

Elisabeth McLaury Lewin: My name’s Elisabeth McLaury Lewin and I’ll be talking today with Nancy Mohrbacher. She’s an international board certified lactation consultant and the co-author with Kathleen Kendall-Tackett of *Breastfeeding Made Simple, Seven Natural Laws for Nursing Mothers*. Nancy is also the co-author of *The Breastfeeding Answer Book* which is a definitive encyclopedia of breastfeeding information which is used by doctors, nurses, lactation consultants, and breastfeeding helpers around the world. Nancy is the lactation consultant for Ameda breastfeeding products at Hollister Incorporated, and she’s been helping breastfeeding families since 1982. How are you, Nancy?

**Nancy Mohrbacher:** I’m good, Elisabeth. Thanks.

Elisabeth McLaury Lewin: In your professional capacity working for Ameda, you are the resident expert helping moms and helping professionals with the whole line of breast pumps.

**Nancy Mohrbacher:** Correct.

Elisabeth McLaury Lewin: In my work as a volunteer helping breastfeeding moms, I get a lot of questions from people who are going back to work or need to be away from baby from time to time and everybody needs to know about breast pumps. Sometimes moms get a little bit antsy about the idea of using something that takes milk out of your breasts. Does it hurt to use a breast pump?

**Nancy Mohrbacher:** It shouldn’t. If a woman is using a good quality breast pump with a good fit, it should always be comfortable. I know a lot of mothers do get nervous about it and I’m here to tell you that breast pumps should be comfortable and effective. That’s what you look for in a breast pump.

Elisabeth McLaury Lewin: You and I have bigger, older, grown children and I know in the early days, talking 15, 20, 25 years ago, many breast pumps were ineffective.

**Nancy Mohrbacher:** Right. We didn’t have the good quality breast pumps then that are available today. That’s true and that does make a big difference.

Elisabeth McLaury Lewin: A new mom today might be getting advice or horror stories from someone who had been there and done that even a generation ago. Explain to me a little bit about how the pumps work because it's not really something that has to do with strong suction to get the milk out of the breast.

**Nancy Mohrbacher:** Right. I often get calls from mothers who want to know do the Ameda pumps have really strong suction because they want something really strong and I sort of have to start at square one in that case because it's- the way the pumps work is a little bit counterintuitive because getting milk from a pump is not really like sucking a drink through a straw. If you're sucking through a straw, then the stronger you suck the more you get, but with a breast pump it's not really about that. There is a process that's called let-down or milk release that occurs during breastfeeding. What this is is when a baby starts sucking at the breast or when a woman uses a breast pump, a hormone is released in the brain and it causes the muscles around the breast tissue that produces the milk to squeeze and at the same time the milk ducts dilate and that causes the milk to literally be pushed out of the breast. And so this let-down or milk release needs to happen in order for the milk to come out. If a woman doesn't have a milk release during pumping, she's only going to get a tiny amount of milk that's pooled around her nipple. So sometimes mothers will call and they'll say, "This pump isn't working because I just got a little bit of milk and I know there's a lot more milk in there," and it's really all about triggering the milk release. So when I help mothers with their pumps, that's what I try to focus on is how to help them trigger more milk releases.

Elisabeth McLaury Lewin: How do you go about encouraging that?

**Nancy Mohrbacher:** Well, that's a good question because during breastfeeding it happens very automatically. There are a lot of factors that influence this. For example, babies are soft, babies are warm, moms love their babies, and all of these things cause the milk to release and in fact we have some very excellent research that's been done recently that shows during breastfeeding women on average have about three to four milk releases.

Elisabeth McLaury Lewin: You really only are consciously aware of one 30 seconds, a minute into baby nursing.

**Nancy Mohrbacher:** Well, some women do feel it. Sometimes it feels like a pins and needles feeling or a pressure in the breast but some women don't even feel that first one and so it's something that we have to teach about what to expect during pumping because since women don't feel it during breastfeeding they don't necessarily know that ideally they should be getting at least three to four let-downs or milk releases during a

pumping. So that's the first step is to set that as a goal to have more milk releases during a pumping. Now what you can do to get more milk releases-- There's actually a number of different approaches and it's interesting 'cause sometimes I'll tell the story of my own firstborn. I was a brand new mom and I was breastfeeding and he fell asleep in my arms and I was sitting on the couch and I was looking into his face and thinking how much I loved him and how much I loved being a new mom and all of a sudden I looked down and he was making this funny expression and the milk was literally shooting out of my breast into his face. Now he had come off the breast so there was actually nothing on my breasts at all. It was just those loving thoughts released that hormone in my brain and caused the milk to shoot out and this was after a breastfeeding. So it goes to show that there's a lot more going on than just whatever is happening at the breast. So some of it can be triggered in other ways and many women have heard stories of mothers who have gone into a restaurant and heard another mother's baby cry and then they get a milk release. Their shirt is all wet all of a sudden. So it- there doesn't have to be actually any action going on at the breast for a woman to trigger a milk release. So using the mind and the senses is one way when a mother's working with her pump and getting practiced with it that can help her because putting two pieces of plastic on your breasts is just not the same as having a warm, beautiful baby at your breast. And so sometimes it does take some practice to get good with it. So one of the things that I tell mothers to do is to try to figure out which of their senses seem to be most effective for them at triggering let-down and for different women it will be different senses. For some women they might use their mind. They might close their eyes and imagine their baby at the breast. For some women sight is very effective. They might look at a picture of their baby or if their baby's with them they might look at the baby. It might be hearing. Some women who go back to work tape record their baby's cooing or crying and play it when they pump. Some women use touch, a breast massage or warm compresses. Some use smell. They bring their baby's blanket with them and they smell it while they pump. Others have a favorite beverage obviously normally nonalcoholic that they might drink that the taste will trigger it. I remember one of the breastfeeding researchers told the story of a mother who was pumping for a baby with a cleft palate who was unable to breastfeed and the mother had to literally cover her pump with a towel because every time she looked at the pump her milk would let down. It's a matter of practicing with it and teaching your body to respond to the pump a little bit more like a baby so- and it may take a little bit of time.

Elisabeth McLaury Lewin: The pump controls themselves are adjustable so that depending on whether you're just starting a pumping session or you're in the midst of it can-- How do you adjust that to work with the baby?

**Nancy Mohrbacher:** Well, one of the things I think that's particularly strong about the Ameda line of pumps is that we do- all of our pumps do allow you to adjust both the speed and the suction of the pump. These would be our newest models. Even our manual pump can do this. So what I normally suggest with the controls is if you have a

pump with dials to turn the vacuum to the highest level that’s comfortable. If you’re gritting your teeth, it’s definitely up too high. If afterwards your nipples are stinging, you need to turn it down. So again really strong suction is not what you want to achieve. So start with it at the highest really comfortable setting where you’re comfortable both during and after pumping. If you have a cycle dial, turn that on to the highest cycle to start with because when babies breastfeed they typically suck faster at first to help trigger the milk release or let-down and then once you see the milk start to flow, once the let-down occurs, then you go to the slower cycling so, in other words, if you have a cycle dial you would turn it down to the slower setting. So high cycles to trigger and slow cycles to drain, and keeping the vacuum or suction always on the highest comfortable setting. And then you can repeat that during a pumping. So, in other words, once you’ve got the let-down and the milk is flowing and you’ve got it down on the slow setting, then when that milk release or let-down is over then you can turn it back up to the high cycles to trigger the next one and then if you’re noticing it’s taking a little bit of time you can use whatever of your sensory pathways you find is helpful. So the combination of the controls and the senses can really cut down on the amount of time you spend just sitting there waiting for the next milk release.

Elisabeth McLaury Lewin: It sounds like that’s really wise because then that just mimics what your body would naturally be doing while you’re holding and nursing your baby—

**Nancy Mohrbacher:** Right. Right, that you might not necessarily be aware of but- so mothers can repeat that until they have three or four let-downs or until they reach about 10 or 15 minutes per breast. That’s usually the time that’s recommended.

Elisabeth McLaury Lewin: I understand that pumps come in different sizes and how does one determine which size is the one that you’d need?

**Nancy Mohrbacher:** Well, when it comes to pump fit-- Now there are different types of pumps. For example, there’s rental pumps and purchase pumps but no matter which type of pump you’re using it’s really important to get a good fit. Now when we talk about fit, what we’re talking about is the opening that the breast- that the nipple fits into. So there’s a piece on the pump. It looks sort of bell shaped. We call it the flange and that’s what you put against your breast when you’re pumping. And so when the machine is turned on, or if you’re using a manual pump when you squeeze the handle, the nipple is pulled down into that space. And what you want to see is you want there to be space around your nipple. So if it’s rubbing all the way around no matter how you position it, then that is a sign you probably need a larger diameter nipple tunnel. And we do have larger sizes available. And I would recommend going to our web site, [ameda.com](http://ameda.com), and then going under “Breast Pumping” and then there’s a section to click on called “Making the Most of

Your Pump.” And the very first article there is “Getting a Good Flange Fit.” And you can scroll down and see actual photos of a tight fit and a good fit so that you can compare what you’ve got, what you’re seeing, in light of that. And then there’s also information there on the various sizes that are available. Because what can happen if you have too tight a fit is that the milk ducts can be squeezed and it won’t let the milk out as effectively and you can also get pain and damage if there’s too much friction going on, so it’s very, very important to have a good fit.

Elisabeth McLaury Lewin: It’s strange to think that there would be much variety in size but it sounds as though there really is.

**Nancy Mohrbacher:** Well, there’s one other aspect to this too that’s not generally well known and that is that women’s fit can change with time and pumping so a woman might start off with let’s say the standard size flange and it would be a good fit, but after she’s pumped for a time her nipple actually will expand and she may need a larger size later. So you could keep checking back and look at the pictures as you’ve been pumping for a while to see if you still have a good fit.

Elisabeth McLaury Lewin: Would that good fit also affect the amount that you could pump?

**Nancy Mohrbacher:** Definitely, because if your fit is too tight and the milk ducts are squeezed, that can limit the amount of milk you’re able to get out with the pump. So it affects both the pumping effectiveness and also the pumping comfort and both of those are very important.

Elisabeth McLaury Lewin: When women are planning to use a pump and build up a supply in the fridge or freezer for going back to work or for being away from baby for a little while, what’s the best way to work out some kind of routine to be getting more milk put by without putting aside the baby’s immediate and constant needs?

**Nancy Mohrbacher:** Well, that’s a very common question. A lot of mothers call and they’re at home with their babies and they’re fully breastfeeding and they can’t figure out when is going to be a good time to pump and you don’t want to deprive the baby of the milk and sometimes mothers get confused and they pump and then give it to the baby because they’re worried about that, which of course sort of defeats the purpose of it. So really a good strategy for most mothers is first of all they’ll tend to get more milk in the morning in most cases. Now not everybody’s the same so a mother should experiment. But in most cases they’ll get more milk in the morning. And a good time to pump is

usually about 30 to 60 minutes after a breastfeeding and you- probably at that time you'll get about half a feeding. So if you're not missing feedings and just pumping after a breastfeeding that would be an average amount to get and the amount of a feeding will vary depending on baby's age. Once a baby reaches about a month or so, a feeding is usually around three to four ounces, so getting about half of that at a pumping in the morning would be typical.

Elisabeth McLaury Lewin: I know that milk supply is basically a function of demand that's placed on the mother's breast. What's the time delay? If I was to put an extra pumping in between each normal feeding at the breast while I'm home with my baby, how long would it be before I saw a bump up in my supply?

**Nancy Mohrbacher:** Well, that's a good question. First of all, I would say if you're doing that it's good to allow about an hour between a pumping and a breastfeeding because usually if you do that then it's not going to really affect the next feeding from the baby's point of view. As far as increasing milk supply, that will depend on a lot of things. So there is a lot of variables there but if you're- if for example a mother found that she had a low milk supply and she was pumping to increase it, if she pumped after a feeding and really drained her breasts more fully that would help send her body the message to produce more milk and if she did that around the clock I would say it would probably take a few days to a week before she'd really see a significant increase in her supply.

Elisabeth McLaury Lewin: I often will get questions from moms who say, “I need to have a supply put back by May 15 and it's April 1st so—

**Nancy Mohrbacher:** Right, right, and for a lot of moms who are planning to go back to work they worry a lot about how much milk to store up ahead of time and I think the thing to keep in mind is that mothers who are going back to work typically are going to be pumping at work. Some mothers are fortunate enough to take their babies and breastfeed at work, but most mothers are pumping and in that case they are going to be pumping at work and leaving the milk that they pumped one day for the next day. So having some stored in the freezer is a good idea especially for the first day when they are not necessarily going to have a lot stored. But from a day to day basis after that they're going to be able to use the milk that they're pumping at work for the next day. Now most mothers if they start pumping about three to four weeks before they go back to work and they pump once a day, they'll probably have a lot of feedings frozen by then. Because if they do half a feeding a day and they go let's say for four weeks that's going to be a lot of feeding so that would be 14 feedings. So that would really be a huge amount to have stored up.

Elisabeth McLaury Lewin: At what point should a mom begin to pump? Is there some point postpartum when it's too early?

**Nancy Mohrbacher:** Well, it's interesting, because a pump can be used at any time to keep a mother comfortable. There are times early on where the baby may take one breast and be completely satisfied but the mother is not comfortable because her other breast is very full and it's not a good idea to leave it that way. So it's really fine to do what we call “pump to comfort” at any point if a mother is uncomfortable while her milk supply is adjusting to her baby's needs. Many mothers find they actually produce much more milk than their babies are taking after about the third or fourth day after birth. So it's absolutely fine to express a little bit of milk just to keep themselves comfortable at any point. I would say there isn't a set time that it's good to start pumping. It depends entirely on a mother's circumstances. Some mothers are told that they should be pumping so that someone can give a bottle every day. And I think that that could be a huge waste of a mother's time when she may not have a need for that. So it really depends on her circumstances. If she's going back to work, as I say, starting to pump about three to four weeks before she goes back is probably a pretty good time frame. But not every mother is going to need to be pumping or has to have milk stored so it really depends on the person.

Elisabeth McLaury Lewin: I guess likewise the mother whose child is ill or has a cleft palate or in one of those circumstances might need to pump from the outset.

**Nancy Mohrbacher:** Right. We have on the ameda.com web site a whole section for mothers who are exclusively pumping on how to build your supply, how to maintain it, and what to do when your baby might be ready to start breastfeeding. So yeah, there are mothers who are exclusively pumping and that's an entirely different situation and there is good information out there on that.

Elisabeth McLaury Lewin: For the garden variety mom who needs to pump because she's going to be away from baby when baby's a little older, just figuring out when that date is going to be and working back three or four weeks is plenty early enough.

**Nancy Mohrbacher:** That is. There are some mothers who do a lot of pumping early on who tend to over-pump and bring their supply up a little higher than is needed and that has disadvantages. Some mothers think-- Well, some mothers think that you can never have too much of a good thing with regard to milk supply, but if a mother is pumping so often that she can't go longer than one or two hours without draining her breasts or she's uncomfortable that can be a real drawback.

Elisabeth McLaury Lewin: Sure. It could be a hindrance to having a normal life.

**Nancy Mohrbacher:** It could be. There are drawbacks to having more milk than you really need so it's good to strike a good balance there. In some cases, as I say, mothers may not need to pump at all. In other cases, a little bit of pumping might make their early weeks easier.

Elisabeth McLaury Lewin: It sounds like that's also a good way to relieve some of the discomfort from those early days where you have just massively overabundant milk. I'm beginning to pump. I've got my pump. I'm setting it up. How long does it actually take to get that half a feeding's worth of milk in between breastfeeding sessions?

**Nancy Mohrbacher:** Well, on average I would say most mothers are pumping about 10 to 15 minutes and I mentioned strategies earlier for shortening the times between those milk releases or let-downs so that you make the most of that time. Unless a mother's in a situation where she is trying to establish a full milk supply with a breast pump only, usually 10 to 15 minutes is long enough. But again, just like with anything, mothers are different and some mothers might have their breasts completely drained sooner and for some mothers it might take a little bit longer.

Elisabeth McLaury Lewin: This is one of those situations unlike breastfeeding at the breast where you can't really see how much milk is coming out. How much milk should I expect to see in the little storage collection container?

**Nancy Mohrbacher:** Well, as I mentioned, if you're pumping in between regular feedings, probably about half a feeding, and that will depend on baby's age. Because in the first week after the milk increases on day three or four one feeding may be one ounce or two ounces. If a baby is between one week and three weeks old, it might be more like two or three ounces. That would be a full feeding. And then by about four weeks all the way until six months more like three or four or maybe even five ounces would be a feeding so half of that amount would be normal. If you were pumping instead of feeding for a missed feeding, then it would- I would say it would be typical to get a full feeding at that time.

Elisabeth McLaury Lewin: It would vary with the age of the baby and with the baby itself because different kids are so different in what they do.

**Nancy Mohrbacher:** And how much milk you get in an individual pumping-- There's a lot of other factors too that affect it. For example, are you fully breastfeeding? So if a

mother is giving both her milk at the breast and also giving formula, she might not have a full milk supply. And so she would expect to get a little bit less milk when she pumps. The time of day would make a difference because-- Yeah, because, most women do get more milk in the morning. The evening is a time when milk supply tends to be at a lower ebb and that’s one of the reasons babies feed more frequently. They can get plenty of milk but they just need to feed a little bit more often during that—

Elisabeth McLaury Lewin: You mentioned earlier in a different podcast talking about milk supply that newborns are most sleepy between 3 a.m. and 9 a.m. so that might be the perfect time. Not at 3 a.m.

**Nancy Mohrbacher:** No.

Elisabeth McLaury Lewin: But before 9 a.m. when they get up to actually get a full pumping in.

**Nancy Mohrbacher:** Uh huh.

Elisabeth McLaury Lewin: What other things make the amount of milk vary?

**Nancy Mohrbacher:** Well, another thing would be how long it's been since a mom breastfed or pumped because obviously more milk would have built up in the breast if it had been a longer time. The quality of the pump might make a difference. For example, with a manual pump, that tends to be less effective overall than an automatic electric pump or a rental pump. So the pump quality would matter. It would also matter how much practice the mother’s had with her pump. So if it’s the very first time she’s putting these two pieces of plastic on her breasts and her body really isn’t used to responding to a pump like a baby, she might get very little the first time. But as she practices with it more and uses some of the tricks that I mentioned earlier for triggering milk release, then she’ll get better results. It’ll also depend too on how she’s feeling when she sits down to pump. For example, if she’s very stressed or angry or upset, that releases adrenaline into her system and that actually blocks milk release. So sometimes mothers who are pumping for premature babies if they get bad news about their baby’s condition, they have a very hard time pumping much milk because of how they’re feeling. So if a mom is in a situation where she finds she’s not getting milk, sometimes it can be a vicious cycle where the more they don’t get milk, the more upset they get. And in that case it’s better just to take a break and when she’s feeling a little bit calmer maybe to come back and try again.

Elisabeth McLaury Lewin: We should talk about how to choose what kind of a pump because I know there are some that are good for just occasional use and there are some if you're really seriously exclusively pumping and bottle feeding. You need something that's more heavy duty than what you'd need for just an occasional night out.

**Nancy Mohrbacher:** Right. Pump choice depends a lot on situation. If a mother is establishing her supply without a breastfeeding baby, let's say her baby is ill or premature, then what's recommended, and this is true pretty much across the board by breast pump companies, is one of the rental hospital-grade pumps and those pumps are really designed to help mothers get the best results. And during those first few weeks that is the ideal time to get a milk supply established. So they need the top of the line for that particular situation. If a mother has an established milk supply and she's going to be using a pump frequently, for example a mother who is going back to work full time, then she still needs a good quality pump, but there are purchase pumps that she can buy that will be recommended for that sort of use. So if she has- her milk supply has been established either with a pump or with a breastfeeding baby, then she can get a pump that is automatic. Usually a double pump will work best. It'll cut down on her pumping time. And she wants to find a pump that provides at least 30 to 60 suction and release cycles per minute because that's close-- Yeah. It's close to what a baby does during their active breastfeeding phase. So for example in the Ameda line that would be our Ameda Purely Yours pump so that would be a good one for a mother who's going back to work full time. If a mother is not going to be pumping very often, she might be very happy with a manual pump, and that's a pump that requires muscle power to operate and we have what's called the Ameda One Hand Breast Pump. And again you can use the same strategies we talked about, faster squeezes at first and then going to slower and then faster again in order to trigger more milk releases. But because it does require muscle power it is one that is probably not going to make a mother happy if she has to do a lot of pumping. I remember once I had a breastfeeding class. I had a mother say, "I'm going back to work full time and I'd like to get two of those manual pumps." And I-- It wasn't my place to make a choice for her. I said, "I think you're not going to be happy with this because it's going to be a lot of work for you. But she decided she wanted to do that and so I got a call from her about a month later saying, "I'm ready for my automatic pump now." <laughs> It's just-- It gets to be old very quickly so if someone's just pumping occasionally, certainly a manual pump could be satisfactory but if they're doing very frequent pumping usually they're better off with an automatic pump.

Elisabeth McLaury Lewin: And then I guess too we should really briefly on the health and safety sort of thing, too, because I've even seen at garage sales and things before used breast pumps and I understand that that's not necessarily what you want to do, that there are certain things you need to be aware of.

**Nancy Mohrbacher:** Yes. When you’re talking about a purchase pump—obviously the rental pumps are meant to go from person to person and they’re made in such a way that each woman has her own what’s called pump collection kit that’s—

Elisabeth McLaury Lewin: So the things that touch your breasts and your milk—

**Nancy Mohrbacher:** Right, are separate and there’s no- there’s not going to be any contact between the actual pump and those and those- and the parts that touch your milk so that is considered safe for mothers to share those multi-user pumps. But if you’re talking about a personal pump those are not recommended to be share. There are some other brands that milk could get back into the tubing and actually into the motor piece. That’s not true with the Ameda pumps because we have a solid barrier between the breast flange and the tubing. However, we do have-- Our Purely Yours for example is rated as a single-user pump because if you look at the size of the rental pump and the purchase pump you’ll see that the purchase pump is much smaller, and it really isn’t designed to go from person to person. You-- When a woman buys a used pump there are the hygiene things to consider but there’s also the effectiveness piece. A woman could spend money on a pump and it might be totally worn out so it probably isn’t going to be worth the money to do that.

Elisabeth McLaury Lewin: If you’re just considering and not really clear on your need for a heavy duty one, a good idea to rent one from the hospital or from a lactation professional and just kind of see but probably not a good idea to get one at a yard sale.

**Nancy Mohrbacher:** Well, not- definitely a yard sale’s not a good idea. I had a lot of parents who when I was in private practice they were trying to decide what the right way to do it was and sometimes—

Elisabeth McLaury Lewin: How—

**Nancy Mohrbacher:** Sometimes they would say, “Well, how about if I rent one for a month and see how I like it?” And what I said to them is renting a pump for a month if they don’t have a collection kit from the hospital could cost them about three quarters the price of a purchase pump.

Elisabeth McLaury Lewin: No kidding.

**Nancy Mohrbacher:** No kidding because it's I would say on average about \$100 between those two aspects, between the collection kit and the pump rental. So if a person is- really knows they want a pump it probably is going to be better for them to purchase rather than to rent first. But if they're really- if they really aren't sure it certainly is something that they could do.

Elisabeth McLaury Lewin: It's kind of hard to tell before the baby's here just how often you'll be able to get away and whether you want to and that kind of thing too—

**Nancy Mohrbacher:** Well, what I often told mothers during my classes was if they know they're going to need a pump, it's not a bad thing to get one ahead of time because sometimes your milk can increase at 2 in the morning and you're really uncomfortable and wish you had one—

Elisabeth McLaury Lewin: And then you've got that wonderful thing already collected and you could put it in the freezer and you're set.

**Nancy Mohrbacher:** Right, but if you don't know for sure that you need a pump, then you don't necessarily need to get one.

Elisabeth McLaury Lewin: If the baby ends up taking more milk from a bottle than they end up pumping in a single session, does that mean that there's not enough milk there?

**Nancy Mohrbacher:** That's a good question 'cause some mothers get very concerned. What can happen when a baby takes a bottle is the bottle actually flows more constantly than the breast. The breast you have the ebb and flow from the milk releases and so that's sort of nature's way of letting the baby's appetite control mechanism kick in. And so when a baby is on a bottle though it's a very constant flow and so what can happen sometimes is babies will actually take more from the bottle than they would if they were breastfeeding. So some mothers worry that because the baby took more from the bottle than they pumped that this is a sign they have a low milk supply, and there really is no relation between those two things. So I've set a lot of mothers' minds at ease on that point.

Elisabeth McLaury Lewin: I have also heard a few moms have difficulties or get concerned when they switch from one sort of a pump to another. Maybe they start out with a hospital-grade rented one and then they realize they need one for their own use on an ongoing basis so they buy one and the amount that they get or the way it feels is just

different. Is it that one is better than the other or is it just personal style difference or how does that work?

**Nancy Mohrbacher:** Well, I mentioned earlier that the feel of two pieces of plastic on your breasts are different from a baby breastfeeding, and the milk release or let-down actually is a conditioned response. And so when a mother's used to the feel of one pump and she switches to another pump sometimes it will take a little bit of an adjustment period before her body responds as well to the other one even though they might both be perfectly good pumps. So the same suggestions I gave earlier about using the senses and the controls can be very helpful when a mother's trying to transition from one pump to another 'cause you're absolutely right. Mothers may use one pump in the hospital. They may rent a different pump for home. They may end up buying later. And so there's a lot of changing pumps that can go on.

Elisabeth McLaury Lewin: Thanks.

**Nancy Mohrbacher:** You're welcome.