

Elisabeth McLaury Lewin: My name is 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's 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's the lactation consultant for Ameda Breastfeeding Products at Hollister Incorporated and she's been helping breastfeeding families since 1982. Today we're going to talk a little bit about some tips for getting breastfeeding off to a really good start. How are you, Nancy?

Nancy Mohrbacher: Good. Thanks, Elisabeth.

Elisabeth McLaury Lewin: There are lots and lots of things that help amount to a really good breastfeeding relationship with a mother and baby and some of them are so incredibly simple that it's funny that we overlook them often. So what are a few things that moms and dads should keep in mind when they think about breastfeeding their new baby?

Nancy Mohrbacher: Well, I think probably the most important thing is to remember that breastfeeding is best learned by watching and learning from other breastfeeding mothers. And I think one of the big disadvantages that many women have today when they start off with breastfeeding is they've never actually seen it in action. I remember one of the famous breastfeeding researchers in our field told a story of an- a young Aboriginal mother in Australia and he asked her, “How did you learn about breastfeeding?” And her answer was, “I've always known about breastfeeding.” And that's because she learned it at her mother's knee growing up. And so while some people get very confused by breastfeeding and think that it must be very complicated, I think the real challenge that we face is that most women have never seen it before they have their first baby. So one of the things that I would say would be a great thing to do during pregnancy is to spend some time with breastfeeding mothers in a mother-support group. So that is one of the things that I always recommend to new mothers because there's really no substitute for seeing breastfeeding in action. When it comes to the simple dynamics of breastfeeding, there are some things we've actually learned in recent years that are just amazing to me. I've been in breastfeeding as you said for 25 years and it's just the last five or ten years there's been a revolutionary change in the way we're thinking about breastfeeding. And one of the things that we've learned that's so amazing to me is that human babies are actually born knowing how to get to the breast and feed without anyone even helping them. And what's interesting is we didn't actually learn about this until about 1990 when there was a study done and there was a video made

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that showed a baby right after birth crawling up from the mother’s abdomen to the breast and latching on all by themselves. And to me it’s kind of funny to think about because every other mammal species the- we expect the babies to do this and yet it never even dawned on us until then that this might be true for our own babies.

Elisabeth McLaury Lewin: Well, yes, but human babies are different than other mammal babies because they have such big heads they are born much more helpless than horse babies or rabbit babies and so you don’t think--since they can’t stand up on their legs and nurse--that they would be able to do that. It’s easy in the midst of a technological revolution to kind of look around and say we need technological help and lots of resources in order to be able to nurse a baby, in order to have a baby.

Nancy Mohrbacher: Yeah. <laughs> It’s true.

Elisabeth McLaury Lewin: It’s a strange thing to—

Nancy Mohrbacher: It is.

Elisabeth McLaury Lewin: --think that babies actually know what they’re doing.

Nancy Mohrbacher: Right, and what’s interesting is that the end result of us thinking that babies were helpless and didn’t know how to feed was that we put the whole responsibility on the mother to make it work and so a lot of mothers approach breastfeeding thinking that they had to do everything right, that there were a million details to remember, and it became a very stressful experience. And so understanding the baby’s role in breastfeeding has really helped mothers to relax and enjoy it a lot more and I think helped us to make it more successful for them.

Elisabeth McLaury Lewin: It takes some of the pressure off us because as you say many of us, if we’re the first in our crowd of friends and maybe the first in our family to actually be nursing our babies, we won’t have seen it as little kids. It’s the most natural thing in the world but it doesn’t seem like it if it’s a brand new thing to you.

Nancy Mohrbacher: Right, right, and as a matter of fact when I used to help new moms I often told them a story because the moms usually felt really stupid that they had to call someone for breastfeeding help because they thought, well, isn’t this supposed to be natural and aren’t my maternal instincts supposed to tell me what to do? So the story I told them was about a gorilla in an Ohio zoo. This is a true story. And what happened

was this gorilla was raised in captivity and had never been in a community of gorillas and seen other gorilla mothers breastfeed their babies. I don't know if you actually even call it breastfeeding when you're talking about gorillas, but anyway, she had never seen another gorilla feed their baby. And so when her first gorilla baby was born, the baby died because she didn't know what to do. She held it facing out instead of towards her body and so the zookeepers tried to decide what should they do next 'cause the gorilla became pregnant again with the second baby. What should we do to try to help the gorilla figure out how to feed her baby? And what they did, which was kind of inspired, I thought, was they had mothers from a local mother-support group come and breastfeed their babies, their human babies, outside her cage. And what happened was that the gorilla actually successfully fed her second baby after being exposed to that from human mothers. So I think--that's a remarkable story--but what it tells us is that it's not just human beings that need to learn the skills in- of breastfeeding. Also higher primates are in that category as well so it's partly- there are aspects of breastfeeding that you could say are natural, for example, when a mother feels a baby breastfeeding, her milk lets down, the milk starts to flow, but there are many aspects of it that are learned and many of us never have the chance to do that.

Elisabeth McLaury Lewin: We should follow the example from your story before we have that baby in our arms. It's a nice idea to actually go in the company of other breastfeeding mothers.

Nancy Mohrbacher: Yeah. I was lucky because when I was pregnant with my first child I- it was recommended to me that I go to a mother-support group and I did so when I was about five months' pregnant and I'll never forget the mother that I saw there with her 3-week-old baby. And I learned just as much from watching that mother and baby interact at the breast as I did from anything I heard at that meeting.

Elisabeth McLaury Lewin: Wow! That's really cool.

Nancy Mohrbacher: Yeah. So I would like to tell you a little bit more about the hard wiring that babies are born with and how mothers could use that to help get breastfeeding off to a good start. Ideally, if it's at all possible, it's good to allow the baby to feed within that first hour after birth 'cause babies are ready to do that at that time and are very open to breastfeeding. You don't necessarily have to let them crawl up on their own without help--although babies can do it during that time--but it's a really good time to get breastfeeding off to a good start, to keep mother and baby together. Of course, that's not always possible. During that study that I mentioned earlier that was done in 1990, it appeared that there were things that easily interfered with that infant behavior, things like separating mother and baby even just to take the baby away for a bath and

measurements. When mothers receive certain pain medication, that seemed to interfere it but what we’ve found since then is actually these inborn feeding instincts that babies have are very long lasting and can be triggered any time in the first few months.

Elisabeth McLaury Lewin: Even if mother and baby don’t breastfeed within that critical first 60 minutes, it’s not like it’s a done deal.

Nancy Mohrbacher: Not at all, and in fact just in recent years there was a doctor from Connecticut--her name is Dr. Christina Smillie--who discovered it quite by accident. She was-- She came into breastfeeding from another profession. She was a pediatrician for many years and decided she wanted to practice breastfeeding medicine and she noticed this behavior in babies over and over again as she worked with them. Ad she thought that there was a seminar that she must have missed that everybody else knew this and only she didn’t know it and was discovering it on her own. Well, as it turned out, she was the one who actually was the first to notice it and teach about it so she- what she discovered were the actual triggers to the baby’s hard wiring that cause those inborn feeding behaviors to occur.

Elisabeth McLaury Lewin: What do you do to kind of spark that interest in the baby?

Nancy Mohrbacher: Well, the first thing that she did was she took a little different approach to breastfeeding, not trying to make it so intellectual. She-- Instead of being sort of a left brain, orderly, analytical, explanatory thing, she tried to get the mother and the baby maybe in a little different frame of mind. She triggered the behavior by putting the baby skin-to-skin, upright, between the mother’s breasts against their chest. So in other words, the mother would open her shirt so that her skin was exposed, the baby would be down to her diaper, and then the mother would hold the baby against her chest upright and she encouraged the mother just to be with the baby, to be relaxed and have eye contact and talk to the baby, and as the baby became hungry and interested in feeding what would happen is this feeling of the mother’s skin against the baby’s torso would cause the baby to start sort of bouncing against the mother’s chest and eventually just lunged down towards the breast.

Elisabeth McLaury Lewin: Wow.

Nancy Mohrbacher: Yeah. It was kind of a surprise and what Dr. Smillie did was she encouraged the mother just to give good support to the baby’s hips and neck, help sort of ease the baby’s bottom towards the other breast, and get the baby in a good position and a good relationship with the breast and then the baby was the one who latched on. A

good position to the breast meant the baby’s nose was opposite the mother’s nipple and the baby again was pressed against the mother so that the baby felt that skin-to-skin because newborns, they are not so influenced by what they see. Their sight isn’t the main sense. What really influences their behavior is touch and smell in particular and so that touch of skin on skin was what turned out to be the real trigger to get the baby actively involved in the feeding process.

Elisabeth McLaury Lewin: What can parents do right off the bat short of letting the baby crawl up all by itself? What are some other things that you can do to really get breastfeeding off to a good start even before the baby is born?

Nancy Mohrbacher: Well, I think it’s good to learn about breastfeeding. There are some things that are good to know. I-- In the book that I wrote for moms, *Breastfeeding Made Simple*, we distill down some of the basic ideas into seven main concepts and the first one is babies’ hard wiring that I just described but I think what’s most important is to have very realistic expectations of what life is going to be like with a newborn. I think where a lot of parents get worried and anxious is because they don’t really know what is normal behavior in a newborn. You often hear the expression “My baby didn’t come with an instruction manual.”

Elisabeth McLaury Lewin: They all seem to sort of defy what we expect.

Nancy Mohrbacher: Right.

Elisabeth McLaury Lewin: My sister who’s younger came to visit three or four weeks after my first child was born and was horrified that he ate more than three meals a day because she was the youngest in the family and—

Nancy Mohrbacher: Uh huh. She’d never been exposed to a baby before.

Elisabeth McLaury Lewin: Not really very often, no, and certainly not for several days on end and she was really surprised that it was maybe an hour and a half after breakfast and the baby needed to eat again and she was “Wow. I had no idea.”

Nancy Mohrbacher: Right. I think one of the things that new parents are very surprised about is how intense breastfeeding can be in the early weeks and how often babies do want to feed. We talked in the “Milk Supply:Fact and Fiction” podcast about what are normal feeding patterns early on, what typically babies do in the early weeks, but I think

it's a big surprise to a lot of parents. What they expect that-- What they've been told is that newborns want to feed eight to 12 times in 24 hours but then they do the math and they think that means they're going to want to feed on a regular basis every two to three hours around the clock and that's not normally the way it goes. Usually-- All babies are different but typically what babies do is they tend to cluster their feedings together so there are maybe parts of the day where they're feeding every half an hour or every hour and sometimes if parents aren't expecting that they think that means that the mother doesn't have enough milk when that's actually very normal.

Elisabeth McLaury Lewin: It's good to get as educated as you can about what a wide range of normal behavior is for a baby and you can do that certainly by reading lots of things but you seem to really suggest that going in person to a support situation and meeting some other breastfeeding babies is a good thing to do.

Nancy Mohrbacher: Oh, very good, because when I went to my first meeting I got to hear about this stuff firsthand. I got to hear mothers describe their babies wanting to feed every hour during the night and so when my baby was born I wasn't surprised. I knew that that was a normal thing. One of the teaching aids that we put together for *Breastfeeding Made Simple* was a little chart that shows how intense breastfeeding can be and how-- I used to work closely with a doctor's practice in the Chicago area. And there was one of the doctors who would spend a lot of his time talking to the new parents right after the baby was born. Sometimes they would say things to him like “I don't know if I can really do this breastfeeding. I think you'd have to be like a hero to make this work. This baby wants to feed all the time. I can't even imagine living a normal life.” And so what he did is he drew a little graph for them and he showed them one side of the graph represented how much time and effort breastfeeding took and the bottom of the graph was the baby's age. And so he drew a line and he showed them. He said, “Yeah, you're probably right. At the beginning, in the first few weeks, bottle-feeding probably does take less time and effort,” he says, “but look what happens.” And he drew the line and the lines crossed somewhere around five weeks on his graph. Of course, it's always going to vary from person to person, But what he said is “Look right here. When the baby gets to be this age suddenly it starts to take much less time and work.” And he would explain that as babies get more practiced they get faster and so feeding time's cut back. And as their stomachs grow bigger and they can hold more, the number of feedings goes down. And he said, “Look. I realize this is a really tough time and it's a very intense time but if you can just hang in there until the- your baby gets to be about 5 weeks old I think you're going to be really well rewarded and find that yes, it is going to fit into your life.”

Elisabeth McLaury Lewin: Five weeks in the space of 20 years is hardly anything at all but at the same time it's such an intense time—

Nancy Mohrbacher: It is very intense but I think what happens is a lot of times parents don't realize that this intense time will end and that it will get easier and faster and I think that's a really, really important thing to be aware of because what you can do then is you can make plans for that intense time to get as much support as you can during that time to make that easier. There are certain survival skills too that we recommend, things like learning to breastfeed lying down so that you can rest and feed so you don't have to choose between resting and feeding your baby, which is a terrible choice obviously.

Elisabeth McLaury Lewin: Sure, because you lose out tremendously either way. Knowing that that first month or so is going to be intense but that at the end of that time you'll have the hang of it and baby will get the hang of it, what are some things during that very intense time that you should know or keep in mind about breastfeeding?

Nancy Mohrbacher: Well, I think one of the most important things is that breastfeeding's not supposed to hurt--

Elisabeth McLaury Lewin: Oh yeah, that's really important to know.

Nancy Mohrbacher: --because a lot of moms are told that this is- that pain is a normal part of breastfeeding and when I saw mothers in private practice I would have mothers who would go for as long as three months or more in pain, being told that this is normal, and it isn't. I would say what's normal is in the first week or two a mother may feel some discomfort in the first minute or so of breastfeeding until her milk starts to flow and then it should ease right up. That would be in the normal range of a little discomfort that's associated with breastfeeding.

Elisabeth McLaury Lewin: In that first week or two—

Nancy Mohrbacher: Week or two, just in the first minute or so of breastfeeding and then it should ease right up.

Elisabeth McLaury Lewin: Does some of that have to do with just sort of figuring out the supply and demand and engorgement and those different kinds of issues?

Nancy Mohrbacher: Well, there's a lot we still have to learn about breastfeeding. Some people think that it may be hormonal partly after childbirth. It may be some of that adjustment of getting it just right. We don't necessarily know what it is but that is considered to be normal, slight discomfort.

Elisabeth McLaury Lewin: But only initially when baby latches on.

Nancy Mohrbacher: Right, just initially, for the first minute or so, and then it should get comfortable. But what happens for some women is that they find that it's hurting badly and it's hurting for long periods of time and usually what's causing that is that the baby doesn't have a deep enough latch on—

Elisabeth McLaury Lewin: In layman's terms, the baby needs to be positioned correctly and needs to take in a large amount of not just the nipple, right, but as much of the areola or the pink area around the nipple.

Nancy Mohrbacher: Pink or brown depending on your heritage.

Elisabeth McLaury Lewin: Yes. Forgive my cultural bias, sorry. Positioning, too, seems to make a big difference in how comfortable or not breastfeeding is.

Nancy Mohrbacher: Well, what I would say, to get a sense of what needs to happen with the nipple, is in my breastfeeding class I used to suggest that mothers use their own tongue to feel what's at the roof of their mouth. If you use your tongue, you'll feel right behind your teeth there are some ridges there and if you go a little further back you'll feel that the palate is hard but if you go even further back yet you'll feel that the palate turns from hard to soft. Some people can't do that with their tongue and they need to use their finger to feel it but it's right around that place where the palate turns from hard to soft that is something that we call in *Breastfeeding Made Simple* the “comfort zone.” And the comfort zone is where the nipple needs to be so there is really no excess friction or pressure to cause pain during breastfeeding. So in order to achieve that, I think the first step is what we talked about, about the hard wiring. What Dr. Smillie found when she started actually triggering the baby's hard wiring before the baby started to feed was that with the baby being a more active participant it was easier for- to achieve this rather than trying to micromanage what the mother was doing in terms of latch-on and positioning. So what she did is she got the babies-- As I mentioned, the baby was bouncing on the chest, starting to lunge down towards the breast. The mother's role in this case is really just to give good body support, good support to the baby's hips and neck, and then sort of help the baby get lined up so the baby's nose is opposite the nipple and then pull the baby in close so the baby can feel again that skin-to-skin, that torso against the mother, and then the baby really takes over and does the latch-on all by themselves. So, as I say, it takes the pressure off Mom and it's- I think that mothers love that too because they-- First of all, it's very impressive that their babies are born with these skills. It makes you feel really proud of your baby right off the bat.

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Elisabeth McLaury Lewin: Babies are so smart.

Nancy Mohrbacher: Babies are smart and it also takes advantage of that natural inborn feeding behavior to help get the baby right where they need to be so when a baby is actually involved in the process more things tend to go right and tend to go easier and more smoothly. Sometimes what happens when a mother tries to make the baby take the breast when they're not really ready is they can end up with a smaller mouth opening and they could end up with a shallower latch-on and more pain would result during feeding.

Elisabeth McLaury Lewin: I know that on more than one occasion when observing other new mothers breastfeeding their babies sometimes just the apprehension, knowing that last time it hurt and this time it might hurt, they tend to kind of—

Nancy Mohrbacher: Tense up.

Elisabeth McLaury Lewin: --shrink back a little bit and then don't get enough of the breast into the baby's mouth and it hurts.

Nancy Mohrbacher: It can be a vicious cycle because what can happen-- You're right. If a mother is anticipating pain, even though she knows the baby needs to get on far her sort of natural instinct is to pull back and that can sometimes work against her.

Elisabeth McLaury Lewin: I wish people listening could watch 'cause Nancy's doing a really neat kind of hunch-shouldered shrink-back sort of move for you to not duplicate at home. Breastfeeding should not hurt.

Nancy Mohrbacher: It shouldn't hurt.

Elisabeth McLaury Lewin: In the early days it might hurt a little as you latch on but if positioning is good and the baby's got a good—

Nancy Mohrbacher: Nice, deep latch. Right.

Elisabeth McLaury Lewin: --in the comfort zone as you call it, it should not be that uncomfortable.

Nancy Mohrbacher: Right, and if a mother finds that after trying to make this work on her own that it's- she's still in pain, then it is really worthwhile to get in touch with a board certified lactation consultant and see if she can get some hands-on help. There's really no substitute for that 'cause for so many moms they've never really seen breastfeeding in action and they don't really know what it is they're looking for. Just a little bit of guidance can make a big difference. I spent a lot of years going from house to house teaching mothers the tricks for how to make breastfeeding work and—

Elisabeth McLaury Lewin: It usually wasn't a major—

Nancy Mohrbacher: No. Almost always adjusting the latch a little bit was part of that and it was wonderful to see. Right away they'd say, “Oh, that feels so much better,” and they- we would work together just for a little bit just so they could duplicate that on their own so that they could do it without me being there and it really made such a difference. Mothers who were thinking they were going to have to give up on breastfeeding suddenly things looked better and they were able to continue and make it work for them and their babies.

Elisabeth McLaury Lewin: What are some other simple truths about breastfeeding that help you get it off to a good beginning?

Nancy Mohrbacher: Well, as I say, I think realistic expectations is important. To expect there to be lots of breastfeeding going on in the early weeks especially I think is good. In other cultures, many other cultures actually set aside a specific time. The first 40 days in many cultures is considered a time that's very different from the rest of a woman's life. And then I recently gave a talk at a conference with a woman talking about the Hispanic culture. They call it “la quarantina” in that culture and many, many cultures around the world implement that and in fact I was actually born in a hospital that's called Chicago Lying In. It was called that. It's now called the University of—

Elisabeth McLaury Lewin: Lying In?

Nancy Mohrbacher: Right. It's now called the University of Chicago Hospital but “Lying In” as part of the name actually signified this period of time after birth when mothers were expected to be kept separate from the rest of society while they recovered from childbirth. I'm not sure quite what's happened in our culture because even if you go back to colonial America you still see this. Something changed where suddenly that was no longer the expectation and women are feeling pressured to get back into life--they call it “back to normal”--more quickly.

Elisabeth McLaury Lewin: I thought that because my first child was born in February that I would during that six or eight weeks off get the garden cleaned up and I was going to strip all the wallpaper and there were many days when I wasn't out of my bathrobe at 4:30 or 5—

Nancy Mohrbacher: Yes. As we say, it's a very intense time for many people.

Elisabeth McLaury Lewin: It's a very intense time and we all survived it and it's very good but—

Nancy Mohrbacher: Yes. Actually, in some cultures not only do they keep the mother separate and wait on them hand and foot but they actually have ceremonies to mark the time when a mother reemerges with her baby and I sometimes in one of my talks read a story about the ceremony in Uganda, how they give the mother the staff that the elders carry and give her items that the warriors bring back from battle and they acknowledge publicly that the mother has really accomplished something important by getting the- her baby through that vulnerable newborn period. And I often encourage the lactation professionals to find ways to acknowledge mothers' accomplishments when they sort of come out of the other end of this very intense period that they've really done something important and something valuable.

Elisabeth McLaury Lewin: That's a really nice thing for me to take home and think about how I can do that to honor other people. What are some realistic expectations for those first weeks, for that first month, month and a half of breastfeeding? Obviously, that breastfeeding shouldn't hurt, that babies have an intense need to be with Mom and to breastfeed pretty often. What are some other things that just knowing it will make breastfeeding better?

Nancy Mohrbacher: Well, one of our natural laws is called mother's body is baby's natural habitat, which is kind of an interesting concept. A lot of mothers don't realize how important touch is to their babies and how the babies-- Some people refer to the first three months after birth as the “fourth trimester.” You mentioned that human babies are born very immature because we have such large brains and large heads and so that first- the first three months of a baby's life really are a time where the baby needs a lot of focused attention and are- is expecting a lot of holding and a lot of touching. That's a very normal part of things. Most babies are not too happy to be put down and left somewhere. So I think if parents know that kind of going into that period—

Elisabeth McLaury Lewin: It doesn't mean that that's a bad baby?

Nancy Mohrbacher: No, not at all, and in fact I think it’s really important for babies to start to form strong emotional attachments during that time and that’s one way they do that is through that touch. And we’re actually finding that when babies are separated from mothers especially in the first couple weeks that it changes their physiology even. Their stress hormone levels go up and that sort of thing. So I think it is inborn in babies that they’re expecting that close contact.

Elisabeth McLaury Lewin: This brings up a question for me, which is if the mother’s body is the baby’s natural habitat, especially in those early months when he’s just getting to be used to being in the world, what can other people do to help take care of the baby? Certainly, you know that the grandparents want to have some time—

Nancy Mohrbacher: Of course. Of course.

Elisabeth McLaury Lewin: --with the baby and baby’s father wants to help take care of the baby—

Nancy Mohrbacher: Sure.

Elisabeth McLaury Lewin: --but if the best thing for baby early on is to be at mother’s side what can everybody else do?

Nancy Mohrbacher: Well, I think for fathers-- The skin-to-skin works for them as well and in fact on our ameda.com web site we have a section just for dads and there are some suggestions in there on how they can take advantage of that. So when the mother wants to go take her shower or whatever the dad can put the baby skin-to-skin against their chest as well. It’s a great way to get to know their baby. Sometimes dads worry that they’re kind of left out. They may feel left out at times because the mother and the baby have this very intense thing going on but there’s lots of opportunities other than feeding to help bring fathers and babies closer. They can-- Changing diapers is one that sort of has a mixed message because it may not be the one the father is most looking forward to doing but they can be giving baths. I know a lot of families where that happens and where they do have the skin-to-skin. Sometimes they use baby carriers to hold the babies and such. There’s lots of ways I think for dads to start to build a good, close relationship with their baby in those early weeks. I think probably in general it’s a wise idea especially in the early weeks to limit visitors as much as possible. I think this is the time, as they say in other cultures, that they normally segregate, they seclude the mother and baby together. Often mothers are very vulnerable during that time. It can be an intense time. There’s a lot of hormonal changes going on and I think what- one role a

father can take is if people do come to visit that he makes sure that either they are people who are going to be supportive of the mother and make her feel better after they leave, someone that she doesn't feel she has to clean for and someone that she doesn't feel she has to feed, and someone who's going to support her in what she's trying to do. If they aren't people like that, maybe keep their visits really short and that's something that a dad can be in charge of, but I think the more we can make those first 40 days especially like they are in other places the easier it's going to be for both mothers and babies because I think what these cultures recognize who have those kinds of special periods for moms and babies is that this is a very vulnerable time and that mothers and babies need to have that closeness to be free to establish a good milk supply as we've talked about in some of the other podcasts, what's involved with that, and also to make this transition to motherhood if it's a first baby or transition to mothering this baby if it's- if the mother has other children.

Elisabeth McLaury Lewin: That sounds great. Bring food in disposable containers?

Nancy Mohrbacher: Yes. Bringing food is always good, offering to do chores, run errands, if there are older children, offering to perhaps take them out for entertainment and things like that so that the mother can focus on her baby.

Elisabeth McLaury Lewin: That sounds wonderful. It sounds probably much more gratefully received than another set of onesies although onesies are always really cute—

Nancy Mohrbacher: Yeah. That's true.

Elisabeth McLaury Lewin: Gifts of service, gifts of food—

Nancy Mohrbacher: Right. Lots of support and encouragement that she's doing a good job.

Elisabeth McLaury Lewin: Knowing that you have many years to actually get dibs on the baby after this initial really important imprinting time is over. Where can people go to get more information? There is information on the ameda.com web site and we will also be talking in some of the other podcasts about some of the other issues that are critical during those early weeks about breastfeeding your baby.

Nancy Mohrbacher: We have-- On ameda.com we have several articles about breastfeeding stages if you go in the breastfeeding section from birth to day 4, from day 4

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to week 6, and so that’s the period that we’re talking about right now. We also have from week 6 to 6 months and 6 months to 1 year, so all of the ways that breastfeeding changes over time. We’ve distilled those down into some very simple bullet points just to give a sense of what they can expect as time goes on.

Elisabeth McLaury Lewin: Excellent, ‘cause this is just a nutshell of what really takes a lifetime to figure out. This has been great. Thank you very much, Nancy.

Nancy Mohrbacher: You’re welcome. Thank you, Elisabeth.