



**Laurel Wilson,
BSc, IBCLC**

Breastfeeding Preparation

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Morning everyone. I'm Dr. Debby Hamilton, part of the neurological Health Foundation. And today we are going to talk to Laurel Wilson, who is a TEDx and international speaker pregnancy and breastfeeding specialist, consultant educator and author. Laurel is the co author of two books, the Tasha pregnancy and the greatest pregnancy ever. Original editor, editor of the Kappa lactation educator, educator manual, as well as a contributing author to round the circle doulas talk about themselves, her passions blending today's recent scientific findings. With the mind body spirit wisdom to help professionals and families realize the magnitude and importance of the perinatal period. Spending 17 years as the Executive Director for lactation programs, the childbirth and postpartum professionals Association formed the foundation of inquiry into the science of human milk. She acted as a board director for the United States breastfeeding committee from 2016 to 2019 and currently serves as advisor for enjoy health and kitchen media. Laurel has been joyfully married to her husband for nearly three decades. Congratulations Thank you, has two wonderful grown sons is the first letter on a path towards helping emerging families create positive experiences. She believes that the journey to parenthood is a life changing rite of passage. We deeply honored and celebrated. Well, I feel very honored to have you speak with us today. I'm here, obviously a lot of experience. And today we're going to talk about preparing for breastfeeding, which is, as you will tell us really very important. So I would go ahead. So first of all, what are the best breastfeeding benefits for the infant?



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There are so many benefits when you think about what a baby is getting out of the act of breast or chest feeding, and one of the first things is that they are in contact with their parents. And Nils Bergman is this wonderful neonatologist out of South Africa and he says that, you know, breastfeeding essentially meets all the needs of an infant. It addresses their needs to be loved and connected. It addresses their needs to, you know, be in a dependent relationship and it addresses their need for nourishment. So, beyond just the fact that it allows the baby to be in the space where they have evolved to be. The next thing that's so important is that human milk populates the baby's microbiome. And we are now finding that the microbiome is one of our most important first layers for success and health over time. And the first food that we receive really is foundational for that microbiome in the gut. And we're now finding that it is based on that microbiome, that we see a lot of the changes that we typically say these are the benefits of human milk feeding, right? So some of those benefits that we might see as a result of this healthy microbiome are that we see disease risk is lower, so we see reduced risk of things like diabetes type one and type two. Later on in life, we also see reduction in childhood cancers as well as reproductive cancers later on down the road. And then of course, there are reductions in the risk of all sorts of illnesses like respiratory illness and chronic ear infection, sinus infections and things of that nature. So, there's so many reasons why it's important for a baby to receive human milk, but it's not just the milk. Also, the act of human milk feeding helps develop the jaw. And there are some research studies that suspect that the jaw development is quite different between human milk feeding at the breast or chest and also that of feeding with a bottle develops the both the tongue and the jaw in very, very different ways. So you know, it's a wide variety of important benefits for a child and each mammal, as we, as we, as we have evolved over time, is designed to receive the milk specifically from their lactating parents.

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Right? Which makes a lot of sense,

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right? Absolutely.

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And as a pediatrician, I always think of all the benefits of the infant, but the microbiome understanding that importance, and that connection isn't something that I learned in medical school. So that's a really, I think, important to think about, because that's the whole immune system.



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Absolutely. And we're, we're now finding that you know, we have approximately 150, human milk oligosaccharides in human milk, and those human milk oligosaccharides feed the bacteria that wind up surviving and staying in our gut for the rest of our lives. And these HMOs as we call them, are unique to our genetic line, and they're also unique to where in the world we live. And researchers believe that is because these HMOs have evolved over time to be in the milk of the humans that live in certain spaces to protect them against the pathogens that live there to help those babies thrive and survive. So it's such a magical fluid. I mean, it's amazing, the more you dive down deep into it,

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I never thought about that. And that makes a lot of sense, right, that the baby has to be adjusted to their own environment and protection from their own environment. Yes, yes. What are the benefits of breastfeeding for the mother?

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So the lactating parent has all sorts of benefits as well. One of the things that you hear most in the media is that it reduces her risk of certain reproductive cancers. For example, we do see a significant reduction in the rate of pre menopausal breast cancer. We also see a reduction in uterine cancer, ovarian cancers. And there's also some recent data that suggests it also reduces the risk of thyroid cancer which we are starting to see quite a bit and incline in over the past few years. So it's very, very protective from that standpoint. The other thing that we find from the act of feeding is that it also protects against heart disease, cardiac disease, and, and this, you know, there there are quite a few different reasons why it is heart health protective. But I love that idea because here we are, you know, feeding our children and and it creates strength in our heart and we associate the heart of course with with love and parenting and, and all those wonderful things but it actually literally changes the strength of the heart and reduces our risk of high blood pressure later on in life. We have also discovered now that the act of lactating also epigenetically changes the brain. So we see that there are all sorts of genes that are activated during the process of lactation. That helps a parent to it basically lights up maternal behavior in their brain and allows them to one thing it allows them to do is sniff their babies, they parents can identify their baby from all other babies just by smelling them and it creates actually, it lights up the brain. It creates almost an addictive like response in the brain when you smell your baby and you're breastfeeding. So it's it does a lot of amazing things for the parent as well. We also see a reduction in the risk of diabetes as well for the mom the parent, yeah, yeah.

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Just things like being able to lose weight and, you know, get the



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I mean, I don't the weight loss thing, though, is only we only see the data supportive of that in the first six weeks we see more significant weight loss in the first six weeks after delivery than we do beyond that. But and that's part of because the body is very protective of the milk supply and after six weeks, a lot of parents will say that, Oh, you know what, I seem to have this extra five pounds, it just hangs around my belly and I don't know what to do about it, no matter, you know how much I work out or, and that is actually a protective layer of fat that the body can very quickly mobilize in times of fasting to protect the milk supply. So yeah, you do see weight loss, but I wouldn't say that that's the number one most important benefit for

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women. Thank you. No, I mean, there's so many benefits. But

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yeah,

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yeah. oxytocin play a role. You're talking about that connection? Is that like a chemical part is that I was thinking about oxytocin terms like the bonding hormone.

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Yeah, oxytocin is. So one of the things that we like to promote for health for the parent and baby is the act of skin to skin and breastfeeding enables that skin on skin touching and when we are in skin to skin contact with another human being, particularly our own Baby, we see an elevation in oxytocin. And oxytocin is our love hormone. It's the hormone that creates bonding in most mammals. And we see it at the highest level after the moments of birth if a parent has gone through vaginal delivery, and then we also see these incredible rises in oxytocin, both with having our baby on our skin, and also when we are breastfeeding, and that oxytocin bonds, the parent and baby in fact, that burst of oxytocin causes the eyes to dilate. And so the baby, it's a really cool thing, because when you watch breastfeeding babies, you'll see that their eyes dilate, and mom's eyes dilate as well. And that is a note to the baby's brain. You're my person. And that delimitation of the eyes constantly with each feeding. They keep looking like oh, yeah, you're my person. You're my mom. You're my person. Creating the bonds.

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Yeah, that's like That's nice. That's really nice.



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Well, what about the mom's diet? How important is her diet for the quality of the breast milk?

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So in the 1980s, researchers were doing a lot of studies in Africa because they were looking at the impact of HIV on human milk. And if there was a risk of transmission, and one of the things that they wound up doing as a result of those studies was they were actually looking at the macronutrients and some of the micronutrients in human milk over time and in populations. And what they found was that even populations where the parents were at near near starvation levels, they have really similar macronutrients in their milk. And so it became kind of a standard that we said, what to eat doesn't matter so much because human milk is relatively stable over time and over populations. But what we have learned more recently as we've started to look more at the impact of the epigenome and what that is is, is how our environment, particularly nutrition changes how our genes are expressed. One of the really foundational parts of those studies involves human milk. And what we found is that diet does significantly play a role in the types of fatty acids that are found in human milk. And fatty acids do play a big part in which genes become activated and inactivated. So while what a parent or a mom eats during lactation won't significantly change the amount of fat in the milk, because the amount of fat is based on your anatomy, like how many milk you know, how many milk cells you have, and that allows so much fat to be on the inside of the the cell which gets pushed into the milk. So, diet is not going to change that. But what it does change is the types of fats that are bound to those cells that are getting pushed into the milk. So types of fats can very simple nificantly and our diet really does matter for those purposes. early research is suggestive that parental and maternal diet does play a role in the reduction of things like cardiac risk, allergy risk, a topic illness based on those fatty acid profiles in the milk. But it's early on, we don't know enough to say, choose this diet over this, you know, and in fact, there is some suggestion that our hereditary diets over time are the most important diets for us in terms of lactation, because those are the profiles that our baby needs genetically, but again, all of this is still really early on.

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Okay, what about a vegetarian or vegan diet? Because I thought that you can get let's say the mom was a vegan and she got really low and B 12, per se that that still could be an issue for the baby.

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So b 12 can be an issue, not necessarily for the baby, but it can be an issue with the ability to actually make milk So you need to ensure that both vegetarians and vegans are enjoying a very healthy vegan and vegetarian lifestyle. And that's actually relatively easy to do, provided that they are doing the correct forms of no food combinations and getting a lot of dark leafy greens



and, you know, and sources have lagoons and beans. So it's actually not that difficult. We just want to ensure that they're not, you know, focusing on pastas and bread or sole source of nutrition, but we do know that vegan diets can be absolutely fine. There is also some suggestion that for those who are full straight vegan, that they should potentially take a supplement as well. That will boost the fatty acid profile in their diet as well. Because that's what

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I think of or even cholesterol which people in adult world are concerned with. Right It feels in your brain so all those fats and questions of mineral products is very important. Yes, we're concerned.

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yeah, so paying attention to those fatty acid profiles and B 12. Is is important and a lot of a lot of vegans just choose to, for example, there is an algal oil supplement that is absolutely vegan, that does ensure that they get the appropriate amount of vfas in their milk, and then they'll just decide to take a b 12. Kind of as a as an insurance for their milk as well.

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Okay, well that kind of goes into should women continue their prenatal supplements when they're nursing?

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So nutritionists are kind of, in different camps about this. There are those nutritionists that say stay on your prenatal vitamin that has been assigned to you by your healthcare provider during pregnancy and just stay on that throughout lactation? And then there are also those nutritionists who say, No, if you're eating a completely healthy diet, there's no point in taking a supplement, but the standard advice from the majority of lactation professionals is to stay on your prenatal vitamin as long as it is a healthy and whole food, vitamin. Okay,

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what about essential fats you mentioned like omega threes and essential fats is that important to take too or depends on your

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data. So I actually do a whole presentation on essential fatty acids diet and human milk. And what the majority of the researchers who are in this field feel as though supplementation cannot come close to ensure to producing the quality of milk and the needs for baby that getting it from the diet will and that's because when you're getting your essential fatty acids from like a source



of Coldwater fish, you're getting not only the fatty acids, but all of the mineral and vitamin components that help the body to utilize those fats appropriately. So, right now, unless there is a significant risk. For example, if A parent lives in a food desert and does not have access to healthy, healthy sources of essential fatty acids, or unless the parent has given birth to a baby that is preterm there. The suggestion is get it from your diet, not from a supplement.

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Okay? So then you really do need to be able to know about healthy foods and kind of a complete diet. If you do have some kind of really pay attention to your diet, then

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it is it is important. I mean, still, we want to ensure that parents do understand that, you know, human milk here with a healthy diet, this is this is the best that we could possibly do. And then there's human milk here with a pretty terrible diet. And then there's in the formula down here. So just because you have a diet of Pepsi and Cheetos does not mean you shouldn't human milk feed, you should maybe make some better choices, but it's still going to be better in terms of long term health for your child and then choosing a milk that is not even made from human milk. So

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that's a really good point. I think that's really important. My god, I don't eat well enough, maybe I should nurse. But it's so much better. It's so

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much better.

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Yeah, yeah, that's great. So what preparation Do you need in the last trimester of pregnancy. So towards the end of pregnancy, anything specific you should do to get ready for nursing.

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So the human body prepares itself completely all by itself, there is nothing that a parent has to do, you know, moms don't have to worry about preparing their nipples or anything of that nature. All that information has kind of gone by the wayside. What is important though, is that the family that the lactating parent and her support people do engage in knowing where their resources are, and the best way to do that is to take a you know, a breastfeeding class, either at their local community center start to attend the ledge elite meetings, or they can take them off in at their local hospital or birthing center. And that way, they'll get some insight into how important human milk is, how to do it, and also where they can go with They have big questions



and big, you know, maybe potentially a problem or a challenge around around feeding their baby. So I would say that's the most important thing. There are lots of products out there that parents buy, but they really wind up most of them wind up not using them and it's a waste of money in a time where your money is wisely spent in a wide variety of other areas. So I tell parents, if you have to buy something, maybe get some breast milk pads that can absorb milk if you leak but you may not leak get it you know, get a few

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laws or anything like that, or

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Well, you know, and nursing bras. I'm actually not a huge fan of a lot of nursing bras. My favorite thing is for parents to have those, the pregnancy tanks that they wear throughout pregnancy now that are so popular, because when the baby's born, you can actually tuck the baby inside that pregnancy tank and the baby fits right there where used to fit inside the belly. And so you go your baby's skin to skin. When they're ready to feed, you just take the strap down, pull it under the breast and the baby can then feed. I love those. Now, if a parent has very large pendulous breasts, a nursing bra can be helpful to keep the breast up and supported. But you can also do that with a scarf or you know, a sarong or something like that. So they just can invest best wisely, they don't need a nursing chair, in fact, laid back breastfeeding is kind of where it's at instead of upright breastfeeding. You know, and I wouldn't even suggest that they get a breast pump until they have established breastfeeding and they know what level of expression tool they need, because your hands are going to be the best tool in the first few days. And they may decide that they want a different type of pump than they thought they did if they are returning to work or school.

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Okay, that's good. Things have changed a little bit since I nursed my babies because they're adults also.

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Yeah, the tank things I don't bet that's all new to me. Oh, they're fabulous. I'm like that.

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That is a wonder.

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Yeah. I don't even know picture that. So yeah, things get better. Yeah. Um, what about Are there any problems nursing after c section because one of my children was born by C section.



And he just wasn't awake and it was hard to get him to wake up enough to really latch it took a while.

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Yeah. So it was my first was born cesarean section as well. So there are quite a few things that can be a challenge, although many baby friendly hospitals now have moved to move towards something that is now called family centered care and delivery. And this is a concept that really helps the baby transition better. It keeps them more alert and it helps helps with breastfeeding and essentially, when the baby is delivered, the baby is immediately given to the parent placed on the chest breast and then they keep them both warm and they turn transition them from surgery to postpartum together. So the baby can get immediate skin skin, they can breastfeed, and it calms both of them down. The only time that really can't be done is if the mom is completely unconscious. Or if the baby has medical issues that needs to be transferred to the NICU you right away. So, so that solves quite a few of the challenges. But we do see more sleepiness in those babies because sometimes they have had access. Sometimes it's because of the fact that they've, the mom has had a really long and challenging delivery and maybe at the medication and labor and so the baby may be a bit sedated. Sometimes it's because of the medication that's onboard from zeron. And those medications take often longer for the baby's body to process. So while it may only take a couple days for the moms liver to get rid of all the medication can take the baby a few more days to process that so they can be sleepier and The other thing that we see in a lot of parents is that the second stage of lactation can be delayed by up to 72 hours. So we're most parents see their milk come in between days one and three. With their infection. It's very normal for us to not see the milk come in until days three to six, they still have milk, they have cholesterol, but it's not in the volume that they're anticipating in those first few days. So that just means they have to breastfeed a lot more often to get along with them. Yeah. And the other big issue with Tyrion is pain. We want to make sure that those parents are taking their pain medications on schedule so they don't get into a pain cycle. Once you get into a pain cycle, you release adrenaline, and adrenaline affects our ability to release oxytocin and oxytocin is what helps us let down our milk. So keeping on top of the pain, and all care providers will provide medication that is breastfeeding So they shouldn't worry about that.

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Okay, yeah, that is a concern. Yes, my experience is very different. I had a C section, my son was a scheduled c section. And I wouldn't recover. And I was there for four hours. I didn't see him for about four or five hours. I'm like, this isn't good lesson. There's my baby. And he was just really, really sleepy. So everything I said, I went through experience my first child, you don't know.



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No. And and, you know, to be very fair to the majority of parents today are not going to have access to I wouldn't want to even say majority. I think we're seeing many, many more hospitals be baby friendly, but many families are going to have access to, you know, family centered, Suzanna members, so they will experience a similar thing to what you and myself experienced, which is separate early separation and yeah, which is a challenge for breastfeeding.

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It's definitely a challenge. Yeah. So then, some of my question is when should you request help from a lactation consultant Cuz I basically I was like, Oh, my milks not coming in, is my baby getting enough liquid? Are they being fed and I didn't really know.

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Right? Okay, so the first thing I want families to know is that there's different types of lactation professionals out there that are there to meet different lactation needs. So for example, for what you're experiencing, what you experienced was you just had a lot of questions, you're like, Is this normal, what's not normal? How do I address this? Those things can very easily be handled by La Leche League by the leaders in those meetings. They can also be handled by certified lactation educators and certified lactation specialists, which are essentially community professionals. They come under a wide variety of means now, but they are there to provide education, support and community and then there is another layer of lactation professionals called lactation consultants or board certified consultants, and their primary thing that they are focused on you Addressing big problems, like when we see mastitis or tongue tie or baby who's got some neurologic challenges and this, you know, struggling to feed or you know, an infection, another type of infection on the broster nipple, those are the times that we definitely want to make sure we get them to a lactation consultant, so they can get a clinical assessment and, and work with someone in that realm. Now, the ibclcs can do everything that all those other professionals do. But the other professionals are really, there's no need to engage. You know that you have to find an ibclc to just answer some some questions. There are so many professionals who are who are there to help help families,

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right. And I've said, I didn't know that there were different ones. And I said, I'm a pediatrician and I work with them in the hospital. But yeah, I think women need to know that before they deliver to, oh, yes, you mentioned the class, but otherwise, you'd be like, I don't know who to talk to and

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Yeah, and we're lucky today that in most metropolitan areas, there's not only let you leave



within there are a lot of hospital based breastfeeding support groups that parents can drop into for free and continue seeing, seeing their baby. And then there's a lot of community support centers. And we're seeing that in a lot of in a lot of more rural areas as well, that the primary support that families have access to are these lactation support providers that are there for community support. And we're seeing them pop up all over the place. So the United States breastfeeding committee has created some resources so that parents around the country can find access to what they need pretty easily. That's great.

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So early on, what are the common breastfeeding, like problems as a newborn? Because that's when you really need to establish thing and that's where some women just like, Oh, I couldn't do it. They give up?

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Yes. So I think one of the biggest problem is that parents think they don't have enough have enough milk and, and often that is simply because we are, we are a culture that is so focused on seeing things like we want to be able to see the answers in a in a cup. And so identifying two parents what they really need to look, are they pooping enough? are they paying enough? You know, are they can they be woken up easily enough throughout the day? Those are all good signs. But there are some things that some parents do. encounter one is sore nipples 90% of all breastfeeding parents will find that they do have some level of soreness and tenderness not you know, not damage, but they have tenderness it because it's never you know, sometimes they've never used their, you know, their breast in this manner. And there's some tenderness as the breasts, you know, gets used to everything. We also see rapid development of the breast as well. So everything's kind of tender, but that can turn into what we typically call sore nipples. And that's when we start to see a breakdown in the tissue or even blistering and those can be signs of a baby that may have some oral thing oral challenge going on or a baby that's not latched very well and those are things that we can address pretty pretty easily. Um ideally you want to keep savs and potions and things off the breast like okay, there is nothing nothing right now that has been found to be great a effective on sore nipples, not even human milk because parents used to rub the milk in with dirty hands. So essentially feed the baby let the breast air dry or dry and then if you do have soreness or any crack you want to use non not antibacterial with just plain old gentle soap with no additives once a day in the shower, otherwise you only wash with water. So it's only if you have a crack. Something that might introduce, yeah, infection. And then the other thing, engorgement enlargement. fullness is normal around days two to four. And that's when we see the blood flow increasing the lymphatic system is like on Whoo, yeah. The volume of milk increases, and we can get a flushing on on the chest and the breast. That's all normal and it can be uncomfortable and very tender. But in the next day or so that will relieve itself, either baby often, but that can lead to something that's called clinical



engagement and clinical engagement is when you get to the point where the breasts are so swollen, that the milk doesn't flow, it's called milk. Right? And so clinical engagement, you want to see someone that's, you know, you can reach out to a lactation support professional and they will identify whether or not you really need to get to a clinician, an ibclc or a lactation consultant, but in those cases, We want to make sure there's not something going on with the latch or baby's oral anatomy, or we want to make sure that because you don't want that to continue, milk stasis can lead to actually a damaging of the milk cells. So we want to make sure we address that right away. Right.

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Um, as I remember, when the nurse my son, I was like, taught to like, do this position and the next time do different position. I've rotated them in different so we'd latch a little bit, so he's less sore. And I don't know if that.

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Yeah, that's always a great idea. So there's a style of breastfeeding that we call laid back feeding or biological nurturing. And essentially, the parent gets in a semi reclined position, and you just lay the baby on your body and that way the baby can use its reflexes. And babies have more than 20 different reflexes that are designed to get them to the breast and then enables the baby to feed in their own matter to come to the breast in the way that they want to. They learn the shape and mapping of breast themselves. And it's more relaxing for the parent, like the mom can let her shoulders come back. And that whole relaxation allows for better hormonal flow anyway. So and what you're talking about that enables the baby to wiggle here, wiggle there, and they can, you know, come to the breast of a lot of different positions as well, too. So I love that for those moms during that period of time, specifically.

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Oh, that makes sense. Um, what about during establish breastfeeding? Are there issues that you need to think about saving breastfeeding for three months or? Hmm,

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yeah, so the three biggest things that we see with established breastfeeding one is breast infection. So that, you know, we sometimes call that mastitis and that can happen for a variety of reasons. You know, generally if there's any sort of break in tissue, we can see a risk of infection. And depending on what bacteria are in that, that parental environment, we can see a variety of different infections are primarily that. So we want To make sure if the breast ever develops redness, swelling, if they develop temp, you know, what's that called not a temperature but a fever and had low pain, they should call their doctor right away. You want to continue breastfeeding through mastitis. And that can happen also plug ducks, particularly if the



parent is wearing a bra that has an underwire, we can sometimes see we can sometimes see blockages in the milk ducts and massage can help with those as well as warrants feeding the baby often in a variety of positions. Or if they drive a lot and they No no. Car Seat belt is putting pressure on the breast. There. There are a variety of things that can cause that even wearing a purse that you're constantly slinging over that's impacting the breast can increase the risk of plugged ducts as can eating a diet that's high in unhealthy fats increases our risk of as well. So and sodium. So you know, diet can be really important. And the other thing is milk supply, milk supply, particularly if a parent is returning to work or school.

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That was the question about returning to work. That's the things change with what you do have to go back to work.

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Yeah, so we often see some issues with milk supply and just trying to get on a schedule. My favorite thing to tell the parents to do is go back a week before their work expects them to for one day, and that's their trial day. Nobody knows they're coming in. They don't have anything on the books that they have to do. But it's their trial to see how long does it actually take me to get the baby there. Once they get the baby to daycare, Grandma, whoever, breastfeed the baby at drop off. Go to work. Only stay half a day and then head back to pick up your baby. breastfeed the baby at daycare, because then you have a nice, comfortable ride. home. And when you get home, the baby's not needing to be fed right away. So you can have this kind of decompression time when you get home. But it's a trial time and that gives you then another week to solve any problems that you came across during your trial day. So I do recommend that as well. As you know, most parents get freaked out about building up a huge supply of milk in their freezer for when they return to work. I say one to two days is all you need for for that because ideally, we don't want a parent reliant on frozen milk because your milk changes every single day and every single feeding. We want the milk that goes to baby to the baby on Monday, the milk or Tuesday the milk the parent pumped on Monday. So that's you pumped that milk that day, that fresh milk designed for the baby during those days is available to the baby. You only rely on your freezer milk for times of illness, or do you weren't able to pump as many times as you thought yeah So those are my suggestions for that. Yeah.

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I mean, my biggest challenge was going back to work and figure out how to pump and how often and you're not this different pumping than if you're actually nursing your baby.

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Absolutely. So yeah.



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That was a huge challenge that I didn't you know, you just don't know, especially I don't

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know, you don't and they should also have a meeting with their, their boss, their manager before Well, well, before they have the baby about what their resources are in house is does their employer provide pay for breastfeeding classes? Some of them do some even bring them into the facility? Do are they going to provide them a room which they do have to provide a safe place that can be secured that is not a bathroom. If they do you know, that is a nationwide law, and then some states have additional protections depending on the state that you're in, so they should find out Where they're gonna go to pump? Is it safe? What resources do they need?

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Alright so like I was in like some basement

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bathroom

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relax and you like, you know put down and be all relaxed and middle of the day and

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just ran by you

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right so yeah it does so many things are better things are done

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well for some for some parents I mean we definitely have entire sections of our employment sector where parents do not have it as well particularly retail agriculture. A lot of blue collar factory workers, they often they are really struggling to maintain pumping at at at work in that environment. So and we also know, the CDC, I think it was the CDC reported that parents now are returning to work as early as two Weeks postpartum before they're even their body is even healed.

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Yeah. See, I don't think that's right. Yeah. At all. That doesn't make any sense for the mom or the baby.



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No, no. Yeah. And that's the only nation the only developed nation that doesn't have paid parental leave for families. So, you know, most families, family, the FMLA that we have is on paid so many, many families that are that are Yeah, you know, paycheck to paycheck, it's just impossible for them to go on. FMLA. So,

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and that's why they returned to work at two weeks, because, financially it's a financial issue. It's a huge financial issue from anything.

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How long is it recommended to breastfeed? Because if you're going back that early, do you want to breastfeed for? Just becomes the harder the longer you go for me, the harder it was to keep pumping and getting them? No.

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Yes. And and many parents do find that they see diminished rate of return with pumping when they return to work. So that's why there are a lot of things that we can do to help keep their supply. But one is, you know, human milk feeding actually breastfeeding at home. And sometimes the babies will do what's called switch nursing where they want to breastfeed all day long, and then they hardly breastfeed during the day. But your question was how long and so the World Health Organization recommends exclusive breastfeeding until six months and then breastfeeding for two years and beyond is is comfortable for the parent and the baby. And our American Academy of Pediatrics recommends six months exclusive breastfeeding and breastfeeding 12 months and beyond this is comfortable for the parent and baby so yeah, so essentially six months exclusive and then, you know, you breastfeed to your comfort level from that point on and that that's a mutual relationship between the parent and baby that determination of when breastfeeding should stop.

38:49

Right. And my son, I think, because I was working, and I lost milky, but eventually weaned himself.

38:55

Mm hmm. Yeah, you see that? Mm

38:59

hmm. My second child. I didn't go back to work and I was transition. So I understood a lot



longer. Just because it was I think the work stress work. I think you have to think about stress does impact breastfeeding?

39:10

Yes, yes, it absolutely. It absolutely does. Absolutely. Yeah. And what

39:16

about parents always ask moms ask how many calories do they need when they're breastfeeding? Or how much fluid do they need.

39:23

So what is I've always found fascinating is that the human body only needs an extra 300 calories a day to grow a human inside their body, like a whole baby. But you need more than that to make milk to feed that baby wants out of your body. So need about 500 extra calories. And the important focus of that is that you want to make sure that those 500 calories are really nutrient dense, and it's not a lot, you know, for example, no, really, really not not a lot like having some whole grain crackers with hummus and carrots. Like just that extra snack can be almost straight. So, Sally, you could just eat ice cream and you know, all day long. It Right? It's pretty, pretty specific and we would we would ideally want them to be nutrient dense. Okay.

40:10

Okay. And, how much fluid do you recommend a certain amount of fluid I just remember been so unbelievably thirsty.

40:19

Well see and that's, that's the thing is that now the new recommendation is drink to thirst. And that's because when you have when you're breastfeeding, and you have letdown, it creates a powerful thirst in your body. And so if you have water near you, you will drink to thirst and quench your thirst and be very well hydrated. We don't want parents to keep those giant gallon jugs and be drinking, drinking, drinking, because there's actually new evidence that shows that overhydration can actually prevent the, you know, the body, the mammary gland from pulling in the nutrients that it needs for effective milk making. So they just want to stay hydrated, not only hydrated, so just drink to thirst.

41:00

Okay, that's good. I think that that that's a different recommendation than when I was nursing my babies. So, yeah. And finally, you know, is it safe to nurse after any type of breast surgery or even think of women, you know, who have babies later maybe had breast cancer, things like that?



41:15

Yeah, persons about nursing. So it's absolutely safe to breastfeed after surgery that the only time you have to really be concerned about safety issues during the act of breastfeeding is if a parent is actively engaging in either chemotherapy or radiation, right post, either a biopsy or mastectomy or things of that nature. But there are two surgeries like biopsy. We can we can see obviously, if someone has had a mastectomy, they will breastfeed on the alternative side. But even with biopsy depending on where the biopsy was done, we can see some damage to the ductal system which may impede milk flow. We don't know until the Babies breastfeeding, right? What's going to be an issue, but the more risky surgery is actually breast reduction as opposed to breast augmentation. And that's because they're actively removing milk making tissue. So, you know, and sometimes they even completely remove the nipple before they then suture up, they'll place the nipple, just free, it's called freestyle, place the nipple back up and then suture up the breast. In that case, it's very, I mean, it's, they won't be breastfeeding, which

42:34

would not work because you know, just connecting the ducts there,

42:38

you're disconnecting the ducts. Now, there are a couple of cases in the literature where there's actually been spontaneous regeneration. That's like two cases, you know, but we see that sometimes with the SEC dummies like crazy things can you know the body can regenerate, but it's not something to anticipate at all. Then the other thing is there's some there's often a keyhole style where they actually keep the nipple and tack with the duck But they're still taking out a lot of breast tissue. still wait and see, they often will have to supplement as well as, as well as as breastfeed. And then augmentation, it really depends on where the implant went. And what they where they put it. If they go in under the breast or under the arm, and under the muscle tissue, it's usually a non issue other than some encouragement, which can be managed. But nowadays, we do see that a preference is going in around the nipple, they'll place the implant right at an incision under the nipple, and then you are severing ducts. Right out was difficult, right? Yeah. But it looks I mean, it's easier to hide the scar. So these are things that we want to make sure that education is happening for younger women before they have and think about children on you know, fine if you want to have augmentation, but there are safer ways to do it if you plan on having a family someday.

43:56

Right. And I think you have to make sure surgeons know but yeah, young women wouldn't know that or maybe They're not even thinking about that, right?



44:04

Yeah, and nowadays, we're also seeing that there is kind of a tendency towards body modifications as well like nipple piercings. Or actually, sometimes they will get the embedded bars in their breasts where they're jewelry. And those can sometimes, you know, nipple piercings don't cause as much of an issue other than leakage unless they had infection, which sometimes happens with bars depending on where they are, they also can impede and damage and scarred ducts as well. So, you know, they just, it's a good idea for them to go to a knowledgeable surgeon, or a knowledgeable piercing facility that has had specific training in risk risk to lactation. And they do have those so right because

44:49

I've had moms that I've taken care of who, you know, had different surgeries and they're like, oh, the doctor said it would not be a problem at all. And it was, and it was, it was and so then they were upset because no, they said they'd be fine. So yeah, where, you know,

45:04

yeah, something to be aware and we also do still we have tools now such as lactates and snss, and things that can help them continue to feed their baby at the breast or chest even if it's not 100% human milk because again, like job development and tongue development, all those things are still really important as is the hormonal release you know, the skin connection and that you know, bonding with the baby as so important, absolutely. Great resource, by the way called be breastfeeding after reduction. b, f. a, r BFAR.org so many resources for family who families who have any type of breast surgery and need no thank you. That's it. That's a great resource. Yeah. So any kind of some comments or any final comments or things we didn't cover by any chance?

45:53

Oh, there's so much to say about lactation.

45:57

No, I mean, um, There's just so many great resources for families, we just really recommend that they engage in some sort of direct education with a lactation support professional before, before they have their baby. Social media is great. And you can find a lot of really good information out there. But ideally, you want to be working with the person so that you can have your questions directly answered that are customized to you. So,

46:23

right, that's great. So really, you know, thinking about what you want to do before getting all the information and your questions, all the things that I didn't do. That's great. That's great advice.



Thank you so much for very helpful information. I'm sure this will benefit a lot of people. appreciate you joining spend the time today.

46:46

All right. Well, thank you so much for having me. It's been a pleasure. You're welcome. Thank you.

