

Baby Feeding Expert: The surprising reason your baby could be unsettled and crying

Meg: [00:00:00] Welcome back mums and dads. It's awesome as always to have you here and joining me. I am Meg Faure, I am your host on Sense by Meg Faure. And it is always my delight to be able to share some information with you, to be able to answer your questions and to really be able to touch on those subjects that come up.

In the, in early parenting that are very close to your heart. And sometimes we have experts who come on alongside me and answer questions for me. And sometimes we have moms who talk about their journey. And today we have actually got a hybrid because we have an expert who is a mom. And I always love these chats because I get to speak to other healthcare professionals who have been very close to helping other moms who then become moms themselves.

And of course that's a whole another journey. And so today I'm super excited to invite Sammy to join us. Sammy Hammond is a feeding specialist. She's a qualified speech therapist, a lactation consultant, and a certified neonatal therapist who specializes in neonatal [00:01:00] and paediatric feeding. She has her own practice in Cape Town, South Africa, and where she works with a very wide range of children from very prim, tiny little neonates.

Through to babies with breast and bottle aversion and all the way through to kiddies going to school who are picky eaters. She's absolutely passionate about what she does and she has been involved on a couple of things that we've worked on inside the ParentSense app. And she loves being part of a multidisciplinary team where she can really touch parents and caregivers as they raise their little ones.

And very excitingly, she has a new role and her new role is as first time mom to a new little baby who's 10 weeks old and that's little Kyla. So a huge and very warm welcome to you, Sammy. Thank you for joining us.

Sammy: Thanks Meg. Thanks so much for having me

Meg: fabulous. So I always love these chats with fellow professionals because when I became a new mom for the first time, I had been working with people's babies who had difficulties that I'd been practicing for a while.

And then I had James and [00:02:00] I thought, well, I'm definitely going to have this waxed. I know exactly what's coming up. I know exactly how to manage it. And Oh my word. I'm not saying it was like this for you, but for me, I was deer in the headlights. Like what just happened? How have you found the transition?

Sammy: Oh Meg, you have basically mirrored exactly what has happened with me. I tell you. Right through my pregnancy. I thought to myself, I'm going to have this wax. I work with babies all day, every day from prem neonates to, five, six year olds. I know babies. I know kids. Also every, everybody said to me, Oh, you're going to be perfect.

You know exactly what to do. yeah. And then I had my own baby and I was like, what is going on? I was honestly, I was a deer in the headlights. Like you say, I lost all my knowledge. Yeah, I had probably also put that pressure on myself that, I'm supposed to know everything and that I work with babies and this is supposed to be easy.

It's not [00:03:00] supposed to be hard. And boy, was I completely taken aback by having my own, it's really, it was nothing like, yeah, that I expected.

Meg: It's quite crazy. And I'm sure that there must be professionals, I'm guessing out there who. I absolutely have had it waxed and I know that they're probably moms who knew absolutely nothing who came from a background of marketing and have never touched a baby in their life who have maybe felt not there in the headlights.

I don't know. Maybe those people exist, but it definitely didn't happen for me. And I can even remember. I'm. I'm sorry to tell you this, but when I had my third child, by then I had written three books and I had the babysits company and I can remember an email came through to me from a mom saying, this is going to be so easy for you wishing you all the best.

You've published the books. It's your third child. It'll be so easy. And let me tell you, Emily was a curve ball. She really just threw everything at me. So, I just don't know that there's ever a journey into new parenthood that's completely rosy and completely easy, if I'm honest

Sammy:

No, absolutely. I think that's the thing is, each child is so different. [00:04:00] And so even, we see various babies with different temperaments, different sort

of issues. and yet when it comes to your own, she's her own little person. and like you said, Emily, through your curve ball, I mean, Kyla really threw me a curve ball as well.

Yeah.

Meg: Well, tell me, maybe, let's kick off there. In these sessions with experts, I love to try and frame what you felt that was useful from your clinical knowledge as you approached parenting. I also like to have a look at some of the challenges that she's thrown at you.

And then also some of the things that you absolutely delight in that has brought your practice and your theory into practice that you've loved. So, yeah, where would you like to kick off?

Sammy: [00:05:00] Well, maybe I'll start by saying that I was convinced. That Kyla was going to arrive a little bit early. So I was prepared from 36 weeks for the arrival of little Kyla.

And she threw us a curve ball from the beginning and decided to come in 41 weeks where we actually, we landed up evicting her. She would have, she's a happy camper. I had planned vaginal delivery had to get induced and then landed up with an emergency section. So everything that I kind of envisioned and thought how it was going to go when complete opposite.

And then also, I'm very used to prem sick babies in the line of work that I do. So generally they're quite sleepy and you have to wake up to feed them. And probably like quite a few normal newborns too. But Kyla came out wide awake. I was wide open feisty as anything, and we did not have that two week drowsy period.

She was full go from the beginning. So basically that's how things started with us. I think my whole perception of how, having a newborn completely also, got thrown out the window and we had to just adapt

Meg: Yeah, that's really interesting. So, that brings to mind a couple of things.

I think we all have this vision of what our babies are going to be. And actually we've done some lovely [00:06:00] podcasts on exactly this one with Carly Abramovitz, which is very worth listening to moms. If you haven't heard that podcast, you must go back and listen to it. It was, it was played towards the end of 2023.

A couple of months ago, we had that podcast done. And that's , worth listening to because she talks about this kind of romanticized dream vision that we have of our babies and what new mothering is going to be and how these curveballs are really sent to challenge us. Emily, my third was also cesarean section, very unexpected.

And my other two had been vaginal deliveries. That can disrupt you emotionally. Did you find that kind of threw your curve ball on an emotional level?

Sammy: I must be honest. Not really Meg, surprisingly, I thought it would. My husband and I, given the nature of my work we had said that, if we need to have a Caesar, so be it.

I had an amazing gynae who I had my full trust in. So, when she came in. Said to us, look, we're not getting anywhere with this induction. And suggested a Caesar. We thought, okay, well let's go with it. And I had an amazing, actually very beautiful Caesar. I [00:07:00] had a theater full of females.

My husband was the only male , in the theater and it was all colleagues of mine. And we actually had such fun. Everybody was laughing and chatting and it was actually quite a beautiful season. So I think the fact that. It happened like that for me maybe not so emotional about the birth

Meg:

I think you bring up a very important point there, and that is mental flexibility. I think it's one of the things that we know , is very tied in with postnatal depression and emotional challenges after baby is born. If we don't have an emotional flexibility or mental flexibility. And, I think when we sit out and I was super a type, so I had like very, this is how it's going to happen.

When we have a. Like a very rigid plan, we are much more likely to have some challenges around because childbirth and child rearing early, early parenting just doesn't follow a plan. , you've got to be flexible. So I think your mental flexibility, the fact that you were super open to that Caesar was protective there.

And I think if there's one lesson that comes out of [00:08:00] that for other moms is to actually make sure that you do. Keep your mind open to whatever's going to happen. You may not breastfeed, you may not have a natural delivery, your baby may not look like you thought it was going to look and it's having that flexibility

Sammy:

Absolutely. And I think, it's quite ironic because I was so fine with the birth. And then I struggled so much with that mental flexibility when it came to, to the sort of newborn stage especially with regards to feeding. Because very ironically, I'm a feeding therapist. And I really struggled with feeding

Meg:

Tell us about that. So, you obviously followed the theory of latch as soon as she was born. And then what happened?

Sammy: So she had a beautiful latch and, fed right from the beginning, basically was at the breast, the first 24 hours, basically constantly on me and everything was fine at the hospital.

And then as soon as we got home, I landed up getting almost what we call hyperlactation, so an overabundant milk supply. And I [00:09:00] wasn't reading Kyla's cues properly. So, I was just putting her on the boob the whole time. And we got into this vicious cycle, obviously with milk production, it's all about supply and demand.

The more I was putting her on the boob, the more my supply was increasing. And this poor child was getting so flooded with milk. She had picked up an enormous amount of weight and she put on her back to birth weights within a few days and she was so uncomfortable. And that for me was heartbreaking because I knew that me feeding her was making her uncomfortable.

And eventually it got so bad that I couldn't look at things objectively. I think that's been a huge challenge for me as well as a healthcare professional is, my husband also said to me, well, what would you tell the moms that you're seeing? How would you help them? And I just couldn't do it for myself.

I think I landed up overthinking things and second guessing things. I think it's also because you know too much. So, you have all the different sort of management strategies. And eventually I got a colleague who's also a lactation consultant to come and I just said, Please, you have to come [00:10:00] and look at things, more objectively with me.

And what was her advice? So she actually, checked obviously that Kyla was latching well, which she was, and then we actually did a test weight because we said, no, well, let's just see actually how much she is getting. And after two

minutes on one side, uh, she got her full feed, basically. And she was, she was at that time feeding for 20 minutes.

And so we then spoke about it and we said, okay, well what can we do about it? And we came up with the idea that I was gonna then pump just for two minutes before the feed, just to get rid of that initial, let down and that like, sort of gush of milk that she was getting. And then let her feed and then do something called block feeding, which is a management technique for oversupply.

And I mean, if somebody has oversupply but baby's very comfortable and they're managing it, then it's totally fine. But you know, if baby's got. And it's not comfortable, then you do block feeding, which is basically just feeding off of one side for a certain amount of time. So I was doing three hour blocks.

You could try and then manage the oversupply and kind of get a [00:11:00] more manageable supply. And then, I was doing a combination of, trying to pump a little bit before feeds. And because Kyla is so alert and feisty, she did not want to wait for her food. So then I had a screaming baby.

And also we tried. Every remedy on the market, from Bennett to Telemann drops, to try and get her tummy to be comfortable. And eventually I also chatted to another colleague and she said, well, look, why don't you cut off dairy? Because carlsmall protein allergy is your sort of biggest allergy that,

it newborn or infant can get so I cut out cow's milk and it didn't really make a difference. And then Kyla was also diagnosed with reflux. So I was getting the whole package.

Meg: So the whole lot. Yeah. So I'd like to, I mean, you've mentioned a lot of little things there and I would like to just segment this all for moms.

So a couple of things All babies are born with an inadequacy of lactase to break down the lactose in milk. And, and I think that's a very important thing to point out today. All milk, human milk, [00:12:00] all animal milk contains lactose. So what was happening then for Kyla was that she was actually showing us that she was lactose intolerant.

But it was normal lactose intolerance. That was completely to be expected because it was too much lactose, not enough lactase to keep up. And the body will make that lactase if you just give it enough time. But in the early days, there just isn't enough. So the fact that you were feeding so frequently, and I think this is important to point out to moms, is that.

That was actually contributing to a very gassy, irritable tummy because Kyla just wasn't able to keep up with the lactose. So this is quite a common thing that we see with babies who are feeding very frequently. Now, demand feeding is so important and my feeding journey was very different to yours in that I didn't demand feed because I was advised not to.

And of course that's very poor advice. But that's another story. So, demand feeding is important, but there does come a point at which if you demand feeding and you are having very, very frequent feed. So kind of hourly to hourly or feeding two and a half [00:13:00] hourly, but feeding for an hour, your baby's actually getting maybe more milk than their tummy can deal with.

And so it leads to babies who A, gain a lot of weight. B, it leads to a lot of milk production on your side. And C, it leads to this very unsettled tummy. And this ends up in a cycle because baby's tummy is unsettled. They cry. We think they might be hungry. We feed. Increases our supply. Makes them uncomfortable.

And so we have this cycle. So a couple of things about how to respond to that moms. And I just want to just summarize what was said there by Sammy, because it's a couple of things that are really good advice. One is that we often do recommend cutting out cow's milk out of your diet because

it's one of those boxes that is easy to tick and it makes a difference or it doesn't. And it's kind of. Black and white. So in Sammy's case, it didn't make a difference. And she obviously threw that one out, but you can do that. Any other exclusions from your diet are not needed. I mean, people talk about cut out the broccoli, cut out the onion, cut out bread.

I don't know the crazy things, you don't need to cut other things out. That's the only thing that I would recommend as an exclusion. And then. Simple. [00:14:00] Before you start pumping off the full milk is to start to stretch it. I would say, so your block feeding, which would be three hourly.

So push to three hours and maybe just do one side. And for other moms who haven't actually test weighed their baby which by the way is a controversial strategy anyway, but. For those of you who haven't taste weighed, just stretching it to three hours would be your first point. So first thing, cut out the cow's milk.

Second thing, shift to three hours. And that alone is often enough to just completely sort it out. If that doesn't sort it out, then three hours and only one side would be exactly. And then after that. Last line would then be the pumping

of the foremilk because, and it also depends, that foremilk, just mom, so I understand there's two types of milk produced by the breast.

And the one is the foremilk, which is super watery and comes first and is part of your letdown and quenches thirst. And then the other one is your hind milk, which comes a little later in the feed, which is much more fatty and creamy and sustains blood sugar levels and is good for putting on weight.[00:15:00]

And that comes later in your feed now in South Africa going into summer. And now, of course, we're going to be in the peak of some when this podcast is it comes out you don't necessarily want to pump off all that lovely for milk. So for milk, I would say, I mean, I don't know if you would agree with me in that sort of line, like going along from the cutting out the cow's milk, stretching the feeds to three hours, feeding one side, and then only as your fourth line of defense, pumping off the the formal would, would you kind of go along that route?

Sammy: Yeah, totally. I think that's a good sort of systematic approach. I think also just to touch on what's so important is for moms not to struggle on their own. So, if they are struggling with, with breastfeeding and whether it's an oversupply like I had or an undersupply or even, whatever sort of issues that they're facing is to get in touch with a professional to help a lactation consultant or a clinic sister that they trust.

Because I mean, look at myself, a lactation consultant needed a lactation consultant, just to check things and that help is there.

Meg: And I think that is such an important message is do reach out for help. And I have always been one of those, [00:16:00] the loudest voices about lactation consultants, because I never moved without them with all three of my babies.

I had lactation consultants. I don't care how experienced you are, even with a third child, I had it. Get them in. It's like 20 minutes, half an hour. They'll check the latch. They'll make sure. And then you're on your way. So lactation consultants for me are completely essential and they kind of like doulas.

I also believe in doulas a lot for helping , with labor. I think they make such a difference, but lactation consultants, absolutely get them in. Totally. so your feeding journey started off a little fraught. She's 10 weeks old now. So we're not even thinking about solids. So thank goodness now that you've got your milk going, we can just focus , on that.

Tell me a little bit more about her development. So have there been moments in her development when you've gone, Oh my gosh, I learned about that in theory, but look at what she's done. doing. She's so incredibly brilliant. Tell me about the things that she's done and the milestones that have delighted you.

Sammy: Yeah. So that's been amazing, Meg, is, seeing what we've learned in theory and also what I see with, other children, but when it happens to your own, I [00:17:00] think it's just so magical. you kind of go like, Oh, Wow. She's done this and then I could recheck and say, yes, yes, yes.

That is right. And it's also been amazing, seeing my husband's reaction to it as well. It's such a unique journey for us. Like I say, it's not the same as when you're working with somebody else's child or advising somebody else on development. And I must be honest, Kyle has reached a lot of milestones.

It's pretty much on par a little bit earlier she smiled quite early and she's been cooing a lot

Meg: When did she smile? Let's talk about smiling because that's the one, it's kind of hardwired that babies will smile at six weeks, but actually you and I know that they do smile earlier.

Yeah. So when did she smile?

Sammy: I think she was probably around just before five weeks. Between four and five weeks and then it's also that, that, Oh, is it a wind? Is it a smile? But it was such a beautiful social smile. And, within context, so it's I was like, that's definitely a small , and she's cooing a lot now that yesterday she was sort of.

Laughing in [00:18:00] response to a video that Matt took of her where she was cluing and she was doing a sort of like turn taking with herself. It was amazing. And we got it on video and I thought, Oh my word this is incredible. She's very, very strong. She's got amazing head and neck control.

I've been doing a lot of tummy time with her. And so to see that come into practice. We always talk about how important tummy time is and, to see her sort of prop herself up and look from side to side it's just amazing. Yeah. I seen all these developmental milestones and then, using the parent sense app and looking at, there's that beautiful guideline of, what's coming next.

And I love that it's a range, you can say, okay, well, it's going to happen around this time and then you get to tick it off, which is great.

Meg: and we did this ranges quite specifically. I worked with that with a physiotherapist. Her and I put it together and we've done it as a wide range.

And I think that's an important thing to tell parents is that development is, it really does happen in a range. It's not like babies smile at six weeks. They six weeks is an, I mean, smiling is an interesting [00:19:00] milestone because it is. There are only two milestones that are quite as on date as that, and that smiling and sitting, smiling, classically happens at six weeks, sitting classically happens at six months, and it's really only a small variance on either side of that, that babies do.

So early smilers would be four weeks. My middle child did smile super early, very unusual. And some babies will smile really late, like eight or nine weeks, but it's unusual, so smiling is, really a milestone that is quite hardwired.

And that's why I call it hardwired because it happens at that time, whereas other milestones. So you've spoken about cooing. cooing is very variable. , some little ones are cooing. Soon after they're smiling, which Kyla is, other ones, they won't coo for a while, it takes a much longer.

So I think it's important for people to understand that range is there. What's also very interesting is that people often think that range Codes for brilliance in that particular domain later. And I'm going to give you an example of that.

[00:20:00] My son was a very precocious baby advanced baby with his gross motor milestones.

So he set early, he was crawling badly, very badly. He crawled with one leg out to the side, but he crawled at like seven months and he was walking at nine months. Like he was. Yeah, it was, he was really advanced having said that on a gross motor level, he wasn't the most coordinated kid on the field, when it came to bowling and running and, and so we, you would think, oh, this, so advanced in gross motor, it didn't code for necessarily for coordinated gross motor skills.

He actually did go on to be an exceptional sportsman, but not in a coordinated sport. It was, a slightly different. So. I think that it's very important to realize that just because your baby is very advanced doesn't mean they're going to be totally brilliant. But likewise, if your baby is slightly behind the curve, which some babies are, it doesn't mean that they are going to be any less, it's not going to be a problem later on.

What we do watch for is a cluster of. Problems. And[00:21:00] I guess as a therapist or as a speech therapist, it would be interesting for us to know what are

your thoughts on the clusters of things that you would be looking for? Like, when would you be worrying about little ones if they had a cluster of what signals?

Sammy: I do speech therapy, but you know, my sort of area of practice is more on the feeding side of things. So, I look at the things, the typical things like when they're starting solids. Looking at their sitting, independent sitting, head and neck control how their solid journey is looking.

So the progression of textures, if we sitting. With a one year old, for example, who's not sitting very well, who's stuck on a single texture those types of things is When your red flags go up. Yeah, yeah, yeah, absolutely. And then obviously, I mean, from the speech side, just in general, is when you're looking, year and a half, or like you said, babies that are maybe not necessarily making sounds or babbling at like, let's say a year, we start looking at how's their hearing.

And you start asking questions and that type of thing, obviously, speech and [00:22:00] language develops in like a stepwise approach and then, you're sitting with a two year old that's got a very limited vocabulary, you're going to start saying, okay, hold on what's going on here.

Yeah. Absolutely.

Meg: One of the things there, I know that, you don't practice as a speech therapist, but one of the most important, absolutely critical early milestones is serve and return. And you mentioned that just now that Kyla was already doing that. So, maybe you can talk a little bit more about serve and return and what you've noticed in her kind of responding and you responding and taking turns in terms of early communication.

Sammy: Yeah, so that's also that's an amazing milestone to have witnessed. It's just Seen her respond to either my husband and I so whether you know smiling or doing some facial expressions And that's you know, she'll then attempt to sort of mimic or you'll just see, she made, she's making that connection.

It's not just that almost newborn blank stare, she's really noticing what you're doing. And then, like I say, in that, in the [00:23:00] video we took yesterday, my husband just took her, I took a video of her vocalizing and cooing, and then he was playing it back and she started doing it again as though she was just talking to herself and it was.

So incredible to see and communication is all about turn taking, so when we speak, it's, we give and we, we

Meg: receive. How do you do that? Like consciously what's going through your head. So now she makes a noise. What do you do?

Sammy: So I think the important thing is to give her to give your baby the time to respond.

So, it takes some time to auditory processing. And for that little brain and all the wires to, to fire. And so, I would say, I'm often very bad at doing this, I'll do something and I'll wait for her, but not for long enough. And then I'm like, okay, and then I'll say something else or carry on doing what I was doing with, giving her the opportunity to respond and the opportunity, to have, that turn taking it's so important and so now I'm just looking at every opportunity, whether it's making sounds or mimicking what she's doing, when she's cooing, [00:24:00] then see if she'll respond back.

So it becomes a fun little game. Yeah. For everybody,

Meg: which is great advice. And I think, what you're saying then, I think if it's one thing that people take away today is to slow down because it takes them time to process. She's got to take it in. She's got to process it.

She's then got to work out. actually how to coordinate her response. So you really do want her to slow down. It's like, when you're learning to drive a car, you drive slowly because your responses aren't there, you can't do a racing car change of gears at the same time as you're doing your feet type thing, and that's the same for little ones that have to learn and coordinate. And I think often in our fast paced world, we're so instant gratification that we just expect the responses to come immediately. And so the one big piece of advice I would say to moms is to really slow down, and that means you can't overschedule your life.

You can't overschedule their life. And then in the moment, just take a bit of time, take a deep breath in between each of your responses.

Sammy: Absolutely. And I think, that's where those surprises happen. Like when you least expect it, like it happened to us yesterday, we were so [00:25:00] surprised and it wasn't just this go, go, go, go.

We were just chilling. It was a beautiful moment. And yeah, it's so important. I think we get so caught up in, like you said, the hustle and bustle of life today. And we tend to project that on our children as well as, okay, they're not doing it. It's fine. Let's move on. Yeah. And then we forget to repeat it the next day also, cause we just think that, okay, well they're not doing it.

We'll leave it for now, but it's amazing what they can do and already so young as well.

Meg: Absolutely. Well, this has been an incredible chat, Sammy. I've absolutely loved it, and I'm sure our moms have as well. We're definitely going to have to do this again. I wonder if we shouldn't make it a monthly because I'd love to track her journey.

Very interested in seeing the feeding journey through the eyes of a feeding therapist. And some great advice today on overfeeding babies and how to manage that over milk supply. So thank you very much for joining us today.

Sammy: Thanks so much

Meg: Meg. Lovely to have you. Cheers, Sammy. Thanks. Bye.