

# BREASTFEEDING

# MATTERS

Summer 2026  
laleche.org.uk

Carried by courage

When nature  
doesn't follow  
instructions

Breastfeeding Essentials pullout



La Leche League GB

#273



# La Leche League GB

## How to get help

[laleche.org.uk](http://laleche.org.uk)

Free, practical information about breastfeeding, and how to find support.

**0345 1202918 National Helpline Callback Service.** One of our Callback Team volunteers will get in touch within 24 to 48 hours.

**Illii.org** La Leche League International for breastfeeding information and worldwide support.

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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: [bit.ly/lllgb-newsletter](http://bit.ly/lllgb-newsletter) or email [editor@laleche.org.uk](mailto:editor@laleche.org.uk)



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# Editor's Letter

## *Welcome to Breastfeeding Matters!*



### **Jayne Joyce**

Jayne Joyce is a Leader in Oxfordshire. Her family includes three adult children and a cat called Honey. She was part of the writing team for *The Art of Breastfeeding, 9th edition* (LLL International, 2024).

Welcome to the summer edition of Breastfeeding Matters.

This issue reflects the range and impact of breastfeeding. Jessica, Melanie, and Ellie write about feeding through extra challenges; Juliette reflects on her journey two decades on; and Anna looks back on 50 years of her local group. We hear from Westminster, where breastfeeding is on the policy agenda, and from Nico, who marks Pride month with stories of breastfeeding at Pride events. This issue also includes a new four-page pullout, *Breastfeeding Essentials*.

This edition is a moment of both looking back and looking ahead. It is also a moment to say a heartfelt thank you and goodbye to my co-editor, Bronwyn, whose flair and commitment have shaped Breastfeeding Matters in countless ways.

After this issue, we will pause publication for a time as the LLLGB publications team focuses on developing our new website – an exciting step in making LLLGB's rich treasury of information more accessible and easier to navigate. Please stay in touch and keep sending your stories, photos, poems, and more. We look forward to returning in early 2027.



### **Cover**

Lucy Ling  
See more  
'Breastfeeding out  
and about' photos  
on page 26!

With LLLove,

*Jayne*

Shopping online? You could raise free donations for LLLGB.

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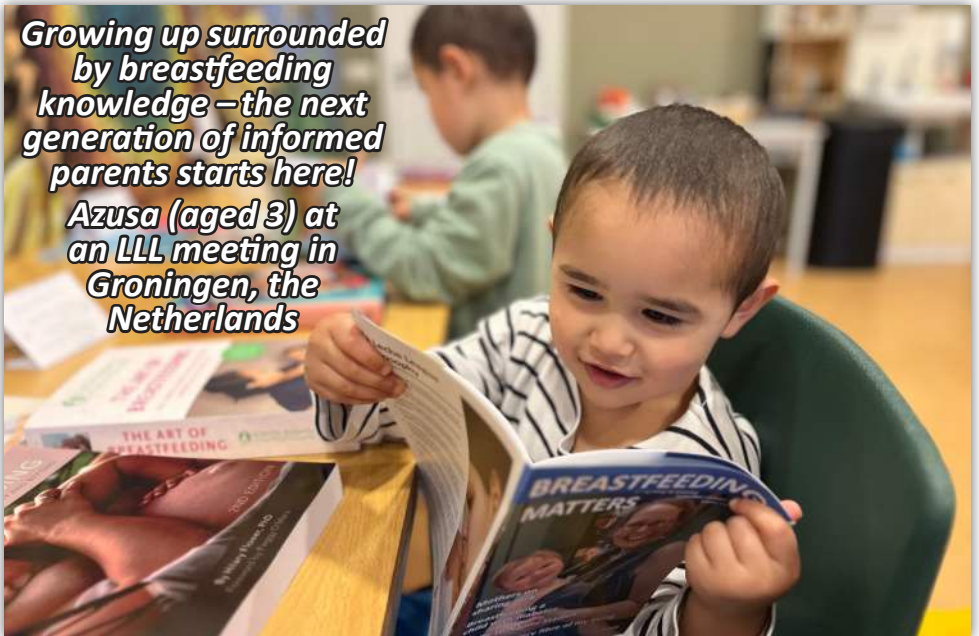
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*Growing up surrounded  
by breastfeeding  
knowledge – the next  
generation of informed  
parents starts here!*

*Azusa (aged 3)  
at an LLL meeting in  
Groningen, the  
Netherlands*



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## Find us Online

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### How to get help

[laleche.org.uk](http://laleche.org.uk)

Find your local LLL contact, submit a helpform, or access our many leaflets and articles.

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*Would you like to save us paper and postage?*

*As a member, you can receive the online version of Breastfeeding Matters if you prefer – let us know at [operationsmanager@laleche.org.uk](mailto:operationsmanager@laleche.org.uk)*

*Thank you so much for your support.*

# How a supplementer saved my breastfeeding journey

By Jessica Jago, LLL Farnham

I really wanted to share my story for other women who may be in a similar situation.

My baby's birth was relatively straightforward; however, I had a high blood loss. On day three, I was readmitted to hospital as my baby had lost 14.5% of his birth weight. To my despair, the feeding team at the hospital said that I needed to give him formula and that I couldn't be discharged until he had gained a significant amount of weight. At that time, I was pumping very little milk – at best 1-2ml.

After my baby gained some weight, I was sent home and told to top up with formula, but I wasn't given any real plan for what to do next. We visited the local hospital feeding team, who suggested that he might have a tongue tie. However, the clinician who diagnoses tongue tie was away on holiday as it was just before Christmas, and we would have to wait until the new year for a diagnosis. We ended up going privately.



The private lactation consultant we saw mentioned insufficient glandular tissue (IGT). I met every criterion for IGT, including wide spacing of the breasts (around 4cm), tubular breasts, stretch marks, and the fact that my breasts never changed during pregnancy. I felt like I had failed as a mother, not being able to provide for my baby. It also felt unbelievably isolating. Every time I mentioned IGT to a healthcare professional, no one seemed to know what it was or how to help. I had attended NHS-run breastfeeding classes and had mentioned IGT there, but no one had even heard of it. The advice I received was very generic.

## What I didn't expect was the amazing community and support I would find

After seven weeks of 'triple feeding' (breastfeeding, pumping, and bottle-feeding expressed milk and formula), I joined LLL Farnham to try to get some advice about my baby's latch. What I didn't expect was the amazing community and support I would find. After explaining my situation to the group, I was given some really helpful suggestions about how I might increase my milk supply. This was when one of the Leaders, Paula, suggested using a nursing supplementer.

At first, I was hesitant to try a supplementer, because I was worried it would be complicated or difficult to use. However, I had reached the point where I was willing to try anything. It also meant that my husband, who had been helping with feeds overnight and during the day, wouldn't need to be so involved in feeding. I had been feeling guilty about that.

I started with a homemade supplementer, which worked really well. It meant I could breastfeed and top up with formula at the same time, saving me more than half the time

I had previously spent feeding. It also meant my baby was at the breast much more than during triple feeding with a bottle. It felt much more natural and helped me feel that I was truly breastfeeding. Even in public, I can feed discreetly.

**It felt much more natural and helped me feel that I was truly breastfeeding**

I have since found a commercial supplementer system that works very successfully. It uses a silicone bottle that attaches to your bra, and a simple tube. After just over two weeks of using a supplementer, I noticed that my milk supply had significantly increased – so much so that I actually leaked in bed when my baby slept through the night! It has also meant that I no longer need to pump, something I found very difficult to fit into the day and which meant taking time away from my baby. The supplementer keeps him at the breast longer and helps him drain my breasts more effectively.

This system has saved my breastfeeding journey



*Credit: Meagan Sarah Photography*



so far. My baby is now 11 weeks old, and the amount of formula we're using is reducing – something I never thought would happen. As there is still limited research on IGT, I'm not sure how much formula we will need in future. But I do know that with this system, my baby is getting as much breastmilk as possible.

It has also helped my mental health. I don't think people talk enough about the emotional toll it takes on mothers who feel they can't provide for their own child. I noticed a real change in my mental wellbeing – something I had never struggled with before.

A supplementer could also be helpful for women with low milk supply due to birth complications, babies who have needed NICU care, or anyone who is triple feeding. It saves time, supports the mother's wellbeing, and can help increase milk supply.

I truly believe this kind of system should be standard practice in hospitals for families experiencing milk supply issues. Supplementer systems are easy to buy online, and there is also the option of making a homemade system.

I can honestly say that using a supplementer has saved my breastfeeding journey.

#### ***Editor's note***

*You can read more about using supplementers in our newly updated article [laleche.org.uk/nursing-supplementers/](https://laleche.org.uk/nursing-supplementers/)*

# Raising Atlas with Pride

By Nico Matthews, LLL Swindon



Fostering inclusivity and celebrating all walks of life has always been an essential part of my parenting. As a queer mother, nurturing my son to love openly and celebrate diversity is hugely important to me. Since Atlas's first Pride event at six weeks old, we have attended countless Pride events every year. They bring such an amazing sense of community to everyone involved, and they are a great place to build a sense of belonging and resilience.

Our most recent Pride event was Cardiff Pride 2025. We went with our family, all of whom identify in some way with the LGBTQ+ community, and our best friends Jess Dearing (another LLL Swindon Leader) and her little one, Fox. We spent the day laughing, learning, and loving – meeting new people, discovering new perspectives, and watching amazing acts on the stage.

Something I look back on fondly is Atlas's outfit. Every Pride event is a chance for me to make a statement and lean into a bit of eccentricity. I wear an outfit I made myself from charity shop finds – a patch-jacket and patch-dungarees.

When Atlas was born, my sister and I decided that one day he would have to match us.

That's how the 'Atlas patch-jacket' came to be. It's complete with bells, a 'please ring if lost' patch, and a clippable lead for crowded places – especially useful given Atlas's tendency to sprint off in any direction at any moment! The jacket also has a variety of patches he has chosen himself: the Ninky Nonk, the Octonauts logo, and even a My Chemical Romance album cover (his favourite band at the time).

It's something we plan to keep making with Atlas each year, for as long as he wants to. Not only does it mean he can match us, it also gives him a creative way to show off his favourite things, building originality and uniqueness.

## Our first Pride memory

Every time I look back on positive memories of breastfeeding Atlas in the early days, I am brought back to his first Pride parade: Oxford Pride 2024. Atlas was six weeks old and I had an infection from birth. I was still struggling with his latch and utterly exhausted (in the having-a-newborn-baby way), but I didn't want to let that stop me from celebrating.

**I was still struggling with his latch and utterly exhausted (in the having-a-newborn-baby way), but I didn't want to let that stop me from celebrating**

Around 11am everyone was getting ready to march in the parade. We set off, and with perfect newborn timing Atlas wanted some 'york'. At that moment I had to make a decision: either we stepped out of the parade, struggled to get him to latch, and ultimately became so overwhelmed that we would sit down for the next few hours and not participate – or I could just pick him up, keep walking, and try to latch him during the parade. Because I love a challenge, I chose the latter.

Channelling the love and support from those around me, I walked in the parade with my baby cradled in my arms, surrounded by strangers united by love, and successfully (probably for the first time ever) latched Atlas with no issues. People with all sorts of life experiences – parents who never had the option of breastfeeding, others with no desire to have children, as well as people who understood from experience the intricacies of breastfeeding – praised my multitasking, recognised the challenges, and validated my efforts.

### **I walked in the parade with my baby cradled in my arms**

Navigating Pride with a newborn was not easy, but we took it in our stride and adapted, as you have to with a newborn. It was difficult navigating such huge crowds with him, but we made it work. With tremendous support from my family, especially my husband, we found quiet places when we needed to, often near a stage, Atlas wearing the cutest baby ear defenders! We involved him in everything we could and let him dictate the day, which was mostly spent in his daddy's arms, watching the world.

Making Pride events a recurring family outing reinforces the knowledge that everyone deserves to live their life however they see



*Nico and Jess at Oxford Pride, 2024*



*Atlas in his patch jacket!*

fit. It is my job as a parent to give my son the tools to make his own decisions, and seeing us unconditionally supporting others teaches kindness, respect, and an understanding that everybody can express themselves – especially when supported by a safe, loving community.

### **Navigating Pride with a newborn was not easy, but we took it in our stride and adapted**

Watching Atlas's love and understanding grow from the six-week-old newborn to the two-year-old he is now has been incredible. The normalisation of attending events that celebrate diversity has been such a privilege. Every time we go, he learns a little bit more – and will continue to do so.

#### **Editor's note**

*La Leche League is a nonsectarian, non-political organization serving people from all kinds of families, communities, and backgrounds.*

*Nico's story of Atlas's early breastfeeding weeks, "Breastfeeding and Neurodiversity", featured in our last edition (#272, March/April 2026).*

# When Nature Doesn't Follow Instructions

By Ellie, LLL Oxfordshire

Anyone who can genuinely describe their breastfeeding journey as a breeze has been dealt a very fortunate hand, but when you're already used to facing extra hurdles in life, it's likely there will be extra navigating to be done when it comes to feeding a baby.

**These conditions have come with added challenges, and potentially some advantages when breastfeeding my first baby**

I was diagnosed as an adult with autism and ADHD. Whilst I'm still working on fully accepting the diagnosis, I can see that these conditions have come with added challenges, and potentially some advantages when breastfeeding my first baby, born last year. I think they're all things that many other mothers will have experienced in one way or another, but perhaps not all of them at the same time, or to the same extent. I also found there was little thought given to some of the challenges of neurodiversity in the breastfeeding support



I received through the NHS, and I'll admit it wasn't something I felt comfortable announcing when I found other sources of help in the community.

As is so often the case for me, the sensory challenges are probably the biggest. Right from the beginning, I've felt what I assume to be the impact of a wave of hormones every time I put my baby to the breast or I express. I instantly get incredibly thirsty (and still do, seven months in) but it took me a good few months to remember in advance each time to have a drink ready. For the first few months I'd also get very dizzy, my eyes would become sensitive to the light, and my ears to sound. It would go like this: baby to breast, turn off the TV or ask people to stop talking, call my partner to bring me a drink and close the blinds. The physical sensations of feeding in those first weeks were a lot, on top of the exhaustion and recovery from birth. Still now, the feeling of my daughter's tongue on my nipple is like someone grating the back of my head with a nail file. In any other circumstance I'd choose to make that sensation stop, but love can easily temper irritation.

I became used to all the sensations that come with breastfeeding as the weeks went on,



but then began to venture out of the house more, where I was less in control of my environment. I'd become reliant on sounds and sensations to know feeding was going well, and in a busier environment where I couldn't so easily focus on the feeling or sounds of the feed, I would become stressed and anxious, losing my confidence. I am very grateful to anywhere that provides a breastfeeding space, and to the strangers along the way who offered to make things a little more comfortable or manageable for me, even without me asking.

The thing with babies is, they're constantly changing, growing, developing new skills and habits, whereas I'm a fan of finding a system that works and sticking to it. At times, I have found myself resisting going with her lead in making changes or adjustments; to different feeding positions for example, because in my mind the routine we have works well. Thankfully my daughter seems to have a strong mind and she will continue to demonstrate what needs to change, and eventually I do pick up on what she's been trying to tell me.



**As well as hurdles of breastfeeding with autism, I can see some positives in the way I approach things**

With breastfeeding, just as in pregnancy, there are many sources of advice. There are also official guidelines from reliable organisations such as the NHS and the WHO. Many people feel ambivalent about these guidelines, or may not even be aware of them. But for me, the 'official line' gives a real sense of security and confidence that I'm doing the best, the right thing. The difficulty is that Mother Nature doesn't follow instructions. When I try to follow advice to the letter, but problems with latching or supply get in the way, I find it very hard. If you desperately want to breastfeed and can't do it the way you hoped – or at all – it's hard not to see that as a failure, or as something detrimental to your child.

As well as hurdles of breastfeeding with autism, I can see some positives in the way I approach things. Firstly, I'm really good at sticking at it. Breastfeeding can be hard and draining at times,

but if I have a plan, I will do everything I can to stick to it; through the love of plans, on top of the love for my daughter. This seems to have been borne out in wider routines too, with things like sleep, nappy changes, and now weaning. I pretty much still get up, eat meals and snacks, and go to bed at the same time as I did before she was born and she fits in with little resistance, for which I'm incredibly grateful

While I might find the sensorial side challenging, hyperfocus means that when I'm feeding her in particular, she has me 100%. I can't talk to other people or scroll on my phone, I'm in it with her and she gets a great service. I'm really aware of her reactions, which helps me listen to her cues and her emotions, and my sensitive hearing means I can hear every breath and gulp. And on the more cerebral side, I'm great at record keeping, remembering to log things where I need to; and at research, having faith in science at times when I've struggled with trusting my instincts. When I was worried about our bonding in the early days, I knew there was evidence of breastfeeding helping with this, so I held onto the science until nature kicked in fully.

My breastfeeding journey isn't over just yet, but I certainly feel experienced enough now

to be able to look back and think what advice I'd have given myself in the early days. Firstly, try and have moments of check-in and review. Things will always change, so ask yourself, "is what you're doing working for both of you right now?" Secondly, guidelines and evidence are great but are based on averages across a wide population, not on individuals. It's okay to trust your instincts and think outside the box. Following on from that, if you ever worry about what other people think about your feeding, remember that no-one cares about what you're doing like you do, and you are motivated by immense love.

**It's okay to trust your instincts and think outside the box.**

Finally, the point I'd make to myself, but also to anyone else who has any kind of difference, challenge or disability in life, is that you are likely to already be starting on the back foot. You probably had more to manage and to juggle than many other people even before you had a



baby. It doesn't mean you can't achieve things, but you're likely to need to be kind to yourself and give yourself the credit you deserve, one feed at a time.

*Beginning Breastfeeding Online*

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

Contact:  
[beginningbreastfeeding@laleche.org.uk](mailto:beginningbreastfeeding@laleche.org.uk)

 La Leche League GB

**Congratulations on your pregnancy!**

**Why not join our FREE practical and interactive online course? Learn about the first days and weeks of breastfeeding your baby and how to continue with confidence.**

Find out more here:



# Breastfeeding Essentials from La Leche League GB

*Breastfeeding can take time to get going, especially in the early days. Learn what to expect in the early days, how feeding works, dealing with common issues, and where to find help if you need it.*

*You don't have to work it out on your own. If you'd like support, you're very welcome to come to a La Leche League (LLL) meeting or contact a Leader (LLL breastfeeding counsellor).*

## Latching tips

- Holding your baby skin-to-skin after birth helps them breastfeed as soon as they are ready.
- Get comfortable and relaxed – sit or lie with your back well supported.
- Keep your breast at its natural level. Bring baby to breast, not breast to baby.
- Keep your baby's head and body in line, their tummy against you and their nose opposite your nipple.
- If you support your baby's back and neck, leave their head free to tip back so they can open their mouth wide.
- Help your baby latch on 'chin first' with their head tilted back.
- As your baby latches on, check that their lower jaw is well away from your nipple so that they can take in a really big mouthful of breast tissue
- If your baby is placed tummy-down with hands and feet on your body, they can find the breast and latch themselves.
- Once your baby latches on, bring them in close so they're snuggled against you
- More latching tips: [laleche.org.uk/positioning-attachment/](http://laleche.org.uk/positioning-attachment/)



***It's very common to need some help – breastfeeding can take time to get easier.***

*Ask your midwife for help, find a local LLL Leader to talk to, or call our National Helpline Callback Service on **0345 120 2918**.*





## Colostrum

- Rich milk made in later pregnancy and in the first few days after birth.
- Small amounts (usually drops before birth, then teaspoons, not tablespoons).
- Protects baby against infection.
- Clears meconium (the first black poo) and helps reduce jaundice.
- Satisfies baby's thirst and hunger.
- Some people choose to collect colostrum before birth, to be fed to their baby later, if needed: [laleche.org.uk/antenatal-expression-of-colostrum/](https://laleche.org.uk/antenatal-expression-of-colostrum/)

## How often?

- Most newborn babies feed at least 8–12 times in 24 hours.
- Holding your baby skin-to-skin encourages them to feed.
- The more you breastfeed, the more milk you make.
- Tips for waking a very sleepy baby: <https://laleche.org.uk/sleepy-baby-why-and-what-to-do/>
- Premature, very sleepy, or ill babies may need extra (expressed) milk as well – your midwife can advise.

## Is your baby getting enough milk?

Your milk has everything your baby needs, even if you're not eating well. Here are some signs to look for:

- In the first month, your baby has dirty nappies every day.
- By about day 5, the poo changes to yellow.
- After day 5, your baby has 3 or more dirty nappies every day.
- Your baby is growing and developing. Your midwife or health visiting team will weigh your baby.

## One side or two?

- Keep your breasts comfortable – you can start your baby on whichever side you'd like to offer them first
- Let your baby drink from the first breast as long as they want.
- Offer the other breast if they want more.
- Babies sometimes take more than two breasts at a feed.



*If you're worried about yourself or your baby, it's important to talk to your midwife, health visitor, GP, or NHS 111.*

## Engorgement (swollen breasts)

- Breastfeed often.
- Ice, cool packs, and anti-inflammatory pain relief medication can help.
- If it's hard for your baby to latch, express some milk to soften the breast.
- More tips for engorgement: [laleche.org.uk/engorged-breasts-avoiding-and-treating/](http://laleche.org.uk/engorged-breasts-avoiding-and-treating/)

## Sore nipples

Sore nipples are common in the first few days, but there are lots of things you can do to help:

- A deep latch (big mouthful of breast) helps prevent sore nipples.
- Try different feeding positions.
- Offer the less sore side first.
- Getting help can make a big difference.
- If breastfeeding is too painful, express your milk while your nipples heal.
- Lots more info about sore nipples: [laleche.org.uk/nipple-pain/](http://laleche.org.uk/nipple-pain/)

## Feeding patterns

- It's normal for young babies to feed a lot more in the evening, and at night.
- It's normal for babies to have days when they feed more often than usual.
- Different babies have different feeding patterns. If your baby is growing well, they are feeding enough.
- Some babies start to feed less often after the first few weeks. You can follow your baby's lead.
- **If your baby suddenly refuses to feed, or can't feed, contact your GP or NHS 111.**



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## Babies need night feeds

Human milk is easy and quick to digest and babies have tiny tummies – they need to wake at night to feed. Information about how to make night feeds easier: [laleche.org.uk/safe-sleep-the-breastfed-baby/](https://laleche.org.uk/safe-sleep-the-breastfed-baby/)



## Back to work? You can keep breastfeeding

- If you can, wait until breastfeeding is going smoothly before returning to work
- Ask about facilities at work for expressing and storing your milk.
- Breastfeed often on days when you're with your baby
- Express at work if needed, to keep your supply strong and your breasts comfortable.
- If your baby is eating solids when you return to work, they might not need expressed milk.
- LLL meetings are great places to meet other breastfeeding mothers returning to work.

## Sore breast?

If you feel a tender lump in your breast:

- Ice, cool packs, and anti-inflammatory pain relief can help.
- Make sure your baby has a big mouthful of breast.
- Breastfeed as usual.
- If your baby won't breastfeed, express enough milk to keep your breast soft.
- If no better after 24 hours, contact your GP.
- More information about sore breasts: [laleche.org.uk/mastitis/](https://laleche.org.uk/mastitis/)

**You can find friendly, comprehensive breastfeeding information for all ages and stages at [laleche.org.uk/get-support/#bf-articles](https://laleche.org.uk/get-support/#bf-articles)**

*The text of this article is from our [Breastfeeding Essentials](https://laleche.org.uk/breastfeeding-essentials) webpage: [laleche.org.uk/breastfeeding-essentials](https://laleche.org.uk/breastfeeding-essentials)*

**Want to know more? Read LLL's handbook *The Art of Breastfeeding, 9th edition (La Leche League International, 2024)*.**

*Illustrations from Breastfeeding Illustrated, copyright La Leche League Netherlands.*



# LLL Market Harborough turns 50

By Anna Burbidge, LLL Market Harborough

***As LLL Market Harborough marks its 50th anniversary, Anna Burbidge looks back on the group's beginnings, the friendships it fostered, and a lifetime with La Leche League.***

January 2026 marked a special anniversary for LLL Market Harborough. Fifty years earlier, in January 1976, I helped Christine Blissett to start the group. It was one of the earliest LLL groups in GB, and I believe it is now the longest-running.

It grew out of the Leicester group, one of the first in the country, run by Anne Harrison, an American Leader living in Market Harborough, and later by Lorna Pratt, who went on to form LLL Rugby.

I was a young mother, not yet an LLL Leader, but I took on various roles within the group as a Leader Applicant. Jenny Bourne and Cei Wilding joined Christine as Leaders.

Market Harborough played a key part in LLLGB's early days. The first LLLGB Workshop was held here, and later two of the Founders visited us, one staying with Christine. Christine was also the first editor of our Leader publication *Feedback*, producing it on an old printing machine in her kitchen.

When Cei moved away and Jenny retired,



*Jenny and Anna in 2026*



Audrey Huntingdon became the Leader. I joined her, and Christine retired. Alison Parkes later led the group with me for several years, and Mary Jane Bancroft joined us before going on to start a group in Glen Parva, Leicestershire. Sally Etheridge went on to make an enormous contribution to breastfeeding support in Leicestershire, both as a volunteer and professionally.

After Alison moved to Colchester, I was joined for a time by Vicki Hart and Sue Pearson, who later started LLL Peterborough. LLL Kettering was another early offshoot of our group, started by Terri Young.

For many years now, I have been a lone Leader, though in close contact with the Leicester group. Sadly, both Christine and Alison have now passed away. I have recently made contact with Jenny again, and we now meet regularly.

I can hardly believe that fifty years have passed. In my heart, I am still that young mother. Over the years, I've been contacted for support by children of some of the original mothers – and even one grandchild.

Back in January 1976, I could never have imagined how long LLL would be part of my life, the many roles I would take on, the wonderful women I would meet, or how much it would shape my life as a mother. I'm so glad I found it – or perhaps it found me.

# LLLGB at the All-Party Parliamentary Group on Infant Feeding and Inequalities

By Maria Yasnova and Helen Gray

***LLLGB Leaders Maria Yasnova (LLL South East London), Helen Gray (LLL Clapham & Wandsworth), and Kate Breen (LLL Shipley, West Yorkshire) attended the All Party Parliamentary Group (APPG) for Infant Feeding and Inequalities, organised by Jess Brown-Fuller MP, at the Houses of Parliament on 28th January.***

Maria writes: We run our regular LLL South East London meetings just across the river from the Houses of Parliament at the Coin Street Community Centre, so it felt especially meaningful to know that breastfeeding support is being discussed by MPs nearby. It's also encouraging that these sessions are open to anyone with an interest in the topic.

At the January meeting, we heard from the charity First Steps Nutrition, represented by Katie Pereira-Kotze, who spoke about the Government's response to the Competition and Markets Authority (CMA) study of the infant formula market. Shereen Fisher from the Unicef Baby Friendly Initiative joined remotely and shared the striking statistic from the 2024

World Breastfeeding Trends Initiative (WBTi) Report: in the UK, by 6-8 weeks, fewer than half of babies receive any breastmilk at all.

It was insightful to hear from healthcare professionals working on the wards, alongside representatives from the voluntary sector. They discussed concerns about the limited government response to the CMA report, the influence of formula companies in maternity settings, and the need to recognise infant feeding support as a specialist area of healthcare practice. There was also a discussion about the importance of expanding human milk banks in the UK, and about recent baby food safety issues linked to formula recalls.

We were also very happy to catch up – and take a few selfies! – with friends from Leicester Mammias and Baby Milk Action.

Helen explains more about the background to the meeting:

**What is an All Party Parliamentary Group (APPG)?**



*L-R: Zurina Ali (Lactation Consultants of GB), Humayra Nawrin Hossain (Leicester Mammias), Kate Breen (LLLGB), and Sally Etheridge (Leicester Mammias)*



Kate and Maria with Patti Rundall of Baby Milk Action

An APPG is an informal cross-party group of MPs who meet to discuss a shared interest, such as maternity, homelessness, or even football. While APPGs do not make legislation, they provide an opportunity for MPs to learn more about an issue and hear from organisations and individuals with relevant experience.

Some APPGs are sponsored by industry; however, the APPG on Infant Feeding and Inequalities, originally set up by Alison Thewliss MP and now led by Jess Brown-Fuller MP, does not accept industry sponsorship.

### What did the CMA report on infant formula find?

In response to concerns about the impact of rising prices for infant formula on families during the cost-of-living crisis, alongside evidence of profiteering, the UK Government commissioned the Competition and Markets Authority (CMA) to carry out a market study of infant formula and follow-on formula. The CMA's 2025 report highlighted high prices, limited competition, and widespread parental confusion, despite little nutritional difference between brands. It recommended clearer information for families and tighter controls on marketing.

The Government has agreed to implement six of the report's 11 recommendations. While this has been welcomed as a step forward, organisations including the Baby Feeding Law Group say stronger action is needed. At a time of rising living costs, this reinforces the

importance of ensuring that families are supported to make informed feeding decisions, with access to skilled breastfeeding support alongside safe and affordable alternatives.

#### Editor's note

If you'd like to find out more about future APPG sessions, including dates and topics, you can contact [jess.brownfuller.mp@parliament.uk](mailto:jess.brownfuller.mp@parliament.uk)

### Report from the Competition and Markets Authority



### Response from UK Government



### Statement from the Baby Feeding Law Group, February 2026



# Carried by Courage

By Melanie Rose, LLL Cambridgeshire

When I first saw the positive pregnancy test at the beginning of December 2024, I was nervous after suffering a miscarriage the previous year. We had several private scans, and everything seemed to be going OK. On 7th April, we went for our 20-week anomaly scan. I vividly remember saying that the baby's heart looked very strong, then the sonographer went quiet and advised she needed a colleague to confirm something – and we realised something was wrong with our unborn baby. Their heart was too far over to the left side of their body and we needed to go to Great Ormond Street Hospital the following day for a heart scan.

## We realised something was wrong with our unborn baby

During the appointment, the specialist advised that the heart was fine, everything was working as it should be, and it was probably “just a hernia”. She explained that our baby's diaphragm had not formed properly, so their organs were in the chest cavity. They would need an operation to correct this at birth, but overall, she didn't seem too worried. We were so relieved. “It might not be as bad as we think”, I said to my husband. I finally dared to look at the 20-week scan photo and felt happier and more confident in our baby's survival.

Addenbrookes hospital arranged an MRI scan. After a long and awful week of waiting for our results, Foetal Medicine confirmed that it was a right-sided Congenital Diaphragmatic Hernia (CDH), which we had never heard of. CDH occurs in approximately 1 in 5,000 births. Being right-sided it made things more complicated as his bowel, gall bladder, and liver were in his chest, causing his heart to be pushed over to the left side of his body and so putting pressure on his lungs, which were unable to grow fully. The left lung was 20% of the size it should have been and they were unable to see any of the right lung. It was explained to us that there were a range of expected outcomes, including a “significant chance of mortality and significant



morbidity”.

At this point I blanked out. It felt like the walls were closing in. My husband kept telling me to listen, but I couldn't. We were told it was a little boy, and he was given a 10% chance of survival. We were given three options:

1. Do nothing
2. Have amniocentesis to establish if there were any other problems which could make his prognosis worse
3. ‘Interrupt’ the pregnancy. His diagnosis was so severe that a termination would be permitted at any stage of gestation

We didn't like the sound of any of these, so we chose to get a second opinion from a specialist professor in London who had pioneered a procedure to assist babies' lungs to expand. We discovered this option after seeing a medical documentary, which included a little boy with the same diagnosis and prognosis and who had survived. This gave us determination and hope.

At 26 weeks, I had a local anaesthetic, my baby was sedated, and a balloon was inserted into

his trachea to trap any fluid in his lungs and allow them to grow. At 30 weeks we had to move to London to be closer to the specialist for weekly scans. I was able to continue my admin work from home and my husband Jamie was transferred to a London branch of his company. We even took the cat!

At 34 weeks gestation, the balloon was removed, again with local anaesthetic and sedation. On the walk back to our accommodation after the procedure, my waters broke and two days later Arthur Austin was born.

## I was going into my breastfeeding journey in the dark

After not knowing if I would be able to hold my baby when he was born, I was elated when they handed him to me, even if it was just for five seconds before he was taken away, had a breathing tube inserted, and was placed into an incubator.

I spent three nights recovering in hospital and began to collect colostrum by hand. I had ample amounts, which were stored in a freezer on the ward where I was staying. When the time came to take it up to the NICU where Arthur was, the nurse told me that it was missing. I thought there was no point getting angry – I had bigger things to worry about, like Arthur being stable enough for his surgery.



After I was discharged, I purchased an electric breast pump. During pregnancy we didn't buy any baby things or attend any baby classes, as even with the fetoscopic endoluminal tracheal occlusion (FETO) procedure, Arthur only had a 20% chance of survival. Having lost my mum to breast cancer in 2020, I was going into motherhood and my breastfeeding journey in the dark, unaware that it would take a few days for my milk to 'come in'. Five days after Arthur was born, I woke up with sweats and a very high temperature. I took myself to the maternity unit where they believed I had an infection and advised that it would be best not to visit my son. I was heartbroken.

The next day, I had my first postnatal checkup with my midwife and told her everything that had happened the day before. She asked if I had noticed a change in the consistency and colour of my milk, and explained that my rise in temperature was normal hormone changes when my milk was 'coming in'. My milk supply at the beginning was great. I was able to pump 5-6 times a day, getting 4-5 ozs each side. As Arthur was nil-by-mouth, I quickly ran out of space in my freezer!

At ten days old, Arthur had his first surgery, where they moved his organs down and patched up his diaphragm. Nine days later, he was able to have his first feed through his nasogastric (NG) tube. It was only 1ml every three hours, but it was a start, gradually



increasing as he could tolerate larger volumes.

When Arthur was five weeks old, his breathing tube was removed and I was finally able to see if he was able to latch and feed. It felt so surreal – I had never thought this day would come. I thought, “That’s it, he’s now a breastfed baby!” I did not realise how far there still was to go.

A week later, Arthur was transferred back to Addenbrookes with me sitting beside him in his incubator in the back of a paediatric ambulance. He was one step closer to home. It felt strange being back in Cambridge after 10 weeks of living in London.

Before we were finally discharged home, our Foetal Medicine consultant came to visit us. He was speechless at what we had been through and what Arthur had overcome. He told us, “Your baby needed an advocate, a voice, someone to fight for him before he was born – and you two were that voice. Because of your determination he is here today.”

At home, feeding wasn’t easy. He still had his NG tube, we were bottle-feeding him, and I was trying to breastfeed. There were so many occasions when I just wanted to give up trying to latch him. I was getting upset, angry, frustrated, and felt rejected by my own baby. I didn’t realise how determined I would be to breastfeed, but after seeing him being cared for

by so many people in hospital, the one thing that only I could do was to produce the milk that is designed and tailored especially for him.

During a routine check-up with my GP, I explained how difficult I was finding breastfeeding. It was this GP who first introduced me to La Leche League. One of the Leaders suggested a specialist to visit and at five months old, Arthur had his tongue tie divided. This hadn’t been obvious, but it made a huge difference.

**However your baby is consuming your breastmilk, whether it’s through latching on, a bottle, or an NG tube, you are still breastfeeding**

Throughout everything we have been through since Arthur was born, I have been pumping, and I still am. Jamie, my husband, is my cheerleader; he is astounded by how my milk is providing our son with antibodies. This keeps me going on the hard days (of which there are a few). Arthur has my breastmilk from a bottle, when he doesn’t latch during the day. At night he will latch and feed.

For a long time, I felt as though I had failed at breastfeeding as he wouldn’t latch and even when he did, I still needed to top him up with my milk in a bottle. But as I explained to a mum recently at an LLL meeting, however your baby is consuming your breastmilk, whether it’s through latching on, a bottle, or an NG tube, you are still breastfeeding.

**LLL offered something profoundly different**

From the moment I walked into my first LLL meeting, I felt an overwhelming sense of welcome and reassurance. It was more than just a gathering; it was a space where warmth and understanding met me at the door. In a world where new mothers so often feel pressure to “get it right”, LLL offered something profoundly different, a place rooted in honesty, shared experience, and genuine compassion.

There was no judgement, no competition, and no expectation of perfection. Instead, there was listening, encouragement, and the quiet strength that comes from women supporting one another. That first meeting marked the beginning of not only greater confidence in my own journey, but also a deep appreciation for the power of community and connection.

A year has passed since we first learned of Arthur's condition, something we never could have imagined at the time. Today, he is a bright, beautiful boy and full of character. He remains under the care of Addenbrookes and Kings College London, who will continue to monitor his progress through to adulthood.

**Each hurdle has shaped us, strengthened us, and reminded us how fiercely resilient he is**

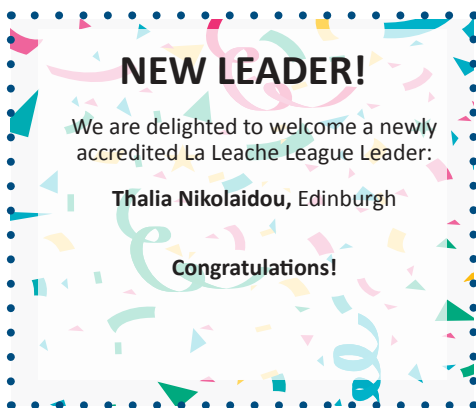
Arthur's CDH journey, like our breastfeeding one, is far from over, but we have overcome so much already that sometimes I need to pause and truly take it in. The early days felt impossibly heavy, filled with medical language we had never heard before, machines that became the soundtrack to our lives, and a kind of fear that settles deep in your bones. There were moments of doubt, exhaustion, and tears that came without warning.

But there were also victories – quiet, powerful ones. The first time we saw him comfortable.



The first feeds that didn't feel so daunting. The gradual shift from surviving hour by hour to daring to look a little further ahead. Each hurdle has shaped us, strengthened us, and reminded us how fiercely resilient he is.

We are still walking this road, still learning, still adapting. Yet when I look back at where we began, I see not just the challenges, but the courage that carried us through them. And that gives me hope for whatever comes next.



# Ode to a bosom

By Juliette Birch



*I am based in Chingford in East London and live with my husband Julian and my daughters Phoebe and Iona.*

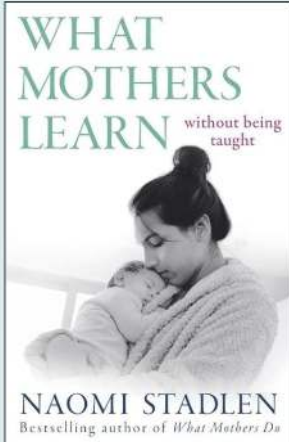
*I am a not-for-profit poet, that means that I love to write poetry about things that mean a lot to me, and I like to give these poems to others who might like them and understand the feeling behind them.*

*Both my daughters are at university now and are enjoying living their own lives.*

*I have found my heart returning to the memories of the golden treasured time of breastfeeding, hence my poem. The memories are filled with the closeness, the comfort, the satisfaction, the contentment, all the rewards for getting through the very hard, I found, first part. The wonderful, settled, established part that follows is worth every struggle and trial.*

*I believe it to be one of the true joys of having a child. The bond you feel. The quite miraculous synchronicity of how your milk changes and adjusts as your baby grows.*

Vessel of love and life,  
My babe's eyes you ease to sleep,  
Sated and full of all she needs,  
You are mine and hers and everything,  
Health giving, healing magic,  
Her breath comes soft and sweet,  
Close, in my arms, cradled comfort,  
As vital as the earth,  
Unlimited as the oceans,  
Like alchemy you change as she grows,  
Elixir full of love, it flows.



£12.99  
+ P&P

## What Mothers Learn Without Being Taught

Naomi Stadlen spent many years listening to mothers and in this powerful book, she shows first, how learning to be a mother takes time, and then what a wonderful experience it can be. It also makes the case that, if enough of us agree that mothering is essential, society must find a way to reward the women who do it.

*"What Mothers Learn is written to show, first, how learning to be a mother takes time."*



La Leche League GB  
SHOP breastfeeding, books & more

When you buy from the LLLGB Shop you can be confident that any profits help to fund LLLGB's work supporting breastfeeding. It's another way to show your support.



# Does Nursing Away Tears Help or Hinder Emotional Growth?

By Sarah Fletcher, LLL Bedfordshire

Many parents worry that breastfeeding to comfort a crying child might prevent them from learning to cope independently. Will nursing away tears make a child “too dependent”? Does comforting them quickly stop them developing resilience?

Understanding a little bit about child development may help reassure you that connection and learning can happen at the same time.

## Small children need help managing big feelings

A child’s brain develops gradually over many years, with the parts responsible for reflection, planning, and self-control maturing long after babyhood. Young children are not yet able to regulate their emotions in the way adults can.

When a child feels frustrated, overwhelmed, disappointed, or frightened, the emotional part of the brain can take over. In these moments, they are not being manipulative or unreasonable – they are experiencing feelings they do not yet have the skills to manage alone.

This is why children need us to help them “co-regulate”: to lend them our calm while they learn, over time, how to calm themselves.

## Comfort helps children return to calm

Brain scans suggest that emotional pain and physical pain stimulate similar areas of the brain. When a child is hurt emotionally, they need comfort and reassurance from a trusted adult, just as they would if they had fallen and scraped their knee.

When children are “flooded” by strong feelings, they cannot access the thoughtful, rational part of their brain. Before they can listen, learn, or solve problems, they first need help to feel safe and calm again.

## Breastfeeding as emotional support

For many breastfeeding children, nursing is the quickest and most effective way to help them

“reset”. It is not simply food, but one of the ways they seek safety and regulation.

Offering the breast to a distressed child is not preventing emotional development. In fact, responding sensitively to a child’s distress helps build the secure attachment and emotional safety from which resilience develops.

Over time, as children mature, breastfeeding usually becomes one of many comfort tools they can draw on until, eventually they no longer need it.

## Supporting emotions in everyday life

Breastfeeding may be one helpful response when emotions run high, but it is not the only one. Other gentle ways to support a distressed child include:

- **Holding boundaries:** “I won’t let you hit. Let’s move over here where everyone can stay safe.”
- **Offering connection:** A cuddle, hand on the back, or quiet presence may all help.
- **Naming emotions (if it helps):** “You seem really cross that we had to leave the park.” Some children find it helpful when their feelings are put into words. Others don’t – and that’s okay.
- **Allowing feelings without rushing to fix them:** Sometimes simply staying nearby is enough. Your child may want closeness, or they may need space. You know your child best.
- **Breathing together:** Slow breaths can help calm both you and your child.

Meeting a child’s distress with comfort and connection does not spoil them. It teaches them that big feelings can be managed safely and that support is available when they need it, until they are ready to do more of that work for themselves.

# Mothers on.... breastfeeding out and about

## Have baby, will travel

Many thanks to everyone who responded to our summer photo shout-out. As the photos rolled in, we were reminded of Dr Seuss's Green Eggs and Ham...

*And I will eat them in the rain,*

*And in the dark, and on a train.*

*And in a car, and in a tree –*

*They are so good, so good, you see!*

Wherever you and your family go this summer, we wish you safe travels – and happy breastfeeding!

You can find more ideas and info at [laleche.org.uk/out-about-with-your-breastfed-baby/](http://laleche.org.uk/out-about-with-your-breastfed-baby/)



Seal watching  
in the Isles of  
Scilly. - Emma



In an  
ancient  
underground  
church. - Cat



In a children's play  
centre in Maidstone.  
- Bex



In Malta. - Lucy



With Indy  
in the Albert Hall. -  
Emily



A Roman  
amphitheatre  
in Jordan. I was  
nervous about  
breastfeeding in the  
Middle East due to  
modesty but everyone  
was amazing - Cat

## Nursing with confidence

Try and do it with confidence, even if you don't feel it internally. I used to feel anxious, especially when feeding a toddler in public, but I've had no negative comments and only positive ones while feeding, as well as thumbs ups from old ladies in cafes, and stories shared with me by mums of teenagers! You are doing your best for your baby and that's a wonderful thing. - **Lucy**



On a hike near Petra, Jordan. - **Cat**



On Ramsgate beach, six weeks pregnant with my second baby. - **Bex**



I inadvertently gave myself a very jazzy nipple feeding outside this winter! - **Ellie**



Would you like to know more about how to become an LLL Leader?

Would like to give back some of the support that you have received with breastfeeding? Or do you want to help others achieve their breastfeeding goals?

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

# 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.

