

# BREASTFEEDING

# MATTERS

March / April 2026

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Breastfeeding and  
neurodiversity

Breaking cultural  
barriers

Our IVF and  
breastfeeding  
journey



La Leche League GB



#272



# La Leche League GB

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## Breastfeeding Matters

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## 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 share with us, please use our form:

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# Editors' Letter

## *Welcome to Breastfeeding Matters!*

Welcome to the March/April edition of Breastfeeding Matters.

With spring in the air, this issue is full of energy and inspiration. Lucy shares a powerful story of IVF and determination, while Shoko reflects on returning to the martial arts studio after birth. And Ciara quite literally leaps into action, throwing herself out of a plane in support of LLLGB!

To mark Autism Acceptance Month in April, Nico, Stevie, and Emily offer thoughtful reflections on breastfeeding and neurodiversity. Yue and Amber explore how family expectations and national culture shape a mother's breastfeeding experience, while Cat reflects on what reading the stories in Breastfeeding Matters has taught her about the strength of mothers. Karla has transformed her own breastfeeding struggles into art — we share the story behind her show Niplash, along with a review.

We hope you enjoy this issue and find something here that resonates with you, enables you to support someone else with breastfeeding, or simply reminds you that you're not alone.

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**

Nico Matthews

Read Nico's story on page 20



## Calling all Healthcare Professionals and Breastfeeding Supporters

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La Leche League GB

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If you are wondering about what becoming a Leader involves, scan the QR code or talk to your local LLL Leader.



La Leche League GB



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*Thank you so much for your support.*

# Our IVF and breastfeeding journey

By Lucy Bilbrough, LLL Shipley, West Yorkshire

We had been trying to start a family for nearly five years when my husband suddenly fell ill and we rushed him to A&E. It turned out he had a tumour the size of a fist, which had perforated his small intestine; it was a ticking time bomb. I was sent home, while he had more scans and was told he would likely never eat normally again. They operated that night, and managed to remove it all and rejoin his intestine. He was in hospital for nearly two weeks, but thankfully made a full recovery. We had a worrying wait to find out what the tumour was – it turned out to be a rare sarcoma, but not cancerous. Whilst this was a huge relief, it made us question if we really had what we wanted in life.

This was the motivation we needed to get some fertility tests done. Unfortunately, we were told that we couldn't conceive naturally, but it was possible with some help – so we began the process of IVF. We went private, because the NHS waiting time was over two years. Alongside this, my husband had further tests to understand the cause of his tumour. Just as our first round of IVF began, we got the devastating news that my husband had early stage 3 bowel cancer. We had already had the egg retrieval, so we decided to go ahead with a transfer on the basis that they expected him to make a full recovery.

We got pregnant! We thought it was the light at the end of the tunnel, a blessing during a tough time. However, during the six-week scan, we had shocking news that no heartbeat could be found. It was a missed miscarriage, and we had to go to the hospital to end the pregnancy. Hours sat waiting for tests led to a further week of waiting, wondering if someone had got it wrong. But they hadn't. We were heartbroken.

My husband began his treatment: three rounds of chemo, major surgery to remove a section of his large bowel, and three more rounds of chemo. It was brutal. We tried a frozen embryo transfer between treatments, but this didn't work. We were starting to accept that this might never happen for us.



*Credit: Meagan Sarah Photography*

During the final rounds of chemo, we had another frozen transfer; our second-to-last embryo. This time it felt different. The embryologist said the thawing process had gone so well that the embryo had gone up a grade. The doctor who did the transfer had classical music on in theatre, which made the procedure much more relaxing. I had a good feeling. In the days following, my husband had his last chemo as we waited the dreaded two weeks to find out if it was successful.

**I knew I needed an outlet for my feelings after what had been the hardest 18 months of my life.**

It worked! We were pregnant again, we couldn't believe it. Then the anxiety set in, big time. After the six-week scan showed a heartbeat, we immediately signed up with a pregnancy and wellness clinic in Harrogate. Regular scans, regular midwife appointments, 24/7 support, and always the same people. This would turn out to be my best decision. I knew I needed an outlet for my feelings after what had been the hardest 18 months of my life.

The pregnancy was unremarkable and despite a nauseating first trimester, I felt amazing

throughout. Our baby was measuring big on the third trimester growth scans, but since the worry had always been that they might be small because of IVF, I didn't feel concerned. My anxiety reduced as the pregnancy progressed and we were excited to meet our baby.

**It was something my mum did for me and I was determined to do it for our daughter.**

I was determined to have a natural-as-possible birth, but I had accepted that if it didn't go my way, the only thing I wouldn't compromise on was breastfeeding. In preparation for starting a family, I had looked after my nutrition and learned about the benefits of breastfeeding. It was something my mum had done for me and I was determined to do it for our daughter.

I was advised to have an induction at 39 weeks due to the baby's size. We decided to wait a week or two, and I had acupuncture and did a lot of walking! We went into the hospital to get checks done, but after waiting outside for 90 minutes due to a bomb scare on the ward,

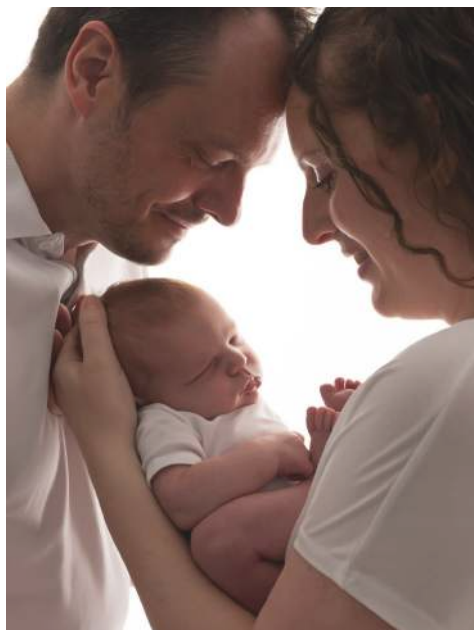


we decided another few days wouldn't be a problem.

I had managed to start collecting colostrum at 37 weeks, and decided to make it a daily ritual, in case I needed it. By the time I gave birth, I had well over 100ml.

I accepted an induction at just over 40 weeks. We went in for the first part of the process only to find out that my cervix was already favourable and I could have my waters broken. Labour didn't start naturally after this, so I reluctantly accepted a drip. I laboured for several hours with a TENS machine, then added gas and air, but once the drip got too much I requested an epidural. Whilst this numbed the pain, I began to shake a lot and was sick several times. But eventually I was fully dilated and ready to push. I pushed for 15 minutes, was told I needed forceps, and was prepped for theatre. Both my sister and mum had had forceps with their first babies, so I wasn't too worried. In theatre they tried forceps once and advised I'd need a C-section. I was petrified that my baby wasn't okay. I had lost 1,595ml of blood and had an infection. I later learned that the infection could have been worse had the team not acted so quickly.

At 11:52, India Erin was born at a whopping 10lb 1oz. I was still shaking violently and was gutted that I couldn't have immediate skin-to-skin, but she was okay. When we arrived onto the recovery ward, I tried to feed India, with little success, so as soon as we moved to the postnatal ward I asked for support from the



*Credit: Meagan Sarah Photography*

midwives. The midwives helped each time I fed, but made comments about her 'dropping her latch'. They gave me nipple shields to help. Not thinking much of it, we continued as we were and gave India the colostrum I'd expressed, alongside breastfeeding.

We went home the following day and the reality of a newborn started to set in. Feeding continued to be difficult, but I thought it was just normal. Our colostrum stash quickly ran low, so I hand expressed. India was also not sleeping anywhere but on us, or propped up in bed – even changing her nappy caused her to be sick. I'd been told she needed to sleep in her crib to be safe, so we spent most nights taking shifts with her sleeping on our chests.

The routine midwife visit after a couple of days brought the news that India had lost 11.4% of her birth weight. We were put on a feeding



plan, which said we had to 'top up' every feed. Hand expressing was taking its toll. My milk only came in on day five – I was behind due to the blood loss. One night, as I expressed, I fell asleep holding the container and spilled it all.

We had further visits from the feeding team. India had gained weight, so they told us to reduce the top-ups, and we thought it was all sorted. Within three days, though, India's weight had plateaued, and I had terrible nipple trauma. One day, India vomited red sick, and I realised this was blood from one of my nipples. Feeds sometimes took hours, and I just didn't heal. I dreaded every feed and cried through each one. My husband gave India the top-ups so I could have a break. I usually just sobbed.

That night, I researched formula. My private midwife, who had been visiting us to provide emotional support, suggested I see a lactation consultant first. We managed to set up a call the following day, and went to see her the day after.

The lactation consultant immediately said that India had 'disorganised oral function', which was likely due to tension from the birth, and a potential tongue tie. India clearly had a preference for one side and struggled to turn her head both ways. We booked in with an osteopath to help resolve the tension. We were put on a feeding plan which included breastfeeding, topping up using a nursing supplementer, and pumping 30 minutes later, every three hours.

### **Editors' note**

*Collecting **colostrum** (early milk) towards the end of pregnancy can help you get to know your breasts, and build your confidence. As Lucy found, stored colostrum can come in handy if it takes a while to get started with breastfeeding. You can find out more at [laleche.org.uk/antenatal-expression-of-colostrum/](http://laleche.org.uk/antenatal-expression-of-colostrum/)*

***Nipple shields** (a flexible layer of silicone placed over the nipple) can help babies with sucking difficulties to latch and stay on the breast. If you need to use them, it's helpful to work with a breastfeeding supporter. More on shields here: [laleche.org.uk/nipple-shields/](http://laleche.org.uk/nipple-shields/)*

*A **nursing supplementer** enables you to feed your baby extra milk (through a tube placed next to your nipple) while you breastfeed. It can be a very useful tool while working on early breastfeeding issues, or long term, for mothers with a partial milk supply. You can read about supplementers at [laleche.org.uk/nursing-supplementers/](http://laleche.org.uk/nursing-supplementers/)*

*You can read about **nipple vasospasm and Raynaud's** at [laleche.org.uk/nipple-pain/](http://laleche.org.uk/nipple-pain/)*

*Whatever your breastfeeding challenges, we're here to help.*

We did this for three weeks and it was brutal. The ‘feed, wait, and pump’ was often a 1.5-2 hour cycle, so the only sleep or activity window was one hour at a time – and that was only if India didn’t need anything else. Whilst there was improvement to my supply and I could now easily pump the top-ups, my nipple trauma was not improving. I was very reluctant to leave the house, especially if it was for more than an hour. I needed my husband to do the top-ups as I was overwhelmed; each time he left the house, I would panic until he got home. Most nights, I would cry for hours with the pain. I felt like I’d failed. This wasn’t what motherhood was supposed to be like.

We were advised to use nipple shields to allow us to continue breastfeeding and allow my nipples to heal. Over the next two to three weeks, we managed to reduce top-ups and pumping, which gave us some more freedom. A return to the lactation consultant showed that the osteopathy had helped, but we weren’t even close to being sorted. I found a second osteopath, and with this treatment India could tolerate being on her back, but I still couldn’t feed without shields.



five to seven minutes a session. After further help from a lactation consultant, I was able to feed lying down in bed, which was a game-changer. She also saw that I had Raynaud’s of the nipple [a painful condition where blood vessels constrict] and helped me reduce the pain from this. Slowly but surely, we dropped the shields. At 15 weeks we were finally shield-free! The freedom felt amazing.

Now that India is six months old, breastfeeding feels completely natural. It’s hard to believe how far we’ve come. We’re navigating teething, starting solids, and I’m returning to work, but feeding her no longer feels fragile or complicated – it’s just part of our everyday life. I breastfeed wherever we need to, without barriers or fear, something I never imagined would be possible in those early weeks.

### **I breastfeed wherever we need to, without barriers or fear.**

I felt lost – this nightmare would never be over. I didn’t feel I was developing a bond, and breastfeeding was not wonderful, like I’d read it would be. I posted on the La Leche League Facebook group asking if anyone had been through a similar journey and seen success. Immediately, Kate, an LLL Leader, picked up my message and we began speaking. Kate gave me so much hope. She also reassured me that bedsharing (which we were doing for survival) was not only okay but a great way to care for and connect with your baby. I joined the local WhatsApp support group and learned that I wasn’t alone. I also picked up so much knowledge from other people’s questions.

It turned out India had a posterior tongue tie. This was released, and we saw a third osteopath, specialising in babies, who worked wonders. Feeds went down from 40 minutes to

### **Asking for help is not a weakness – it’s often the turning point.**

More than anything, this journey has changed how I see myself. I feel proud, empowered, and deeply grateful that I didn’t give up when everything felt impossible. I needed professional support, peer support, and reassurance, again and again. If there’s one thing I’ve learned, it’s that asking for help is not a weakness – it’s often the turning point.

# Breastfeeding my autistic child

By Emily Lunny, LLL West Norfolk

Breastfeeding my autistic child was one of the most intense, yet positive experiences of my life.

Breastfeeding began easily – Aurora latched on and cluster-fed the evenings away while we both recovered from a traumatic birth. She fed very often; I noticed early on that she always wanted to be latched on if she was with me. This had many benefits. I was able to sit and rest while she fed in all the weird and wonderful toddler feeding positions! It did have challenges, when I needed to do things that didn't involve having a baby attached, but I adapted by wearing her in a sling.

I first suspected she was autistic when she was around 15 months old. Maybe I would have suspected it earlier if she had not been my first child, but when I read a screening questionnaire I suddenly realised Aurora wasn't showing the behaviours and development of a neurotypical child.

I consulted my two best LLL friends and, to my surprise, they had both noticed Aurora seemed a little different, but gave me lots of helpful information. I decided to have Aurora assessed as she was showing many of the signs of autism, and at 20 months she received the diagnosis, which felt like no surprise.

We continued as we had before, because a diagnosis of autism doesn't change your child. Aurora started stimming [repetitive movements or sounds used to self-regulate, reduce anxiety, or manage sensory overload] whenever her emotions were heightened. Breastfeeding helped, as she would relax her entire body after latching, which relaxed the stimming, letting her snuggle up and rest.

Aurora's behaviour became very challenging too; she would try to run away and she would also get very upset in busy or enclosed spaces. Breastfeeding again became an excellent coping strategy. Aurora would sit in her sling and latch on, keeping one eye open, calmly watching what was going on outside her very safe and enclosed sling space. This



was a massive difference to how Aurora would struggle and become very distressed when we tried going out without the sling.

Aurora struggled to cope in other environments too, as she had no form of reliable communication due to not understanding Makaton (sign language) or PECS (Picture Exchange Communication), so she would become very frustrated whilst struggling to get her needs and wants heard. Meltdowns could be calmed and emotions reset with a feed and a cuddle, letting us return to the situation more calmly.

Another major issue, which is a common one for many autistic children, is food. ARFID [avoidant/restrictive food intake disorder] is a common coexisting condition, an eating disorder based on sensory issues rather than body image. Essentially, a child with ARFID or other sensory-based eating (and sometimes drinking) issues may struggle to eat enough food to sustain themselves, with some children ending up being fed by a nasogastric tube. The magic of breastfeeding means the child can continue to sustain themselves, and breastfeeding has prevented hospital admissions for my child.

Even at the age of five, during a particularly difficult eating period, Aurora managed to sustain herself fully on breastmilk for a short time, to the delight of her dieticians who were very happy that she was still able to breastfeed. Of course, a child over six months needs complementary foods, but breastfeeding can provide a lifeline during extraordinary times.

One of the most difficult issues I experienced was only experienced by me, rather than shared with my child. I began to suffer from nursing aversion when Aurora was around three years old, whilst tandem feeding with her younger sister. One of the best coping strategies was imagining I was feeding a newborn, which worked surprisingly well! But I needed to limit feeds sometimes, and the commonly suggested tactics of delaying feeds by explaining to your toddler that they can feed in ten minutes, or after snack time, or only whilst you count down from twenty, don't work with a child who cannot understand you due to their communication difficulties.

Distraction was the best (and only) tactic to limit feeding when I was struggling with aversion. I avoided places where we would usually sit to feed, or we played with Aurora's favourite toys, like bubbles and splashing in the sink.

*Emily is a neurodivergent LLL Leader, lactation consultant (IBCLC), and PhD student. She lives in Norfolk with her partner and four children.*

*Emily's book Breastfeeding, Autism and ADHD (2025) is available from the LLLGB Shop.*

*Extracts from Emily's story were first published in The Art of Breastfeeding, 9th edition (La Leche League International, 2024).*

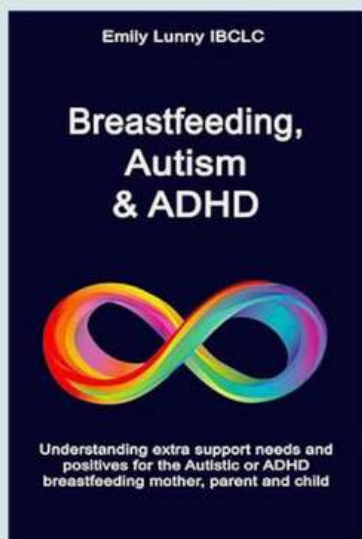
*Always follow safety guidance when wearing and breastfeeding a baby in a sling.*

Aurora is now ten years old and attends a specialist school. She has severe learning difficulties and still doesn't speak. She is very confident, smiley, and loves to cuddle. I never imagined when I was pregnant with my first child that I would have breastfed for as long as we did, but I'm so glad we did as it became my best parenting tool and a lifeline for my special needs child.



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## Breastfeeding, Autism & ADHD

Emily Lunny's book is an easy to read summary of the positives and challenges of breastfeeding for autistic and ADHD women and people, and those breastfeeding an autistic child. Emily is an LLL Leader, IBCLC, autistic mother and mother to autistic children.

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# Breaking cultural barriers

By Amber Anjum, East London

Motherhood was never something I pictured for myself. I didn't dream about marriage or children. I loved playing sports, valued my independence, and often moved through life as a lone wolf. I was outgoing and sociable, but deep down, I was fiercely self-reliant.

Both my husband, Az, and I grew up in fractured families, where love often felt conditional and children weren't always cherished. Because of that, neither of us had ever imagined ourselves becoming parents. It simply hadn't been part of the story we had seen for our lives.

Everything shifted when I met Az at church and fell in love. What I had never longed for before slowly began to feel natural. Marriage felt right. Building a life together felt right. And over time, the idea of having children no longer seemed foreign – it became a gentle, beautiful progression of our love.

Unexpectedly, after five years of marriage, the chance to have children was almost taken from us. And then everything changed the day we lost our first baby.

## Birth as Reclaiming – Ariela

Because of my ectopic pregnancy and emergency surgery, I carried a deep fear that my body was fragile – broken, unreliable. I was terrified of being cut open again. That fear is what led me to choose a home birth.

At 29 weeks, I transferred to the homebirth team. Every appointment after that happened in my home – blood tests, checks, conversations. They made me feel safe, listened to, respected. My body was no longer something to fear. It became something to trust.

Labour began in the early hours of 27th April 2023. Soft period-like pains at first, a quiet knowing that something had started. By morning I was breathing through contractions, moving between the sofa, the toilet, my birthing ball. The day stretched long – intense,

raw, real. By evening I was fully dilated, deep in active labour. Gas and air became my lifeline. My husband tried to fill the birth pool, but the hot water ran out. Plans changed. Expectations dissolved. Instinct took over. At 9.35pm, after hours of pushing, my waters broke and Ariela's head appeared. Then she became stuck. My midwife acted quickly, performing an episiotomy and guiding her safely into the world just as paramedics arrived.

And suddenly – there she was. 8lb 2oz of warm, living proof. In that moment, something inside me rewrote itself. My body was not broken. My body had birthed life. That birth didn't erase the grief of my first loss - but it replaced fear with trust. Birth became the doorway to healing.

## Healing Through Feeding

I chose to try breastfeeding not from certainty, but from a quiet willingness to see if it was meant for me. In those tender first weeks, I fed Ariela formula while my body healed. That space allowed my husband to bond deeply with her – and allowed me to sit with the enormity



of becoming her mother.

There were loving but insistent voices around me, each certain about what was “right.” Caught between expectations, I made a promise to myself: no pressure, no guilt — just trust in my body, my baby, and our bond.

When I finally began breastfeeding, something ancient awakened. What began with hesitation felt natural, almost sacred. In those quiet moments with her against my skin, motherhood settled into me in a way that felt wholly my own.

### When New Life Arrived Again – Ahava

When Ariela was just one, I fell pregnant again. I was still breastfeeding full-time, unaware that conception while nursing was possible. Many call breastfeeding “natural contraception,” but I became living proof that life finds its way. This time I carried pregnancy and breastfeeding together – feeding one child while growing another. An unbroken circle of life. By December 2024, I was ready to birth again – but this time, on my own terms.

### Birth as Power – Ahava

On the evening of 6th December, my midwife performed a sweep. Soon after, intense pain began – stronger than anything I remembered. The midwives came, checked me, and told me I was only 3cm. I was sent to bed to rest. But my body had other plans. Through the night I laboured quietly in bed – TENS machine on my back, hot water bottle by my side, my toddler Ariela cuddled against me, breastfeeding through contractions because she hated seeing me in pain. My husband held my hand, asking if we should call for help. I told him not yet – I didn’t want to be dismissed again.

At 1.45am, I ran to the bathroom, thinking I would be sick. Instead, I felt my baby’s head descending.

I fell to my knees and shouted for my husband. In minutes, our daughter was born into his hands – right there on the bathroom floor. No doctors. No hospital. Just us. A husband and wife birthing their child together. The way I had quietly dreamed since Ariela’s birth. He helped



her breathe, then placed her on my chest. Skin to skin. Sacred. Still. Complete. The midwives arrived soon after, helping with the placenta, checking us over, entertaining our toddler with Disney songs while I showered. We climbed into bed together as a family of four, eating ice cream in pure bliss. I lay there in awe. I had birthed my baby with my own strength. My body knew exactly what to do. That morning, I fed both my daughters at my breast. The rest is history.

### Tandem Feeding and the Unbroken Circle

Today I tandem feed Ariela at 2.5 years and Ahava at 10 months. My body once carried one child in my womb while nourishing another at my breast. Now it continues to comfort, feed, and connect them both. Breastfeeding became more than feeding. It became proof of resilience. Proof of design. Proof of God’s mercy over my story.



## Cultural Barriers and Boundaries

As much as breastfeeding healed me, it exposed me to the weight of other people's opinions. In my husband's culture, breastfeeding is expected – but only up to a point. Nursing beyond two is judged. In the UK, extended breastfeeding is rare and often misunderstood. I found myself caught in between – expected to breastfeed, yet judged for doing it “too long”. Men asked if I planned to breastfeed as though it were their decision. Women questioned why I was still nursing my toddler. I felt constantly on trial. Until I realised:

My body. My baby. My choice. Boundaries became my protection. Trusting my instincts became my rebellion.

## Breastfeeding as Resistance

Over time, I saw that every feed was more than care – it was resistance. Resistance against cultural timelines. Resistance against stigma. Resistance against the idea that women's bodies belong to everyone but themselves. As feminist scholar Penny Van Esterik wrote: “Breastfeeding is the most subversive activity a woman can do.” Each time I nursed my daughters - in the quiet of night or in public - I chose connection over convention. I reclaimed motherhood on my terms.

## A Softer Heart

Breastfeeding has softened me. It has made me more empathetic, more patient, more present. It has taught me that children are only small

for a short time, and secure attachment now shapes who they become later.

When I struggle, I lean on my faith. I scroll through photos of mothers breastfeeding older children and feel less alone. We are all in this together.

## To the Mother Reading This

If you're unsure about breastfeeding... If you're combination feeding... If you're nursing a toddler and facing judgement... Please know: you are enough. You don't owe anyone an explanation. Boundaries protect you and your children. Feed on your terms – not anyone else's. “Motherhood is not about perfection. It's about connection.” In every feed - whether months or years - you are doing something extraordinary.

Mama to mama, trust yourself. Hold your boundaries. And know that your body, your heart, and your story are powerful beyond measure.

*Amber Anjum is a 31-year-old tandem-feeding mother of two from East London, part of a family lineage that has lived there for over 400 years.*

### Editors' note

*Of course, medical help at birth is recommended, as Amber had planned – Ahava clearly had other ideas!*

*As Amber mentions, it is possible to conceive while breastfeeding, especially if your periods have come back, or your baby:*

- *has any other food or drink apart from your milk,*
- *has long gaps (six hours or more) between feeds, or*
- *is over six months old.*

*You can read about contraception and breastfeeding at*

[lille.org/breastfeeding-info/birth-control/](http://lille.org/breastfeeding-info/birth-control/)

*La Leche League is a nonsectarian organization serving people of all faiths, races, cultures, and backgrounds.*

# Breastfeeding and neurodivergence

By Stevie Tyler, tired mother of Margate



## Overstimulation

Being touched all the time is a major thing for me. I struggled with it so much – I know loads of people get the breastfeeding ‘ick’. Also the demand on your time. To be constantly available to breastfeed this child – which you obviously want to do, and potentially are really enjoying doing – but (especially if you’ve got a bit of demand avoidance going on!) to always be ‘on call’ can feel particularly difficult.

Maybe that resentment is a bigger thing. If you’re neurodivergent (ND), there are higher rates of things like Premenstrual Dysphoric Disorder – I wonder if ND people are also more likely to experience dysphoric milk ejection reflex and breastfeeding aversion?

### Editors’ note

*When breastfeeding is tough: [laleche.org.uk/dont-enjoy-breastfeeding/](https://laleche.org.uk/dont-enjoy-breastfeeding/)*

*Stevie sent this in by voice note. We’d love to hear from you, whatever way works best for you to get in touch.*

## Confidence in seeking support

There might be extra barriers for you to try and talk to people like hospital staff and health visitors. To be able to articulate your feelings and feel like you’ve been able to explain; to feel understood by people who don’t have the same way of working in their brain as you do.

## Body clocks

Neurodivergent people are also more prone to having alternative body clocks. I have read that a lot of ND people are night owls, and so they probably cope really well with being up all night with their baby when they’re small! Personally, I struggle intensely with the fact that my children wake up really early in the morning. My partner does most of the mornings, because I cannot get out of bed before 8am – it’s harrowing. A lot of ND people do not function well in the morning – it’s like being woken up at 3am.

The plus side of breastfeeding into toddlerhood is of course that they get into bed with you, so I would say that’s a big win, in my experience!



# Niplash

By Karla Shacklock, LLL Bristol

## Editors' note

*Although not a campaigning group, LLL is involved in breastfeeding advocacy at many levels, from representation on local NHS Maternity Voices Partnerships and national bodies such as the UK's Baby Feeding Law Group, to the World Health Organization.*

*LLL Bristol mum Karla has combined her passion for breastfeeding with her work as a choreographer, performer, and activist, to create a performance called Niplash. The Breastfeeding Matters team had the privilege of viewing it on video. Here is Karla's story.*

I'm Karla, mother to three incredible little boys and a theatre maker and performer.

I wanted to tell you about my first ever feed. It was moments after I had been at my most primal, I had just been split open, split in two, the world had expanded and I had simultaneously both been born and died. Bowdn had arrived, and he was really poorly. It later transpired that he had meningitis.

The midwife pressed the emergency button, which means people, strangers, come rushing in.

Someone was shoving a needle into my arm to take my bloods, and kept missing. I looked down at my arm. And it was spurting blood. In a sort of comedy fashion.

And I was hot. So hot. Hotter than I've ever, ever been. And then I'm throwing up. In a cardboard piss pot. Or something.

And somebody, a stranger, is trying to shove my nipple into my new baby's mouth. Repeatedly saying something about him really needing to feed before they take him away for a lumbar puncture.

Somebody else, a stranger, is injecting my leg with something to speed up the delivery of the

placenta. And someone is also injecting my other leg with what is it, Anti D or something because I'm rhesus negative. And I'm still contracting. And a huge wobbly liver-like placenta is making its way out of my body as two people are standing by ready to catch it.

And whilst all this is happening, my tiny baby is screaming. And his tiny face is purple. And his bottom is purple too and it's so hot and tiny in my hands. And his gummy mouth is open so wide as he screams and screams.

And I'm trying to breastfeed my baby for the very first time. And he's trying to feed from his mum for the very first time.

And it works... for a second... it works... And although there are strangers' hands on my breasts and taking blood from my arm and catching a blob between my legs and holding a cardboard piss bowl ready to catch my next gush of vomit...

For a moment, there is stillness. And silence. And just us.

And then he is gone. And then someone, a



Credit: Alison Taylor Photography

stranger, tells me that they will give him formula on the way to the operating room, to give him some strength.

And then someone offers me some toast.

And I feel heavy about the formula thing. And for a long time after I felt like a failure.

I've been breastfeeding now for 8.5 years. To say it has been a rollercoaster is an understatement... blistered nipples and feeding strikes, endless snuggles and sweet suckling smiles, feeding aversion and nipple twiddling, blissful skin-to-skin feeds and deep diving into eyes, excruciating pumping and spilt milk and a seemingly endless journey, which I simultaneously both crave and fear ever ending.

It's other m/others who have gotten me through the tough times. And not to mention La Leche League, of course. I have lost count of the number of times I have called the helpline over the years, normally with a screaming child in the background, me at my wits end, to be greeted with someone who knows, someone who gets it. Someone ready to hear me.

And I remember a particularly worrying feeding strike, when I was feeling desperate, and got on three separate buses to get across Bristol to an LLL support group, to be greeted with a hug, a cup of tea, and advice and solidarity I just couldn't find on the internet.

But I haven't always felt able to seek help. Sometimes I have felt very alone. Sometimes I have felt like I was failing.

I'm painfully aware that there's a pandemic of m/others who feel like they are failing. I believe



*Credit: Alison Taylor Photography*



*Credit: Alison Taylor Photography*

they are not failing. The system is failing them.

I feel deeply that things need to change, and so I have created a dance theatre solo, participatory arts and social activism project called Niplash.

Niplash is painful, absurd, heartbreaking, heartwarming, and full of love – a lot like feeding. It is a highly physical and visual lactivist call to arms. The show is part memoir, part critical analysis, and explores the cultural and societal pressures and mixed messaging around infant feeding. The beating heart of the work are also the stories and feeding paraphernalia generously donated by hundreds of m/others from across the country.

Niplash is for the mum who was spat at for feeding her baby in the street, the mum told to put her tits away in a café, the mum scorned for feeding a baby with different skin colour to her own, the plus-size mum so ashamed and embarrassed she only fed her baby with the curtains closed at home.

Niplash is for all the mums. Whatever their choices or non-choices. Whatever their journey.

# Niplash performance by Karla Shacklock

Review by Rachel O’Leary, LLL Cambridge

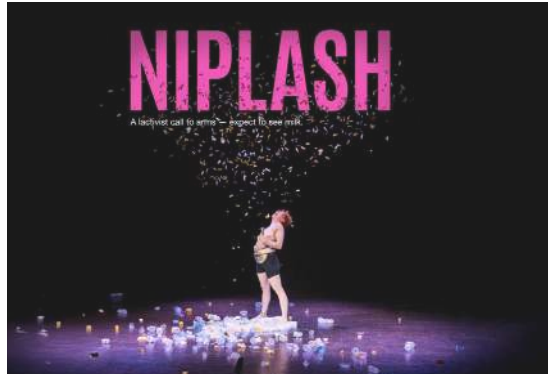
A darkened stage, a woman sits with her naked back to us, spotlit. What’s that rhythm, strangely familiar? Standing up, she turns round and proudly displays her breasts with breast pumps attached, long skirt swishing.

The performance that follows is, by turns, heartbreaking, empowering, and funny. Karla’s solo dance and monologue move gracefully between the emotions that can rack new motherhood.

The voice of the well-meaning ‘helper’ repeats so many contradictory instructions that we can’t help but squirm in recognition and discomfort.

Karla has collected breastfeeding items of paraphernalia donated by mothers and parents and uses these to show how mothers are bombarded with ‘stuff’ when what we need is connection and help.

She uses the voices of real mothers (recorded) to show the desperation of late-night feeding – and the relief of finding we are not alone. “What are we



Credit: South West Theatre Photography

doing all separate in our little houses, in the dark, feeling like failures? It’s not okay.”

Karla invites us to fly a lactivist flag and advocate for things such as public approval of breastfeeding, adequate NHS support, better information for mothers. Her passion and commitment are inspiring.

The Mums Choir, Exeter add notes of colour and harmony to the black and white of the show.

The performance ends on a note of togetherness with her babies, and a celebration of mothers – ‘totally cosmic’ – and fabulous breasts, which are made of stardust.

The audience at Reclaim Festival (Exeter, June 2025) whooped and cheered for this exhilarating (49-minute) celebration of motherhood in all its messy glory. I enjoyed the boundary-busting, reality-recognising shake-up of this energetic work of art.

## **A note on language, from Karla**

*M/Other – The forward slash in m/other acknowledges that not everyone who births uses the term mother, and not all mothers have birthed. This includes foster, adoptive, surrogate, non-binary, intersex, trans and step-mothers, mothers who have lost children, queer mothers, seahorse mothers, pregnant people and people who have birthed a child. The journey to and through m/otherhood is complex and we are welcoming of all experiences.*



Credit: LocknLens Photography

# Antenatal “Beginning Breastfeeding” Courses from LLLGB

**Beginning Breastfeeding Online** is LLLGB’s FREE four-hour online antenatal course. Each group is limited to about 10 participants to help you (and your partner and supporter, if you’d like to bring someone with you) build your support network for pregnancy, birth, and beyond.

**During the course**, you will learn about:

- How your body and your baby are preparing to breastfeed
- How milk production works
- Colostrum harvesting and hand expression
- Signs of effective feeding and getting enough milk

- Skin-to-skin: its importance in breastfeeding and overcoming challenges
- Comfortable breastfeeding (positions and latch)
- Restful feeding/safe sleep
- Overcoming common challenges
- How to support a breastfeeding parent

## How To book

To find a course, email [beginningbreastfeeding@laleche.org.uk](mailto:beginningbreastfeeding@laleche.org.uk) with your name, mobile number, estimated due date, and location, and we will email you the available dates, prioritising courses run by LLL Leaders from your area.



Getting Started with  
Breastfeeding

LLLGB's online free antenatal  
sessions to help you get ready to  
welcome your baby

Booking now: [www.laleche.org.uk](http://www.laleche.org.uk)

 La Leche League GB



Regd charity 293271

# Breastfeeding and neurodiversity

By Nico Matthews, LLL Swindon



As a neurodivergent mother, breastfeeding is a complex thing to navigate. My determination and love for breastfeeding has blossomed into a special interest. In fact, I believe that my neurodiversity was instrumental in overcoming the difficulties I faced during the early stages of breastfeeding.

Neurodivergent breastfeeding parents face many challenges that others may not consider. Breastfeeding can bring difficulties, some of which may be intensified by neurodiversity. At the beginning of my breastfeeding journey, the intensity of continuous touch and other sensations, such as milk let-down, caused frequent sensory overloads. Overwhelming sensations and flexibility with routines can be daily struggles for neurodivergent parents, which can cause them to burn out quickly.

Neurodiversity can also be a great help when it comes to breastfeeding, and something to be celebrated. The challenges are far outweighed by the remarkable capacity breastfeeding offers to love and support your child through an extraordinary biological process - one that provides both physical and emotional regulation, and a powerful foundation for loving guidance.

I relied on my neurodiverse way of thinking to get me through the difficult times. My

determination to breastfeed, and inability to change our routine, pushed me to become stronger and more resilient, especially through my breastfeeding hiccups. Breastfeeding can be immensely comforting to both mother and child, and allows both my little one and me to relax and regulate ourselves. It is now a positive sensory experience that we both love and rely upon. It is so deeply intertwined with our beings, I am forever thankful for my neurodivergent perseverance that allowed this wonderful connection to persist even to today.

When my little boy was around 12 weeks old, I developed a severe infection in my nipples, causing damage and agony, especially during feeding. If it hadn't been for my sheer determination to continue breastfeeding – for the benefit of both my child and me – I don't believe I would have been able to carry on. Every two hours, like clockwork, I fed my baby. I lay on the sofa while my mum and husband got him into position, so I could focus on dealing with the pain. Instead of cradling him, I held on tight to their hands throughout each feed, tears streaming down my face, as they cradled my baby against my breast. It was at this point,



*Nico's wedding day*

desperate to continue breastfeeding, that I began my journey with LLL.

Coincidentally, the local LLL Leader was my neighbour. When I was completely overwhelmed, I asked my mum to go knock on her door. Less than an hour later, Verity and I were sitting on the sofa in my living room.

Eventually, with her incredible support, doctor visits, and multiple rounds of antibiotics, I started to heal. It took two long months, drawing from strength I was previously unaware of, while other people told me to 'just give up breastfeeding'. But due to my neurodiverse nature and my fantastic support system, I persevered. Support from LLL was a crucial part of my being able to continue to breastfeed. Not only did Verity go above and beyond in helping me feel calm and confident in my approach to every feed, but she gave me the tools to do it independently.

The LLL community is built on love, respect, and selfless acts. The courage that Verity helped me find was such an empowering experience – and training to become an LLL Leader myself has given me the ability to pass that support on to others, especially those who may not know where to look. Becoming a Leader means a great deal to me. It has equipped me not only



*Atlas's first Pride parade.*

with knowledge and ability to provide support, but also the insight to recognise when I may not have all the answers. Being an LLL Leader gives me the opportunity to empower others to find their own strength.

## Your voice matters to us.

Watch your inbox for our upcoming survey where you can share your experience and understanding of LLLGB.



La Leche League GB

# Far beyond my comfort zone... Skydiving for LLL

By Ciara Ruane-Fountain, LLL Cambridge

Early in my breastfeeding journey, I don't think I appreciated or understood the accomplishment of breastfeeding my baby. Somewhere along the way that changed, because now approximately 80% of my thoughts are somewhat breastfeeding related/adjacent/connected!

**LLL affirmed my parenting style of 'going with the flow' and trusting my gut feeling.**

I've become extremely passionate about not just the act of breastfeeding, but parents and families being informed to make the decision they want to make about feeding their baby, and being supported in doing so.

I was late to finding LLL – my baby was about eight months old. Before long, I knew this was a place I belonged. LLL affirmed my parenting style of 'going with the flow' and trusting my gut feeling. I never expected to be this kind of mother, and am still surprised with myself!

Just as I'd never expected to be a chill mum who breastfeeds here, there, and everywhere, I never expected I'd be throwing myself out of a moving vehicle 10,000ft high! Yet for reasons still unknown to me, I decided that to celebrate my 30th birthday I would undertake a charity skydive to raise funds for two organisations that had been instrumental in my motherhood journey: LLL Cambridge, and Cambridge and Peterborough Mind's Perinatal Team.

When I told my husband my idea, he wasn't entirely convinced I would go through with something so out of character. Nobody could quite believe it – least of all me! – but I knew that I wanted a challenge far beyond my comfort zone, and to do something for fantastic causes that really help families in tough times.

Having such powerful motivation was what got me through the jump. Seconds out the plane, I was questioning every single moment of my life that had brought me to such a terrifying situation. WHAT WAS I DOING???

Throughout the whole process, the bit I didn't want to think about was the moment where my instructor would be at the edge of the plane, ready to jump, but being strapped to his front I would already be out of the plane, hanging over the earth, waiting to fall. Even now it makes me feel sick to imagine.



As the moment came, as my mind raced, a voice inside me reminded me why I was jumping:

- The times I felt like breastfeeding was the wrong decision.
- When people told me my daughter doesn't need milk.
- When postpartum was too overwhelming.
- When I was anxious about returning to work and leaving my daughter at nursery.
- All of the times I had been supported. To give that support to others is worth a few seconds of all the fear in the world.

Suddenly, everything changed: the air was in my face, my eyes were wide, I was falling to earth at over 100mph. Amazing, incredible, unbelievable, every emotion all at once!

Before I knew it. the parachute was activated and things were quiet and calm... until motion sickness set in. After the exhilaration of free fall, the urge to be on the ground was immense.

I failed the in-air landing practice, so we had to switch to the backup landing procedure: a very unglamorous belly slide. I was glad to feel the grass beneath me. My instructor was keen for me to get up so my watching supporters wouldn't worry about me, but I was focused on being grounded, both physically and mentally – everyone else would soon know I was fine!

My skydive was in August. It still doesn't feel real, rather something other people do, not something I would do or have DONE!

I was extremely proud to have exceeded my fundraising target of £1000 and so pleased to be able to donate to two fantastic causes that will always be close to my heart.

*All photos credited to North London Skydiving Centre*



# Letter to the Editors

From Cat Murray, LLL Woking



I am always touched by the generosity of people who share their stories in Breastfeeding Matters. They remind me that, while our journeys differ and each of us brings our own unique perspective, we are united by a shared passion for breastfeeding. It is a privilege to be able to read and learn from their experiences.

Recent editions have touched on many deeply emotional themes: fertility treatment, pregnancy and child loss, long-term and serious health conditions, anxiety during pregnancy, birth trauma, and of course breastfeeding challenges.

We all carry hopes and dreams about what our families will look like, how we wish pregnancy and labour to unfold, and what we imagine for those precious early days with a newborn. Our assumptions are sometimes wrong. We may need to navigate a path that we didn't ask for, and didn't expect to find ourselves on. We find ourselves drawing on deep reserves of perseverance, holding on to the hope of the

outcome we once imagined. When that is not possible, we must find our way toward peace with a new reality – one we did not plan for or expect, but one we slowly learn to accept. We can all learn, grow, and find comfort in one another's experiences.

Those who have experienced difficulties (such as undergoing fertility treatment, or experiencing abuse), are often passionate about breastfeeding. I believe that there's something deeply and instinctively healing about it. Breastfeeding invites a sense of oneness with nature, a gentle reclaiming of trust in our bodies, and the quiet reassurance that we alone are able to nourish and nurture the most vulnerable members of our family. In the tender, rhythmic dance of feeding responsively and intuitively, we are reminded at a deep level that our body is enough to sustain another human being. Breastfeeding is a leveller, regardless of socioeconomic status, religion, beliefs, location, or age.

I'll finish with a few lines from a poem that speaks to me about the strength of mothers.

## The Oak Tree

by Johnny Ray Ryder Jr

A mighty wind blew night and day.  
It stole the Oak Tree's leaves away ...  
... But still the Oak Tree held its ground  
While other trees fell all around.

(The Oak tree said)

Until today, I wasn't sure  
Of just how much I could endure.  
But now I've found with thanks to you,  
I'm stronger than I ever knew.

# Motherhood meets martial arts

By Shoko Jin, LLL Groningen, The Netherlands

I started taekwondo when I was 33. It happened to be the right sport for me at that point in my life, and I got my black belt (1st dan) a little over three years after starting the sport. The taekwondo school being three minutes away by bike helped – I could train five times a week if I wanted to!

My first pregnancy followed, but ended in a miscarriage after 12 weeks. It took several weeks before I could birth my tiny baby, and healing from this, both physiologically and mentally, took some time. Taekwondo helped (by this point I was also teaching classes), and I passed my 2nd dan exam later that year. It took almost 1.5 years before I was pregnant again, and I found out I'd managed to conceive again the day that I was planning to call the hospital to start discussing possible infertility treatments.

Fast forward a few years, and I now have two wonderful boys, both still breastfeeding, a few years' more taekwondo experience, and a 3rd dan. I now live a 45-minute bike-ride away from the school and, with two young children, don't get to train or take part in competitions as often as I did before, although I still teach once a week and try to fit in some personal training time where I can tailor the exercises to my body's current strengths and weaknesses.

Over the past few years, our school has had a number of breastfeeding mums, who, like me, had been training before becoming pregnant (and giving birth), and started training again when they felt ready to come back with our somewhat altered post-pregnancy, post-birthing bodies. Some return to training after just a few months, others take a longer break, and

most of us quickly learn to take it easy with movements like running, jumping, and skip roping once we're back after pregnancy and giving birth!

Some of us are happy to breastfeed there, while others prefer to take a bottle of expressed milk. I remember thinking that normalising breastfeeding (in public or otherwise), whether a baby or a child aged two or older, was something I could contribute to, whilst at the same time choosing what was simplest for us.

Deciding on when to return to sports after giving birth can be tricky, and it's a very personal choice that depends on many factors. It's important to listen and keep listening to your body. If your baby is still relatively young, a sports nursing bra can be handy for a quick top-up for your baby (and for your comfort) right before – or even during – your training!



*Shoko returning to teaching taekwondo classes with baby Kazumi (September 2020)*

# LLL across the world – UK and China

By Yue Ma, LLL Southampton and Fair Oak

Last summer, I went back to China to visit my family. While I was there, I decided to attend a Chinese La Leche League (LLL) meeting in Beijing – just like I had done about a year and a half ago, before I became an LLL Leader.

The meeting was held in the communal area of a private maternity hospital. It felt wonderful to hear breastfeeding information in my mother tongue and to communicate freely in Chinese. I felt a strong sense of community, warmth, and ease.

After visiting China, I began to embrace my unique identity — not fully Chinese, and not fully British. In a world filled with war, conflict, and competition, I see that my in-between identity carries something precious: unity and cooperation. And as a LLL Leader, I would love to support both backgrounds.

I notice a real difference between supporting Chinese mums and supporting British mums. Most Chinese mums have a good family support system and some invest in postnatal doulas – but it can be hard to challenge cultural expectations, especially when living with the older generation. New mums' boundaries aren't always respected. Sometimes well-meant 'help' adds pressure or anxiety – particularly in the early days when milk supply is still being established. Some families discourage mums from holding their babies 'so you can rest'.



LLL meeting in Beijing



There can be so many conflicting opinions that support can end up not feeling supportive at all. That meeting last summer really opened my eyes to how much breastfeeding is shaped by culture.

I also had a lovely conversation with the Chinese Leader, Guo Yan. We talked about how quickly China has changed in recent years – especially the convenience of modern life – and how social media influences whether mums choose to attend face-to-face meetings or not. As Leaders, we both felt strongly how important it is to truly listen, to be present, and to offer steady support. Guo Yan shared how grateful she feels for the relationships she has built with the mums she supports. It reminded me that simply showing up as myself is enough. And charity work is a mutual benefit for both Mums and leaders because of the relationship that has built up

If you're a Chinese breastfeeding mum living in the UK and you're finding breastfeeding difficult, feeling lonely in motherhood, or just need someone to listen — I'm here with you. Xue (a Chinese LLL Leader) and I now have a monthly online LLL meeting for international Chinese mums. You're very welcome to join us.

**You can contact Yue at [southampton@laleche.org.uk](mailto:southampton@laleche.org.uk) or via LLL Southampton and Fair Oak on Facebook.**

# Mothers on.... The strangest place you've ever breastfed

*Helen*

I sometimes come and sit in a stable with my granddaughter, while my daughter has to do tractor work. While the baby is asleep in her pram, her mum has an hour or so to do other things. My granddaughter was an October baby, and it's chilly, so my daughter breastfeeds her in a horse box!

*Verity-Rose*

Back of a Chinook helicopter on an RAF base

*Liz*

On a roundabout in the park; on the loo, whilst holding a bucket!

*Rachel*

Wookey Hole (a short way behind the tour group)

*Lucy*

On top of a (dormant) volcano

*Sarah*

I once beat my dad at table tennis while nursing

*Claire*

Dentist's chair

*Ellie*

It was more my choice than hers, but after a bumpy start to the feeding journey, I was very pleased to get to feed with a supplementer on a tractor... #motherscandoitanywhere

*Freya*

On the floor! On a ferry! On a farm! In a supermarket! On the toilet! Cooking! And in labour

*Hannah*

On a ski slope (chilly boob!)



# La Leche League Philosophy

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- ♥ 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.

