Fourth Trimester Podcast

Episode 115: No Judgement Breastfeeding Guide - Say Goodbye To Breastfeeding Pain

Sarah Trott: [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit?* What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at http://fourthtrimesterpodcast.com

Sarah Trott: [00:00:01] Hi, this is Sarah Trott and welcome back to the Fourth Trimester Podcast. I'm here with three special guests today and we are talking about the topic of Breastfeeding Essentials. We will be discussing and answering the top breastfeeding questions and answers that every new parent has. And I have fantastic guests with me today who I'll introduce in a moment.

Sarah Trott: [00:00:25] Before I do, I'd like to remind all of our listeners to please go to our website, which is fourthtrimesterpodcast.com. Please sign up for our newsletter so you can have information and resources delivered directly to your inbox. And also hit subscribe and follow wherever you listen to your show, so that you can be alerted every time you hear a new episode.

Sarah Trott: [00:00:45] So today we have three guests. We have Janiya Williams, who is a lactation consultant. She has her MA, IBCLC and CLC she's a renowned lactation consultant and advocate for perinatal health equity. And with over 15 years of experience, Janiya has dedicated her career to supporting nursing families and transforming lactation practices.

Sarah Trott: [00:01:09] Next, we have Emma Burress, who has MPH & IBCLC credentials. She's a lactation professional with a background in human sciences. She obtained her Bachelors of Science in Genetics and Development and Biochemistry with Honors in Biological Anthropology and Applied Anatomy, and her Masters in Public Health from the University of Cape Town in Cape Town, South Africa.

Sarah Trott: [00:01:34] And last but not least, we have Jessica Aytch BSW. She is a multifaceted lactation professional renowned for her expertise in various domains including full spectrum doula care, childbirth education, sexual health education. She's done certified life coaching and she's also a yoga practitioner. Her academic journey commenced with the attainment of her bachelor's degree in social work from Bennett College for Women, and subsequently, she furthered her education pursuits by graduating from the distinguished North Carolina Agricultural and Technical State University Human Lactation Pathway two program in 2023. Welcome to all of you. I'm so honored to have you on the program today.

Janiya Williams: [00:02:16] Thanks for having us, Sarah. Thank you.

Sarah Trott: [00:02:19] I'm so thrilled - we get lots of questions and interest on this topic. As you can imagine, breastfeeding is one of those biggies when it comes to preparing for becoming a parent. And then of course, the immediate postpartum fourth trimester period, and certainly on an ongoing basis, since breastfeeding can be quite a journey for many people. And so I wanted to just start here with a little bit of context and allow you all to introduce yourselves and give us more about your background and what inspired you to do the work that you do. And I'd love to start with you, Janiya.

Janiya Williams: [00:02:53] Awesome. Well, as you said, I am Janiya Williams. I have a background in speech pathology and audiology as well as human lactation. Like you, with starting your podcast, it was upon having my first child, almost 16, 17 years ago now I think about it, and I was working at the hospital at the time, and they were redoing the marketing for Baby Friendly to ensure that they were reflecting their artwork, and things reflected folks in the community, so people could see themselves when they went to the community hospital and they did not have any photos of black families breastfeeding.

So they asked my husband and I if we would be willing to, have a picture taken and post it in the hospital. And six months go by and there's this huge picture in front of the nursery, and it goes home in all of the kind of what to do when breastfeeding pamphlets that are given out at the hospital. And people started stopping me in public and asking me their breastfeeding questions. And so I thought it would be very responsible to pursue higher education in human lactation. And I actually found a master's program, and attended Union Institute and University, for two and a half years and obtained my master's in human lactation.

Janiya Williams: [00:04:17] And while doing that, I interned at our local hospital where we had the picture taken. And, I became the first black and the first non RN lactation consultant at that hospital, in the hospital system. And this was in 2015. and since then I

have continued diversifying the field of lactation, as well as promoting lactation support in all arenas and perinatal support as well.

Sarah Trott: [00:04:52] Wonderful. Thank you so much. Emma, do you want to give a little more background about yourself and your inspiration on your path here?

Emma Burress: [00:05:00] Sure. I am from Cape Town, South Africa, as you can probably hear I'm not from around here. I was doing my Masters in Public health at the same time as working in a fetal alcohol syndrome research lab. And that started my interest in maternal child health. I ended up in the States and had two kids. And I got very frustrated with the amount of information and communication I got. And I was like, what is going on? That's when I trained as a doula and a childbirth educator and ended up in Janiya's volunteer doula program at our local hospital. So I was a volunteer doula for parents. Janiya told me about lactation and the lactation program, and I got to be one of the students in the first cohort of the pathway two program in North Carolina. And now we're here.

Sarah Trott: [00:06:04] Amazing. Welcome, Jessica. Tell us more about your story.

Jessica Aytch: [00:06:07] Sure. My journey to lactation was not through parenthood, as I am a child free auntie. But I have been a community doula since 2015, and as a doula, I was just supporting folks. And I was like, I know absolutely nothing about breastfeeding. Nothing at all. And I always felt like it was an inadequacy, but I didn't really have the opportunity to explore it until I became a volunteer doula. Very similar to Emma with our local hospital system. And then I came across Janiya, who I remark as the Beyonce of lactation, and she always blushes when I say that. But it's so true. Like, Beyonce will absolutely just release something that you never saw coming. And Janiya is the same way, like sis isn't all the things. So anyway, you can't be in birth work in Greensboro without seeing her.

So, we crossed paths through the volunteer program, and then a midwife mentor of mine said, girl, you need to apply to that program. And I said, girl, I just don't know if I can do that. So I submitted an application at the last minute and was accepted into the

cohort, and I matriculated through the program. And I was really sad that it was one year. So, when we graduated, I was like, hey, Janiya, I am really interested in being in our clinic because we have an outpatient clinic. I was like, can I just come and volunteer? She was like, sure.

So I spent the whole summer just really being in the clinic. And I really love our clinic for a lot of reasons, which we can talk about later. But now, Janiya has hired me. I like to say I was poor and passionate. She told me not to say that, but I was poor and passionate and she gave me an opportunity. And so now I am the clinic coordinator. And that's a bit about me.

Sarah Trott: [00:07:47] Fabulous. I'm so thrilled because the three of you came to this, this journey that you're on in different ways. And what comes through is that you're all very dedicated and passionate about this topic and supporting women and families on their breastfeeding and lactation journeys.

Sarah Trott: [00:08:03] So without further ado, I mean, I just want to dive in and hear from your perspectives like, what are the things that you think are really helpful for families to start thinking about when it comes to preparation for breastfeeding, if that's something they're interested in learning more about, when is the right time to start researching this, and what are some resources you think that could be really helpful?

Janiya Williams: [00:08:26] Yeah, and that's so funny that you, ask, we recently, wrote an academic journal article on what to look at before having your baby. As far as breastfeeding is concerned. that's not the title, of course, but that's the basis of the article. We always say just ensure that you have some kind of prenatal education, and you have a support system and a village of people.

And I think that those three things will get people through their breastfeeding journey, whatever they want it to look like. We also, really say, you know, you don't want any surprises because those are the surprises that can kind of sway our breastfeeding journey. And oftentimes it stops people from obtaining their goals, that they had planned out. Just like, you know, when people say, oh, I have a birth plan, we tell them, make a

breastfeeding plan, too. and make sure that it's flexible because breastfeeding changes day by day.

One thing that we talk to a lot of our clients about in the clinic is what may work for you today, may not work for you tonight at 2 a.m.. So let's come up with a few options so that you can pull something out of your pocket. If you need to implement it, and know that it's okay to continue changing because this is a growing relationship, especially in the very beginning where the baby's trying to figure things out. Like how to, you know, suck, breathe and swallow.

And then the parent is trying to figure out how to position, how to get comfortable, how to care for their breasts, how to care for nipples. And so it's just bringing the two parties together to make that relationship work and get them to their end goal.

Sarah Trott: [00:10:15] Yeah, I love that you talked about having a plan, first of all. And then also you use the word flexible. Yes. So we have on our website a resource that we call the birth plan template. But we say it's also known as the birth intentions document because really it comes down to a set of intentions.

And writing those down and calling them intentions is a way of not only planning and thinking things through beforehand, which is incredibly helpful. And I hear that in your recommendation there. but also by calling it an intention, you're saying this may or may not be the way it goes. And I think having that set of expectations in your mind beforehand, going into it can be really, really helpful. and how more true can that be for breastfeeding? Right? I mean, I think there's a lot of emotion wrapped around the topic as it relates to expectations that people may or may not have going into it, and then their feelings about how it's going, like, how does that reflect on me as the breastfeeding person? Do you want to talk a little bit about what a breastfeeding plan could look like?

Emma Burress: [00:11:24] I just wanted to say that I think a general plan is good, and breastfeeding classes are important, but if you have specific concerns, go and see a lactation consultant. So if you've had a previous bad breastfeeding experience or poor breastfeeding experience or not enough support to go and see a lactation consultant

while you're pregnant and have a personalized prenatal lactation visit, I think that can help people who have very specific concerns. Or I have flat nipples, or I have nipple piercings or, you know, those kinds of things that are very personal that you might not want to talk about in front of a group of people in a class, get the level of support you need in doing that plan. and that won't be the same for everybody.

Sarah Trott: [00:12:14] Well, Emma, does someone have to have an issue in order to talk to a lactation consultant preemptively? Because I love that recommendation.

Emma Burress: [00:12:21] No. And we see people prenatally in our clinic, all the time. Some people who do have issues and some people who are just like, I'm not hearing enough about this, I don't know enough about this, and I don't know who to trust. So can we talk? And I think that's super valid for everybody who's interested in breastfeeding. Exploring the idea of breastfeeding at any level, is to have a really valuable one on one or with your partner or with more of your support system, to kind of bring them on in your team, whatever that looks like for you. Yeah. I don't think you have to have a problem to do it.

Sarah Trott: [00:13:03] Great. Love that recommendation. Thank you. Great. Well, maybe we can get some resources from you after the fact. In thinking through what a breastfeeding plan or breastfeeding intentions document could look like. And we can share that out in the show notes, because that sounds like a fantastic addition.

Sarah Trott: [00:13:24] And so going into becoming a parent for the first time, there can be expectations like we were alluding to around breastfeeding in general. And, I've heard questions come up and this is one of those top questions like, who can breastfeed? How would you answer that question?

Janiya Williams: [00:13:53] So I always say anybody who wants to breastfeed or chest feed can do so. Yeah. and Emma will get into the nitty gritty as far as the anatomy and physiology of milk production is concerned. But we do work with a diverse group of families, in our clinic and in our profession in general. And all bodies can make milk if there's the right amount of hormones and the right amount of stimulation. I know that

some individuals have been told, you know, after their first experience, if they did not, you know, meet their desired goals or outcomes.

Hey, you know, you just can't breastfeed. Evidence based information tells us that less than 3% of people who are born female cannot breastfeed. That means the majority of us can provide human milk to our human babies. And it's just making sure that we're looking at all the things because there are so many levels to milk production. I don't think that we do a great job in inpatient settings and in outpatient settings, sometimes just explaining the basic physiology of making milk. I like to say it's like an ice maker, like an electric ice maker. You have to remove milk to make more milk. Some people think it's just gonna magically appear after the baby comes.

Some people are under the impression that if they are not choosing to nurse their babies - and that's definitely a choice that people have - that nothing is going to happen to their breast after they're, you know, 72 hours postpartum. So just educating people on how this cycle works, will assist with kind of demystifying, you know, who can breastfeed and who cannot breastfeed.

Emma Burress: [00:15:46] So is that my cue to talk about physiology? I think the important thing to understand is that to breastfeed, you need glandular tissue that makes milk. You need nerve supply to your nipple and your breast to stimulate hormonal production. And you need patent ducts. You need ducts that collect the breast milk at the glands and take it to the outside of your breast. And that's I mean, if you have those things, you can make some milk. So you can have more glandular tissue. You can have less, you can have some nerve damage if you've had a surgery or a history, which means you might not have the level of stimulation. You might need to make a full milk supply, but you can still have milk. so there are caveats to all of it. But if your body has those things, you can, we can do it. You can do it. and if you have very little glandular tissue, we can stimulate glandular growth without a pregnancy too. So, I think that it's important to know that we can induce lactation, in people who have not had a pregnancy and people who are not biologically female even. And as long as we have all the parts we need, we can make it happen.

Sarah Trott: [00:17:10] That's absolutely fascinating. And you alluded to, maybe there is a 3% like a small minority who actually can't, for whatever reason, are those physical reasons?

Emma Burress: [00:17:22] Some of it is physical, some of it is developmental. Some of it is a history of illnesses or surgeries or, for example, if you have had a burn as a child all over your chest, you might have damaged enough of the tissue and the nervous supply to mean that it's not feasible for you. If you have, true breast hyperplasia. So you haven't actually developed the glandular tissue.

Then the underlying mechanisms which mean you didn't develop the glandular tissue, whether that's hormonal or something like, some people with PCOS have very small breasts and very little glandular tissue. And there are other things that can happen as well. It's not that the glandular tissue is not there. It's the reason that it's not there. That means you can't make the milk as well. So, yes, there are people who cannot do it. But again, it's a very, very small minority. Most of us can make a full milk supply or at least some milk.

Sarah Trott: [00:18:37] Well, I appreciate demystifying that just a little bit for everyone because it's, you know, I've heard things like, oh, I don't know if I can breastfeed. And it sounds like based on the examples you just gave, I mean, that small minority of people - they're already going to probably know who they are or like to be aware of that. but it sounds like for the vast, vast majority, it's perfectly fine.

Sarah Trott: [00:18:58] And, Jessica, I'd love to hear from you a little bit when you're consulting with new families. What does the discussion look like for breastfeeding prep and support from a mental, social emotional standpoint?

Jessica Aytch: [00:19:12] So I tell people that we welcome tears in our clinic because we cry a lot of them. And we cry because a lot of people are holding themselves to a standard that's unrealistic, especially in an era where TikTok is rampant, which I love TikTok. I'm an avid user, but we see a lot of images of people having a freezer full of

milk or, really just showcasing or glamorizing oversupply, which Emma has talked really eloquently about.

But a lot of what we do is say, hey, actually, this process is normal, and you're normal and all of this is normal. And also stress is a thing. And you just had a baby. And also you're putting a lot of pressure on yourself. So let's figure out what we can do. Let's collaborate because you can tell me what your willingness is. You can tell me what your capacity is. You can say, girl, I don't I can't do this. And we can figure out what we can do. That's what we focus on. We work from a strengths based perspective. We always say, hey, you coming here and breathing with a baby is a win. So everything else is more of a win.

Jessica Aytch: [00:20:16] And so with a concentration on your strengths and your capabilities, we center those things to figure out what we can do. You had asked the question earlier about breastfeeding plans and what that looked like, what that looks like. A lot of it is a conversation around what you think is capable for you. If breastfeeding seems daunting, let's have a lot of conversations around what that actually looks like. If pumping seems like a lot. You're right, it is. So let's talk about if that's something that we can do.

So really a plan is a plan is a plan. But I love when you were talking about intentions. Whatever your intention is in your capacity to do, we use those things to figure out what is feasible. I don't know if that answer your question, but that's pretty much how we work in our clinic. We have a lot of questions. We spend a lot of time demystifying or dispelling myths that people hear from other folks or on the internet. We talk about what's normal, and then we cry because a lot of people are under stress and we just figure out what we can do. That's how we work.

Sarah Trott: [00:21:16] I feel empowered just listening to you. That's so wonderful. Yeah, I mean, absolutely. I think that's just what we need to hear every now and then is some reassurances that sometimes the things we see in social media are only a small sliver of reality, and sometimes not even real at all. So thank you. I appreciate that reminder. And that applies to beyond breastfeeding. I mean, I think there's just all kinds

of toxicity around expectations for women and pregnant people and their bodies while they're pregnant and then their birth and postpartum and all of it. And so, yeah, I appreciate the dose of reality there. Yeah. Thank you. Okay.

Sarah Trott: [00:21:58] So I want to shift gears a little bit, and talk about if there's anything you want to say, about the relationship between our mental health and breastfeeding?

Emma Burress: [00:22:14] Where do you want us to start?

Janiya Williams: [00:22:17] That's actually, like one of our favorite topics. And that's that's a very, hot button topic, especially as we are, rolling into focusing more on maternal mental health, on an international level at this point, because people are finally realizing that postpartum mental health is important, if not more important than, you know, prior to having a baby, because now you've got additional responsibilities. And just making people aware and especially pouring into that mother or that birthing person that they're not, in fact, crazy, that they're having a huge hormonal change in the midst of a drastic life change.

Janiya Williams: [00:23:14] People do not understand that having a baby is life changing in so many ways. Everything that you used to think was your norm is going to shift. And some people, you know, go along with those strides and some people get knocked all the way down, and it's making sure that we have the resources that, uphold the baby and the family and the mother or the birthing person, as well as making sure that we have accessible resources such as access to counselors.

Janiya Williams: [00:24:00] And, you know, I think with Covid, we saw that people can receive help in many, many different ways. And one of those ways that I've seen mental health, postpartum, especially mental health work out is virtual therapy sessions, for individuals and allowing people the freedom to understand that going to a therapist one time. It's kind of like a dating relationship. Right. And so if you don't like them, guess what? You don't have to stay there. You can find somebody else and just keep going until you find someone who works for you. I hear from so many people, well, I went to

therapy. It didn't work. And why didn't it work? Why didn't you like the therapist? Well, did you try anyone else? No, because they're probably all the same. No they're not. No they're not. And so just making sure that people understand that there is freedom in, you know, finding the right provider as well.

Emma Burress: [00:24:56] I think it's important to say out loud that most of your mental health medications are safe during breastfeeding. If somebody's telling you to stop taking your mental health medications to feed your baby, find someone else to talk to to either confirm or dispute that. Not all of them, granted, but often we can find an alternative if the one you're taking isn't great. And the science shows us that breastfeeding does reduce the chances of postpartum, anxiety, postpartum depression. And it's theorized that that's because we're repeatedly producing oxytocin, which is kind of a happy drug, right? in the breastfeeding letdown.

Janiya Williams: [00:25:49] I am, I was just going to say, just like some great resources would be https://mothertobaby.org/ and https://infantrisk.com/ to find out if there are alternative medications for, that not just mental health meds, but just meds in general. These would be great resources because it will help walk a family through, you know, how does it affect my milk supply? How does it affect my baby if ingested? Are there other alternatives? and it will give you kind of on a scale from like a level one, which is what we call very, very safe, like our antibiotics and most of our over-the-counter medications and then our level fives, which are, like our radioactive drugs, street drugs, radioactive contrast. And then the level threes are typically safe that middle of the road. Just not enough individuals have been studied yet, but we haven't seen many adverse or if any side effects.

Sarah Trott: [00:26:48] Right. And so when it comes to supporting your mental health, working with a medical practitioner to find out what's safe is absolutely the recommendation I'm hearing. And also to maintain what you need to maintain for the safety of yourself and for your own mental health and wellness and for that of your family. And how great, just brilliant that most of them are completely safe for you and your baby while you're breastfeeding. Yeah. and I also like the oxytocin point. That's so nice.

We actually had an episode recently with a childhood development educator, and she talked all about brain development and the importance of connection and actually the importance of feeding on demand versus other kinds of scheduling. We were talking about sleep schedules and scheduling and that kind of thing and sort of veered into this interesting path. But her point was really around connection and babies really need that. And how lovely that what you're talking about is when you're breastfeeding, you're getting that hit of oxytocin. And that's also really great for your baby too, because they're feeling that and that helps stimulate their brain development. It's good for you and for the baby.

Emma Burress: [00:27:59] And yes, the research does show that breastfeeding helps with mental health disorders in the early postpartum. But if breastfeeding is causing your mental health disorder, that doesn't necessarily play out. So I just want to clarify that if the thought of breastfeeding, or breastfeeding once you get there, is causing you that much stress, you need to seek help from a lactation specialist for mental health. Because research can say one thing in your life can say a different thing. Not everybody follows the research in terms of how our bodies work.

Sarah Trott: [00:28:40] Yes. It's individual. Thank you. I appreciate that reminder. There's two sides to that.

Sarah Trott: [00:28:49] Okay. I love that we were able to touch on that subject. And thanks for all the resources we mentioned. We'll link to them in the show notes afterwards to make that easy to find. And then what is the breastfeeding experience? Should we talk through what that's like?

Janiya Williams: [00:29:18] I've had five children. And with each one I have nursed them and I've had a different breastfeeding experience with each of them. You know, with my first baby I didn't know what I was doing, but everyone in my family breastfed. So here we were. no one told me what to do or how to do it. It just kind of naturally took its course.

Janiya Williams: [00:29:43] As far as the breast crawl is concerned, though, when I really got into birth work, it was after the birth. It was during the birth of my third baby. And, I've always had the pleasure of having my friends catch my babies for me. And so at the time, my midwife, she says, well, I'm gonna let your husband catch the baby. And I was like, what if he drops the baby on the floor? She's like, no, I'm gonna be right here. And so I said, okay, okay, well, I want to do the breast crawl.

So as soon as you catch the baby, I want you to put the baby on my chest. We're gonna leave it there and we're gonna see what the baby does. We also have surprise babies, so I don't know what we're having, so I'm calling it the baby. And so he put our third son on my chest, and Henry, like, waited around. He kind of was sleepy.

Janiya Williams: [00:30:33] He was a 42 weeker big, big baby. And he crawled on up, and he latched himself on. And every baby I had after that, I did the same thing. And for some of them, it took them maybe five minutes to find the breast. For others, you know, it was like 45 minutes. And I was like, dude, they're gonna call the people. If you don't, you know, eat, because then they're gonna say something's wrong. Like, I work here, this is what they're gonna say, but I know we're okay. and so just making sure that everyone is patient and that babies will innately do what they are supposed to do biologically if everything is going well, as far as the health condition of both the mother birthing person and the baby.

But it does happen. And it's great for, you know, if anything, skin to skin, because it's that oxytocin exchange that Emma was talking about. And we know that skin to skin helps to lower our risks of low blood sugar or hypoglycemia or hyperbilirubinemia, such as jaundice. Also, it can regulate body temperature, in babies and, help to have parents kind of understand, okay, we can do more frequent feedings because you're right here on my chest. So it's early breastfeeding. Great habits as far as promotion of breastfeeding and the breastfeeding relationship is concerned.

Sarah Trott: [00:32:04] Beautiful. And is that something that you counsel parents on when it comes to that breastfeeding intentions plan?

Emma Burress: [00:32:15] I mean I think, I think people are hearing more and more about the golden hour and to kind of keep that sacred time with your newborn. And sometimes that involves a breast crawl and sometimes it doesn't. Some people are comfortable letting baby find their way there and sometimes they aren't. But I think this one super important thing to remember about those early, like those first couple of hours, baby's going to be motivated to latch in the first couple of hours after birth, but it might not look like a real latch and feed.

Some babies are gonna lick around and sniff around and kind of put the nipple in the mouth and kind of be like, oh, what is this? Is this where I'm supposed to be? Am I getting this right? And then they'll fall asleep and then they'll wake up again and say, okay, can we try that again? Maybe I should suck now, am I sucking? I don't know what's happening.

Emma Burress: [00:33:09] So it can not look like a feed in the beginning, and that's fine. It's baby's learning, its baby's growing. And the first 24 hours especially can look like a baby who's just run a marathon. Because they did. And a parent who's just running a marathon because she did or he did. And babies can go long periods without wanting to feed in the first 24 hours, and that's normal.

Emma Burress: [00:33:40] So just understanding that infant behavior has specific patterns, right. So we know the first two hours post birth baby's going to be interested in the breast - exploring, latching, sometimes actually eating, sometimes not getting much. And then from like two hours to 22, 23 hours even the baby's going to go long, sometimes five, 4 or 5 hours. Stretches of just wanting to snooze and not really being awake or interested. so we have to offer the breast. Even if they don't take it, we offer it. and then as it leads up to that 24 hour mark, that baby's probably going to start wanting to cluster, feed and feed, feed, feed, feed, feed, feed, feed. And that's just normal infant behavior. It doesn't mean it's something wrong because your baby's sleeping. It doesn't mean they can't breastfeed because those first latches are more like exploring, licking. It's all learning and adventure.

Sarah Trott: [00:34:44] Thank you for sharing that and for talking about what that first 24 hours looks like, because that helps, again, demystify what that can be like.

Sarah Trott: [00:35:15] One of the revelations for me early on in those very early days was side-lying breastfeeding because I was so exhausted. and that was a real breakthrough. But the brilliant thing was I could relax. So even if I wasn't sleeping, it was just a way for me as a parent, who was feeling sleep deprived, could actually get some rest, even if it wasn't technically sleep.

Janiya Williams: [00:36:04] Absolutely.

Sarah Trott: [00:36:05] Especially in those cluster feed moments. I think when you said cluster feed, it reminded me of some of those early days.

Emma Burress: [00:36:12] Cluster feeding is an important biological mechanism, right? It's supposed to happen because that's the only way the baby talks to your body. Baby saying, hey, I'm growing. Can you make more milk? And it doesn't mean it's not getting enough at each feed. When baby's cluster feeding, it just means the baby is saying to your body, we're ramping it up, we're amping it up. Which is why babies cluster feed at big sort of growth spurts or developmental phases, or when they're feeling sick, right? They're like, I need more of this and we feel good. So yeah, when you're able to relax during cluster feeding instead of losing your mind, totally, lying down is great. Especially when cluster feeding is in the middle of the night.

Janiya Williams: [00:36:57] Where it mostly happens.

Sarah Trott: [00:37:01] Precisely. I mean, that's a brilliant thing about it. Would it be helpful to explain what that is? I mean, it's kind of exactly what it sounds like.

Janiya Williams: [00:37:15] So, you know, just like there are a million different breastfeeding and chest feeding positions. So we always tell people and we say this anyway, just do what's best at your address. Right. And so depending on your birth, some people, if they have really bad, tears, if it's a vaginal birth, side-lying hold is like

where it's at where basically you are rolling over to your side, ensuring that you know, you have a support person available just to make sure that if you do fall asleep - because, again, that oxytocin exchange will get to you - they can safely remove the baby and put the baby somewhere safe. Right.

Janiya Williams: [00:37:52] But you just simply, like, roll over on your side and attach the baby, and you just support the back of the spine of the baby and allow the baby to latch on. typically for sideline hold, whatever side you lay on, I'm always moving. that's the actual breast that you would feed from instead of trying to feed from the breast that's above the one that's directly touching the surface. It's a little difficult that way. not saying that it cannot be done, but it's a little bit more cumbersome. Right?

And then, of course, allowing the baby to naturally remove themselves. Or you can unlatch the baby yourself. but it's really, really helpful, especially when you have breastfeeding down to, outside of just, you know, when you're tired because, you know, when we are waking up to feed our babies at night. As babies are getting older, sometimes it is easy just to roll over, nurse your baby, roll back over, and everybody's back to sleep.

Sarah Trott: [00:38:54] Yeah. Brilliant. And what about that saying that you hear all the time, you know, "when your milk comes in".

Janiya Williams: [00:39:09] I actually I hate that saying. And like, we actually train our students in our program to not say that because it sets people up in their brains that before this moment, there was no milk. I actually started off in the NICU, and a lot of those babies are born early, and we know that our bodies, we can make milk as early as 15 weeks gestation. As far as pregnancy, at 15 weeks, we can make milk. and so what we're saying, and, and Jessica and I, we had Jessica was a doula for a client that we see in the clinic, over the weekend. And yesterday, the husband called, and he's like, it's here. It came in and I'm like, no, no, friend. It just increased. It transitioned, it transitioned. Tell me what's happening.

And so when we say the milk came in, it's, you know, the body's doing exactly what it's supposed to do. We were emptying the breast or the chest, you know, as frequently as we could. and now we have an abundance of milk because we've gone from the colostrum phase to the transitional milk phase to the mature milk phase. So it means our mature phase, it means our mature milk is now in. And that's when the breasts are fuller and heavier. And normal engorgement occurs around that 72 hour mark or time frame.

Sarah Trott: [00:40:37] Yeah. So in that first like 24 hours, what we were talking about in that early experience. There is milk.

Emma Burress: [00:40:44] Yeah. Yeah it's called colostrum. It's magic milk. It's golden milk. It's extra special fabulous milk. We don't want to not drink this magic milk. It is there. It's in small volume. But baby's tummy is the size of a marble, so they don't need gallons of it.

Emma Burress: [00:41:03] As they grow by day three, I think their tummy's gotten to kind of big strawberry, small egg size. And then at day three, we have that sort of copious milk onset, which we say is like when you have a bunch and that's due to the hormone process of giving birth, right? You lose your placenta and all of a sudden the hormone surge happens and three days later you have a ton of milk. but the milk that's there in the beginning, even though it's small volume, even though your breasts don't necessarily feel full or doesn't sound like the baby's swallowing a ton, it's precious magic. Golden delicious. Don't not call it milk.

Janiya Williams: [00:41:53] We always say teaspoons to tablespoons to ounces, and that's just the progression of it.

Sarah Trott: [00:41:59] Yeah, that's a great way to think about it. What is so special about this colostrum magic?

Janiya Williams: [00:42:06] Oh, now she's gonna nerd out for real.

Emma Burress: [00:42:13] So colostrum is super cool. It's low volume, so it's super, super concentrated and all the good stuff that babies need in those very early hours and days. The biggest proponent, the highest, the content part of milk that's highest in colostrum in comparison to, mature milk is what we call it when it's kind of gotten white and a lot, it's something called secretory IgA, which is an element of our immune systems. So what it's doing is helping the baby's immune system prime the gut, and fighting bacteria for the babies. So the milk is full of a ready packaged immune system that the baby is swallowing and it's functioning in the baby's gut on the baby's behalf, killing off bacteria and things that can make it sick in those early days. So the sort of high protein, high immune content is really, really valuable.

Emma Burress: [00:43:17] It's also fairly high in lipids. and, and sort of lipids are the highest energy content of human milk, the most variable too, but the highest energy content. and that's because babies need to gain weight, right? They need to gain weight and strength in the beginning. They need that energy. and because it is coming in low doses, it needs to pack a punch. but colostrum is very exciting. Obviously.

Sarah Trott: [00:43:48] Yes. And very important too. Thank you. I appreciate hearing the science behind that. Thank you. Okay, so we've talked a lot about the initial experience, about the milk itself and what it can be like for a breastfeeding person.

Sarah Trott: [00:44:08] The one thing that I really want to touch on is the experience of pain that can happen. I've had conversations with many people around this where they start to breastfeed and they're like, oh, well, everything was going fine, but now I can't because it hurts. I mean, I don't know if this is something, Jessica, that comes up a lot, in your conversations with new families when they're just getting started?

Jessica Aytch: [00:44:34] Yeah. So we talk a lot about breastfeeding. It's not supposed to hurt. A lot of people say you need to toughen your nipples or do these things to be tough. And it's like, no, actually not. Pain typically is an indication that we need to make a modification somewhere. So in the early days, we do something called, we observe their feed. and so when they come into the clinic, we say, hey, breastfeed your baby, as you typically would just act like I'm a wall and do what you typically do. What we find is

that, when there's pain associated with breastfeeding, there's typically a latch or positional issue. so we troubleshoot like, hey, maybe you should consider turning your baby's belly towards yours. So belly to belly making sure that your baby is in good alignment, helping them with those positional changes. And then I typically ask them to rate their pain. If their pain is the same, then we look into oral things.

Jessica Aytch: [00:45:28] And so Emma and Janiya are really great. IBCLC or lactation consultants cannot diagnose anything. but we do know when something is without, when something is outside of normal limits. And so we can say, hey, we actually would like for you to consider seeing, like a pediatric dentist or someone who can look at what's going on. and so, no, there should be no pain associated with it. Tug. Yes. but when there's pain, there's typically an indication that we need to investigate somewhere. And maybe. Emma, I know we keep talking about Emma, but I really love when she nerds out on certain things. That's why she's laughing. She nerds out on certain things. So I'm interested to see, like, any continued thoughts about that from you, Emma or Janiya?

Emma Burress: [00:46:10] So the the things we're looking for like Jessica saying is we're looking for a good latch. We want baby tummy to tummy with the parent. We want baby's ear shoulder and hip in alignment. So in a row because I don't know about you, but I'm not eating with my head to the side. It's not comfy. Your muscles are in the wrong way. so it doesn't help. We want as much of the nipple in the baby's mouth as possible. when I talk to people, I say if you put your tongue at the roof of your mouth. And push a tongue back towards the back of your mouth. Where the hard hits the soft, that junction between your hard and soft palate. That's where the nipple has to be in the baby's mouth. And she was quite far back. You need to get it all in there.

Emma Burress: [00:47:05] And you want the baby's lips flanged. So sometimes what's happening is if the baby's lips are tucking in, it means the seal's not great, so they're not able to hold on and form a seal properly. So they're using their gums to hold on. so there's a number of latch issues that can be happening that will cause pain, and positioning too. So we say bring the baby to the breast, not the breast to the baby. So

you want to lift the baby into position or put the baby in a position where you are comfortable.

Emma Burress: [00:47:40] That makes the latch sustainable. So if you're dangling over the baby and leaning forward and your back's getting sore and you're trying to lift your shoulder because your back's getting sore, you're slowly pulling the nipple out of the baby's mouth, and you're gonna get a shallow latch, and it's going to be really not fun. so, babies to the breast, not breast to the baby.

Emma Burress: [00:48:03] But. Yeah. Jessica is. Jessica is correct. It's not always a large issue. in about 10% of babies. And we see more of those babies, obviously, because we're seeing babies with problems. babies do have some oral dysfunction. and we cannot diagnose, but we can tell families that it's something that might need to be looked at by physical therapy. Occupational therapy, pediatric dentist.

Sarah Trott: [00:48:30] Yeah. And so a shallow latch is an example of something or like a positioning issue. The breast being not far enough back in. Right. Those are things that can cause a lot of pain. So listeners, learn about proper latching, go and do your research because it sounds like that's key to avoiding some of the pain that people tend to experience.

Sarah Trott: [00:49:23] Also, by the way, Go for a pee before you sit down for a nursing session.

Sarah Trott: [00:49:31] Advice from a mom, because there's nothing more frustrating when you settle in and you've got that perfect latch and you have to pee and you're like, oh no, I have to get up and my baby's sleeping.

Emma Burress: [00:49:43] Nap trapped. Is a real thing.

Janiya Williams: [00:49:47] We send each other nap trap photos like I can't move right now. This is where I am in my location. If people are looking for me.

Janiya Williams: [00:49:58] It's a true thing. It's a true thing.

Sarah Trott: [00:50:56] So we've covered a lot today. It's been incredibly helpful. I'm so grateful to our panelists. We're actually going to call this Breastfeeding Essentials part one. We're going to bring them all back for breastfeeding essentials part two where we will talk about the next set of questions around how much milk is enough, scheduling. We're going to talk about how to increase milk production. We're going to touch on breast pumps. Everything you wanted to know about that topic. engorgement, breast pillows, tools that can help support, breastfeeding, storage and of course all kinds of lactation support resources.

Sarah Trott: [00:51:43] So tune in for part two. definitely bookmark and share this episode with anyone who you know who is planning a family, or who is pregnant, or recently has had their baby, and they're on their own breastfeeding journey because there's a lot of valuable information here. So thank you so much, everybody, and we'll see you next time on the fourth Trimester podcast. And thank you to all of my guests. Thank you so much for being here.

Janiya Williams: [00:52:12] And thanks for having me.

Emma Burress: [00:52:13] Thank you.

Sarah Trott: You can also subscribe to this podcast in order to hear more from us. **Click here for iTunes and click here for Spotify**. Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at https://soundcloud.com/seantrott. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.