other mums, my little one, like many others, was able to have a great start to life with breastmilk. These incredible mothers have inspired me greatly. I really wanted to pass on the generosity and donate too. However, I had to overcome two obstacles.

The first was easing my needle phobia for a bloodtest – fortunately, pregnancy and labour have toughened me up! The second was overcoming undersupply. The latter challenge was hard. It took me a while, with many compromises, hard work often in the early, exhausting mornings and I guess also a touch of fortune. But when I could finally express enough for donation, that feeling was unforgettable. Knowing that you can now feed breastmilk comfortably to your little one, and extending that possibility to many other little ones, is simply wonderful.

As I continue to donate, I think back often to how I felt at the beginning when I held those bottles of donor breastmilk – gratitude and a sense of relief. I am so glad that I can help to pass on that reassurance now too!

(Yue, LLL Oxfordshire)

I donated milk on and off for a year to Oxford's milk bank. My children both needed donated milk when they were born and I wanted to give back.

(Chantel, LLL Oxfordshire)

I'm currently a milk donor for the John Radcliffe hospital and so pleased that my excess milk is helping babies in need. My baby was lucky enough to receive donor milk whilst we were on the postnatal ward, as well as us receiving a lot of help from the infant feeding team at the hospital and in the community to get feeding and supply established.

My supply actually took quite a while to come in, and for at least the first month I was feeding and pumping just enough. When my supply gradually increased I knew I wanted to look into donation and it's worked really well for us. My baby is approximately fed 50:50 breast and bottles of EBM *[expressed breastmilk]*, so I am used to expressing as part of our daily routine.

I typically have "donation days" where all of my expressed milk goes into sterile bottles for donation, and my baby feeds a little more from the breast and also has milk stored in the fridge from the previous day. For anyone thinking of donating milk (or expressing a significant portion of baby's feeds). I'd really recommend

having multiple pump parts so there's less urgent washing up needed.

(Chloe, LLL Oxfordshire)

I was surprised how hard it was to find information about donating through midwives/ health visitors/NICU etc. - couldn't tell me anything! I did give some to friends who had stopped feeding, but baby was poorly, etc

(Amy, LLL Margate)

(Hannah, LLL Margate)

I chose to donate my milk because I believe that all babies have a right to human milk, if possible. Unlike blood or organs, human milk is uniquely designed specifically for transferring to another human for their health and wellbeing! Three out of my four children were premature. I got very efficient at stimulating a copious supply of milk through expressing. It was even possible to still donate 20 litres whilst tandem feeding my last two children. I have found it rewarding to share the milk of human kindness. I like to think that there are some little ones out there that were helped by my children sharing their Mama's milk.

(Hannah, LLL Oxfordshire)

I shared my milk with a local mum in London when I was exclusively pumping with my first baby. I was quite the producer and soon ran out of freezer space and there's only so many milk baths you can

Rhiannon: Me and my 'pumpling' on the day I pumped for the last time

do in a week! So I reached out to milk banks, but none were accepting donations. Then I found a peer to peer, informal milk sharing group on Facebook, and put out a request to find someone near me who needed milk who'd be interested in long-term sharing. A woman reached out saying her little one had a chronic illness and she'd love to take my extra. I shared my milk with her till I stopped pumping at around 13 months and we moved away. I'd do it again in a heartbeat. It was a privilege to help feed another baby in my community. I'll never forget them, or their part in our breastfeeding story.

(Rhiannon, LLL Margate)

Editors' note

Oxfordshire is fortunate to have had a Human Milk Bank since the early 1970s. It provides milk for the neonatal unit, and can sometimes also provide milk for babies on the postnatal ward. Many LLL Oxfordshire families have received milk from, or given milk to the milk bank – or both!

Many areas of England don't have a milk bank, so accessing or donating milk is more likely to be done informally. Scotland is much better resourced, with a national milk bank that provides donor milk to every Scottish neonatal unit.

Years before my youngest was born, I remember being shown a whole freezer full of milk at the milk bank that had been donated by a mum local to me, whose baby had been very ill in the NICU and very sadly died. I spotted her at an event once, and got to tell her how impressed I had been at the sight of all that frozen liquid love she had carefully collected for her son, which she went on to donate to other babies like hers. She burst into tears at the unexpected reminder of her dedication to pumping.

When my third baby arrived, after we worked through our initial breastfeeding challenges, I figured I could fit collecting one 100 ml bottle a day into my life. It seemed like a unique gift to make, somewhere between donating blood and donating an organ, and I knew a little goes a long way when babies are small or sick. Aside from the pride at the growing stack of bottles in my freezer, I think the best part was when the SERV blood bikers would come to collect the milk.

I never bothered with a pump, and just hand expressed. I kept it up for about five months until my baby grew too curious and mobile and tried to grab hold of the bottles. I have since heard about the concept of 'milk kinship'

Editors' note: You can read about the amazing work of SERV's volunteer bike couriers at serv-obn.org.uk

in Islam, which I had never thought about before, and I love the idea that my youngest is connected to other children somewhere out there through the milk that we shared.

(Catriana, LLL Oxfordshire)

Editors' note

You can find out more about milk kinship at ***humanmilkfoundation.org/hearts- milk-bank/milk-kinship***

Finally, we hear from two mothers, whose babies both had brain injuries. They were connected by milk donation... and by Fee, Willow's mother from the story on page 12.

You can read Nicola and Thomas's full story at ***llli.org/in-your-own-words/#Nicola***

Verity-Rose and Nicola's story

When my son was born not breathing and resuscitated for 33 minutes, we found ourselves in NICU *[the neonatal intensive care unit]* being told he had a hypoxic brain injury. I knew what that was, as I'd met Fee via LLL Farnham. I knew she had been pumping for almost two years for Willow and received milk donations from other breastfeeding mothers. I sat in NICU and decided if Fee could do it, then so could I. Our story was different, as Reuben was declared to have a safe swallow and we were able to establish direct breastfeeding. Once home, I thought about donating, but a medication I was on meant I was unable to.

I got to know Nicola via a social media group for parents with brain injury children. She was living the future that I had thought I was going to have, and was pumping milk for two years.

When I heard that she needed extra milk after Thomas's operation, I wanted to help. The boys were born days apart and their outcomes were so very different – but we were united in our

passion to give them breastmilk for the two years recommended by WHO and the NHS. We first met in person when she came to pick up the small amount of milk I'd managed to pump. I will never forget the look in her eyes of gratitude and love, despite it being what I considered a small amount (as I hadn't pumped since NICU unless I absolutely had to!). It was an absolute joy knowing I could do this small thing to support another Mama and her little boy.

(Verity-rose, LLL Southampton)

I met Verity via a Facebook group when my second son, Thomas, was born with HIE *[Hypoxic-Ischemic Encephalopathy, a type of brain damage that occurs when a baby's brain doesn't receive enough oxygen and blood flow around the time of birth]*. We bonded quickly as our babies were born just days apart and we had a mutual acquaintance, Fee, with an older HIE child. Fee had expressed for her child for two years. Fee served as inspiration to us both in the earlier days and much later on, as Thomas grew but did not gain the ability to feed orally.

Just before Thomas's second birthday, he was scheduled to have a fundoplication *[surgery for severe reflux]*, and I was warned that he might require milk feeds for up to six weeks after surgery. At that point he was on a mixed diet of expressed milk and blended food. I knew I wouldn't be able to express enough milk in advance. A number of friends offered

Fee, Nicola and Verity-rose

to help, including Verity. I met her in person for the first time after his pre-op appointment, which was near her home, and she handed me several bags of her frozen milk. I'll never forget the kindness and love bestowed on Thomas through the gift of her breastmilk, or on myself for the relief it brought me to know that he would have what he needed at one of his most vulnerable points. I'll always feel a special connection with Verity and her son Reuben.

One of the many blessings that Thomas has given me is showing me how wonderful humans can be. To this day, it still staggers me the kindness we were shown from virtual strangers, and the number of friends I made from people who saw me hurting and wanted to try and make it a little better.

(Nicola, LLL Dumfriesshire)

NEW LEADERS!

We are delighted to welcome twelve newly accredited La Leache League Leaders

Emma Roper East Cambridgeshire
Alessandra Cacace LLL Italy
Rosie Adams SE London
Lucy Ling Cambridge
Rebecca Hunt Bristol
Tabea Henselmann Chilterns
Riina Thomalainen Cambridge
Alexandra Bliss Sussex
Samantha Burgess South West London
Fran Cambridge
Francesca Bancarino Devon and Cornwall
Laura Thomas Berkshire

Wishing you all happy, satisfying years of LLL Leadership

Meet a Leader

By Freya Cripps, LLL Chilterns

Tell us about yourself

My name is Freya and I have four lovely children aged six, four, two, and three months. We home educate the older two, so life is pretty busy with four little ones running around! I have been a part of LLL Chilterns since moving to Buckinghamshire last year, but have attended meetings as a mother since my first child was a few weeks old. My baby had issues with weight gain, and I attended meetings in Sussex with the wonderful Sue Upstone, LLL Leader. Since completing the Leader Accreditation pathway, I have joined the equally wonderful Sophia Berman (Leader in LLL Chilterns) in supporting families in and around High Wycombe.

What does breastfeeding mean to you?

It's hard to say in a few words how important breastfeeding is to me, my children, and my family. Feeding my eldest came with challenges, as he had a tongue tie, was slow to gain weight, and showed a preference for bottles when I returned to work at seven months. My four-year-old has recently weaned and my two-year-old is still nursing. Breastfeeding helps us navigate many of the ups and downs of toddlerhood, as well as continuing to provide nourishment.

It's hard to say in a few words how important breastfeeding is to me, my children, and my family.

My four-year-old, who went through a phase of very selective eating, hugely benefited from regular breastfeeds. I used to call him my 'sunshine baby', because some days it felt like sunshine was the only thing keeping him going, apart from milk!

Tandem feeding my second and third children, and now my third and fourth, has helped make the transition of welcoming a new sibling much

easier. I love how breastfeeding effortlessly addresses so many needs – hunger, thirst, overwhelm, and tiredness – and makes my parenting journey much smoother.

How did you come across LLL?

While I first encountered LLL because I was looking for information, I went on to find support and reassurance as a mother feeding an "older" baby. Unfortunately, natural weaning doesn't seem to occur much in my circles.

You've recently become a Leader – how did the process work?

I decided to become a Leader because I wanted to offer the same support I had received, as a new mother and as my parenting journey has evolved over the years.

I had already begun the process to become a Leader and had progressed through a couple of sections. I was finding it hard to maintain momentum so I was pleased to be accepted onto the accreditation pathway, which enabled

me to complete the work required to become a Leader in ten weeks. There was a great balance of work before and during the sessions, which lasted a couple of hours each week. This broke it down into manageable chunks. I loved the community aspect that kept me motivated to keep moving forwards. We had a WhatsApp community, with a section for asking questions of the facilitators, a section for our weekly work, and one for general chat. It truly felt like teamwork, and I benefited from the support in moving forward with others.

I love facilitating mother-to-mother support, as well as sharing what I've learnt

What will you be doing as a Leader?

I was keen to get stuck in right away with leading meetings, but the timing of my last baby's arrival meant that I missed the first two monthly meetings! I love facilitating mother-to-mother support, as well as sharing what I've learnt during the accreditation pathway. Sophia and I have been discussing plans for the future of our group and how we can grow our offering. I'm an admin on our local LLL Facebook group, where mothers can share their queries, and am keen to get involved with helpforms [email helping] and our Callback service as well.

[Editors' note: You can find out about all the different ways you can get support from LLLGB at laleche.org.uk/get-support]

What would you say to someone who was thinking about becoming a Leader?

For someone who is keen to get involved with LLL life, I would say GO FOR IT! There are so many different things you can do according to your skills and interests, and it's really rewarding. People talk about how "it takes a village to raise a child" and unfortunately in today's society people don't always have access to that support. LLL can form part of your village and is full of kind and considerate people who truly care.

Are you interested in becoming an LLL Leader?

LLL Leaders are breastfeeding counsellors and group facilitators. Our accreditation process is international – once accredited, you can volunteer with LLL anywhere in the world.

Check out the information at ***laleche.org.uk/thinking-about-lll-leadership/*** *and talk to your local Leader, or contact* ***applicationenquiries@laleche.org.uk****.*

You can find a series of short videos outlining the accreditation (training) process at ***llli.org/get-involved/steps-to-accreditation/***

There was a longer piece about the 10 week accreditation pathway, a new way to prepare for Leadership, in the last edition of Breastfeeding Matters*. Our next 10 week pathway is due to begin in September.*

Loving with every fibre of my being

By Catherine Bligh, LLL Cambridge

It was a pregnancy of two halves. The first half, up until the 20-week anomaly scan, was filled with immense trepidation, because my first pregnancy had ended shortly after the anomaly scan revealed that my little boy had severe congenital heart defects. Although everybody assured me it was a complete fluke, just one of those horrible things, I was obviously very anxious about my second pregnancy. They offered me an early cardiac screening scan, at 18 weeks, which reassured me immensely, and the 20-week scan was absolutely fine.

After that, I was like a different person! I really felt able to enjoy being pregnant, and look forward to everything that lay ahead of me. It wasn't entirely straightforward, even so – I definitely didn't enjoy the pregnancy-induced sciatica that left me unable to walk for four or five weeks, until Elizabeth finally turned head down and moved off my sciatic nerve! And goodness me, it was hard work being pregnant in June and July, in the heat. By the beginning of August and her due date, I was well and truly ready for her to come out.

I'd hoped for a vaginal delivery, with the delights of gas and air. However, Elizabeth had other ideas. She turned breech three days before my delivery date, and refused to turn when they tried to manually turn her. I opted for a C-section at that point. I was hot, I was tired, and I didn't want the double whammy

of labour and then having to have a C-section anyway. I was worried about the recovery and how I would cope, because I have ME, which means recovery from physical exertion takes longer, and usually leaves me feeling worse in the meantime than a healthy person. *[ME, or Myalgic Encephalomyelitis, is a chronic, complex illness sometimes also known as Chronic Fatigue Syndrome (CFS).]*

So it was an 'unplanned planned C-section' – planned the day before it happened, as I joked to the medical team! They were fantastic, especially the anaesthetist, who talked me through everything that was happening.

Breastfeeding Elizabeth was the greatest challenge of the early days. More challenging even than the lack of sleep! I think I could have coped with that if only breastfeeding had been easy, but it wasn't. From the very beginning, she seemed to struggle to latch. In the hospital, midwife after midwife told me it would take time, that we were both learning a new skill.

But Elizabeth was losing weight, so they had to add in formula top-ups, which upset me immensely even though I understood it was necessary. She was labelled a 'reluctant feeder',

which didn't make sense to me – she was perfectly happy to feed from a syringe, then a cup, then a bottle; she just didn't seem able to feed from me! On day five, a senior midwife came in and agreed with me, and let us go home, but there was no suggestion of any ongoing support, or any idea of what might be making it so hard for Elizabeth to feed.

Fortunately a very good friend of mine connected me with a local breastfeeding supporter. She came to my home on day eight, and very quickly commented that Elizabeth's face and neck seemed to be quite lopsided, her muscles contracted on one side. It meant that Elizabeth couldn't open her mouth wide enough to get a good latch, so was getting very little milk for a great deal of effort. It made sense to me, because although Elizabeth hadn't been breech for long, she had been sideways in the womb, facing my right hand side and lodging her feet in the right side of my rib cage! Presumably that meant that her head had been tilted to one side, giving her essentially a prolonged crick in the neck.

My breastfeeding supporter helped me sort out a properly fitting pump, and suggested several positions to try. I hadn't known that what I was doing had a name – 'triple feeding' – but I did this day and night for about two weeks.

Then, in tears and about ready to give up, she suggested I stop trying to breastfeed overnight and just pump and bottle-feed, because something had to give. She also suggested hands-free pumping, which I did by getting some cheap sports bras and cutting holes in the cups at the right point for the pump flanges. Hands-free meant I could hold Elizabeth, once I was set up to pump, which was essential when at about four weeks she decided that no, she would not be put down in her Moses basket… She's as stubborn as her grandmother was. And honestly, as stubborn as her mother as well.

I missed my mother intensely in the early, hard days.

I missed my mother intensely in the early, hard days. She died in December 2020, after years of deteriorating health and increasing debility. In the end her body just gave out, aged 64 –

Catherine as a baby, with her mother

she'd been through too much. But she'd been through more than many people would have survived, and I don't think I will ever know anybody as strong as her. She was a single parent like me, and I wish every single day that she could be here to watch Elizabeth grow and develop.

I want to be able to tell her about the moment Elizabeth started smiling at me, or learned to clap, and I want to share how much I love Elizabeth with every fibre of my being, just like I know my mum loved me with every fibre of her being. But if Mum was still here, I don't think Elizabeth would be, because I lived with Mum and helped to care for her; it wouldn't have been possible for me to go through IVF and have a child.

I went to my first meeting when Elizabeth was about a month old.

Cranial osteopathy helped Elizabeth. By week seven, she could feed from both breasts in the cradle position (which was easiest for us both), and I was only pumping overnight because I was nervous about trying and failing to feed her when we were both tired. By week nine, I packed away my pump for good. Such a relief! And such an incredible feeling. I love breastfeeding her now. The closeness, the connection, is all I had hoped for and greater than I could have imagined.

Meanwhile, the breastfeeding counsellor had pointed out that LLL Cambridge meets once a month just around the corner from me and

suggested I would find a warm welcome and lots of support there. I went to my first meeting when Elizabeth was about a month old. We went around the room introducing ourselves, and when I said I was triple feeding, there were lots of empathetic nods all around. When I said I was a single, disabled mother, I think everybody there told me I was doing incredibly, which, honestly, I needed to hear at that point, because I was so low and exhausted.

I feel very lucky to have a 'village' around me.

Since then I've gone back every month. Even if I'm not having problems, it's such a supportive environment to be in, with other breastfeeding people who share the same sort of values and ethos that I do. I feel so positive about continuing to breastfeed for as long as Elizabeth and I want to, having seen people at the group who are still breastfeeding children aged three, four or even five.

I feel very lucky to have a 'village' around me. As a disabled person, I need support with various everyday living tasks, and that's not changed now I have a little one to look after! I have care assistants most days to help with meal prep, laundry, and keeping on top of basic housework. Sweeping the floor has become much more essential than it was before Elizabeth was mobile! I'm very lucky that my assistants have all become like family to me; one of them has been with me for ten years, and worked with my mum as well. Sometimes coming in to care for me will mean them looking after Elizabeth for half an hour while I go and lie down or have a bath, sometimes it's taking us out for a trip somewhere, and often it involves me proudly sharing Elizabeth's latest activity.

I have other friends close by as well, many of whom helped immensely in the early days by doing big batch cooks for me, so I didn't have to do any cooking at all (or even much thinking about food) for at least the first three months of Elizabeth's life. In terms of family, it's really just me and my brother, and he lives a two-hour drive away. But he came to stay for the first month, in those hardest early days of triple feeding, and he's always on the end of the phone if I need him. He's a great uncle, and Elizabeth lights up whenever she hears his voice or sees him on the phone.

Now Elizabeth has some teeth, there are a few challenges: I've had a couple of nips that I would rather not have repeated, and sometimes I can feel the teeth there and get a little wary! But it remains just amazing. It comforts her, it helps her sleep, it helps her when she's under the weather… and it means I can eat whatever I like without worrying about the calories, which, let's face it, is definitely an added bonus.

I was so determined to get breastfeeding going well, not least because dealing with bottles, formula, and sterilising was absolutely exhausting for me, and I knew it wasn't sustainable going forwards. I'm so proud of how hard I worked at it, and so thankful to everyone who helped me – whether directly, about breastfeeding, or indirectly, with meal help and short babysits so I could rest between cycles of breast, bottle, and pump.

Every time Elizabeth feeds, I remember how hard it was to begin with and am absolutely bowled over with how wonderful it is now. I'm sure there will be ups and downs over the next few years, but for now, with a year's breastfeeding 'under our belts', Elizabeth and I are both happy, confident, and contented in our little world together.

Equality

By Catherine Harper, LLL Oxfordshire

One of my first thoughts when I found out I was pregnant with my second was about equality. How will I treat both my children equally? Will I have enough time? Enough love? Enough of me to share?

The thing I didn't doubt about myself was breastfeeding her. My feeding experience with my first (extended into toddlerhood) meant I felt confident I would be able to do that again. Breastfeeding him started as a challenge, but over time became the most natural thing ever. A dyad in total synchronicity. We naturally, peacefully weaned during pregnancy when my milk dried up (dry nursing for me, ouch!).

Then along she came, perfect, tiny, and hungry! She latched beautifully, still in the operating theatre after my C-section. I had none of the doubts I had with my first. I knew I could do this. My milk would come, and it would be okay. And It was. Those early foggy, hazy, milky nights and days came and went.

But then came the aversion. About nine weeks in, it first started. My skin started to feel itchy at the thought, my brain reluctant, my body didn't want to move towards her. "It's hard," I told myself, "not enough sleep", "maybe I'm coming down with something,", "maybe it's my hormones". But the feelings persisted. My toddler was having a hard time adapting to big brotherhood for sure. Big feelings, for all in our house: mine, his, hers, all day, every day. It was all exhausting. The more exhausted I was, the worse the aversion got.

So to cope, I started to pump and bottle-feed her expressed milk. It felt odd to me; it wasn't like it was with him. I was holding her, I could have latched her on, but instead, for a while, I chose to bottle-feed. Latching her on mainly at night. "Keep the milk flowing", "the feeling will pass". "Today is a hard day; never quit on a hard day."

I had so much 'support' around me, my husband cheering me on, "you can do this, you fed him for years, you've got this". But that support felt like pressure. Invisible pressure. So

I stopped talking about it. Didn't mention it to friends, they all had that lovely soft milky look on their faces when I saw them feed. My look was a clenched jaw. A phone in hand to distract me. A book. Anything to not have to be in the moment. This will pass.

But pass it didn't, it came in waves, sometimes better, sometimes worse. So I set myself targets. Six months, you can do six months. You can do this, telling myself like I tell my kids, "You can do hard things". Six months soon became nine. You've done nine now, might as well make it 12. As of today, 12 is now nearly 18.

I spoke about it at an LLL meeting. I cried. "Aversion often comes when you're pouring from an empty cup", the Leader said. Oh boy, did my cup feel empty.

So I tried to fill my cup. I taught her to sign please and thank you from an early stage, to make asking for milk more of a request, less of a demand. I heard talk at meetings of breastfeeding manners – if nothing else, this girl's breastfeeding manners are impeccable! That helped a little for sure. Night weaning helped significantly. But some days, it's still just gritting my teeth.

Continued on page 27...

In memory of Naomi Stadlen

By Anna Burbidge, LLL Market Harborough

It was with much sadness that La Leche League GB learnt of the death of Naomi Stadlen on June 6th, 2025. Naomi became an LLL Leader in 1990, ran meetings in Central London, and edited *LLLGB News*, our members' newsletter (forerunner of *Breastfeeding Matters*) from 1994-2000.

Naomi first discovered LLL in 1971 when she was newly pregnant. She found an early edition of *The Womanly Art of Breastfeeding* in a library in Swiss Cottage, London. She said the friendly information and encouraging tone of the book reassured her that she would be able to breastfeed.

After becoming a mother, she trained firstly as a breastfeeding counsellor for the NCT, then the Active Birth Centre. Naomi reconnected with LLL in 1989. She recalled how, when she was asked if she agreed with the LLL Concepts she said she wished she had written them! She felt "mothering through breastfeeding" encapsulated the essential work of mothers.

As well as accrediting as a Leader in 1990 and running LLL Central London, Naomi was asked by the Founder of the Active Birth Centre to hold open discussion meetings for mothers and babies, which she called *Mothers Talking*.

She decided to train as a general counsellor

LLLI's 50th Anniversary Conference, Chicago, 2007. L-R: Naomi, Nancy Mohrbacher (LLL USA), Anna Burbidge (LLLGB), Diane Weissinger (LLL USA)

specialising in mothers, and sometimes couples who were parents. Then she went on to teach counselling and psychotherapy at several London colleges, creating a unique course called "The Psychology of Motherly Love".

Naomi would sometimes take breastfeeding mothers to the National Gallery and give them a tour of paintings featuring mothers and babies. During her time as Editor of *LLLGB News,* she chose artwork featuring children and their mothers, usually breastfeeding, for the front covers.

As a new mother, Naomi had realised that mothering is not always easy, and that women often feel something is wrong with them if they find it hard. As she listened to women talking about their lives and experiences, she saw that mothers often felt categorised by their choices and cut off from those who had chosen differently.

She realised that while all stories were unique, they formed part of larger patterns with underlying common themes.

She understood that often mothers didn't value what they did or feel important, and decided to write her first book, *What Mothers Do – especially when it looks like nothing*, which was published in 2004. She wanted to show the wide scope of women's experiences and

Continued from page 25...

So if I'm still gritting my teeth, why am I still doing it? Because I still view breastfeeding as a good. Do I enjoy going to the gym? No, but it's good for me. Do I enjoy breastfeeding? No, but it's good for her. It's nutritious, it's comfort, it's security, it's attachment, it's regulating. And also for me, it's about equality, I will give both of them what I view as the best start. So I'm giving myself, and I'm giving my milk. Freely given, with love (and some days with a grimace).

How much longer will I feed her for? I don't know, but I'm not going to make a decision about it on a bad day or in a bad week. So, we go on.

Editors' note

However you feel about breastfeeding, LLL Leaders are here to listen. You can find more information about breastfeeding aversion at ***laleche.org.uk/dont-enjoy-breastfeeding/*** *and in the book* When Breastfeeding Sucks: what you need to know about nursing aversion and agitation *(Yainab Yate, 2020), available from the LLLGB Shop.*

LLLGB Conference, Coventry, 2011. L-R: Sally Gayton, Naomi, Anna Burbidge, Paula Hinson, Barb Shepherd, Ivanka Lennon, Helen Butler

provide much needed encouragement and understanding.

Naomi went on to write *How Mothers Love – and how relationships are born* (2011), *What Mothers Learn – without being taught* (2020) and *Why Grandmothers Matter* (2023). She started a Grandmothers Talking discussion group too.

Due to ill-health, Naomi reluctantly closed her LLL and discussion groups, but she was determined to start another book covering a topic that she found fascinating; the feud between Elizabeth Gaskell and Florence Nightingale over mothering practices. She achieved her wish and was able to see the finished result at the very end of her life. *The Grand Quarrel – Elizabeth Gaskell, Florence Nightingale and mothers today* was published posthumously on 26th June 2025.

I knew Naomi for many years, as we worked in LLL's Publications Department together. She took me on her National Gallery Tour and, as fellow night owls, we often had late night/early morning chats. After one of our discussions about our experiences as grandmothers, she decided to talk and write about that role, going on to publish *Why Grandmothers Matter*.

Naomi had a great ability to listen to the things others were saying, consider them, and understand. Her often quiet, calm manner was coupled with strength and determination to speak out for the things she believed in. She did so much to support women and confirm the importance of their role as mothers, which she felt was so often denigrated.

Naomi wanted all mothers to feel validated; in her words "Motherhood is not a competition. There's room for every one of us. Motherhood is huge".

And so, Naomi, was your contribution to the world of mothering, which will live on for future generations.

La Leche League Philosophy

- Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.
- Human milk is the natural food for babies, uniquely meeting their changing needs.
- Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.
- Mother and baby need to be together early and often to establish a satisfying breastfeeding relationship and reliable milk production.
- Breastfeeding is enhanced by the loving support of the baby's father, a co-parent, a partner, and/or close family members who value the breastfeeding relationship.
- In the early years, the baby has an intense need to be with his mother, which is as basic as his need for food.
- For the healthy, full-term baby, human milk is the only food necessary until the baby shows signs of readiness for complementary foods, about the middle of the first year after birth.
- Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.
- Ideally, the breastfeeding relationship will continue until the child outgrows the need.
- From infancy on, children need loving guidance, which reflects acceptance of their capabilities and sensitivity to their feelings.

La Leche League GB
mother-to-mother support for breastfeeding