

“Professionally qualified to support lactation nationwide.”

Newsletter Number 59



Welcome to Treasure Chest. A lot has been happening and this edition is full of news and reports for you. Included are the details of the new Committee elected at the AGM on May 7th. Our new Co ordinator is Jill Dye who has written to you all. Jill had a baptism of fire with the behaviour research being published days after she took over but she did us proud. Please lend her your support in the task ahead. There is also a report of Alison’s retirement show which was a most enjoyable way to pass a Saturday afternoon in March. At the AGM we discussed using technology more. Lynn Timms is developing the LCGB website with more planned. We have started putting TC on the site and although many of you still like your paper copy do have a look to see the photos in colour.

Your Committee: Co ordinator : Jill Dye Deputy : Hilary Myers Treasurer : Luci Lishman Secretary : Sally Etheridge Membership Secretary : Sarah Gill, Librarian : Denise Pemberton, Educational Co ordinator : Trish Molinari, Recording Secretary: Janet Everest Newsletter Editor: Linda Page Media Co ordinating Lead: Claire Meyell LCGB Conference co ordinator Team Lead : Marion Jones

Contact Details available on members area of LCGB website www.lcgb.org
Committee Meetings are open to all members Please inform Secretary if you are attending.

NEXT COMMITTEE MEETING JULY 6th The Square Pig Holborn 11am.



Committee Members at the recent AGM from left Hilary Myers , Clare Meyell, Linda Page, Gwyneth Ward Jill Dye, Sally Etheridge, Sarah Gill, Trish Molinari, Luci Lishman.



Introducing..... Jill Dye

I am excited, though a bit daunted to be the new Coordinator for Lactation Consultants of Great Britain. Hilary Myers is a hard act to follow. She has done a tremendous amount of work for us and I hope to be able to build on her achievements to promote LCGB and raise our profile in the next two years as I serve as Coordinator. Hilary will be a great source of support as she continues on the committee as Deputy Coordinator.

I have been an IBCLC since 2000 and joined LCGB as soon as I got my exam results. I served as co-conference coordinator for LCGB with Gwyneth Ward and Hilary English for four conferences. I got my experience helping breastfeeding mothers with La Leche League Great Britain. I became involved, as so many of us have, because of a difficult breastfeeding experience, joined La Leche League as a way to say thank you and have been part of the breastfeeding community ever since.

I work as a Training Coordinator for LLL's Breastfeeding Peer Counsellor Programme and as a private practice LC in the London area.

I am married to Paul (many of you will have met him at conference registration desks). We have three children, now adults, who have been reasonably tolerant of my obsession with all matters to do with breastfeeding.

I do have a few other interests. I play the flute in two wind bands and spend some time on our allotment. I remember going to a meeting about improving health in London and spent as much time arguing the importance of allotments as I did about breastfeeding. There was more in the final document about breastfeeding so I guess I did a better job presenting the breastfeeding case. I hope I can be as effective in my role as Coordinator of LCGB.

Jill Dye



**DATE FOR NEXT YEAR'S
DIARY
LCGB CONFERENCE &
AGM
FRIDAY 22ND &
SATURDAY 23RD JUNE**



Co-ordinator's Report

During the last two years I have attended the national Breastfeeding Stakeholders' meeting at the Dept of Health. With members of the Breastfeeding Manifesto Coalition I helped to draw up a framework for partnerships between the DoH and Industry. We made very clear the unacceptability of healthy eating and breastfeeding promotion being linked to companies that make or market infant formula and junk food and the importance of working in line with the WHO Code. The last meeting in March was a sad affair as it was announced that the Coalition government had decided to do away with the National and Regional Coordinators and much of the work and funding for the promotion of breastfeeding has been withdrawn. In

“ Numerous e mails asking what I am doing about promoting LCGB...to everyone I have replied that it isn't enough for one person to be doing this To make a real difference...we all need to push ourselves forward ..to ensure we are seen as the organisation to consult on breastfeeding topics.....”

future all breastfeeding promotion will be 'reactive' and there is now only one member of staff at the DoH to deal with all things to do with breastfeeding. There is to be no centrally organised National Breastfeeding Week for 2011 and no available resources. Interestingly both the Welsh and Scottish assemblies have approved funding for national breastfeeding campaigns so it's only England that loses out.

On behalf of LCGB I wrote to Andrew Lansley, Sec of State for Health to protest about this. I received a personal reply from Dr Lansley in which he stated that this government is committed to supporting policies that promote public health and is committed to supporting healthier choices, including breastfeeding. He goes on to say; “however, we also recognise that breastfeeding is a very personal choice for each woman to make and not all mothers are able to or choose to breastfeed”.



Of course we all know that this isn't anyway near enough. Talking about breastfeeding being a personal choice and the need to support all new mothers in their choice misses the point entirely. *We know* that the vast majority of women wish to breastfeed, but it is the gap between what they expect and the reality of the help and support – or lack of it – that they receive that is the problem. The WHO have recognised that this isn't enough and have now put non-communicable diseases, caused by an unhealthy lifestyle near the top of its agenda.

Don't forget to tap into the World Breastfeeding Week resources. **Yes! Talk to Me about Breastfeeding Event** is taking place now on the WBW 2011 website www.worldbreastfeedingweek.org.

On behalf of LCGB I also responded to the DoH request for comments on the NHS Outcomes Framework. This sets out the outcomes and corresponding indicators that will be used to hold the NHS Commissioning Board to account for the outcomes it delivers through commissioning health services from 2012/13. I stressed that breastfeeding should feature as a key indicator for health throughout.



I have also responded for LCGB to a number of requests for support from the Baby Feeding Law Group. It is essential that LCGB is represented at BFLG meetings and we are still in need of volunteers who are willing and able to attend their meetings, report back to the committee and respond to requests for letters and support.

Our website receives many enquiries from prospective candidates wanting more information about IBCLCs and the exam, members of the public asking for help and

many other requests for statements on breastfeeding. Over the last year I have also received numerous emails from members asking me what I am doing about promoting LCGB and IBCLCs. To everyone I have replied that it isn't enough for one person to be doing this. To make a real difference, LCGB needs to work very hard *as an organisation* to increase public awareness of lactation consultants. We all need to push ourselves forward into the public eye and ensure the media sees us as *the* organisation to consult over breastfeeding topics.

LCGB's plans to seek regulation from the HPC will need some considerable rethinking as the Coalition government has recently introduced plans to reduce regulation of the health professions. The HPC application process was closed in March 2011 and all work on prospective applications and new groups being considered for regulation has ceased. *Enabling Excellence* is the White Paper that outlines the reforms. The idea is to encourage self-regulation and voluntary regulation and for employers to bear the responsibility for ensuring employees are suitably qualified and trustworthy. You can find this document on the DoH website www.dh.gov.uk. I am thankful that our own application hadn't progressed as far as parliament as we would not have stood a chance of succeeding in the present climate. All is not completely lost as we can still work towards ensuring that the IBCLC qualification is a recognised accreditation within the UK and once we know what exactly is planned we can adjust our goals in line with the new recommendations.

I have served as a committee member for eight of the last 11 years and am looking forward to taking the slightly more 'backseat' job of deputy coordinator. I would like to thank all those who have served on the committee with me, and the new committee members who will be taking over. We are a small organisation, but we are growing fast. With the increase in numbers has come an increase in activities and responsibilities. The whole committee work to keep our membership informed and advocate for breastfeeding alongside their other, often full-time employment and I thank both the outgoing and the new committee members most warmly.

Hilary Myers

Thank you Hilary for all your hard work. We do appreciate it and hope you will now have slightly more time to yourself.



Sue Saunders was given a fabulous way to celebrate IBCLC Day on March 3rd with the birth of her new grandchild pictured here aged one hour old skin to skin with Mum Sarah.

Study days and courses with Sue Saunders have resumed in Kent! For information on dates and venue please contact Sue at email: susanlsaunders@googlemail.com

the mammary dialogues *written and performed by*

Alison Blenkinsop and friends

I put on this show to celebrate my retirement from breastfeeding support on my 60th birthday at The West End Centre in Aldershot on Saturday 26th March. I'd started planning it about nine months before, but only began to write it with about ten days to go! However, I was drawing on a lot of material I'd already gathered for my book *Fit to Bust*, and other ideas I'd been jotting down during those months. Preparation was complicated by a delay in the publication of the second edition of *Fit to Bust*. I'd hoped it would be ready by early March at the very latest, but I ended up reading the proofs at the same time as putting the show together. The books arrived with less than a day to spare, but I found to my horror that they were missing a large number of photos, and had to be reprinted!



On the morning of the show, I had my hair styled for the first time since marrying Tony 17 years ago, and brought out my spangliest outfits. Several friends helped me decorate the theatre with a banner of bras to carry the show's title, helium balloons and potted plants. Heather Higgins joined me on stage to perform a selection of my favourite songs, encouraging the audience to join in some of them. She's the mother of two breastfed children, a breastfeeding supporter and doula, and a gifted soprano soloist. She is also involved in Christian ministry in New Malden, where I used to live. (We

met at a Baby Friendly conference years ago, when she was looking for a lift home.) Heather loves to organise parties, and her practical advice before the show helped keep my feet on the ground. She'd spent the week of the show in Norfolk helping a mother after a long labour and emergency CS, but she kept her promise of being at the show, come what may!

I based the Mammary Dialogues on interviews with family members and friends, with a backdrop presentation which included photos of me as a baby with my older sisters, and four years later with the youngest of the family.

Alison at 3yrs with sisters Mary and Elizabeth, showing perfect positioning of her teddy



The slides also included several pictures of close friends and family nursing their children, some acquired long before my passion for the topic emerged! I paid tribute to the support and prayers of my late mother and my father (now nearly 92) during reminiscences of my life. It was a great joy and privilege to hear my songs performed so enthusiastically by the audience, who filled three-quarters of the 100-seat theatre. Some had travelled from far-off places, including Bristol, the Kent coast, Milton Keynes and even the Scottish Highlands. LCGB was well represented by Lucy Simnett, Tina Loader, Irene Ridgers, Chris Mundy, Trish Molinari, Deborah Robertson, and Carolyn Westcott and Linda Page. During the interval, my sisters sold *Fit to Bust* hats and packs of wool for knitted breasts and the Happy Knappy, while the audience enjoyed tea and suggestively-decorated cupcakes. I then changed into another sparkly outfit and continued with more dialogues, songs and stories. Both the oldest and youngest members of the audience were interviewed, although my 17-month-old godson, Thomas, made no intelligible remarks. He merely provided entertainment by trying to latch on to the microphone as

his mother, Polly, described the awful problems she'd encountered with nursing her two tongue-tied boys. Later on, Polly's husband Alex shared his experience of fatherhood, and then Stella (86) and Ione (95) explained the importance of love and prayer in bringing up children. We finished with a rousing rendition of **A Peak into the Future**, sung to the tune *Jerusalem*.

And did those breasts in ancient time
feed every child from birth to five;
and did the nourishment they gave
ensure the human race survived?
And did the nursing night and day
space babies' births by several years,
and did their mums feed them with joy,
and rarely meet with pain and tears?

Bring back the days when mother's milk
had pride of place at dinner time,
when weaning age was baby-led,
and none was spoon-fed puréed slime.
I shall not cease from writing songs
about lactation's mystery
as peaks of human history.

A retiring collection, plus 10% of ticket sales and the auction of a Boobie Buddies breastfeeding doll kindly donated by Pip Wheelwright, raised £360 for the Children's Society campaigns *OutCry!* and *End Child Poverty* (with more to come from Gift Aid). I have now been able to fulfil some advance orders for *Fit to Bust*, which is still raising funds for Baby Milk Action. (Picture 6) Signed copies are available from me for a reduced price of £11 (including p&p), or direct from the publisher Lonely Scribe for £10. <http://www.lonelyscribe.co.uk/booklist.cfm>

The show was a great way to mark the end of my breastfeeding career. I am very grateful to my LCGB friends for supporting me in the wonderful experience of learning the value of lactation, and helping to support parents. I wish you all well in this fascinating and vital work, and hope to meet some of you again soon.

Alison Blenkinsop

Polly Strong with Thomas, Alison's Godson.



LC's from
the left Chris
Mundy, Tina

Loader (back view), Lucy Simmet Irene Rogers and Carolyn Westcott.



PCOS (Polycystic Ovary Syndrome) & Lactation: What have we learned?

ILCA 2010 presentation by Lisa Marasco, MA, IBCLC, FILCA

Report by Helen Gray

Polycystic Ovary Syndrome affects 5 to 10% of the female population. The classic presentation includes obesity, insulin resistance and hyperandrogenism, but in fact women can have different combinations of symptoms. For instance, only 50% of women with PCOS are obese. 4 sub-types of PCOS are Stein Leventhal Syndrome Type I “Classic” (with central obesity and irregular cycles), Type II “Atypical” (women are thin, with insulin resistance characterized by normal glucose but high insulin), and two types of Adrenal Hydroxylase Deficiency.

Effects on milk supply can also vary widely, with some women having a normal milk supply, some women struggling with low milk supply, and some women even having a hyper supply. As an endocrine imbalance, clinical symptoms can include polycystic ovaries, hirsuteness, adult acne, male pattern balding, insulin resistance, skin tags, central obesity, type II diabetes, irregular menstrual cycles, infertility, a history of miscarriage, heavy menstrual bleeding, endometriosis, depression (often connected with the issues of overweight, infertility, and biochemistry), dark brown patches in skin creases, and pregnancy complications such as pre-eclampsia, gestational diabetes and hypertension.

There is a complex interplay of hormones, both androgens and estrogens. Obesity can lead to insulin resistance which can trigger PCOS. Women can have a vicious cycle of insulin resistance and elevated androgens which can affect receptors and significantly decrease milk production. This delicate balance and interplay of hormones can have widely variable effects, and timing can be critical. It is possible that a high androgen intrauterine environment appears to predispose to SGA and then premature adrenarche which can lead on to PCOS, and might also affect the fetal mammary bud. The timing of insulin resistance and puberty can affect breast development. High insulin levels *before* puberty can *increase* breast size leading to hypertrophy, while high insulin levels *soon after* puberty can *reduce* breast size and lactational capacity (from R. Craig, MD).

Research into PCOS and lactation is still in its infancy, and studies so far have contradictory results, showing that population samples, hormone levels and treatments chosen for testing may need to be further refined to tease out causal factors. Carlsen 2010 found that “Mid-pregnancy androgen levels are negatively associated with breastfeeding,” theorizing that high androgens during pregnancy may inhibit normal breast transformation while postpartum androgens may inhibit lactation directly, or some combination of both with negative psychological effect.

No single treatment appears to target all the variations of PCOS. Marasco refers to a Reproductive Endocrinologist approach, to treat lactation insufficiency according to the mother’s individual hormonal symptoms, so different androgen and estrogen levels might be treated by specific drugs. Medications that bring down insulin also reduce androgens. One promising treatment is metformin, which might be prescribed during pregnancy and/or during lactation. In pregnancy metformin reduces miscarriage, GD, pre-eclampsia, and premature births, and for some women may result in better glandular growth and milk (anecdotal), while during lactation it can improve insulin action and reduce hyperandrogenism, with best potential with at least moderate breast development. Metformin is considered safe for breastfeeding, Hale L1.

Galactagogues can also help the breastfeeding mother. Reglan is not recommended due to the added risk for depression in women with PCOS. Domperidone is the “best choice when available but seldom compensates alone.” Various herbal galactagogues may have properties which can address specific issues of PCOS:

- Anti-diabetics: goats rue (the origin of metformin), fenugreek
- Hormone balancers: black cohosh, vervain, shatavari, vitex/chasteberry
- Anti-androgens: licorice (adrenal balancing), saw palmetto, fennel

So possible treatment options are beginning to appear for this syndrome but it is still perhaps poorly recognized and poorly researched.

- A good referenced summary of PCOS, its effect on lactation, and possible treatments is in *The Breastfeeding Mother's Guide to MAKING MORE MILK* by Diana West, BA, IBCLC and Lisa Marasco, MA, IBCLC
- Another article by Lisa Marasco: <http://www.Illi.org/Illleaderweb/LV/LVAprMay05p27.html>

Update from our partner in Nigeria, Asibi Onyiosa

We still have a long way to go in Nigeria concerning the BFI accreditation and re-accreditation. The reason is there are no breastfeeding specialists in the ministry to suggest the right steps to them. Before last year, the last assessment was done in 2001. In 2010 it was not as detailed as



expected but I am very happy that it has started from somewhere. In 2009, when I came back to Nigeria (from Rwanda), I met individually with some officers in charge of Infant Nutrition. They are directly in charge of Breastfeeding activities and I made my suggestions to them concerning why our success rate is still low and the way forward. I am most grateful to God that it has yielded a positive result.

My challenges for now are that I am working in a private hospital with a lot of distractions and as a result, have not been able to penetrate the federal ministry of health. My first official

meeting was the stakeholders meeting – I was nominated by my clinic to attend. Guess what? I really made some noise about evidence-based practices and what is obtainable now worldwide. To some people it was a great opportunity to be updated while a few were wondering what my explanation was all about. The testimony is that 3 people from different hospitals were very happy to meet me in person as some mothers had made references to how they were cared for with their breastfeeding problems and they got relieved.

I have wished to get an appointment with the federal setting to enable the IBCLCs to be known at Government level but I believe I need to be introduced to them. I am considering writing to the ILCA president for such letter.

Since I came back from the ILCA Conference, I have actually changed from creating awareness to giving more support and protecting the mothers, which has worked marvellously.

Asibi

In at the Deep End

Jill Dye

Three days after I became Coordinator for LCGB research was published that shows that babies who were not breastfed for at least four months have a higher risk of behaviour problems at the age of five. On Monday evening Jean Waldman phoned me to say that the BBC had asked her for someone to be interviewed for Radio 5 Live about this research. I discussed this with Clare Meynall, our new Media Coordinator, and we agreed that I would give the interview. This interview was recorded Monday night. I hadn't seen the research or any reports of it, so was fairly low key. I answered the questions asked and was fairly pleased with the way it went. I didn't hear the interview the next morning. It must have been played early as I turned the radio on about 6.45am to hear comments ridiculing the research, then, to my mortification, I heard 'What a load of twaddle. That lady wasn't very good. When pressed she talked about other things.' I felt awful. A complete failure. I was in the depths of despair, then started thinking rationally. I hadn't been 'pressed'. I had answered the questions asked. We discussed the research several times. If I seemed to be evasive, it will have been a result either of the editing or the commenter's ears. If any of you heard the interview, let me know what you thought.

I planned to spend the day on the allotment to avoid any more mention of this research, but then came another phone call. 'This is Jennifer Leake from BBC local radio. Would you be available this afternoon to be interviewed for local radio about the breastfeeding research reported this morning?' I said 'yes', thinking here is my chance to redeem myself. The experience wasn't quite what I was expecting. I had to go to the closest local radio station, so I thought I would be interviewed in the studio by a presenter, however, I was in a studio by myself with headphones and a microphone. According to a strict timetable, the producer for each programme would say, 'Jill, are you there?' 'Yes, hello.'" Then I would be put through to the presenter to face the questions. Several of the interviews were recorded for later broadcast, but most of them were live. Altogether I was interviewed ten times for local radio in Merseyside, Cornwall, Derby, Manchester, Lincolnshire, Sheffield, 3 Counties, Hereford & Worcester, York and Essex.



What did I do to prepare? Marion Jones provided a copy of the article and I knew I needed to look at some of the blogs and comments on the Internet. First I read the abstract and several of the news reports. There was a video clip on the BBC website with Maria Quigley, one of the researchers and some mums at a breastfeeding support group. I was glad I had seen it because two of the stations played the audio from the clip before I was questioned. After I had had a good look at the comments on line, I read the article thoroughly, several times until I thought I would be able to answer any questions arising directly from the research. Then I made a list of points I would like to make if I got a chance. I knew that it was unlikely that I could make all of them, but I found it extremely useful as it helped me answer the questions I was asked without too much hesitation. I was introduced as 'Jill Dye, Lactation Consultant' and I tried to bring in the

importance of IBCLCs, though I wasn't always able to do so. I also tried to emphasise the normalcy of breastfeeding. Reading the comments on the Internet beforehand made me realise that there is a strong belief that any research showing importance of breastfeeding puts pressure on mothers to breastfeed. In this case the importance probably wasn't primarily because of the milk. Therefore I could say that this is actually good news for women who didn't breastfeed because they could learn to be responsive to their babies by keeping them close.

The experience was intense. I was exhausted after an hour and a half. I am pleased that I did it and encourage any of you to take the opportunity to participate in media discussion if offered. Some of the presenters were challenging and there is at least one that I know I could have given a better response, but it will be easier the next time. These points are listed in no particular order of importance, just included as I thought about what I would like to get across. but I thought they might be useful for you as a process in preparing for unexpected questions about this research.

- ❖ Breastfeeding doesn't improve children's behaviour, not breastfeeding may lead to an increased risk of behavioural difficulties.
- ❖ The milk may be a factor as it does nothing to hinder normal neurological development and by providing the appropriate nutrition may mean that not breastfed children are at greater risk of neurological damage.
- ❖ Maternal breastfeeding behaviour may be a more important factor. Helen Ball has said that for there to be safe bed sharing the mother needs to be a 'tuned in caregiver'. Tuned in caregivers are likely to be responsive earlier to cues from the child that everything is not ok.
- ❖ Breastfeeding mothers are more likely to be 'tuned in' because they have hormones, particularly oxytocin, on their side. Every time she breastfeeds she gets a burst of oxytocin. The more researchers find out about oxytocin, the more important this regulatory hormone seems to be in all aspects of human life. Men have it as well. It is the hormone responsible for orgasm.
- ❖ One extremely important factor for breastfeeding mothers is that oxytocin increases tolerance of tedium. Looking after babies and young children can be exceedingly tedious as many women who work outside of the home from choice tell us. If a mother doesn't find being with her young baby boring, she is more likely to stay near.
- ❖ If the reason for this difference is because mother breastfeeds rather than breastmilk feeds, then this is good news for mothers who do not breastfeed. It may be more difficult for her because she doesn't have the benefit of oxytocin, but she can actively work to keep her baby close and she will become a tuned in caregiver.
- ❖ IBCLCs, International Board Certified Lactation Consultants, are professionally qualified to help with breastfeeding challenges to enable women who want to breastfeed do so.
- ❖ Breastfeeding helpers in the voluntary sector, La Leche League, National Childbirth Trust, Breastfeeding Network, Association of Breastfeeding Mothers are all women who have breastfed their own babies and are extremely knowledgeable. If they don't know something, they know where to find out. Many local areas have peer supporters that can provide the mother-to-mother support that is often all that is needed to help a mother feel confident that she can breastfeed her baby.
- ❖ Most mothers want to breastfeed and all babies want to breastfeed. If a baby seems to resist the breast it is because he is unable to breastfeed. There is always going to be a reason, though discovering what it is can be challenging. Help is available.
- ❖ Women who chose not to breastfeed need to know what they are giving up. A mother who has difficulties needs to have someone with good knowledge of normal breastfeeding to help her to achieve her breastfeeding goals.
- ❖ The study found that the behavioural problems included clinginess, something many mothers have been told is caused by breastfeeding.



During this past year I have continued this committee role with the additional task of being the main contact for selling and distributing the LCGB resource – Tongue-tie & Infant Feeding information pads.

During the last two years there has been a radical change in the layout and identity of the website. In this last year we have streamlined the site to make it easier to navigate whilst retaining the information and relevance. I inherited the website co-ordinators role in 2009 with a well established working relationship with the website manager. The role entailed collating and forwarding all website contributions and amendments on a monthly basis.

However, this year it has become clear that this is a slow process with amendments taking 4-5 weeks to be actioned and also cumbersome to manage. Therefore, since February 2011 the process has been fine-tuned and I hope that members who have been in contact recently will have noticed a number of improvements including a quicker process to action any changes; notification back to the contributor advising that the requested change has been uploaded; an invitation to proof the new entry and re submit as necessary.

Contributions to the LCGB website are very welcome so that the site remains current and includes content that will interest both LCGB members, other professionals and parents. Of particular mention :-

- Find a Local LC = http://lcgb.org/consultants_local.html. This is for members who wish their details to be made available for public viewing. Please make sure that your information is up to date
- Private LCs = http://lcgb.org/consultants_private.html . For a competitive annual cost this advertising space offers an ideal opportunity to promote your breastfeeding business given that most visitors to the site have an interest in breastfeeding and are looking for help/ advice/ information.
- Events = http://lcgb.org/events_conference.html and Links = <http://lcgb.org/links.html> . The list of study days, resources and links needs to be kept in date. Any local, national or international course that is deemed as 'Code Compliant' can be included. In addition, any opportunity to promote the work of IBCLCs and LCGB is welcomed. Please do contact me if you have any suggestions where we can arrange a reciprocal link with like minded organisations.
- Members' area. Up to date information including contact lists; minutes of meetings and the latest Treasure Chest are available to view

Plans for this next year include reformatting the find tongue tie divider page = http://lcgb.org/consultants_tongue.html. As the information on this page has increased it has been suggested that the details be listed according to geographical areas thus easing the process for parents in locating a local service. I am also in discussions with our website manager about setting up a mechanism to be able to monitor the number of visits the website receives. This will enable us as an organisation to see which pages are the most popular, identify trends and thus focus on specific areas of the website.

However, working on the website is only possible with your help. Please remember that the website belongs to all of us and it is only as good as we make it. I look forward to receiving your contributions soon.

Tongue-tie & Infant Feeding information pads

Many of you will be aware that this resource, from an original piece of work from Mary O'Shea, has already seen a number of reprints http://lcgb.org/shop_tongue.htm As we are nearing the end of the current stock and are therefore again in a position to update this resource. Many thanks to Hilary Myers & Ann Dobson for taking on this piece of work and a further supply of leaflets will continue to be available for purchase. Interestingly, during this last year there has been an increase in the number of NHS organisations purchasing this resource in addition to individual IBCLCs and voluntary sectors. I see both of these roles as being pivotal in continuing to promote the work of IBCLCs and importance of breastfeeding.

Lynn Timms

timmslynn@yahoo.co.uk

LCGB Library



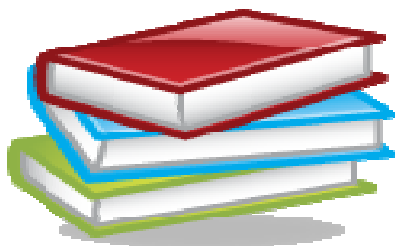
The library continues to be used by a few members. I am surprised by how few members actually access this valuable resource, however it is used faithfully by some.

The list of library assets is on the members' area of the website. The list is constantly growing with the additions of JHL and ALCA magazines. If anyone would like to see any particular additions to the library please contact me with ideas and I will discuss them with the committee .

The charge for borrowing larger and heavier books from the library is increasing due to increased postage costs to £3.50 per item. Other items will remain at the same price of £2 for up to 5 tapes or CDs, and £2 per smaller book, video or DVD.

Please could all members using the library ensure they return items to me to enable other members to borrow them should they wish to do so.

Denise Pemberton



Educational Opportunities Home & away compiled for us by Trish

11th June Annual Conference: Association of Breastfeeding Mothers
London www.abm.me.uk or admin@abm.me.uk

14th June Study Day: London Expectancy- Supporting breastfeeding mothers with complementary therapies See website for dates at other venues: Slough ,Sheffield,Leicester www.expectancy.co.uk 0845 2301 323

23rd July Exam (IBLCE) Strategy Preparation Day a last chance to prepare for the 2011 exam

16th September Breastfeeding Workshop LCSouthUK Manchester
Breastfeeding in Difficult Situations www.lcsouthuk.co.uk / sarah@lcsouthuk.biz
02392 782481

1st Oct Nottingham LCGB “ Protecting breastfeeding & getting enough sleep_the Role of the LC

14-15th October National Conference LLLGB Coventry Global issues – infection ,treatment ,myth www.laleche.org.uk

24-25th Nov National Conference UNICEF BFI UK Liverpool
www.babyfriendly.org.uk

13-17th July Enhancing Practices and Improving Health Outcomes
San Diego, California ,USA ILCA www.ILCA.org or info@ilca.org

Sept 14th workshops, 15-16th conference (in English) BFHI

Uppsala,Sweden Expansion of the BFH initiative for neonatal care
www.akademikonferens.uu.se/neobfhi2011

Oct/Nov Catherine Genna Watson Netherlands

20-21st Oct Developing an Inclusive Breastfeeding Society Canberra ,
Australian Breastfeeding Association www.breastfeedingconference.asn.au

On-line resources

ILCA: - 10 new study modules available from 2010 conference

Webinar on Tuesdays Health-e-learning : www.health-e-learning.com

Baby Milk Action: 8 modules- Monitoring the Baby Milk Industry. Based on IBFAN training.1st module free to members. www.babymilkaction.org

Marion Jones.....New Honorary Member

At the LCGB Annual General Meeting on 7 May 2011 at Stoke Mandeville Hospital it was announced that Marion Jones has been awarded an Honorary Membership of LCGB. This award has been given in recognition of her service to LCGB and to the protection and support of breastfeeding in Great Britain. LCGB awards Honorary Memberships from time to time. Our Constitution says:

“Honorary members may be IBCLC members or associate members for life. Honorary members are not required to pay the annual subscription fee. They are nominated by the Committee after discussion and elected by majority vote at an Annual General Meeting (AGM)”

Marion has worked hard for LCGB since it was established. She arranged a number of study days for exam candidates at the Queen’s Medical Centre in Nottingham. Many members of LCGB will remember going to these days. Marion is still active in her work protecting breastfeeding in Great Britain. She is helping to organise the LCGB Study Day to be held in Nottingham 1 October as well as continuing her work as Training Co-ordinator for the LLLGB Peer Counsellor Programme. She has also just agreed to lead a team to bring us a LCGB Conference in 2012.



Thank you, Marion, for all your hard work on behalf of us all.

LCGB STUDY DAYSHIV and managing change

On Tuesday 22nd March LCGB held a workshop in Brighton. From an organisational point of view I would like to suggest that LCGB runs a workshop in the same venue at least every year. The venue is minutes away from the station is quiet and very comfortable. The evaluations of the day were excellent and I think the format of presentations in the morning followed by case studies in the afternoon really worked. I would also suggest that such a format leads itself to smaller numbers such as 20 -30 so everyone gets a chance to meet everyone else .Anyway the day raised £250.00 which will be sent to Mary Lynn a LLL leader who, with her husband, are going to work with the Roma community in Romania. Thank you for supporting the day.

Sarah Brown

Lactation Consultants South UK

Further opportunities to learn..... Sue Saunders

3 day Preliminary Lactation Updates Course 2011 Suitable for 20 CERP's L and R

A 'how and why' of breastfeeding and lactation course. An evidence based theoretical and practical approach to understanding family choices, anatomy and physiology, managing the first feed and first days, and problem solving of the most common lactation and breastfeeding challenges; sore nipples, mastitis, expressing and storing, jaundice, prematurity and low weight gaining baby.

2 day Advance Lactation Updates Course 2011 Suitable for 14 CERP's L

An evidence based theoretical and practical approach to managing antenatal care, the Baby Friendly Initiative and more complex feeding and lactation problems of low supply, breast surgery, hypoglycaemia, and suckling difficulties; baby with cleft palate, Downs Syndrome, Lactose Intolerance, and the WHO International Code.

1 day Advance Plus 2011 Suitable for 6 CERP's L and R

An evidence based theoretical and practical approach to managing some more specific complex issues, relactation and adoptive breastfeeding, feeding the older child, tandem feeding, feeding multiple babies, returning to work, commencing and sustaining a private practice and a comparison of milks.

Exam (IBLCE) Strategy Preparation Day for 2012, November 2011 Suitable for 5 CERP's L and R

Primarily for those who are preparing for the International Board Lactation Consultants Examiners (IBLCE) Examination, it will explain the forms, review the latest IBLCE results and information, review exam strategies for multiple choice, provide an opportunity to sit a 2 1/2 hour multiple choice sample exam paper , will discuss ethics, nipple, breast, lactation, maternal and baby problems, and review clinical slides.

Thrush & Reynaud's Phenomenon with Wendy Jones.

For those of you who didn't get to Stoke Mandeville the references will be posted on the website in due course. Wendy provided us with an interactive and thought provoking presentation which examined the research and made it clear that in the world of lactation thrush breast is over diagnosed. Over recent years there has been confusion about the treatments after miconazole gel had its licence altered and it was apparent from the discussion that there is a huge variety of practice with regard to prescribing among GP's all over the country. Some still only treat the baby and others have been known to prescribe creams not designed to treat the problem. Wendy made it clear that early thrush is rare and that close attention to positioning and attachment is still crucial. A whole feed needs to be observed. Oh how I am fed up of saying that to staff who say...it looks alright !....

For me the most interesting section was the discussion on Reynaud's about which I knew less. It appears to be very common and under diagnosed unlike thrush. It affects 22% of otherwise healthy women aged 21-50 which is a much higher figure than I for one had expected. Wendy showed us how the nipple changes colour for many women from white to blue then to red again. I had seen this but had not necessarily realised its significance before my LC studies. She also told us that it can be associated with emotion a fact observed since as long ago as 1862 Mothers often have a history of migraine or high blood pressure and because what is happening constricts the blood vessels it can have an effect on the placental flow. As a condition it can be secondary to other conditions such as hypothyroidism ,arthritis and lupus. Treatments include the use of nefedipine and ginger . The whole morning was relaxed and interactive with IBCLC's from all backgrounds sharing their knowledge and experience openly and willingly. There may be more questions than answers about both topics but it was a valuable opportunity to explore and reflect On the state of our knowledge and practice.

Thank you Luci and Addy for facilitating such an interesting session.



Janet & Holly from a photography project by Tracey Mc Eachran



Seen in an antique shop in France.

The next edition of Treasure Chest will be in August. Deadline for articles will be July 31st. Please send to me at linda.midwife@btinternet.com

Perhaps someone could send a Report on the ABM Conference or some of the many activities planned for National breastfeeding week? I am also running out of breastfeeding pictures, if anyone can oblige. Could committee members also send me a current photo and a short biography for a feature on who we all are for next time .Thanks Linda