

Episode 81 with Linda breastfeeding

Meg: Welcome back moms and dads. It's awesome to have you join me. I am Meg Faure. I am your host on Sense by Meg Faure. And this is the podcast that deals with everything related to early parenting. The journey to parenting from pregnancy through to [00:01:00] preschool is and can be not just a joyful experience, but also quite a jaded experience because there's a lot going on, a lot of balls to juggle and quite a few challenges along the way that we don't really feel equipped for.

Meg: So the purpose of this podcast is to really share information either from other moms who may ask me questions and very often from experts who I get to ask questions of and have conversations with. And today is just such a day we have been joined today by Linda Britz. She is a lactation consultant based in Johannesburg, South Africa.

Meg: She has a very busy private practice in which she sees moms of really little babies and probably some older little ones as well. And she's going to share with us what she does, but her main focus is on breastfeeding and helping moms on the journey towards breastfeeding. So a huge welcome to you, Linda.

Meg: Thank you for joining us today.

Linda: Thank you, Meg. So yes as you said, I'm a lactation consultant. I'm a midwife, psychiatric nurse and general nurse as well. And I run a practice in [00:02:00] Johannesburg where we teach childbirth education classes. So your prenatal classes in preparation for birth and in preparation for breastfeeding.

Linda: And then my private practice is basically making sure that moms and babies do well from right from the start, especially with the breastfeeding. So not only providing support for them, but consulting them with regards to the breastfeeding, making sure that we put the breastfeeding in place from the start, that they understand having gained the knowledge and information from the class, applying it practically with their baby. I guide them and so that they recognize a good feed and are confident in their breastfeeding. And then I follow them through in a well baby clinic. Where I see them weekly for the first five to six weeks, making sure that baby is gaining weight and doing well, and just that baby is thriving and growing.

Linda: And that is my practice. And I absolutely love what I do.[00:03:00]

Meg: That's amazing. Yes, you are very passionate. And I want to just as we get started, I want to say to moms that this is a podcast all about breastfeeding. And I know that there are many moms out there for whom the breastfeeding journey hasn't been pleasant and also for whom they might've decided not to continue with breastfeeding and that can hold a whole lot of emotions.

Meg: And for certainly from myself and Linda's perspective, there's absolutely zero judgement on people who don't breastfeed. Formula feeding your baby is also fabulous and I just want to get that out the way straight up front. But having said that today is all going to be about breastfeeding. It is going to be about what are the benefits, why to do it, and when things go wrong, how to get back on the tracks.

Meg: And this is very specifically focused at moms who are going to want to breastfeed. And I know that it's information that I wish I had known in my journey. And I'll share a bit of my journey as I go along. So with that in mind, Linda, let's really kick off with what the key benefits are of breastfeeding, because we know that breast milk is [00:04:00] so incredibly good for babies.

Meg: Why is it that there's this massive focus on breastfeeding babies?

Linda: So the basics are that breast milk is the perfect food for babies. It's manufactured in the mother's body and not only, especially with premature babies, it may not be the mother's own milk as we call it or mom's milk. It may be donor milk, especially if baby's born quite prem. We want to protect the human body with human milk.

Linda: And it's very important that baby receives all the goodness, that baby needs to grow well. And so with the premature baby, they would often prescribe breast milk, which is normally donated by a mother who's expressing milk as an excess supply. And is in this country, certainly in South Africa, it is donor numbered and screened not only mom's history and her, medical history, but it is pasteurized and then used by the milk banks, to be [00:05:00] distributed, to be used with premature babies.

Linda: And so we know that breast milk is so important for human babies and breastfeeding is challenging. It's actually not hard. It's actually easy, but the challenges, just like anything in life that we take on that's different and new. And obviously Has, like you said, a lot of emotions around it, the fears of not, getting it right or maybe not being perfect, all are involved in that journey.

Linda: And that's what it's about. It's a journey. It's not, you don't just give birth and baby goes to the breast and does beautifully babies in fact are born to breastfeed and it's a mom that I'm teaching and just making sure that she understands that she needs to be available and that she feels confident with what baby's doing at the breast.

Meg: Yeah, it's so true. Now I just want to pick up on a couple of things that you said there. So first of all the key benefits of breastfeeding, when you mentioned that breast milk is so important for prem babies. I attended a conference [00:06:00] a couple of years ago in Paris. It was the Medela annual breastfeeding seminar, which is Absolutely the most incredible event. And I was completely blown away by actually what's in breast milk. And so I just want to mention a couple of those things, and I know you'll be able to add to it. Breast milk has the perfect composition of fats, proteins, and carbohydrates and actually a quite a different composition to formula milk or solids.

Meg: In fact, isn't it?

Linda: Yes, absolutely. It's actually designed perfectly for baby to take in and assimilate and digest. It's easy to digest. It's not difficult for baby to, take all the components of breast milk And it's completely different to solid food. And in fact, that baby's getting a variety of different tastes because of mom's meal plans and what she's actually taken in and what she'd eaten baby gets a variety of different tastes through the breast milk, but all the important components, the amino acids , The fat, the [00:07:00] protein, all of those good things that baby needs.

Linda: And in fact, breast milk contains sugars. We call them human oligosaccharides. And in fact, they're not actually for the baby. They're actually to feed the gut bacteria because our immune systems are not only built through our skin and our respiratory systems, but through our gut. And that's the most important thing that breast milk helps mature the gut and obviously stimulates the immune system because it provides everything that baby needs.

Meg: So that gut microbiome, which is the hundreds and millions of flora, which are little bugs that live inside of our gut is being proven to be more and more important. I mean, I think every single day, new research comes out about that. In fact, my 18 year old daughter's busy doing some research on the gut brain axis, and she was telling me that a majority of the serotonin, which is one of our feel good hormones is actually produced in the gut through the microbiome rather than in the brain, which completely blew me away, and 'cause it's a neurotransmitter who would've said a [00:08:00] neurotransmitter

has anything to do with the gut. So this incredible microbiome is something that we want to protect in our babies. And one of the ways.

Meg: That we can do that is through feeding at the oligosaccharides. Like you say, another thing that you mentioned is the sensory experience of breastfeeding, which actually can prevent picky eating, because when you're exposed to so many different flavors, when you little through the breast milk, you then are more open and receptive to a wider range of flavors when you get onto solid feeding.

Meg: So there are a million reasons. There is one more that I think we just haven't mentioned that we do need to mention, and that's the immunity piece as well.

Linda: absolutely. Antibodies. So in the beginning, right in the start, mom won't have a big volume of milk. In fact, it's called the newborn milk and it's called colostrum. And colostrum is loaded with antibodies. It's mainly protein, the amino acids and the Antibodies that are contained in the colostrum actually boost baby's immune system.

Linda: And so through the first week, and in fact, in the first few weeks, baby is boosted with this call [00:09:00] a passive immunity acquired mainly by mother. So in other words, the dads don't really have a contributing factor, but every disease that mom has had and all the antibodies right from when she was a little girl right up until present.

Linda: In fact, I've just had a mom contact me and say that a baby is sneezing and coughing and should she continue with breastfeeding them? Absolutely. You're fighting off that infection. You're building antibodies and that is going through the milk and that is the best medicine for babies. Yes. breastfeed even more so and make sure that baby's getting those antibodies.

Linda: So not only is it right in the beginning to protect baby as baby's born in the colostrum, but through the following months and right into the first couple of years as baby weans off breast milk and onto solid food. And that's a natural progress of just introducing solid food into baby's day. The milk becomes less.

Linda: And so the quantity of antibodies within each feed becomes slightly more enhanced and improved if we can put it that way. And so baby [00:10:00] receives more for the coming months ahead to be protected against infections.

Meg: Yeah. And that's so critically important. It's kind of nature's inoculations that are given so naturally. Yeah. So there are a million reasons and we could go on and on about all of the reasons to breastfeed, but it certainly is something that we do want to pursue. Now, I was one of those moms, quite a type who went into my birth and my pregnancy and my perinatal period wanting only the best for my babies and trying to do it absolutely perfectly, which if there are any moms listening who are like that, it just doesn't work out very well for you because there is nothing perfect about motherhood, early motherhood. It is gritty.

Meg: So I went in with this expectation of being able to breastfeed my baby, of course, and of course have him in a four hourly feeding routine. And there was unfortunately a misleading clinic system, Cape town, who believed you could get babies into four hour breastfeeding routines from day two. And of course, anybody would know that that's completely not possible.

Meg: And so I had some massive challenges. [00:11:00] My milk didn't come in, which it should be no surprise if you are feeding on a strict routine in the early days, it won't come in. And my nipples were absolutely trashed and bleeding because I didn't have a good latch. So for me, breastfeeding, particularly with my first baby and in the first few weeks of my first baby was an absolute challenge.

Meg: And I can very well remember sitting, staring down at this dark headed, beautiful baby's head on my breast with tears, just rolling down my cheeks and plopping onto his head. So I know firsthand how hard breastfeeding really is. And I thought maybe what you can do now is just give us a little bit of information on really what are the most common challenges that you come across in your practice and what the solutions are for those.

Linda: So I think the main one, and it really is, so whenever I teach classes, for example, the main two concerns would be, how do I get my baby correctly latched and positioned on the breast [00:12:00] so that there isn't sore cracked, bleeding nipples and when I ask what are your main concerns, it would be saw cracked, bleeding nipples and these are moms that are having their first baby.

Linda: So where they've heard this from, it's obviously from friends that have struggled just as you've described and just gone, Oh my word, I better get help because how do I get this baby onto my breast without there being pain? And breastfeeding should be pain free. There's contact and some wear, as I call it, but there shouldn't be tear.

Linda: And so position and latching is critical in allowing baby to get the milk easily, but also allowing mother to be comfortable and for mom to be comfortable when she latches. So that is so important to know those steps on how to obtain a good latch, how to position baby at your breast, and how to obtain a good deep latch on the breast.

Linda: Babies don't nipple feed, they breastfeed, and that is really critical. And the second concern that most moms would have is, how do I know my baby's getting enough? How can I be confident to know That my baby is getting enough. And so I go through some [00:13:00] factors and some pointers, and there's six, and they would just help mom to be reassured that these are the reasons that would be doing well.

Linda: This is what baby should be doing, what to look out for. And so they feel confident in, how can I say, Walk in that journey of breastfeeding because it is that an everyday changes and after birth, regardless of the type of birth you've had, it can be challenging. You're tired, baby's tired, and you just need to make sure that you keep in contact with baby, keep baby close, keep baby skin to skin.

Linda: There is no such thing as four hourly feeding. Very, very few babies that do this. And so we establish a feeding pattern right from the start because most babies will do that. But what a lot of mothers don't realize is that the size of baby's tummy grows over the first two weeks, the first 10 days, baby's tummy grows from the size of a small marble.

Linda: Into the sort of goonie marble, small apricot, [00:14:00] in other words, and eventually around 10 days to two weeks. And certainly by a month, your baby's tummy is the size of a, a decent size egg, a large egg, in other words, and they can then take in more volume. And that makes sense because in the beginning, right in that first week, between day two and day eight, your volume is low and that's colostrum that transitions into mature milk. And so it's called a transitional milk. And as that milk transitions, it increases in volume. And so baby's tummy grows in capacity to be able to take in a bigger volume for the digestive system. And to be able to take in everything that the milk has for growth and development. So

Meg: Very interesting.

Linda: those are the main challenges.

Linda: But then alongside that, Megan also comes The nighttime because a lot of mothers don't realize and it's the first thing I say to moms when I get to consult them within [00:15:00] 24 hours after birth is first manage pain and discomfort from birth regardless of the type of birth you've had and Secondly know that your baby is going to be more awake at night times get some rest during the day So when baby is resting during the day Don't try and do a whole lot of other things.

Linda: You cannot do a shift work of every three. It's an average of every two to four hours that babies will feed. So an average of every three hours. And that's from one start of one feed to the start of the next feed.

Meg: I

Linda: And in theory, the feed is an hour. So it's about 40 to 50 minutes of good active sessions of breastfeeding from breast to breast, good active sessions of swallowing and transfer of milk.

Linda: And the burping, the changing and putting baby's clothes back on and cuddling really takes up the last 10 minutes of that hour. And then you've got two hours and a baby's niggling, but maybe a little bit less before you have to start feeding again. And so it's very challenging.[00:16:00]

Meg: Well, I think, a lot of what you say also speaks to expectations because I had been set up completely incorrectly. But if you go into having a baby with the expectation that you're going to be feeding one third of day hours which is what it is, because you right, a breastfeed can take up to an hour, a good feed.

Meg: And then you kind of three hours between those feeds that you are, it's very frequent feeding in the early days and those expectations should be managed for parents. And obviously that does start to stretch out. It doesn't always stay like that. Particularly at night, you normally start to get a good little stretch, kind of by four weeks old, your baby's having often a quite a nice little stretch at night, maybe four or five hours.

Meg: And then back to three hourly feeds is, is quite typical. You've touched on sleep deprivation because I mean, sleep deprivation. It is the ultimate form of torture. And I think it's never more so in your whole life than with your first baby, because it's an absolute assault. You just weren't expecting it.

Meg: Obviously with second and third babies, your body's a little bit more used to it because toddlers can, [00:17:00] you've probably haven't had a good night's

sleep since your first one. So aside from grabbing some sleep during the day which. Many moms will be irritated with that comment coming from you and I, because they don't want to hear sleep when the baby sleeps, because they've got to wash their hair.

Meg: They've got to answer an email, they've got to do the laundry or whatever, they've got to, look after the toddler and do the toddler lift. So it's a difficult thing to sleep when your baby sleeps and we do hear that. But is there any other way that you can kind of manage nighttime feeds efficiently and kind of get as much sleep as possible?

Linda: So normally in my practice, my babies are back to their birth weight. So babies lose a bit of weight after birth and the pediatricians are happy with 10%, but I like them to lose 5 to 7 percent because of the feedings in place. Mom's recognizing a good feeding. There's good transfer of milk. There's lots of wet nappies and stool nappies during the day.

Linda: And well, I just have to clarify a day when I talk about a day, it's a 24 hour day. It's midnight to midnight. It's not eight to five. So when I say that I'm meaning day and night, so baby's making lots of stool nappies, lots of wet settling between feeds well, and baby's doing well. They should be back to their birth weight at the latest 14 days.

Linda: So two weeks of age, and then I actually give them mother's permission to leave their babies at night. In other words, they feed three hourly during the day. And wake their babies because [00:19:00] babies need a certain volume in a 24 hour period. You don't need to know that your body knows what to do. And if you've established a good supply by 10 days, you basically are doing well and babies gaining weight and back to birth weight, then you should be doing well enough that baby's getting that amount in 24 hours.

Linda: But if you fatten the day every three hours so that if baby doesn't wake during the day and they're often very sleepy, but you wake them, they will feed more often during the day, getting that volume in and be able to go a little longer at night. In fact, I had a mom yesterday at clinic and her baby was back to birth weight.

Linda: Baby's not quite two weeks. And I said, I'm giving you permission to leave baby at night. And the reason I do that is because I know babies are more alert at night and they're going to wake them on anyway. But this baby actually gave mom a good stretch from the midnight feed. So you carry on with your three hour feeding pattern, otherwise you feed on demand.

Linda: In other words, if baby wakes before the three hour mark, you feed him and, and put him down and then just retime from there. And if baby's not awake by the [00:20:00] three hour mark from the start of the last feed, wake baby feed. And you do that right up to mid evening. So that eight, nine, 10 o'clock feed. You finish that feed, go to bed and leave baby to wake you.

Linda: So I say to the moms, it's not plan a anymore, which your a is an alarm that wakes you it's B it's baby or your boobs. Because if your boobs stretch a little longer than four, four and a half, five hours, you're probably going to wake up just because you've got full breast that are waiting for a feed.

Linda: They kind of patterned to fill around that three, four hour mark. And you're woken by breasts that are full, possibly even leaking. Your bed may be wet and you would obviously get up, do a little bit of breast care and massage wake baby for that feed, because that's why those breasts are full and go back to sleep and then leave baby again.

Linda: And then averagely your day starts anytime from 4 a. m. So any feed that is coordinated anytime from 4 o'clock in the morning, you would then start timing after 3 [00:21:00] hours from then. So baby woke at about 5 or half past 4, 5, you know then to set your alarm. For seven, eight o'clock for that next feed.

Linda: But usually you would be awake then certainly in South Africa, because in some of the Hadada are going crazy and the light is, you know, the sun is up by six, so normally you'd be getting up, maybe having a shower and then waking, doing a good breast care session, which is a bit of me time. It's a bit of self care and just having that moment in the shower with that nice warm water down onto your breasts, giving them a good massage just to any milk that is released from the breast. You make more. So don't worry about leaking or losing milk. A lot of moms think that they lose milk. They're

Meg: You're wasting it. Yeah.

Linda: And um, so give yourself a nice, warm shower, get dressed, wake baby for a feed, in the morning and then possibly even go back to sleep with baby after that feed and then get going with the day. Cause it is a reality, especially if you've got a toddler that a lot of the time you dropping off at school, picking up swimming [00:22:00] lessons in the afternoon, it's, it's very real.

Linda: So you've got to do the best you can. If baby's back to birth weight and gaining weight weekly well and growing, then we can leave babies at night and

they naturally will form a pattern of waking up and be more alerted day. They normally swap their days and nights. In fact, around three weeks of age, it can take as long as six weeks, but normally around three weeks, they are settling much easier at night.

Linda: So you would, for example, if baby woke you at night, try and keep the light's dim. Don't, be stimulating baby with all the senses. Keep it low key. Feed baby, change a nappy. You need to change a nappy if there's a stool nappy, and that usually is the case up until three months.

Linda: Then babies start to not stool at night. Their tummies go to sleep at night, and that's why they go to sleep. And so you would change the nappy and just

Linda: comfort

Meg: Only if it's a stool.

Linda: Yeah, absolutely.

Meg: Yeah. Absolutely. Fabulous advice. So I really, I love what you're saying around, around those rhythms not [00:23:00] routines, but rather rhythms. One of the things that moms can do in the in the parent sense app is they can actually, if you click on the, on the bottom hearts in the middle of the bottom of the screen, you open a responsive routine and there you're able to, in the setting section, which is the top right cog, you can actually set your baby's space between feeds.

Meg: And for some babies that might be a little shorter, you might be one, you might have the mom that's wanting to be feeding every two and a half hours. And for some moms, their babies are feeding so well and gaining so well, they might be appropriately stretched to four hours. But I agree with you, Linda.

Meg: I like the three hour it's quite in the middle and then using it as a, as a guideline, not as a religion. And so then you will know because the App actually tell you when your next feed is due. So if you log that you had a nine o'clock feed and you're supposed to be feeding three hourly. It'll let you know that at 12, you can do your next feed.

Meg: And then if your baby is demanding a feed at half past 11 and is little, do it. And if your baby is stretching through, so let's say your baby sleeps through that three hour space and [00:24:00] you can feel that this is going to be a really

long stretch. Make sure you start to rouse your baby at least by about three to three and a half hours, because they must be feeding four hourly during the day.

Meg: Absolutely no longer stretches. And some little babies, what. Linda was speaking about there, we call day night sleep reversal. And some little babies have their day and night completely muddled up and they might do six hours between feeds in the day and feed hourly at night. And in order to try and shift them almost, behavioral patterning almost used to actually wake them and make sure that they do feed at least four hours in the day and often sooner, which is what Linda alluded to that three hourly and then at night, once they're gaining weight nicely and have regained their birth weight. You can leave them and they will wake you. And, I love that theory, Linda, because it's very close to my heart as well, to leave babies to sleep at night once they are gaining weight. Well, and the reason is that I think, there's often that thing of dream feeds where you feed your baby while they're asleep and actually those feeds are usually not fabulous because first of all, sometimes you don't know what sleep [00:25:00] state your baby's in. They can be in a super deep state of sleep, in which case they're not going to feed well. Or you can actually end up with habits developing where they're always expecting these feeds at night, when if you just left them, they would have sorted it out themselves.

Meg: So I really do, I'm fully on your page about that. So there's just so many interesting things to talk about. And let's go back to something that you spoke about earlier, which is this terrible fear over, do I have enough milk? And I certainly had that. And, I know some A-type moms who even more A-type than me who expressed just so they can see how much their baby's getting instead of breastfeeding.

Meg: So they're still, baby's still getting breast milk. But they'll actually express in order to make sure that their baby's getting sufficient milk. And sometimes it's recommended because the baby isn't gaining weight. But usually that's not the way that we want to feed. But there are misconceptions about milk production and how much do we have enough?

Meg: And what sort of answers would you have for a mom who's feeling insecure, who doesn't know if she's got enough milk? How does she know she's got enough milk? What can allay her concerns?

Linda: Yes. So [00:26:00] it's, it's quite a reality. In fact, they've said that 99 percent of women have enough milk. There's 1 percent of women that may not have enough milk for her baby for whatever reason. And yet. It will be 99

percent of women will give up breastfeeding just because they're not feeling confident about breastfeeding.

Linda: And so it's important to be confident in what you're doing. And I think it's important to know what exactly is going on at the breast because babies will tend to. Snack feed if they're given the opportunity and fit into a pattern and like you say, almost create bad habits and they are in this day and age, unfortunately, very um, Type-A, controlling woman and myself being one of them.

Linda: So I can say it quite confidently that want to know what exactly is going on and control the situation. And unfortunately that is not the case with breastfeeding, but. Giving yourself the [00:27:00] opportunity to gain that confidence to know that you can do it. If you've grown a human being in your body and given birth to a human being that grows to adult size, then you can be confident enough that you have milk in your breast for at least six months.

Linda: And we'll talk about The timeline of breastfeeding, but you've got that milk confidently to feed them. And it's all about just being confident to know that firstly, baby is growing well, gaining weight and is growing in length. Those are most important parameters on the percentiles there are specific charts they have been made by the World Health Organization and the Center for Disease Control and they are worldwide and we all use those globally to chart and to map where those babies are in the growth, parameters and to actually make sure that they are doing well.

Linda: And that's the most important thing. Now that is actually from week to week because you would not want to be weighing your baby every day or every feed time, [00:28:00] which I caught a mom the other day. I said, what are you doing? And she said, no, no, I've just borrowed a scale from someone and I'm just weighing every feed time.

Linda: I'm like, that is going to actually just not

Linda: boost your confidence

Meg: Send you over the edge. Mm.

Meg: Mm. Mm.

Linda: Stop that. Give that that scale back and I'm going to build your confidence in who you are. Now, pumping milk out. And like you said, being A

type of a personality, sometimes those moms feel more confident in pumping milk out.

Linda: But you know, the interesting thing is that even a very good pump, a top class hospital grade pump will never take off the volume of milk that an efficient, healthy, well breastfed baby would take off. And it's quite obvious that you would not get the confidence thinking that you've got this much milk, but it's actually more when baby goes to the breast.

Linda: And so you can be faced with a whole lot of scenarios. And the most important thing is just to make sure the baby's growing. Now, from feed to feed, the most important thing is not [00:29:00] only to have a deep latch, but to note swallowing. Often in the Hospitals, they've got a chart where you mark off if baby's had a stool or wet nappy and whether he's fed and what time and all of those details.

Linda: And then there's a comment usually that's made there and written down latched and fed well. Now, what does that mean? You need to know that your baby is swallowing and transferring milk. And so from the very first feed it's called the golden hour after birth.

Linda: I call that time the birth feed. And then a few hours later, baby and mom go to sleep. And a few hours later, then baby feeds again. And I call that the first feed. And from there out, you want to really watch. Your baby carefully. Well, you're going to stare at your baby all the time, but you want to note That little chin and you've got a bird's eye view down onto your baby's face And chin and neck and you want to see that throat Come in down with quick movements of sucks and then the long draw of that swallow.

Linda: There's almost a pause in that movement [00:30:00] of the throat as baby swallows and you want to recognize that. So that firstly you're confident that baby's transferring milk and you want to make sure that baby is not resting at the breast and going to sleep. Because babies can only stay awake for a certain time.

Linda: In fact newborn babies, anything around 45 minutes up to an hour and then they've got to go to sleep. So if they're not They're actually feeding at the breast and they're actually resting there. They may then catch another wind and now they're awake or they seem to be awake for two or three or till the next feed four hours.

Linda: And then the mom said, no, he's been away for four hours. There's no ways that baby has caught a nap either at the breast on dad's chest, wherever. And then. We've got re energized to stay awake another stretch and then the feeding is completely out.

Linda: And

Linda: Meg,

Meg: And then that's when you get into cycles where you feeding hourly and you confused and baby's fussy. It's difficult.

Linda: exactly. I call it Italian buffet. And not all of us are Italian and it's nice to pattern your baby. There shouldn't be a [00:31:00] strict routine. There shouldn't be allowing baby to wait for a feed. But just a general pattern, as most of us expect during the day, we get up in the morning, we brush our teeth, we put our clothes on, we change out of our pajamas into our clothes, we get the day going.

Linda: Even if we are at home, if we're not going to work that day, even if it's on weekends, we need to make sure that there's a pattern of expectation for the day. And so for baby as well, and you were talking about that uh, dream feed, and that's just basically a new term where baby will feed when they sleepy.

Linda: And like you said, it doesn't always work and you can develop some bad habits, but. In general babies will do well if you recognize what they're doing at the breast. Don't be distracted. Don't be on your phone. Try to actually watch babies, spend that special time with baby and just the nurturing zone with baby.

Linda: Cause then your milk flows, you feel confident, you get to know your baby. And by 3 weeks you even start to recognize different cues and different signs and different cries even. [00:32:00] That baby's giving you that. You just know that, that baby's either hungry or uncomfortable or needs a cuddle.

Meg: Yeah. So if we are a mom and this has all been fabulous advice for trusting your body, trusting your baby, and breastfeeding will go okay. But let's say you really do feel like your milk supply is low. And I will tell you that I don't know the stat of it only being 1 percent of women who have low milk supply, but I definitely did have low milk supply.

Meg: And it was quite obvious because I would have had it because I was trying to feed a newborn four hourly. My milk never came in. My breasts never

got hard. And James never ever gained more than between 70 and 90 grams a week, which is a little on the low side, especially when it's ongoing.

Meg: So he was underweight. I was being watched with my breastfeeding and so on at the time. Obviously my pediatrician had seen this and he said, look, you've got to go on to Eglonyl, which was a medication to assist you to produce milk. And I was completely resistant to that.

Meg: So what I did was I then said, right, I'm going to find every other method [00:33:00] possible to increase my milk supply. And actually. In the context of the story I just told you, you can't believe that I would actually have done it, but I did actually breastfeed fine later on, but the early days were fraught. So if we do have a mom who's listening, who's like that, who has, has maybe made some mistakes in the early days, maybe her milk supply isn't fabulously established, or maybe she hasn't made mistakes.

Meg: Maybe she's been doing a great job, but she's super stressed, very sleep deprived, and her milk supply is a little low. What sort of things would you be recommending to that mom or to me all those years ago to do to increase your milk supply?

Linda: Thank you, Meg. Yes. I also had the same experience with my first baby and it was all about keeping to a strict routine and once I got into this professionally and realized that there was a need for supporting moms and just making sure that they feel confident, it basically comes down to demand and supply.

Linda: So the more milk you take off your breast, either with your baby or your pump, and obviously you would prefer your baby because it's much easier [00:34:00] and more convenient, the more milk you make. So it is very possible to feed triplets. In other words, you've just got to demand that. Times three off your breast and you can make milk so tablets supplements vitamins natural products and there's a lot out there with regards to advice of taking things by mouth to help supply, but it's all about taking milk off the breast so my first Advice would be firstly to pick up a little bit of breast care.

Linda: Now I call it breast care when my mom's, when I talk about breast care, they know exactly what I'm talking about. If I've taught them and I've explained it to them and I actually physically go into the bathroom with them and do it over the basin. And in theory, what it is, is just an intentional massage on the breast to just get the milk flowing to get the ducks flowing.

Linda: So if you look at the breast, The lobes are, as you would draw a flower, you draw the center of the flower with a little circle and then draw the petals on that [00:35:00] circle around that circle, like a, like a daisy. And each of those petals, each petal is a lobe. And within those, that lobe is lobules and alveoli that make milk.

Linda: And they've got a ductile system and they basically like a bunch of grapes. All connected and come down the main branch and out of the nipple and that ductile system needs to flow from the breast through to the nipple in every direction. And so what I get the moms to do is do a little bit of breast care for 20 seconds on each breast, apply a nice warm face cloth over their breasts for a couple of seconds, and then just take some coconut oil or any tissue oil, rub it through the breast and then gently massaging circular motions, just gently over their breasts.

Linda: In all the directions of the breast from so from the top chest wall down towards the nipple from the ribs up towards the nipple from the side from the cleavage from the underarm through and mainly just getting the milk flowing and that stimulates the milk to flow. So that's one way of just waking up [00:36:00] the breasts a bit.

Linda: It also avoids plugged ducts or blocked ducts as we call it with milk getting stuck behind there. So it gets going. And then usually if mom is really struggling, I would say to her, make sure, and babies are clever. First of all, babies know exactly what to do. They just pick up feeds.

Linda: So if they've been stretching a little bit of night at night, for example, and the stretch, the The pattern of stretch during the night is to be from bedtime through the night. So they would stretch for example from bedtime through to about 11 12 o'clock and then they would stretch from bedtime to about two O'clock and then bedtime to four o'clock bedtime to five o'clock and usually by six months They're going through from a bedtime anytime between six and eight p m. To about waking up anytime between four and six a m. And that you would say sleeping through as such and that natural progression happens anytime from Yeah, it can be as early as four weeks, a little longer stretch at night, but certainly by eight to 12 weeks, [00:37:00] babies are definitely doing a longer stretch from bedtime to, through the night.

Linda: And in theory, If babies weren't getting enough, they would start waking again early you midnight again or 10 o'clock in the evening. So they'd go down at about 7, 8 o'clock with a feed and they would be awake at about 10, 11 again,

having not stretched through as long as they would. So they'd pick up feeds naturally to increase supply.

Linda: And that's what I actually call a growth spurt. It's not necessarily increasing the amount that they're taking in. In fact, a breastfeeding baby by six weeks has established their full quota for the next six months until they start solid food. And so what they do is if they get in and mom's milk supply has dropped for whatever reason, it can be stress.

Linda: It can be tiredness um, going back to work. They will start to pick up the feeds and we almost, Oh, well, maybe he's on a sleep regression or maybe he's on a growth spurt. Yes. He's picking up those feeds. So usually what I'd say to the mom is let's support your supply by pumping a little bit and [00:38:00] just making, not only taking off a little bit of milk that you can give back to baby.

Linda: Um, When he's a bit fussy, maybe in the afternoons when your volume is slightly low and the day is long, but just to provide that extra stimulation to your brain, basically through your breasts to provide a little bit more milk. Now, Meg, the milk supply is established in the first six weeks.

Linda: After six weeks, it's very difficult to get to full supply. So it's important that a mom do the ultimate best to establish a milk supply in the first few weeks. And Once she's done that, no matter how much her milk drops for whatever reason in the first six months, she should be able to pick it up to full supply just by putting in, some good pumping, sessions after feeds.

Linda: You don't want to take milk away from your baby. So it's not about taking volume off the breast. It's about stimulating the breast a little bit extra after baby's had a feed just to get a better milk supply. Now everything's postdated with breastfeeding. So whatever that mom does now, she'll [00:39:00] see in about five to seven days time, she'll see the results.

Linda: So she'll just gradually see it's babies more settled and doing better. And so it's important for mom to have those realistic expectations of, of what to do, but it is very possible to do that.

Meg: absolutely. So I would just like to add a little bit in there just for moms and summarize a little bit of what Linda said and just add in one or two other things. So, the first thing is that obviously there's a lot around confidence and believing in your body, but if your milk supply is feeling like it's a little low, there are a couple of things you can do.

Meg: And the one that Linda has just mentioned is Really important. And that is pumping off the hind milk. So you get two types of milk, your foremilk, which comes out first is often very liquid, a lot more liquid, and it's kind of quenches baby's thirst. And your hind milk is often a little bit more creamy and pumping off after your baby's finished.

Meg: So what I always tell moms to do is you breastfeed on the one side. And you change the nappy and then you breastfeed on the other side. Will you offer the other [00:40:00] side? Some babies don't want to take it because they're already full, but some babies will take a whole second breast. And then when you're finished and your baby's gone down, just quickly just pump off what's left in your breasts at the end of that feed.

Meg: Now, what's awesome about that milk is that that milk can be popped into the freezer or into the fridge to be used at another time. And sometimes if a mom's really tired and not coping, I'll actually recommend that that milk can be used if it's enough to be a full feed. In the evening for dad to feed by bottle, if mom's not coping in the evenings and needs to have that nice stretch of sleep or as a little top up feed before baby goes to bed, if the mom's feels her milk supply is low.

Meg: So, that's quite a nice way to do it. Linda also mentioned more frequent feeding, and that is, you, once your baby's stretching four hourly you think, huh, that's it. My baby's now always going to stretch four hourly.. And as Linda pointed out, it doesn't always happen like that because your baby is likely to hit a point where they suddenly need to go back to three hourly feeds or they need that one extra feed in the middle of the night again.

Meg: And that again is just a signal to your body to up [00:41:00] the amount again, and it'll come through in the next couple of days. And in the last two things I want to mention, the one is just being really well hydrated and making sure that you are drinking a nice amount of fluid. In our book *Baby Sense* we talk about something that we've now called wonder water, which has got not so much juice in it, but more water in it.

Meg: So it's not too sweet and full of of fruit juice. But that wonder water is really mostly water, a little bit of rehydrate solutions, some Schlehen elixir. If you want maybe some rehydrates some rescue remedy. If you want you can put in a calcivita, whatever it is that floats your boat, something that really is easy to drink and really made up mostly of water and then the last thing I want to mention is to rest and Linda mentioned it already about sleeping when your baby sleeps, which is super irritating to hear as a new mom.

Meg: But the reality is that it's a very good way to up your milk supply because. When we rested, we do produce more milk. We've had busy days, we might produce slightly lower milk in the end of the day. So those are just a couple of tips that I, I think to mention. And then also, if you do get to [00:42:00] the situation where you are needing some sort of help with medication, there's nothing wrong with that.

Meg: And you can be guided by your healthcare professional. So Linda, it's been an incredible conversation and we have completely gone over time. I normally try and stick to half an hour, but we have gone definitely over today as we finish. I just want to just give you a very short moment, just to talk to the moms who are really at the point where they are thinking about stopping breastfeeding and they've got the stress and this guilt around ending their breastfeeding journey, which could be when they're two weeks old, or it could be when they're two years old.

Meg: What sort of messages would you have for moms as they come to the end of their journey for with breastfeeding?

Linda: So Meg, it really is an individual journey and it may be that mom's not coping emotionally. I usually advise that you do a slow weaning process where, for example, you introduce a bottle, with formula, if mom's not coping and she would just skip that feed, obviously the breasts are going to be a lot fuller at the next feed and she may cope with that breastfeed.

Linda: Obviously she can [00:43:00] get rest during the time that she's missed that feed and. It could be even a situation where she's going back to work and she cannot possibly have, well, just have the time, nevermind a space to be able to take milk and express. And so we put in some, what I would call a temporary pattern where moms would still breastfeed in the mornings before they leave for work and then breastfeed in the evenings as well.

Linda: And during the day , they obviously supplementing and they would then skip those feeds and the breast would actually adjust. To whatever the stimulation is so that the demand would meet the supply. And so there's no good reason to just wean off completely. Unless there's a compromise to mom's health or wellbeing. And so a slow weaning process is advised where we just slowly drop a feed where mom can cope. And obviously according to where a baby's age and development, we would need to. supplement perhaps, or drop that for solid food

Meg: a bit right [00:44:00] edge.

Linda: absolutely.

Linda: So, you know, it is an individual, decision, but in theory, most babies only take two feeds at a year of age, any time from nine, 10 months, they'd be taking a morning feed and an evening feed the rest.

Linda: If they are exposed to and have the opportunity of good solid meals and snacks during the day and they're doing well and gaining weight, then usually they will do well. And those moms go back to breastfeeding just that twice a day and they're absolutely fine with it.

Meg: Yeah. And I just want to, I mean, as we finish off, I want to reiterate that, that the amount that you're feeding by the time you get to a year of age is really very little it's actually more of a little bit of comfort in the morning and a little bit of comfort before bedtime. And, moms will often ask me, how do I get my baby onto formula?

Meg: She's, she's eight months old and I, and my first question is, well, do you want to, because actually it's, there's so little. You're not supposed to be feeding all the way through the night. You're not supposed to be having five milk feeds in the day. It's literally a comfort feed in the morning, a comfort feed in the evening.[00:45:00]

Meg: And honestly, moms, you can continue that right into the toddler years. There's no need to, to rush that. Having said that if you have made the choice to stop breastfeeding Whatever length you've breastfed for, you've done a great job. It's been, I mean, it's an amazing nutrition and comfort for your baby during that time.

Meg: So, whatever you do do is fabulous. And when you do decide to stop, then that's also absolutely fine. And I think it's important to have absolutely no guilt whatsoever associated with stopping feeding. It is a personal choice, as Linda said.

Linda: Absolutely. Absolutely.

Meg: It's incredible to hear the wisdom Linda, you make it feel like it is something that's manageable, that it's not this daunting thing that we sometimes feel it is. So thank you for your wisdom and thank you for the work that you do with moms. Linda, you are honestly one of the most selfless people when it comes to the moms that you work with.

Meg: I've seen it, I've witnessed it and you yeah, thank you for that work that you do with people.

Linda: Thank you. It's my pleasure and privilege.

Meg: So Linda, this has been amazing and moms, I hope that you have found this as useful as I [00:46:00] have. if you want to get hold of Linda, she has given me her WhatsApp number for you to be able to WhatsApp her. So that number is +27842077285. So +27842077285 and you can get hold of her there and she will be able to assist you on your breastfeeding journey.

Meg: And then finally, before I finish off, we obviously don't charge for these podcasts. I love doing them. I love the fact that we can share incredible wisdom with you. And the only thing I'll ask from you is to subscribe, because when you subscribe to the podcast, it elevates it on the stores, and it means that other people will know about it as well.

Meg: So please do go and subscribe . Thanks moms. And we'll see you again next time. Cheers.