

Slide 1




Hello and welcome to the training! I am glad you have chosen to learn more about how to help breastfeeding mothers through the use of breastfeeding support groups. I am Brenda Bandy and I have been helping mothers and babies with breastfeeding for over 17 years, first as a volunteer La Leche League Leader and now as an International Board Certified Lactation Consultant (IBCLC). I serve on the Leadership team for the Kansas Breastfeeding Coalition and the United States Breastfeeding Committee. My four breastfed children, ages 12-18, and husband are very understanding of my passion for helping others. I lead breastfeeding support groups in Manhattan and Fort Riley.

Many mothers have shared with me the important role the breastfeeding support group plays in their breastfeeding success. This training will provide you with the information and tools to create a breastfeeding support group that will provide mothers with encouragement, support and good breastfeeding information.

Over 75% of mothers in Kansas choose to breastfeed. They are looking for support for their decision and help when they encounter challenges. When you finish this training, you can say with confidence you are ready to provide that support to the mothers in your community.

Slide 2



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Topics:

- Who
- What
- When
- Where
- How

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The slide features a green geometric pattern background. On the left, a photograph shows a group of women in a room, some holding infants, engaged in a discussion. The text 'Topics:' is in a large, light green font, followed by a list of five questions in a smaller, dark grey font. A small number '2' is in the top right corner, and a copyright notice 'Brenda Bendy (c) 2013' is at the bottom right of the text area.

In today's training we will cover the basics of breastfeeding support groups.

Who should facilitate the breastfeeding support group?

What might you talk about during meetings?

When should you hold your meetings and where?

And finally how to navigate common challenges of group discussions.

So grab a pencil and paper, and make yourself comfortable. Let's begin the journey to a successful breastfeeding support group.



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### Traits of a successful support group

- Non-judgmental, inclusive and welcoming
- Opportunity for modeling, see variety of ages of babies
- Sharing of information and resources, i.e. library of books, publications, handouts, etc...
- Choosing the best meeting time, venue and frequency of meetings
- Different opportunities for meetings, i.e. café-style, meet-ups, online forums, chats, Facebook, classes, etc...

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As with any journey, we need to know where we are going! How will we know when we get there? What does a successful breastfeeding support group look like? You know it when you see it. It's a room full of mothers, babies and children actively sharing and learning about breastfeeding. The mothers come back and the babies keep nursing.

Your group is welcoming and put mothers at ease, regardless of their culture, breastfeeding success or different parenting styles. Your support group is an opportunity for mothers to see breastfeeding at a variety of ages and stages. Perhaps even at ages they didn't think a baby would still be nursing. Your group will also meet at a time and place that is convenient to most mothers. And the meeting style will meet the needs of the mothers there. While many mothers find support on-line, we will focus our discussion today on in-person meetings, which provide valuable support beyond the on-line world. Mothers learn from watching and listening other mothers. This cannot be replicated on-line. And when a group of women come together, there is always wisdom in the room, not to mention oxytocin, the bonding hormone. 😊

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## Who...is in charge?

- Other breastfeeding mothers
- Trained breastfeeding mothers (WIC Peer Counselors, La Leche League Leaders)
- Certified Breastfeeding Educators (CBEs) or Certified Lactation Counselors (CLCs)



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So who can or should lead your breastfeeding support group? There are many options, all with their own strengths and drawbacks. Hosting a support group where mothers gather and provide their own support without the aid of a skilled and knowledgeable facilitator is probably the least desirable arrangement. There is no quality control in this situation and misinformation can be shared and spread. Some mothers may dominate the conversation, leaving others to feel left out. You also run the risk of one parenting style being presented and confusing breastfeeding with other parenting issues.

One alternative is training a mother to be the group facilitator. This is the La Leche League model and has been very successful over the past 56 years in providing support and information to mothers. WIC peer counselors can also be great group facilitators.

A certified breastfeeding educator (CBE) or certified lactation counselor (CLC) can also be a good choice. Here we can start getting further from the mother-to-mother model since anyone can take these classes for these certifications. And in some situations, this is a job requirement and the person does not have a personal passion or commitment to breastfeeding. When the two are combined, passion and knowledge – this is a great facilitator for your group.

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## Who...continued

- International Board Certified Lactation Consultant (IBCLC)
- Register Nurse or Dietician
- County Extension Agent
- Physician or Physician's Assistant



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You might be fortunate to have a Board Certified Lactation Consultant (or IBCLC) nearby who is able to facilitate your group. This can be a great option, so long as they have the enthusiasm for breastfeeding beyond their job setting. They also maybe more used to dealing with more technically challenging breastfeeding problems then you will encounter in a support group. They need to understand their role as facilitator of the group is to provide support, not medical advice or in-depth breastfeeding counseling. This is best done on an individual basis.

Often a nurse, dietician, county extension agent, or PA can be an excellent leader for your group, again, provided they have the right combination of breastfeeding knowledge which is not too much and too little - it's just right to help most mothers with most breastfeeding questions. Their level of passion for breastfeeding should transcend their job and be something they feel very strongly about.

When choosing your breastfeeding support group facilitator, it's best to start with a person who is passionate about breastfeeding and train them about breastfeeding basics. It's difficult to go the other way and instill passion for breastfeeding in a technically knowledgeable health care professional. The passionate breastfeeding advocate will seek out breastfeeding education and information.

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### Traits of a successful group facilitator

- *Lots of energy:* a positive attitude to empower a mother to be the “expert” on her baby and family
- *Ability:*
  - Have experience in facilitating groups to encourage sharing and not teaching
  - Be responsible, articulate, fair, organized, and able to work well with others.
  - Good grasp of breastfeeding management, what’s normal and handling challenges
  - Peer support vs. health care provider education

As I just described, your group leader should ideally feel that breastfeeding is the norm for all babies and that most mothers can successfully nursing their babies, given the right information and support along the way. Leading a group takes energy! The group leader’s positive attitude will set the tone for the meeting where mothers will feel competent and able to meet their baby’s needs through breastfeeding.

A good facilitator will be articulate, well –spoken and have a good grasp of basic breastfeeding management, enough to know when to call for help.

Mothers supporting each other is very powerful and all that is need for most mothers. Remember, it’s important that the group leader be not only another breastfeeding mother but also knowledgeable enough about breastfeeding to help other mothers.



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## Traits...continued

- *Support*: facilitator needs to have access to needed resources to run the group and people they can rely on for assistance, if necessary.
- *The desire to do the job*: should have an interest in the topic or at least a commitment to helping others.
- *Diversity*: can be challenging when volunteers

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Breastfeeding rarely requires the help of a trained health care provider but it's important to know when to refer a mother to one. Consider who in your community will be the resource for your group in these situations.

It is also important to have a group leader that reflects the culture of the mothers she is serving. By culture, I don't just mean race, although that is a part of culture. Culture can also mean common parenting values and shared values about mother baby separation. If most of the women coming to you group are returning to work, your group leader should also have breastfed while working if possible. Diversity can be challenging, giving all of the other traits of a skilled facilitator we've discussed. If two candidates of equal passion and knowledge are available, choose the one from the predominate culture of the mothers who will be coming to your group.

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### Duties of the group facilitator

- Opens and closes the meetings
- Sets the tone for the discussion
- Helps members learn how to listen and offer support to each other
- Deals with any problems that come up during the meeting.



So what are the duties of a support group facilitator? Running the actual meeting comes to mind! 😊 She would start and close the meeting with thoughtful comments and information and announcements, which we will go over. She sets the tone for the meeting. Will it be negative – this is soooo hard – or will it be positive – you can do it! She also knows how to handle common group dynamic issues that we will go over near the end of this session.

She will need to come to the meeting prepared with a meeting idea which might include a visual aid and at the minimum would be a few well chosen questions to promote conversation. She might also need to set up the room and provide snacks and drinks.

Depending on who is sponsoring the meeting, she might also be responsible for publicity and sending meeting reminders.

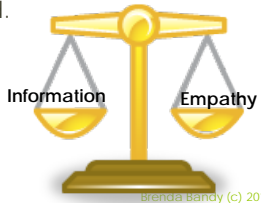


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## Information with empathy

Rushing in with information and suggestions may be tempting. However, responding with empathy can help the mother identify her most pressing need.

Empathy = Feelings



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The best helping relationship balances information and empathy, the ability to identify feelings. If a mother's feelings are NOT heard, it's difficult for her to hear new information. The group facilitator who connects with a mother's feelings will be more effective at sharing information and strategies. The mother who feels understood is more likely to listen and consider new ideas.

Here is an example of an empathic statement:

*"You're confused. The baby doesn't seem to be doing as well as you had hoped. You are afraid that your doctor will tell you to supplement. And your other little one needs attention."*

This statement recognizes the mother's feelings. Notice the words "confused" and "afraid".

You can tell when a mother is ready for suggestions because she specifically asks for information. This is the leader's cue that she can start sharing information or open it up to the group for ideas.

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## Skillful Communication...

- Limit sharing your personal experience
- Active listening
- Naming the mother's feelings to clarify
- Responding without judging
- Respecting differences




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It is rarely helpful for the group leader to share her own personal breastfeeding experiences. While it can be helpful for a mother to know the leader has overcome a similar problem, it is best to be cautious in sharing personal experiences. It takes the focus off the mother. The mother may also feel inferior to the group facilitator if she isn't as successful in overcoming the same problem. It is best to limit leaders' comments to sharing her **feelings** about her personal experience rather than her solutions.

We've already talked about the importance of active listening and responding with empathy.

You convey respect for mothers when you:

- Listen
- Ask questions
- And talk with the mother and learn from her experience.



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## Open-Ended Questions

Begin with "How...", "What..."

- "How have you handled comments about..."*
- "What are some ways you found..."*
- "Describe some ways you have found..."*

Make questions applicable to the whole group.

Choose questions that draw on experiences  
*Opinions NOT information*

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To guide the conversation and get mothers to share, the leader needs to ask open-ended questions. Here a few examples. You see that they can't be answered with a "yes" or "no". Questions are meant to get mothers to share their opinions and strategies, with no right or wrong answers. This is not a class! We wouldn't ask questions trying to get someone to give the right answer. This shuts down conversation, not encourages it. Let mothers know it's safe to share their experiences even when it didn't go well for them. Let mothers know they are the expert on their baby and no one in the group is going to tell them they have to do something. I describe a good support group meeting like a buffet, where mothers get to pick and choose what ideas or strategies will work best for *them*. I also encourage mothers to consider trying some ideas later. There have been some things on a buffet before that there was no way I was going to try it. Later I did and loved it. Mothers may feel the same way about some of the information you or other mothers share.

The bottom line is a support group fosters the sharing of ideas, experiences, strategies and feelings. None of these are ever "wrong". A good facilitator will know when to insert good sound breastfeeding information to help mothers succeed at breastfeeding. Ultimately, it's up to the mother to choose what she's willing to try. We can let her know what will help her be most successful.



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## Helpful Phrases

- "You seem to feel..."
- "Many mothers have found..."
- "Have you considered..."
- "Is it possible..."
- "Some babies seem to need..."
- "What would you think about..."
- "You may find that..."
- "You are the expert on your baby..."

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Here are some more phrases a wise facilitator will have on the tip of her tongue. These type of phrases empower mothers and help to share information without demanding the mother take this course of action. They all go along with the "buffet" model of presenting options and leaving to the mother to choose.



A good group leader will give mothers information and not advice. What's the difference you might ask? Giving advice often sends an unspoken message – a lack of confidence and trust. The assumption is the mother needs to be told what to do. Advice usually starts with... “you should” or “Why don't you..” or “you ought to...”. Even if the mother asks for or is open to receiving advice, the results may not be helpful. Here is how it usually plays out –

- The mother follows your advice and it works! Now the mother thinks you are the expert and will continue to ask you for advice and guidance. She's not empowered. She's now dependent.
- Or the mother follows you advice and it doesn't work. You have lost credibility and she doesn't know where to go next.
- Another scenario is the mother rejects your advice and does something else that works. Now she doesn't trust you, but she might feel good about herself.
- Or she rejects your advice, does something else and fails. In this situation the mother doesn't trust herself or you and may feel hopeless.

By giving good information, making suggestions and presenting options, you convey trust which is the basis of any successful helping relationship. Even when you have more knowledge or experience, it is the *mother's* responsibility to make her own decisions.

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## NOT giving medical advice

- Listen and ask questions
- Avoid giving person opinions
- Do not name medications or herbs
- Share information and resources (quote and copy)
- Refer to health care provider

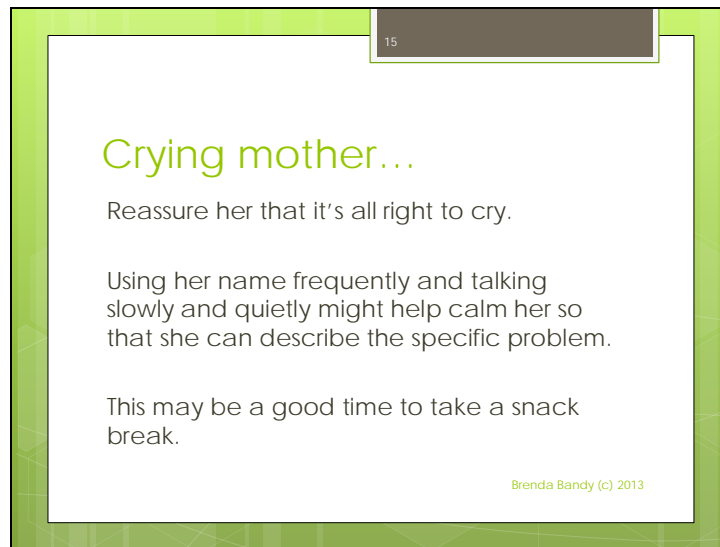
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Depending on the credentials of the person facilitating the group, it is not appropriate for most peer counselors to give medical advice. A support group leader is not in a position to make medical diagnose. Rarely are they qualified and rarely do they have all the information to do so.

It is best in these situations to quote accurately and objectively from breastfeeding books, information sheets or websites. Make copies for the mother when necessary that she can share with her health care provider.

A support group leader would not suggest a medication or herbal supplement even if she knows it might be safe. She doesn't know *this* mother and her health history. Never make a statement about whether a drug is safe or tell a mother whether or not she should take a drug. You can also **not** tell a mother whether or not she should wean her baby if she decides to take a particular medication. The group facilitator can provide information about the medication and the mother decides along with the help of her health care provider the best course of action.

The best source for this type of information is "*Medication and Mothers' Milk*" by Dr. Thomas Hale. A new edition comes out every two years and it costs around \$40.



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## Crying mother...

Reassure her that it's all right to cry.

Using her name frequently and talking slowly and quietly might help calm her so that she can describe the specific problem.

This may be a good time to take a snack break.


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Sometimes mothers cry. It's going to happen and it's best to be prepared. Often everyone in the group sheds a few tears in sympathy. During the meeting, this is a good time to pause and let the mother know it's ok to cry. Slow the conversation down and respect her need to cry a bit. Speak calmly and quietly, saying her name. You might try identifying her feelings, name them for her. Don't just drive on and act like nothing happened which can cause the mother to feel embarrassed and ignored. If she needs a few moments to compose herself, this would be a good time to take a snack or bathroom break.

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## What...do you do?

- Conversational style
- Round-Robin format
- Visual aids or prompts
- Change of plan



Once you've selected a good facilitator, what will she do to engage mothers in conversation? There are several different methods of leading a support group meeting. Let's look at each of these styles and explore their strengths and weaknesses.



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## Conversational-Style

**Pros**

- Natural flow of conversation
- No one feels pressured to speak
- Flexibility

**Cons**


- Facilitator needs to be well prepared
- Facilitator needs to be ready to guide the discussion
- One or two people can dominate

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The conversational style works very well with small groups and a good facilitator. It allows for a natural flow of conversation but it is only as good as the questions the facilitator brings to the meeting. I've seen this type of meeting fall flat when the groups is shy and quiet and the leader doesn't have several questions to get things started. Then mothers start talking about other things and it becomes a social meeting. The key is for the facilitator to have stimulating questions that will get mothers talking. They will also need to skillfully guide the conversation once the mothers begin sharing so that all mothers have a chance to talk.

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## Round-Robin



**Pros**

- Gives everyone a chance to participate
- Get to know everyone
- Shy mothers can talk
- Built-in predictability and momentum

**Cons**


- Less spontaneous
- Participants don't listen until their turn
- At large meetings, not everyone may have a turn
- Responses repetitious

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Round-robin format is where the group is given one question and each mother responds in turn as you go around the circle. This gives everyone a chance to talk and it's predictable. But a mother may begin giving the same answer, so the facilitator will need to know when to change questions. The facilitator will also need to have several questions in mind if the mothers are having a hard time answering the first question. There is also a risk of side conversations in large groups since mothers don't feel they have to participate until it's "their turn". This works best with a medium size group and a good mix of extroverts and introverts, experienced mothers and new mothers.

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## Visual Aids



**Pros**

- Keeps discussion focused
- Easy for mothers to follow discussion
- Increase interest
- Offers a change of pace

**Cons**

- Aid, rather than mothers' concerns, becomes the focus
- Requires preparation
- Overly cute and gimmicky, less spontaneous


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The use of visual aids can be a wonderful tool for new facilitators. It gives them structure and a prop to point to to get the conversation going. Visual aids can also be used to refocus the conversation when it starts getting off track or side conversations sprout up. Visual aids also help visual learners to remember the information. It does require preparation by the facilitator ahead of time. She can laminate the props and use them for years to come so over time it she can recycle the meeting ideas. Sometime the visual aids limit the conversation and a skilled group leader knows when she needs to abandon the visual aid and open up the floor to mothers' questions and concerns. This is true for all meeting styles – allow time for mothers to ask their questions.

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## Change of Plan

- Be flexible
- Adapt to the needs of mothers present
- Have an alternate idea
- Defer to the needs of the newcomers
- Offer to meet individually at a later time



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No matter what meeting style you choose or how well prepared you are, a good group leader knows she has to accommodate the needs of the mothers in the room. This will be different each time. Maybe you planned to talk about weaning and only pregnant women or mothers with young infants show up. It's best to have a plan B or a generic set of open-ended questions ready for each meeting. In general, you can't go wrong addressing the needs of mothers who are there for the first time. Mothers who come regularly know they are there to support others and will willing share their experiences with the new mothers. If a mother comes who needs more help than the group can provide, it's best to make arrangements to meet with her privately at another time or at the end of the meeting if she can stay.

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## Starting and Ending meeting

- Begin on time. Do not wait to latecomers
- Introduce yourself and have mothers introduce themselves and children
- Make announcements (events, etc...)
- End when it feels right or the kids get fussy
- Briefly summarize the key points
- Thank everyone for coming

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Start the meeting promptly. This lets the mothers know they are important and what you have to offer is important. The leader's introduction and opening comments sets the tone for the meeting, so be prepared. The leader should introduce herself, provide information about the meeting room, restrooms and rules about food and toys. Explain that mothers can get up and tend to the needs of their babies and older children. Invite participation by saying something like "We are all here to share our breastfeeding and mothering experiences. We believe mothers know their babies best. You will hear suggestions and information. Feel free to take what works for you and leave the rest."

An efficient, confident opening can set a positive tone for the rest of the meeting.

An hour and half is about right for most meetings. But notice when side-conversations start up and people's body language tells you they are no longer interested in what's being said. They might become restless and avoid eye contact or even start to pack up. Watch for signs of tiredness like yawning and long silences. Or if the group becomes very noisy it may be a good time to wrap up the meeting too or take a short break. Small rooms or one with poor acoustics can intensify the noise problem.

At the end of the meeting, summarize some of the key ideas that were shared. Thank everyone for coming and remind them about the next meeting. Encourage them to bring a friend next time!

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## Resources at meetings...

- Handouts
  - Local breastfeeding resources
  - Breastfeeding management
  - Advertisers
- Magazines



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The slide features a green border and a small grey box with the number '22' in the top right corner. The main content is a list of resources categorized into 'Handouts' and 'Magazines'. Under 'Handouts', there are three sub-points: 'Local breastfeeding resources', 'Breastfeeding management', and 'Advertisers'. Under 'Magazines', there is one sub-point. To the right of the list are two magazine covers. The first cover is titled 'Your Guide to Breastfeeding' and features a close-up of a baby's face. The second cover is titled 'NEW BEGINNINGS' and features a woman breastfeeding a baby. Below the covers is the text 'Brenda Bandy (c) 2013'.

What resources would be good to have at your meetings? The most obvious is a list of local breastfeeding resources. Include those that help breastfeeding mothers, such as La Leche League Leaders, WIC peer counselors, hospital clinics or staff. Mothers would also appreciate knowing where to get breast pumps and other breastfeeding supplies.

If printing costs are a problem, you might consider selling advertising space on your resource list.


Mothers like to take printed information with them. La Leche League sells online tear-off sheets on a wide range of topics at very reasonable prices. You can also download good information from the Office on Women's Health site.

Two magazines that mothers enjoy are "Your Guide to Breastfeeding" from the Office on Women's Health and NEW BEGINNINGS from La Leche League. Both require paying for printing since they are only available electronically.

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## More resources...

Library of books and videos



for books, leaflets and information on every breastfeeding situation visit our SHOP

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The slide features a green border and a small grey box with the number '23' in the top right corner. The main text is in a green font. Below the text is a horizontal row of book spines with titles such as 'The Pillars of Breastfeeding', 'Breastfeeding Made Simple', 'KISS ME!', 'THE WOMANLY ART OF BREASTFEEDING', 'What Mothers', 'Baby-led Weaning', 'MAN'S GUIDE TO CHILDREN', 'BABY-LED WEANING', 'WHAT MOTHERS', 'BABY-LED WEANING', 'MOTHERING MATTERS', 'MISSION IN NEW MOTHERS', 'MOTHERING MATTERS', 'Helping Your Baby', and 'Breastfeeding and Human Lactation'. Below the books is a dark banner with white text and arrows pointing to the right.


A lending library of books is also a valuable resource to mothers. Remember, mothers have one free hand while nursing and can get lots of reading done! Consider having the mothers sign out the books from one meeting to the next. You might get local businesses to sponsor your library by placing labels inside books saying “This book is donated by ...”

Some mothers like to check out videos and you might think of added these to your library for check out as well.

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## To have a scale or not...

Pros	Cons
<ul style="list-style-type: none"><li>● Encouraging</li><li>● Useful information</li><li>● Mothers like to know</li></ul>	<ul style="list-style-type: none"><li>● Make more medical</li><li>● Could lead to diagnosing</li><li>● Misleading</li><li>● Inaccurate</li></ul>



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What about having a scale at your meetings? Here are some pros and cons to providing a scale. Mothers enjoy weighing their babies and see how much they've grown. It can be reassuring and build her confidence. On the other hand, it can shake her confidence if the baby hasn't gained as much weight as the mother expected. This is especially true if her expectations are not realistic for a breastfed baby, which is normally an ounce per day in the early weeks.

Some scales are not accurate and all scales are a bit different. It's hard to compare results between the doctor's office scale and one you may be using. It's also tempting to compare baby's weights to other babies of the same age.

The biggest problem with having a scale is the very real possibility that the group facilitator will be tempted to use the weights to make a diagnosis or perhaps suggest a course of action that maybe outside the scope of their knowledge. The strength of mother-to-mother support is the empowerment of the mother to know when breastfeeding is going well and the reliance on equipment to measure that success does NOT empower the mother.

Rather than having a scale, let's help mother determine the baby is getting enough breastmilk by counting wet and poopy diapers.



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## Where...do you meet?

- Hospital
- County health Department
- Church
- Public Library
- Other public meeting rooms
- Parents As Teacher's playroom

Consistent vs. changing locations

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We've come a long way on our journey to creating a breastfeeding support group. One of the important parts of our journey is selecting the meeting location. Here is a list of possible locations and this list is in no way comprehensive. Think about where mothers go and gather in your community. For some, it may be the local coffee shop. Other mothers are very connected to public play spaces, such as malls & some libraries. What about a local day care center with meeting space?

I encourage you to select a meeting location and stick with it for at least a year, unless there is a very compelling reason to change. When starting a new group, consistency is important. Mothers need to know where and when to go every time. They will also refer other mothers to the group and they need to know the information they pass on is accurate.

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### To consider when choosing a location...

- easily accessible
- adequate parking nearby
- comfortable for pregnant women and toddlers (flooring, chairs, etc...)
- any room reservations or other arrangements needed ?



Look for locations that are easy for mothers to get to with strollers and other children in tow. This mother may never come to your meeting, but someone like her may.

Is the meeting room comfortable? Are there enough comfortable chairs. Is the floor clean? This is where many mothers end up! 😊 What are the acoustics? Will it be loud when the toddlers play?

Speaking of playing...if there are already toys in this space, will you have to clean them at the end of the meeting? Having toys available for the older siblings can be a plus or a minus. New toys keep the toddler busy so the mother can participate. But toys can lead to noise and squabbles among the children.

What are the rules for using this space? Is food allowed? Mothers and their children will be more comfortable if they can snack during the meeting.

What are the requirements for cleaning up after the meeting? Will you have to vacuum?


What are the requirements for reserving the space? Will you have to reserve it for each meeting or will it always be available during your meeting times? Will you need to sign out a key?

This may sounds like a lot to think about but remember, your meeting space will be your group's "home" and it should be comfortable.

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## Creating a welcoming space

- Welcome signs identifying meeting
- Directional signs if needed
- Water and health snacks
- Nametags
- Encourage mothers to socialize *after* the meeting



Once you've chosen your meeting location, here are some housekeeping items to consider. Welcome signs on the front door and directional signs along the way put mothers at ease.


Consider whether you will provide healthy snacks. This is a good job for a mother to coordinate by asking other mothers to sign up to bring snacks. The snack coordinator would send the mother a reminder a few days before the meeting. If snacks are not provided, water should be made available at a minimum.

Name tags are important for both the facilitator and the other mothers. Consider using mailing labels if the budget is tight.

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## Welcoming Atmosphere

- Chairs in a circle or horseshoe
- Maintain eye contact with those speaking



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The seating arrangements should aid in conversation. Chairs should be in a circle to allow for eye contact. Tables should be pushed to the side.

When choosing a meeting location, think about the furniture. Is it comfortable? Can you move it around if needed? How easy it is to clean if accidents happen? You may laugh but these things happen! 😊

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## Housekeeping

- Have a sign-in sheet for name, email, phone #, name and ages of children
- Data to keep
  - # mothers attending
  - # of mothers by racial group
  - # of pregnant mothers
  - Nursing goals



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A sign-in sheet is helpful for contacting mothers later with meeting reminders and follow-up information. Think carefully about the data you want to track. Maybe you want to know their race, employment or marital status. Is this their first meeting? How long have they been nursing? What is their nursing goal?

If you want to track a large amount of data, you will need to change from a sign-in sheet to individual forms for each mother. You will still need a simple sign-in to track the total number of mothers at each meeting.

What about incentives to attend meetings? This can be helpful and many groups do this if their budget allows. For more information on the topic of incentives, please visit the Community Tool Box listed in the bibliography at the end of this presentation or contact me through the Kansas Breastfeeding Coalition at [bandy@kansas.net](mailto:bandy@kansas.net).

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## When...do you meet?

- Mid – morning (10:00 am)
- Over lunch (11:30)\*
- After work (5:30ish)\*
- Evening (7:00 pm)
- Saturday morning

\*Consider serving food



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What time of day is best to hold your meeting? There are several considerations when selecting the time and admittedly they make conflict.

When is the facilitator available? When is the meeting space available? Ideally you will have chosen your time first and looked for a space that is available during this time.

When are the most mothers likely to come? This can depend on the type of mothers you wish to draw. Employed mothers with older babies will only be able to attend evening meeting. Although they are tired after work and many don't want to get back out after they get home. This is why a meeting at 5:30 that serves a light dinner or snack can be very attractive to the employed mothers.

Meetings over lunch with food also serve the same purpose and might appeal to the mothers at home with their babies.

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## How often...

- Weekly
- Monthly



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The slide features a green border and a white background. In the top right corner, there is a small grey box containing the number '31'. The main content area has the title 'How often...' in green. Below the title is a bulleted list with two items: 'Weekly' and 'Monthly', each preceded by a green circle. To the right of the list is a circular illustration of a calendar with a pencil and red circles highlighting specific dates. At the bottom right of the slide, there is a small green text credit: 'Brenda Bandy (c) 2013'.

How often should you meet? Most mothers prefer to meet weekly to have a consistent place for support during the early months when questions and challenges seem to be coming at a rapid pace. They also appreciate the social connection that forms from meeting regularly with a group of other mothers.

Monthly meetings can meet these same needs and may be all the facilitator can manage. It may also be the only time the meeting space is available.

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## Publicity

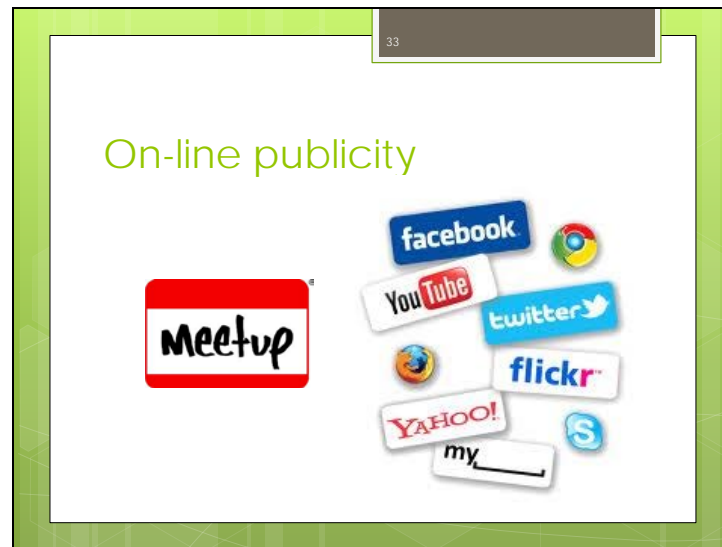
- Doctor's offices
- Parent's As Teachers
- County Health Department /WIC
- Hospital (education dept. and L&D)
- Pharmacies
- Churches
- Pubic library
- Grocery Stores
- Maternity and/or children's stores
- Natural food stores
- Recreation centers



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An attractive meeting notice, poster, brochure or book mark displayed in a public place be valuable to bringing mothers to your meetings. Here are some ideas of where to post meeting information. Basically think of where mothers, both pregnant and those with babies, go in your community. That's where you want to be.





Most mothers are on-line to some degree. This means your group needs to be on-line as well. Here are some places to reach mothers with your meeting idea. Providing support through social media is possible but is what I mean here. I am suggesting you use social media to draw mothers to you meetings.

Are there “meet ups” happening in your area? Consider asking established on-line communities to post you meeting information. Many communities have a mothers group or MOPS. Ask your local health department, hospital, doctor’s office, Parents As Teacher and other parenting groups to have your meeting information on their website and Facebook page. You may want to create your own Facebook page. But don’t overlook posting your meeting information on other organization’s Facebook pages as well.

Basically all of the places listed in the previous slide that have websites and Facebook pages are where you want to be. Ask them to include your meeting information and your group attendance will soar.

Don’t be discouraged if only a few mothers or no one at all comes to your first few meetings. It takes having a few “core” mothers come to build a group. Word of mouth is still the best publicity for support groups. Mothers talk to each other. The breastfeeding support group that is well run will grow quickly as mothers encourage their friends to come.

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## Group Dynamics

- Mother dominates conversation
- Correcting misinformation
- Welcoming all views & situations
- Mother needing individual help
- Loud toddlers



These are a few of the most common challenges of facilitating a group discussion. We do not have time to go into these in depth. The La Leche League Leader's Handbook, listed in the bibliography at the end of this training, is a great resource for everything related to managing a breastfeeding support group.

In handling these situations, it is important the facilitator remain calm and use her best communication skills. Think back to the best teacher you ever had in school. He or she didn't embarrass you if you gave the wrong answer. They gently corrected the answer. If side conversations sprang up, they would ask those involved in the side conversation "Did you hear what Suzy just said?" or "Do you have an idea you would like to share?"

If one mother is dominating the meeting, using a visual aid to refocus the discussion can be helpful. The facilitator may also try asking another if new ideas. Always acknowledge the mother who was talking and talk her for sharing. You could say "Wow – that sounds like a rough patch. Does anyone else have ideas to share on this topic?"

If a mother brings up a topic that seems to be of little interest to others, suggest that you can continue the discussion with her after the meeting or over the phone.

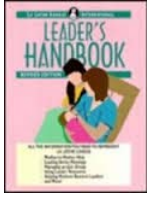
In the case of loud toddlers, you take a break in the meeting for snacks or bathroom breaks, to give the mothers time to settle their children. During the break you might ask the mothers of the loud toddlers if they need help or what you might do to occupy the toddlers. If it's near the normal end of the meeting you might end early.

Each facilitator will have her own style but it helps to tap into that inner-teacher's voice to manage a group discussion with respect and to allow participants to get the most from the experience.

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## Group Dynamics cont'd.

- Disagreements
- Strong feelings
- Giving information that conflicts with a health care providers advice.



3

Disagreement among mothers are rare but they can happen. If you note disagreement, encourage mothers to verbalize their doubts. Before responding to strong statements try to focus on the speaker's feelings. "You seem to feel..." or "It sounds to me like you're feeling..."

If an argument does arise, you can use a hand gesture to stop the conversation. Hold up your hand like a stop sign. You might need to signal verbally as well. Here is great comment to use in these situations – "We're not going to agree about everything. Let's try to get back to the real message in what Suzy is saying." And then summarize.

Express the value of each person's contribution to the discussion and follow through with more information by asking the Group for support, clarification or differ experiences. Some comments like "Thanks Suzy. I'm glad you mentioned that. Has anyone else had a similar experience?" or "It sounds like that works well for you and your baby. Has anyone else tried something different?"

Controversy can be challenging. It also has positive aspects. It can be a sign of open, honest discussion. Don't allow mothers to attack each other. Be tactful and positive and redirect the conversation to the topic at hand. You could offer to discuss the matter on a one-to-on basis outside of the meeting.


Sometimes a facilitator's suggestions differ from those of a mothers' health care provider. Encourage openness and honesty between the mother and her health care provider. Remind her they are working as a team in safeguarding the health of the baby. Encourage the mother to talk with her doctor and further discuss alternative. She can share the new information and tell

her doctor how she feels. She might say "I read this in..." or "A book I read suggests..."

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## Thank you!

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Resources:

- La Leche League of Kansas  
[www.KansasLLL.org](http://www.KansasLLL.org)
- Kansas Breastfeeding Coalition  
[www.ksbreasetfeeding.org](http://www.ksbreasetfeeding.org)

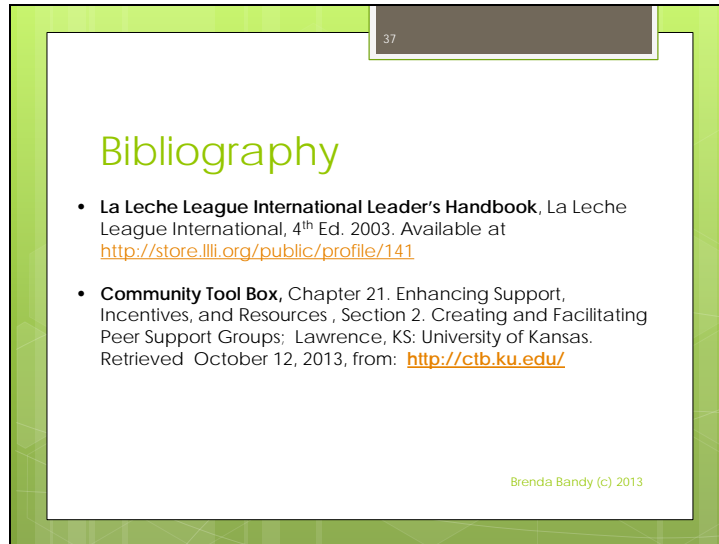


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Thank you for participating in this training. I hope you find this information helpful as you begin your journey to creating a great breastfeeding support group for your community. It's really not that hard and mothers and babies will appreciate and benefit from your efforts.

Here is my contact information should have questions along the way. I am happy to help you.

You may also want to visit these two excellent websites for more information. Best wishes for a successful support group! 😊

The slide features a green geometric pattern border. A dark grey box in the top right corner contains the number '37'. The main content area is white with a thin green border. The title 'Bibliography' is in a large, green, sans-serif font. Below it is a bulleted list of two references. The first reference is for the 'La Leche League International Leader's Handbook' and includes a URL. The second reference is for the 'Community Tool Box' and includes a URL and a retrieval date. The copyright notice 'Brenda Bandy (c) 2013' is located in the bottom right corner of the white area.

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## Bibliography

- **La Leche League International Leader's Handbook**, La Leche League International, 4<sup>th</sup> Ed. 2003. Available at <http://store.llli.org/public/profile/141>
- **Community Tool Box**, Chapter 21. Enhancing Support, Incentives, and Resources , Section 2. Creating and Facilitating Peer Support Groups; Lawrence, KS: University of Kansas. Retrieved October 12, 2013, from: <http://ctb.ku.edu/>

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