

# Fourth Trimester Podcast

## Episode 116: Breastfeeding Essentials Part 2: Manage Milk Supply, Proper Breast Pump Usage, Feeding On Demand

**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:** [00:00:05] Hi, this is Sarah Trott and welcome back to the Fourth Trimester Podcast. Today we are talking about Breastfeeding Essentials. This is part two of a two part series where we talk about everything under the sun related to breastfeeding and answering the top breastfeeding questions that we hear from you, our listeners.

**Sarah Trott:** [00:00:25] And today, joining me, I have three special guests and I'm going to introduce them in a moment. Before I do, I'd like to remind you to please hit subscribe or follow wherever you are listening to your podcast today, and then go to sign up for our newsletter at [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com) so you can be alerted every time we release a new episode.

**Sarah Trott:** [00:00:48] So our special guest today, first off we have Janiya Williams. She is a renowned lactation consultant and advocate for perinatal health equity. She's currently the Program Director and a clinical instructor at the North Carolina Agricultural and Technical State University. She speaks at numerous events all over the place and she has over 15 years experience. We're so thrilled to welcome her back for this part two session, and she so graciously invited two of her colleagues to join us today. And we're really, really thrilled to have them back on the show as well.

**Sarah Trott:** [00:01:27] So first off, we have Emma Burress. She has her MPH and IBCLC. She's a lactation professional with a background in human sciences, and she has her Bachelor of Sciences in genetics and development and biochemistry with honors in biological anthropology and applied anatomy. And her master's of public health came from the University of Cape Town in Cape Town, South Africa.

**Sarah Trott:** [00:02:04] And we also have Jessica Aytch. Jessica Aytch is a multifaceted lactation professional renowned for her expertise in various domains, including the full spectrum of doula care, childbirth education, sexual health, education, life coaching and yoga instruction. Jessica is currently the program coordinator at the esteemed outpatient clinic at the North Carolina Agricultural and Technical State University. And so welcome. I'm so happy to have the three of you on the program. Welcome back for part two. We covered a lot in part one. We're so happy to have you back.

**Janiya Williams:** [00:03:17] Thanks for having us back, Sarah.

**Sarah Trott:** [00:03:20] Okay. Thank you. Yeah, we covered so much information. If anyone is interested in this topic, go back and listen to part one first. It should be the one that's released right before this episode. And today we're going to pick up where we left off. We have a lot on the agenda to cover, including how much is enough, what schedules should we use, how to increase milk production, a little bit of information about breast pumps. We're going to talk about using breast pillows, storage of breast milk, and very importantly, some of the best resources that are out there for accessing lactation support, because that's a huge area that we get a lot of interest in questions is just how do I get the support that I need and what support is out there?

**Sarah Trott:** [00:04:06] So, picking up where we left off, one of the first things people really want to know and think about is, when do I need to feed my baby? How much do I need to feed my baby? there are lots and lots of books out there all about telling you what to do, how to schedule, how to feed. some of them are better than others. Is that fair?

**Janiya Williams:** [00:04:40] I would definitely say that that is fair. We have a saying that we teach our students and, we always say watch your baby, not the clock, because scheduled feedings are typically written in as feeding plans for new babies.

**Janiya Williams:** [00:04:57] If we are talking about babies who are born at term and who are considered well. And so we assist parents with educating them on identifying how to know if their baby is hungry because babies can only eat, sleep and poop is what we always say, right? And so watching those feeding cues, putting their hands to their mouths, smacking their lips, turning their heads, crying is actually the latest feeding cue. And it's actually a really terrible time for a new nursing parent to try to latch their baby on. It can be extremely frustrating.

And then that's kind of the downward spiral times for people who had a breastfeeding goal set in mind. because they're waiting to that last hunger cue. And it's just extremely

difficult to get a baby to actually calm down and latch on to her breast as opposed to picking it up earlier when it's kind of like, okay, I'm getting hungry, I'm getting hungrier, and then they're hungry. but, we always also say with establishing milk supply, it's like an ice maker effect. like an electric ice maker. You have to take something out to put something back in, and then just the steps to establishing milk supply, and then I'll toss it to either Emma or Jessica.

As far as infant stomach size is concerned, it's from teaspoons to tablespoons to ounces. So you're gradually working your way up to increase that milk supply to meet your baby's needs.

**Emma Burress:** [00:06:31] Yeah, I think that's why it's so important to to feed a baby when they're telling you to feed them. Like Janiya said, hungry babies are very difficult to feed. So by the time they're crying. It's hard, man. It's emotionally challenging to feed a hungry baby. And I said to clients in the clinic yesterday, when I'm hungry, I don't chew my food. I'm swallowing big chunks. I'm getting indigestion. I'm probably burping for two days, like their babies not feeding well when they're hungry. So it's not easy for either of you if a baby gets let to get really, really, really hungry before they eat. but yeah, feed the baby when they're doing the early things. Little noises bring your hands to your mouth, those things.

**Emma Burress:** [00:07:20] And you've got to pay special attention if your baby's using a pacifier. Because pacifiers can mask those early cues. And then you really only are getting let know that your baby is really hungry when they're hungry. and you want to get them before that. So you've got to pay extra attention if your baby is using a pacifier to get them early.

**Sarah Trott:** [00:07:41] Yeah. So what I'm hearing is listening to cues and paying close attention to when baby is asking in their own way, the way that they communicate for the food and not necessarily following a schedule.

**Emma Burress:** [00:07:57] Schedules have a time and place, right? So if your baby is sick or if your baby is struggling to gain weight, if your baby has high bilirubin, schedules

are there for a purpose when a doctor specifies them. But typically, if your baby is full term and healthy, you watch the baby, not the clock.

**Sarah Trott:** [00:08:18] Okay. Are there any books out there in particular that you would say you like or that you would avoid?

**Janiya Williams:** [00:08:49] Yeah. I would say, and Jessica and Emma helped me remember the book that we tell our students to read front to back from. It was from La Leche League: The Breastfeeding Answer Book. Yes. That is actually a good book for individuals to read because it breaks things down into layman's like terms as far as what to expect in the early days and then how to combat or be forewarned of things that could go left or could go wrong with nursing.

**Janiya Williams:** [00:09:21] We do always tell people, take what the information that you need and don't worry about the rest, right? and for most of the individuals that we see often in the clinic and individuals that we see in hospital settings, we are giving them different websites to look at. Kellymom.com is a really, really good website when it comes to breastfeeding and chest feeding information. and they always have evidence based links to actually boost what it is that they are saying is true. and then in addition to that, they have additional links for other web pages and sites dealing with that particular subject matter so that they can continue to research more. But it just gives them like a the key overview of whatever it is that they're searching for. And from there, if the individual chooses to look at more information, they've got those links at the bottom for them.

**Sarah Trott:** [00:10:24] Perfect. Okay, we'll be sure to include all of those resources on our show notes. Thank you so much..

**Sarah Trott:** [00:10:31] And if someone is sleep training their baby and trying to have them sleep long periods of time, I'm talking about prior to four months old.

**Emma Burress:** [00:10:40] I yeah, I read that 12 weeks to 12 hours thing once a very long, very long time ago. I do not remember the details, but I remember reading it and

thinking they are over feeding babies and then making them wait a really long time before they feed them again.

**Emma Burress:** [00:10:59] And physiologically, I'm just not sure that's safe. every parent gets to make the decision that's right for them and their family. And sleep is so important. So I get it. but babies have teeny teeny tiny tummies. Like Janiya was saying ounces. A baby's tummy is about the size of an egg. For months, the average breastfed baby takes 1 to 3oz per feed. So if you feed your baby like six seven ounces, yes, their stomach will stretch, but it's not built that way. and breastfed babies take 1 to 3oz from one week to six months, so that that doesn't go up drastically over time. it can go up some after they start eating solids and they have breast milk less often. But it's yeah, feeding babies large volumes is always. This is not scientific. It gives me the willies though.

**Janiya Williams:** [00:12:06] It does. And then I think we need to also remember that sleep is developmental, right. And babies are supposed to innately wake up in those younger months to remind themselves, hey, I need to be breathing. And that's why breastfeeding reduces SIDs and why babies who are put on schedules are waking up to feed instead of just waking up themselves biologically. so I think we need to remember that as well. But like Emma said, I always tell people to do what's best at your address. Because we are here to support parents in whatever it is that they would like, we can give individuals the evidence based information if they want to talk to us about what we've done personally with our own children or what we guide families into doing, that's fine. But then they have to take those two bodies of knowledge and put it together for themselves and make their own plan.

**Sarah Trott:** [00:13:01] Yes. And what about following their instincts? Where does that come into this? Because sometimes it can feel really terrible. I remember reading advice that I disagreed with and I just thought, my instincts are telling me this doesn't feel right for me or my baby. It doesn't feel safe. And so I just didn't do it. And I think it's okay to give parents permission, as you said, to do what's right. And just because a book says something, if it doesn't seem right. Don't do it.

**Janiya Williams:** [00:13:27] Absolutely, absolutely. And we see patients often who come to us, and they just need the permission from somebody who is a provider to tell them, no, you don't have to do this. and rules sometimes are meant to be broken if they're not working for you. If you have a gut feeling that this is not working well for you or your family, and especially our parents who have mental health concerns, and that's when it's like, okay, do we choose a parent's mental health over breastfeeding? And what does that conversation look like? We find ourselves - and Jessica does an amazing job of doing this in the clinic - with meeting people with where they are and communicating in such a manner that it lets them know that they're not a failure and that, you know you have done well. And now let's do what it is that you truly want to do and what you can do so that you can be your best self for your baby and your family.

**Sarah Trott:** [00:14:28] Jessica, it sounds like you have a lot of experience with that.

**Jessica Aytch:** [00:14:32] Well, I love that in our clinic we provide space to explore those feelings. And you were talking about intuition earlier, and we really like to encourage our parents to trust themselves. Like you made this baby. And no one is more of an expert on you and your baby than you. And so a lot of times we look at other people, providers and folks white coat syndrome is a thing. Like folks really believe that if someone has a white coat on, that they have authority over them and that they have to like, they have to, accept the information and apply it.

And like Janiya was saying, sometimes that information is lovely to have. Thank you for informing us. However, moving forward we want to be more keen on how we feel and what those decisions, how they impact us and move according to what feels more innate rather than what may be recommended from another person.

**Jessica Aytch:** [00:15:28] Emma did a wonderful job yesterday. Yesterday we kind of tag teamed on a mental health emergency with a mom who was listening to people, which we all want information and a lot of us are really accepting because we believe that the people want people want to help us. And that's true. But one of our clinic moms is like, listen, my mom is giving me some old school advice and I'm just running me. It's causing me to feel crazy. And we really had to have what we call a come to Jesus, even

though that's not a I'm not really religious, but it's like a, like a let's have a thing, let's have this space where we explore these feelings. And a lot of what she was feeling was just basically angst and anxiety because other people were wanting to instruct her on her baby and what she should be doing.

**Jessica Aytch:** [00:16:17] So we definitely have a lot of conversation about how do you feel about what's happening, what do you have the capacity to do? how can we center you, and what does that look like? Prioritizing yourself and prioritizing your baby because that's what's important.

**Emma Burress:** [00:16:31] I think there's a couple of pieces here that are really important. Like no matter where your information is coming from, if it doesn't feel right, ask someone else. If it's coming from your pediatrician, if it's coming from your mom, if it's coming from like, whoever it's coming from, especially if it's coming from TikTok, don't listen to TikTok, people. but wherever it's coming from. You can ask someone else. You don't have to take that as the right answer, especially if it doesn't feel right. Push - get a different opinion. Get somebody else to talk you through it. Just because your friend did it that way doesn't mean that's going to work for you.

**Emma Burress:** [00:17:09] And everything for your family and for this baby in your family is going to look different from anybody else's feeding experience, ever. whether it's your first baby, your third baby, it's going to look different. you have to figure out what works for you and your family at this time with this baby. so other people's advice and opinions really are worth very little. because you need to discuss. because yeah, you have to figure out what works for you. You can't just do what other people are telling you to do anyway because your family is different. Your baby's different.

**Sarah Trott:** [00:17:53] Listen to your instincts, listeners. That's what we're hearing.

**Janiya Williams:** [00:17:57] Absolutely.



**Sarah Trott:** [00:17:58] You matter. And it's true for breastfeeding and true for parenting in general. Oh, yeah. Because, I mean, breastfeeding is one of many, many topics when it comes to becoming a parent that you'll encounter over the years.

**Sarah Trott:** [00:18:11] So okay, so schedules. We talked about that a time and a place. Sometimes I'm wondering, do you ever work with parents who have questions about their supply? Either not enough milk or too much milk? Can we talk about that a little bit?

**Emma Burress:** [00:18:29] So TikTok is my least favorite place to deal with this. And I've said this twice now, but TikTok is showing people videos of like stacked freezers full of milk. That's not real life, folks. Like I was saying just now, a breastfeed baby takes 1 to 3oz per feed for the first six months of it. Like you do not need to be pumping 50oz a day. That is unnatural. That is not normal.

**Emma Burress:** [00:18:59] A lot of supply issues are perceived low supply as opposed to true low supply. True low supply does exist. Right. We have to work with people. We work with people who've had postpartum hemorrhage, who have a true low supply. So we can maximize whatever your body is able to bring to the table. But please do not expect that everybody should be pumping eight ounces every time they pump, because that's not real life.

**Emma Burress:** [00:19:28] And we're holding ourselves to standards that should not exist. And I think that creates a lot of not only anxiety but mental health challenges in general. Oh yeah. And self-worth issue anyway. It's too much. We don't need that much milk.

**Janiya Williams:** [00:19:47] And then I think with that too, I think that's probably the number one thing we see as lactation consultants, people who have perceived low milk supply. I did a talk last year for IBCLC day for gold lactation. And at the time, the literature showed that 87% of individuals have perceived low milk supply as opposed to actual low milk supply. and a lot of it has to do with miseducation. and it's just people are not taught properly how to keep up the physiology of how the body makes milk. and

we are using things like pacifiers and bottles and putting babies on sleeping program, sleep training programs before six months of age.

**Janiya Williams:** [00:20:42] And we in the United States have a real problem with sending new parents back to work early. Right? And that's when we really start seeing, milk supply decreasing. and so just educating and empowering our families, I think we could go really far with making sure that individuals meet their breastfeeding goals and have more positive breastfeeding journeys, which in turn will impact like the overall public health of society.

**Sarah Trott:** [00:21:15] 87% is a high number. That means most breastfeeding people think that they don't have enough milk. But actually they do.

**Janiya Williams:** [00:21:24] They do, they do.

**Janiya Williams:** [00:21:30] Our job is to kind of uncover what's happening, what's going on and letting them know hey, if we fix these three things, we could increase your milk supply. And that's one thing that we talk to people about all the time, too. At the clinic, whenever we are working with a breastfeeding or breast feeding person, we can do anything to increase that supply or decrease the supply. As long as they do these things that we give them as far as the schedule or whatever the plan is, and it takes about 72 hours before we start seeing the results.

**Emma Burress:** [00:22:10] I just want to say another thing that contributes to perceived normalcy is not understanding normal infant behavior because cluster feeding is normal. So your baby is feeding and then ten minutes later acting like they're hungry again. Completely normal. and cluster feeding is the baby's way of communicating with your body saying hey I'm growing. Can we up supply here a little bit. So it happens at these pivotal junctions like 24 hours old, at 48 hours old, at one week, at two weeks, at 4 to 6 weeks, at eight weeks, at 12 weeks.

**Emma Burress:** [00:22:52] Every time pretty much you go to the pediatrician is around the time your baby's going to be cluster feeding. And it's when they're having growth

surts and they can't tell your body, hey, can we turn it up? There's like no knob, right? So their body tells them to say, hey, just say you're hungry all the time. And that's how we get more milk. And so they do. They say they're hungry all the time and it's completely normal.

**Emma Burress:** [00:23:17] And people are like, my baby's not getting enough. They're telling me they're hungry again. I'm like, no, number one, you're at a phase right now when cluster feeding happens, and that's going to be normal.

**Emma Burress:** [00:23:27] Number two, if you're outside of cluster feeding phase and you're expecting your baby to go three hours between every feed, that's not normal either. I can have breakfast and half an hour later, want a snack. And I'm a grown woman. So please don't tell me that every infant needs to wait exactly three hours between feeds, because that's a little bit of bollocks. And we have very unreasonable expectations of normal infant behavior, and that definitely contributes to perceived low milk supply.

**Sarah Trott:** [00:24:00] It's almost like we're just saying to those 87%, hey, actually, you do have enough milk. And here's some examples of how you may be misinterpreting your baby's cues. Their cluster feeding is normal, and it doesn't mean that you don't have enough milk.

**Janiya Williams:** [00:24:18] Absolutely, absolutely.

**Sarah Trott:** [00:24:21] Right. And so, Janiya, you were saying that you do have a plan, though, for people who genuinely do have low milk supply? These are some things you can do. So what's that advice that you tend to give.

**Janiya Williams:** [00:24:33] So one of the first things we want to do is kind of identify why they have true low milk supply. Typically it's hormonal. And so we'll ask them to go to their care provider and get a full panel done. Most of the time it could be like a thyroid issue or they have PCOS that's gone undiagnosed. It could be someone has retained

fragments of the placenta if it's early within the first six weeks of giving birth. And so it's just trying to pinpoint those things.

**Janiya Williams:** [00:25:03] And once we've gotten a handle on that, that's when we implement what can we do to increase the supply. And so we start off slowly. Like how often do you think you can express milk from your breast? And then we give them a variety of ways of choosing to do so. Do you want to pump. Do you want to hand express. Would you like to put your baby to the breast? Most often it works better if we combine some of those things together, and we always encourage someone to do some breast massaging before feeding during feeding, and then if they're pumping or during pumping, if it's true low milk supply. We can implement plans with power pumping.

**Janiya Williams:** [00:25:40] We can talk about galactagogues. We try to stay away from those things because so many of them, it's like, does it really work? Is it in your brain? Is it true? And what I mean by a galactagogue is anything that you can put into your body to increase milk supply. This could be prescribed. This could be herbal, one that we haven't written off completely in the lactation world that we say works best is fenugreek. but studies also let us know that with fenugreek, a parent absolutely should be smelling like maple syrup in order for it to have the right amount, to impact lactation, that they've, consumed the right amount to have an impact on lactation. I personally wouldn't want to walk around smelling like pancakes and maple syrup.

**Janiya Williams:** [00:26:27] But for the parents who really need those things, I always encourage them to explore other options as well, because what may work for them may not work for somebody else. And then looking further into how would that fenugreek, affect me, right. Because we also want to stay away from galactagogues that could be harmful. We want to stay away from reglan if someone has a history of anxiety and depression, because we know that those things can be ramped up. and so just doing a deeper dive, with a variety of providers will assist that person in building that plan, in a more concrete way and involving them, of course, to.

**Sarah Trott:** [00:27:08] There are many things that can be done outside of just the lactation cookie.

**Janiya Williams:** [00:27:16] Probably my least favorite. But, I mean, they taste good.

**Sarah Trott:** [00:27:20] Yes they are. Oatmeal cookies are delicious.

**Emma Burress:** [00:27:26] I'll eat them. I didn't think it's doing much, but the placebo effect is great, too.

**Janiya Williams:** [00:27:31] Placebo effect.

**Sarah Trott:** [00:27:33] And that is a real thing.

**Emma Burress:** [00:27:35] Oh, yeah, 100%.

**Emma Burress:** [00:27:36] If it makes you feel good and you perceive that you have more milk, you'll feel better about it. You'll probably make more milk because you have more oxytocin because you're more relaxed. Placebo effect is great. Do whatever you need to do.

**Jessica Aytch:** [00:27:47] And we especially mention that, as in the clinic, about when people are pumping how good can you make this feel? Everybody knows pumping is work. It's a ton of work. And so it's like, so what can you do to introduce into your pumping session to make you feel better while you're doing it? Can you distract yourself by watching something? If you have the luxury to do that, can you eat something good like some breakfast or a good snack that you enjoy? Like, what can you do to kind of, to add to this, to make it feel better to you?

Another thing that we talk about is, even before the galactagogue conversation, a lot of something that a lot of people don't know is that you can increase your yield by 48% if you do hands on pumping. So like touching your breast and massaging. Stimulating your breasts lightly while you are pumping can give you more milk for most folks. And so like that's something where you don't really have to do anything extra. I like to put a

little coconut oil on my hands to make them more glide just when I touch my own skin. So I don't know if that's something that's an option.

A lot of people use coconut oil while they're pumping, and just really use hands on pumping technique to have a greater yield. So maybe they can try that out as well to see if that would work for them.

**Sarah Trott:** [00:29:03] I like the idea of sitting down and thinking about what could make this a more enjoyable experience. Maybe you've got a favorite book. Maybe you are doing something else that you enjoy at the same time, I think that's a really nice suggestion.

**Emma Burress:** [00:29:17] Yes, a stash of your favorite chocolate too.

**Sarah Trott:** [00:29:19] Yeah. Favorite chocolate? Yes. Snack tray. We have lots of recipes on our website, too, that lots of guests have contributed over the years. So if someone's looking for ideas for that perfect snack tray of veggies, cheeses, dried fruits kind of stuff, having this little snacks within easy grabbing reach. you're even while you're breastfeeding can be nice too.

**Sarah Trott:** [00:29:45] So okay, well, we have to ask the reverse then. Oversupply. So this is going to be the minority based on those percentages that you talked about earlier. But it sounds like it does happen and it's something you do encounter fairly regularly.

**Janiya Williams:** [00:30:01] Yeah. I'm going to let Emma answer that question. Oversupply is her wheelhouse. I do perceived low milk supply.

**Emma Burress:** [00:30:11] Oversupply happens for a couple of reasons. Right. Sometimes some of us have, like a natural oversupply. There's just a lot of milk. It happens. a lot of the oversupply we've been seeing lately, though, is just breastfeeding mismanagement. People who think because they see pumps everywhere that they have to be pumping, even if the baby is getting enough of the breast.

**Emma Burress:** [00:30:34] We had a client come in who was feeding her baby and then pumping for half an hour after every feed and inducing an oversupply. and these fridges full of milk on TikTok are inducing an oversupply. Now, if you're conscious of it, you know what you're doing. you have a plan to induce an oversupply for a limited amount of time so that you can stash milk because you don't want to feed at the breast and you want to get done with pumping quickly. I'm here for it. We'll help you do it.

**Emma Burress:** [00:31:08] But an oversupply can come with challenges: mastitis, milk blebs, pain medication, the cost of managing an oversupply. You are spending a lot of money on pump parts, on storage bags. You might even have to buy an extra freezer. An oversupply is glamorized, I think. It's not fun. It's a lot of work to manage that much milk. And a lot of people donate a ton of milk, and I'm hugely glad that they do.

**Emma Burress:** [00:31:45] I have huge admiration for people who are able to spend that much time attached to a pump, because I do not have that grace or patience. But yeah, we need to stop talking about oversupply like, it's always a good thing because for some people it's really, really not a good thing. And I think we need to make sure that people do not expect that oversupply is a norm. It's definitely not. And there are people who really, really struggle and get very sick trying to manage an oversupply that they have naturally or that they've induced themselves.

**Emma Burress:** [00:32:24] And we have ways we can deal with it. Right? We can slowly reduce pumping. We can do things like block feeding, which have to be done under supervision, because you can lower your supply quite a lot and you can induce a mastitis episode. But there are ways to manage an oversupply that a professional can help you with.

**Emma Burress:** [00:32:51] But again, I have no judgment for people who choose to induce one who know what they're doing, who are consciously going into it. I think that's great plan. If that is your goal. I just think we can't be glamorizing having tons and tons of milk because it can be dangerous and it can be really hard.

**Janiya Williams:** [00:33:11] Absolutely. I tell people that if they're looking at individuals who have these freezers full of milk, typically people don't tell you their whole story. there's a story behind that. Right? And so is this a parent who has a baby in the NICU and they've been exclusively pumping, and now they can't turn it off because it's something they've built up? Or is it a parent who is exclusively pumping, or is it the parent and all they're doing is pumping? Because, like Emma said, biologically that is not normal. And they've gotten themselves into something that they cannot get out of.

**Emma Burress:** [00:34:02] Because it takes time to to work backwards from a high level of oversupply. It's also giving people who have a lot of milk a lot of self-worth, that I can do something that all these people struggle with. I have so much milk. It feels so good, right? It's really hard to back down from that psychologically. it's hard for people with a natural oversupply to even consider going through block feeding, even when it's making them sick, because they're like, no, but I have milk for my baby. What if I go too far and I don't have enough?

**Emma Burress:** [00:34:37] There's a lot of psychological things that happen around oversupply. and I think that's a really important part of the conversation when you when you have a parent in front of you who has an oversupply because, you can't just say you need to make less milk, you have to say, okay, this is an option if you need to keep making more milk than you need because of your anxiety you need a stash. That's okay. Let's let's talk about where you're comfortable and try and work to there.

**Jessica Aytch:** [00:35:14] This is one of the reasons why I really encourage Emma to be on TikTok. I know she's going to be, but Emma is such a wealth of knowledge. And when you are battling against information that can be accessed on such a large scale like TikTok, it's really important to have people who are trusted and credentialed. Like when you are getting information on the internet, make sure that you, that person that you're listening to is not just another TikToker, because whatever they got going on is for them in their situation, but a credentialed professional who has spent time studying and who is an expert.



Emma is absolutely an expert, so I hope one day, hopefully we can manifest in this podcast that she will show up in the social media space because we need more credentialed people, educating folks on a mass scale.

**Sarah Trott:** [00:36:06] Okay. Well, Jessica, let's make this come true. We'll put some clips of Emma on the Fourth Trimester Podcast TikTok channel because we have one. And on our channel, we have people who have credentials who are sharing information for our listeners.

**Emma Burress:** [00:36:20] And that's awesome.

**Jessica Aytch:** [00:36:21] Yes. And we're going to manifest a viral clip for sure for for everything. So we'll see.

**Sarah Trott:** [00:36:28] Absolutely. So we talked about breast pumps a little bit and about some of the results of oversupply.

**Sarah Trott:** [00:36:37] Engorgement isn't necessarily something that happens just in cases of oversupply, but it can happen. So are there things that you discuss with women about handling engorgement and what to do in that situation?

**Janiya Williams:** [00:36:52] We always like to say that. Normal or natural engorgement typically happens around the 72 hour mark. Right? But if we are coming out of that and we are trying to get to a place of maintenance with milk supply, and we're still seeing reoccurring engorgement, and as you all have already said, that that can spiral to mastitis and other things like breast abscesses, milk blebs, we can ask them to take sunflower lecithin to kind of help thin things out, and work with them on that hands on, like really putting your hands on your breast during nursing sessions and pumping sessions is an extremely effective way to empty.

**Janiya Williams:** [00:37:38] The breast is never truly empty either, because that's the other thing that we hear from people. They're like, I don't have any more milk left. And I'm like, where did it go? We need to check on that. I'm like, it's still there. So truly kind

of getting your breast to a comfortable place as far as being empty is what we like to say, is helpful, but that's sunflower lecithin seems to work for most individuals.

**Janiya Williams:** [00:38:08] Oh, and then I'm not endorsing or anything, but Lansinoh makes these 3 in 1 pearl therapy gel pads, and it helps because you can heat them and cool them. Those work really, really well. But I don't want individuals thinking they have to go out and buy additional things.

But you can also use frozen vegetables, and putting them into a gallon bag and stuffing them under your arms or onto your breasts. Just ways of making sure, because engorgement is inflammation. And so like if you were to sprain your ankle, what would you do? You would ice it so it would go down. So it's the same thing with your breasts. We would ice them so that they can go down. But getting them to a comfortable place too.

**Emma Burress:** [00:38:56] I think it's just important to acknowledge that the guidance on the management of engorgement and mastitis changed drastically in 2022. So if you meet someone who was trained in lactation a while ago, hopefully they have updated their practice. But you used to hear like heat, hard massage. Now, engorgement is inflammation. And inflammation, like Janiya said, requires cold.

So we want ice, we want cool. We want gentle lymphatic drainage style massage to clear the interstitial fluid. So engorgement has pushed fluid between the cells. We want to clear that back into the lymph system. We don't want to be causing damage by, I mean the things I hear. A good friend of mine had a provider tell her to just use the back of a toothbrush and dig into a patch that was hard. And it's just causing damage. And damage causes more inflammation. So not the best plan. Being conservative, using ice, like you said, and using anti-inflammatories and using gentle massage. Other things like that.

**Janiya Williams:** [00:40:18] What's the breast massage thing that we got at the conference? Because that did work.

**Emma Burress:** [00:40:23] I don't know. So I am weary with those because there are different brands that make these like breast massage, vibrator things that you put in your bra. Right. It can work. It can help. I've also heard people be really burned by them because they have batteries in them, and they can go and burn your skin if they get too hot. so if you've used one and it works for you, that's great. I don't like to recommend them because they're not going to work for everybody. And if they are used poorly, they can be dangerous, like things like breast shells.

You know, I'm not really keen on recommending them because they're hard plastic. And I've heard people be like, oh, I'm wearing a 24 hours a day. I go to sleep in it, and then they have really bad plug ducts because they're sleeping in this hard thing that's digging into their breast.

**Emma Burress:** [00:41:12] I'm afraid the massage things go into that category, but. Not my favorite. That's okay.

**Sarah Trott:** [00:41:21] But it sounds like your advice to use your hands. Use your own body. I mean, that's a safe and gentle technique that I've heard you recommend a couple times now. And what were you saying, sunflower? What?

**Janiya Williams:** [00:41:33] Oh, I'm so sorry. Sunflower lecithin.

**Emma Burress:** [00:41:46] So sunflower lecithin is an emulsifier. So if you think about it, breast milk has a lot of fat in it. Right. And people who get a lot of plug ducts get a lot of mastitis. Plugs can be caused when there's a blockage in your duct and the fat in your milk can get stuck to the walls of your ducts, like cholesterol and heart disease. Right. So sunflower lecithin is an emulsifier like the mustard in your salad dressing. And it helps kind of mix that fat and the water in the milk better together and make everything move a bit easier. I don't know if that's a good explanation. Somebody's probably going to call me out on it, but that's the way I try and explain it to clients . It just helps everything move better through the tubes because it's pulling the fat into the water a bit better.

**Sarah Trott:** [00:42:34] Sounds good to me. Makes sense. so there are tons of breast pumps out there. I think the message that we wanted to talk about was just that, having one is handy and we're talking a little bit about insurance coverage.

**Janiya Williams:** [00:42:52] Well most insurance companies now with the Affordable Care Act, they have been able to give individuals breast pumps, either for free or at least 80% of that breast pump is covered. And so when we talk to individuals about finding a breast pump, I always tell them let's talk about your lifestyle. Let's talk about how often you will use it. Let's talk about what type of breast pump do you want? Because there's hands free. And Emma and I, we often joke because like we purchase breast pumps when we're nursing, and we're like, let's try this one. Let's try this one. Let's see what works.

And you know what? They all take milk out. Some take milk out at a higher rate and a more comfortable rate. I guess the most important thing to know is utilize your insurance. If you don't have insurance, ask the hospital if you can go home with a hand pump because those hand pumps can also be converted. Most of them that are hospital grade hand pumps can be converted into a double electric pump as well. you'll just have to ask someone to show you how to do that.

**Janiya Williams:** [00:43:59] But the other thing too, is, making sure that you're comfortable when you're pumping because breastfeeding should never hurt, but pumping your breast should also never hurt. and so people oftentimes don't know that there are different sizes of flanges that you can utilize. The amount of times that you're pumping your nipple size can change. Right. And so just knowing that there are additional things that you can purchase to make this more comfortable, if you know that you're going back to work and you've chosen a hands free pump, get a hands free bra, because that works too. and I've seen people turn sports bras into hands free bras and all sorts of things, to make things accessible, easier and more comfortable.

**Emma Burress:** [00:45:05] One thing I want to acknowledge about pumps is that we talk a lot to people about how they say, what's the best pump? I don't think there's a best pump, but I think the only two times you really need a good pump is if you're going

to be exclusively pumping. And that's the only way you're taking milk out of your breasts, using it every time you're removing milk. And that's the only thing you're going to be using. You need a good pump. And if you are a parent who has to be separated from their baby, or their baby is sick or has a reason that they cannot establish the milk supply with the baby, you need a good pump to establish a milk supply. If you're able to breastfeed your baby and you're using your pump every now and then, or if you're using a pump for convenience, the best breast pump is the one you're going to use.

**Emma Burress:** [00:45:51] But, if you are establishing a milk supply with a pump or you are exclusively pumping, you really need a good engine on your machine.

**Sarah Trott:** [00:46:06] Yeah. So, I mean, it sounds like with all the brands out there, there are a lot of great ones. We don't need to name any because it's really about just knowing when to use it and getting one that works well for you.

**Janiya Williams:** [00:46:17] Absolutely.

**Sarah Trott:** [00:46:18] Yeah. and so when it comes to the baby registry, what about breast pillows or breastfeeding pillows? Are those things worth it? Are they valuable? Do you recommend them?

**Janiya Williams:** [00:46:30] I can say that it could make things more comfortable for a parent. I've tried boppy. I've tried my breast friends. I don't have one in particular that I'm like, oh, I definitely need this one. The one thing I can say is I tell parents to leave their, their, breastfeeding pillows at home because the hospital typically has more than enough pillows to kind of help arrange. And then it's just like one more thing you have to sanitize when you go home. Sometimes the tinier babies could roll into the babies, and I find a lot of parents bringing their breasts to their babies and not really their babies to their breasts. So just take one of the receiving blankets and stuff it in there, or set something else on top of it to kind of cover that hole to keep the baby level, because we want to keep the baby level when the baby is feeding.

**Sarah Trott:** [00:47:30] So a regular pillow could do it.

**Emma Burress:** [00:47:33] Yeah. Babies need postural support. There's the baby, right? The baby needs postural support to use all of the muscles in the mouth and the throat that they need to use to feed. They need stability for their core. So I always say to parents, you can't just hold their head because then they're using all their core muscles to like, hold their dangly legs up, right. And they aren't able to suck effectively. So if they have postural stability, if they're stable, whether you're using a pillow, whether you just lean them on your whole arm, however, you're helping your baby be stable so that they're able to use their muscles that they need to eat. That is great. Whatever it looks like for you, whether you're just lying down on your bed, whether you are on your own couch, surrounded by your own pillows, whether you are in a recliner and you have a boppy whatever works for you to give you and the baby the support that you need. That's what is great.

**Sarah Trott:** [00:48:33] So it's not going to hurt, but it's definitely not necessary.

**Janiya Williams:** [00:48:38] It's kind of like an extra.

**Sarah Trott:** [00:48:42] Yeah. Okay, so speaking of rules, when it comes to storage of milk, there actually is a rule that I've heard. And it's the four, four four rule. Is that something that you recommend to parents and what does that mean?

**Emma Burress:** [00:49:01] So I pulled up the CDC guidelines because of course I did.

**Janiya Williams:** [00:49:05] I was like, she's pulling something up. It's right by her.

**Emma Burress:** [00:49:08] Because I have the guidelines laminated because I'm a nerd. so the W.H.O. doesn't have published worldwide guidelines because our access to refrigeration and all of that stuff is different, right? So in the US, we follow the CDC guidelines. and the CDC's recommendations are four, four. But that third four, not so sure about. Right.

**Emma Burress:** [00:49:31] So breast milk freshly pumped, hand expressed, however you get it out is good at room temperature for four hours. and then it either needs to be drank or put in the fridge. It's good in the fridge for four days. Not in the door of the fridge, folks. Not in the front of the fridge. Put that at the back of the fridge where it gets the least temperature fluctuation.

**Emma Burress:** [00:49:58] And then it's actually depending on what kind of freezer you have, can be quite a long time in the freezer. So if you have your normal at the bottom of your fridge freezer that you're opening like once every two days, once a day, that's safe for about six months. If you have a big old chest freezer in your basement, like I do. that's 12 months. So if you have a freezer that's a standalone freezer that you're not opening regularly that's purely there for storage. It can be a year that it's safe. In your regularly used freezer half a year. So it's like four, four, six / 12.

**Janiya Williams:** [00:50:38] Yeah, I think we did four four four with the CDC just because it's easier for people to remember something that's easy and consistent as opposed to, all right, guys, this is really six hours and this is really four days and this is really 6 to 12 months. So we just said four four four

**Emma Burress:** [00:50:58] But I don't want people throwing milk away at four months when it can be saved for 12 months if they have a big chest freezer.

**Janiya Williams:** [00:51:03] So absolutely and you just actually reminded me, I have one thing of breast milk left in my deep freezer that expires in about four weeks, so I should use it.

**Emma Burress:** [00:51:12] Mine is expired, but I'm not throwing it out because I'm not emotionally ready to do that.

**Janiya Williams:** [00:51:18] Every breastfeeding mom has like that one last bag of milk in their deep freezer. I'm like.

**Emma Burress:** [00:51:25] Do I need to make it into jewelry? What do I need to do with it? Right? What do I do with it?

**Emma Burress:** [00:51:29] Cannot throw it in the bin.

**Janiya Williams:** [00:51:32] Same.

**Emma Burress:** [00:51:33] I don't know what I'll do. Still too emotional to chuck it away.

**Sarah Trott:** [00:51:40] Or maybe donation is an option even.

**Emma Burress:** [00:51:43] Oh, not after it's expired.

**Sarah Trott:** [00:51:45] Not after it expired, certainly. I just mean if there's oversupply in your freezer. Yeah.

**Emma Burress:** [00:51:49] If you have an oversupply.

**Sarah Trott:** [00:51:51] Yeah. What are you gonna do.

**Janiya Williams:** [00:51:52] Absolutely, absolutely. And and you know, Sarah, I'm glad that you brought that up because there are lots of babies in our NICU who could benefit from human milk. I think we talked about infant gut microbiome in the first, maybe we didn't. Okay, I don't know. I don't know where I am. I don't know what month it is. So we can go off on it.

**Janiya Williams:** [00:52:13] But we're talking about medically fragile infants and just the power of human milk and what that could do for them. And so if you have an oversupply, reach out to your nearest milk bank. Right. A friend of ours is actually the president of the Human Milk Banking Association for the United States right now. And she's always encouraging us to find folks who want to donate milk and can do so. Right. So we don't want people pumping if mentally like that is not what. We want you to be a natural oversupply supplier for doing so. But they send you all the equipment after you



pass your screening test, they send you all the equipment that you need, and the supplies. And then they usually have someone come pick it up right from your doorstep for free. And it's all at no cost to you. And so, definitely something to consider.

**Janiya Williams:** [00:53:07] And then even for our parents who have had an infant loss because milk production is still going to happen. there are programs set up with the milk banks. I know ours in North Carolina is teardrops to Milk Drops. and they do special things for those parents. And we actually had a guest lecturer this year in our program who came and talked about her experience with donating to the milk bank.

**Sarah Trott:** [00:53:34] How valuable is it, then, for women who have babies in the NICU to receive that milk? They're probably so grateful

**Janiya Williams:** [00:53:52] Absolutely, absolutely.

**Emma Burress:** [00:53:54] It's incredible. The gift of breast milk at that level for a NICU baby. And I don't like the phrase I don't like thinking about food as medicine because I don't believe food is medicine. But at that stage of life, it is. It's doing so much for those babies. and especially NICU parents, if they're not expecting to be NICU parents, some parents know their baby's going to be in the NICU. They have it coming. They're mentally prepared. If you're not mentally or emotionally prepared for your baby to be very sick and be in the NICU, not only are you probably not able to stick to a pumping schedule, right, because you need rest and emotional support, but the stress on your body might mean you're not able to make a lot of milk initially.

**Emma Burress:** [00:54:42] And it can be devastating mentally to not be able to do that for your own baby. So donate. Donated breast milk makes a huge difference.

**Sarah Trott:** [00:54:52] And is there a main source or website someone can go to or can they just Google milk donation?

**Janiya Williams:** [00:54:59] So the milk banks in the United States are kind of sparsed out. It's not like every state has a milk bank. And so that's the other thing too. A lot of

individuals think that every state has a milk bank. There are hubs. We could put the Human Milk Banking Association of North America (HMBANA), web page on the show notes. But then also like there are organizations within communities that have their own milk banks. And so I don't want to say that it has to be this milk bank. so I would encourage listeners to go within their communities to find out where they can donate milk. to ensure that it will go to families in need.

**Sarah Trott:** [00:55:44] Okay. And that site that you mentioned is [h m b a n a.org](http://hmbana.org).

**Emma Burress:** [00:55:50] So that's the Human Milk Banking Association of North America. and you can go there and find out if you have a milk bank close to you. or find the closest one to you. But again, there are community resources that allow you to do it more informally. you should still follow storage guidelines and make sure that you're being safe about it. But yeah, there are different ways to do it.

**Sarah Trott:** [00:56:24] Thank you. And while we're on the topic of resources, that's one thing that we wanted to definitely touch on. We talked about La Leche League. And certainly it's worth mentioning WIC there are lots of local WIC centers all over the United States and they offer breastfeeding support. We've had WIC people on the show as well. So go back and listen to those episodes if you're interested. So I would love to hear your recommendations

**Janiya Williams:** [00:57:07] So I think we've already stated, Kelly Mom is a really, really good website for individuals to get information from. And so I always tell people to just research what it is that they're specifically looking for so they can find their village of people. But I think that's the best way to do it because there's so many resources and then just ensuring that there are credible individuals monitoring those pages, as well as - and I say this all the time - that I don't believe you have to have credentials to support a breastfeeding or chest feeding person. Because a lot of peer support is amazing, right? And so just making sure that they're not shaming. They're not bashing. That it speaks to you culturally, just what you're looking for in your village of people to support you through your nursing journey.

**Emma Burress:** [00:58:15] There are some good evidence-based Ready Set Baby is a great program with educational resources and classes. I think the classes are online. If you're really interested in the science about how doctors approach a prosperous approach breastfeeding, the, Academy of Breastfeeding Medicine, ABM has a whole list of protocols for how they manage high bilirubin, for how they manage low blood sugar, for how they manage mastitis and engorgement. and you can if you have a specific topic you're interested in or you're going through something specific, you can look into what the recommended evidence based practice is for your situation. It's listed there and they're easily accessible online. So there are some great evidence based resources out there.

**Janiya Williams:** [00:59:13] And then I almost forgot. A project that I assist with was actually called the Fourth Trimester Project. That web page is monitored by medical professionals, peer supporters, etc. and then that is newmomhealth.com. And I think that that's a great website for individuals before baby is even born, or even preconceptionally, because it walks you through everything that could happen in the fourth trimester.

**Sarah Trott:** [00:59:50] Okay. Great. Thank you for the resources and the recommendations. And for real life support, we've talked about visiting clinics. We've talked about visiting your lactation consultants. If someone wants to find someone, where could they go to find a reputable support person? I know we've talked about IBCLC. but where can they go? Talk to their doula.

**Janiya Williams:** [01:00:19] There is a space online where individuals can go to see if you know someone in their area is a certified lactation counselors. Like the CLC website, they have one where they can pull that up. It's like a database. And then IBCLC actually has one too, for lactation consultants. but I always say a great place to start is their local hospital because typically the lactation department at local hospitals, they've already put together, kind of a resource guide for who is doing lactation work in the community. And, outside of that, to health departments, especially health departments that have WIC - they actually, put together those same resource guides.

**Janiya Williams:** [01:01:18] But doulas are also a wealth of information to assist with guiding people in their breastfeeding journeys. And so are our midwives, because our midwives are trained to assist families with nursing in the early days and help to identify common areas of concern for families and your OB GYNs, too, and your family practice docs and your pediatricians. I'm like, just thinking of all the names.

**Sarah Trott:** [01:01:47] Yeah. And I think all those people are going to either be able to answer some of your questions themselves or refer you on to someone who can. The important thing is feeling comfortable asking for his help and support.

**Janiya Williams:** [01:02:01] And asking Early. Early. I always tell people, please do not wait until your nipple has fallen off and rolled under the table. Come see us before then.

**Emma Burress:** [01:02:14] Early and often. Keep asking questions. Don't feel like you've blown your one question asking session. If you ask a pediatrician on your first visit, keep pushing and there are going to be some pediatricians who are really well educated in breastfeeding. And like you said, they're going to be some who are like, I'm just going to help you find someone who you can talk to and answer these questions. And the same with OB GYNs and the same with a lot of people. They're going to be varying levels of training and education and the people that you speak to. And if you feel like you need more, just say to them, okay, who is another person I could talk to about this? Don't don't stop pushing or stop asking questions. Yeah.

**Janiya Williams:** [01:02:52] Those are the patients we like. The ones who ask the questions.

**Sarah Trott:** [01:02:57] Great. Well, as we wrap up, I'm going to open the floor. If there's anything else that you wanted to share, any messages you want to give to our listeners?

**Janiya Williams:** [01:03:06] I mean, I just always tell people to, again, do what's best at their address to trust their bodies, trust their process, and find their village of support people or persons.

**Emma Burress:** [01:03:19] Yeah, like just get. I think Jessica, you said this earlier. You are the expert on your baby and your body.

**Emma Burress:** [01:03:24] Like, no matter who else is in the room with you, you are that expert. you know, when you need help and when you don't to be honest. So trust yourself.

**Janiya Williams:** [01:03:37] And enjoy it. And enjoy it because it does end one day. We are living proof. To enjoy those moments and to make it. If it's something that you truly want to do, to make sure that it's enjoyable for you and it's not something that you feel like you have to do, or that you look back and you feel like that's all you did do was nurse a baby, because that's also something that should not be happening. A parent should not always feel like they're always nursing their baby. That's a sign to come and seek us out for help.

**Sarah Trott:** [01:04:15] Jessica, did you have any final words you wanted to share?

**Jessica Aytch:** [01:04:19] I love how Janiya and Emma both talked about the value of support, and so please find those people and spaces that can support you. Support groups are great. So really find some folks who can cheer you on, because when stuff gets hard. And I was about to cuss, when stuff gets hard you need a space where you can cry and be like, man, this, this sucks right now, sorry, or whatever the case, and have a space that's not going to judge you for having very real feelings, because all of that you can hold that things are tough and that this is a lot of work. And also, this is the most rewarding thing I've ever done in my life. Like the two can coexist, and a lot of times people will feel very conflicting feelings at once and they're like, am I crazy? Like, what's going on? Like, hormones are a thing. You're going through a lot.

**Jessica Aytch:** [01:05:07] Find some folks who are going to cheer for you and who will be there to pat you on the back and celebrate the small wins. Like this is a lot that you are investing into your baby and into yourself. Like this is a lot. And so we love parents here, and we love folks who, who are investing in this experience.

**Emma Burress:** [01:05:33] I would add two more things. Give yourself grace. Yes, always, always, always give yourself grace. And plans are allowed to change. Your goals, your plans are allowed to change. So if your goal was to feed your baby for a year and you get to three months and you're like, this is too hard, I can't do this. It's okay for your goals to change. If you get to three months and your goal was three months and you're like, I really love this, you can keep going. Nobody's going to stop you.

**Emma Burress:** [01:06:01] So I think parenting is one of those times, especially if you're a first time parent, a new parent like you have no control. You can't control the roadblocks. You can't control the barriers that get put up in front of you. And sometimes we get over them and sometimes we have to go round them. And finding a team that's going to support you in redirecting in a way that is helpful and workable for you is important in that support team. plans and goals change and that's okay.

**Jessica Aytch:** [01:06:34] You're amazing because you picked up the thought that I dropped. So I appreciate you so much. Also random. But Emma brought this up yesterday in a consultation. And I just wanted to throw this out there on the mental health tip. Like, you can take an antidepressant and still breastfeed. You can get the support that you need and still like, power through, but not power through in a way that's wearing you down. But you can do both. You can take care of yourself and do what's in the best interest of you and support your baby and your feeding goals as well. So like, I love that Emma said that there's absolutely no roadmap to any of this, and you can absolutely change your plan and do what's best at your own address. As Janiya says, to center your health and your well-being.

**Janiya Williams:** [01:07:20] And like the saying goes, breastfeeding is one percent production and then the other 99% is support. And so I think that that's what we're all saying. Get the support.

**Emma Burress:** [01:07:35] It's a team sport.

**Sarah Trott:** [01:07:39] Perfect. Thank you so much. And as we wrap up, I want to mention that if people are interested in finding out more information about your program, you have the North Carolina A and T human lactation program, which we'll link to in the show notes. and also your own community outpatient clinic and the believe project. Did you want to say any words about the program or the clinic and the project?

**Janiya Williams:** [01:08:05] If listeners are interested, we have a program that builds entry level IBCLC. So it is not an online program, unfortunately. So it is an in-person program, but it is one of the nine pathway two programs within the United States. and as far as the Belief project is concerned, it is a research project out of North Carolina at State University and the University of North Carolina at Chapel Hill, where we are building a curriculum to assist providers, and community health workers and patients into how to more effectively communicate in order to reduce the black maternal mortality and infant rates, death rates in the United States.

**Emma Burress:** [01:09:06] The pathway two program is in North Carolina and you can't do it online, but we do do virtual visits for the clinic. We do. So if you have a breastfeeding challenge, our clinic is open Tuesdays and Thursdays. And we help people all over the country with virtual appointments when we can.

**Sarah Trott:** [01:09:26] Fantastic. Well, there you have it. Thank you so much, Emma, Janiya, Jessica, I really appreciate your time both for part one and then this part two episode of Breastfeeding Essentials. Thank you so much and we'll see you next time on the Fourth Trimester Podcast.

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