

Transcription

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Megan: Hello, everyone, and welcome to this web recording Preparing Moms for their Hospital Experience. I'm Megan Hiltner with the Healthy Start EPIC Center, and this is part two of a three-part web recording series on breastfeeding. Part one: How to Talk with Families about Breastfeeding: Starting the Conversation, was a webinar that was recorded on May 12. The information for that webinar is posted to the EPIC Center website at healthystartepic.org. Part three of this webinar series, Helping Moms Work Breastfeeding into Their Lives, is also posted to the healthystartepic.org website, which is all part of a suite of breastfeeding content that is available to you.

Your presenter, Ms. Cathy Carothers, who I'll introduce in a moment, has offered to make herself available for questions and answers in response to these recorded webinars. We set up a system that will allow you to post your questions to the grantee forum on the EPIC Center website. Cathy has also included her contact information as part of the slides for the webinar and is willing to share this information in response to your questions if you email or call her directly. We're also going to be developing a Frequently Asked Questions document that will be posted at the EPIC Center website. That will house frequently asked questions that Cathy has received in response to this content, but we'll also maintain an updated document with the questions that you post directly to Cathy and on the grantee forum. That frequently asked questions document will be posted with this suite of materials on the EPIC Center website as well. There is a handout that accompanies this webinar. The handout is also posted for download on the EPIC Center website along with this web recording.

And now, let me introduce your speaker for today. Ms. Cathy Carothers is the co-director of Every Mother, Inc.!, which is a non-profit organization providing counseling and lactation training for health professionals across the United States. She's a Board Certified Lactation Consultant who's provided more than 650 breastfeeding training events in every U.S. state and territory and several countries. She's led numerous national breastfeeding-supported initiatives for the federal government, including developing breastfeeding staff training

curricula for the USDA WIC program and the Supporting Nursing Moms That Work initiative for the HSS Office on women's health.

The former State Breastfeeding Coordinator for the Mississippi WIC Program, Cathy is the recent past president of the International Lactation Consultant Association, and recently past chair of the United States Breastfeeding Committee. She was awarded the 2014 National Leadership Award by the National WIC Association for her contributions to the field of breastfeeding. It is my very great pleasure then to turn it over to you, Cathy Carothers, to begin the web presentation. Cathy?

Cathy: Thanks so much, Megan, and thanks for this opportunity just to be able to share a few highlights. I have some important things to teach new moms as they prepare for their hospital experience. These are some crucial practices, and they're not just for mothers and babies who are breastfeeding. It's really for all mothers and babies who deliver in that early postpartum period. We really believe that every baby deserves the right to the best practices that are going to give them optimal health, so I appreciate the opportunity to be able to share a few things that I've learned over the years.

I do want to remind you that the handouts that are posted for this particular presentation include a lot of content that we're not actually going to be covering in the actual webinar, particularly as it relates to some of the common barriers that mothers have to some of these hospital practices, and some strategies and messaging that you can use to share with moms. So I urge you to be sure and take a look at that document.

Now, also before we get started, I want to just give one quick disclosure that many of the slides and some of the content that I'm going to be presenting to you actually comes from a brand new training platform that I have developed for an organization called Coffective.com, and I do have permission from them to be able to share these slides. So I wanted to make sure we made that disclosure.

So let me just go ahead and dive in, and I'm going to dive in by sharing with you a little story. About a year ago, my husband and I traveled to Australia for a conference. And while we were there, we did a little sightseeing around the country. We made a stop in Sydney. If anybody's ever had the chance to be there, perhaps you have seen this particular bridge. It's a very world-famous bridge, the Sydney Harbor Bridge. And while we were there, my husband decided we should do the infamous bridge climb over Sydney Harbor. Now, he told me this is going to be a wonderful experience, and I did a little research to find out what this is going to be like. And the reviews were absolutely glorious. The views over the city are spectacular, and because I love photography, this seemed like a great idea. But because I've never done it before, I needed a few answers first.

For one thing, I have a real issue with heights. And I'm okay as long as I'm enclosed, like I'm in an airplane. But what was this going to be like? Well, how safe is it? Am I going to be inside? Am I going to be outside? What if I fell off the top of this bridge? What kind of safety and security precautions are going to be in place? And what's going to happen? Because I'm not really comfortable with heights, what's going to happen there? So I spent a little time researching that climb and learning what to expect.

Well, there were a few things I learned. One of the things I learned was that it was going to be outside, the top of this bridge, and it was not enclosed. I also learned it was going to require over a thousand steps on a very steep uphill climb. I learned that I was going to have to wear a special suit. I was going to be chained together with the other people going up on this climb, and we were going to be in the wide open spaces. And that I learned, to my dismay, that we were not even going to be allowed to take a camera or anything else that could potentially fall out of our hands. Well, that did it. I decided this was not for me. If I'm going to go through all this trouble I, at least, wanted a photo out of the view. So my husband did the climb alone, and he got the photograph that the company takes of you so we would have a remembrance. But I stayed behind and I took pictures from below as he made the climb.

But, you know, this experience reminded me that as human beings, we like knowing what to expect. We want to know what's coming. We want to know how to prepare for it emotionally and physically, and we could be confident when we know and feel that we're going to be able to handle that experience. And, you know, I think that really applies to the new mothers and families that we serve. This is what anticipatory guidance is. It's helping families know what to expect. So in this webcast, I'm only going to touch on a few of the important things that you, as a Healthy Start staff person, can share with new families to help them prepare for the hospital experience and to feel confident that they'll be able to breastfeed.

Now, as I mentioned, these principles are important for all babies, whether they're going to be breastfed or not. So I urge you to share then this information to all of the mothers that you have the opportunity to interface with prenatally, but certainly we know that they are crucial for that mother who is planning to breastfeed to be able to get off to a good start.

So the first thing to talk about is the magical first hour, and actually that period of time immediately after the birth, when the mother, her champion, and her baby really just kind of fall in love together. There are a number of renowned researchers who have spent some time studying the foundations of attachment between a family. And one of the things that they've identified is an amazing sensitive period that appears to occur right before the mother goes into labor, and it lasts for several days. What they found is that sensitive period seems to be heightened in the very first hour when the baby is born. The mother is unusually open to taking in her baby, and the baby's senses are in heightened alert status. And that happens for a very particular reason, to help that baby to thrive in his new environment.

Now, this notion of a sensitive period is really not an unusual concept at all, and actually there have been a number of animal studies that span several decades that have looked at some of these issues. And so I wanted to share about one

quick study about goats. This is a study done maybe a couple of decades ago, but researchers found that when you remove the baby goat, that kid, from his mother, and the baby goat is removed in the first five minutes, that when you bring that baby goat back to the mother, the mother actually treats that baby as an alien and will refuse to care for it.

Now, we know that human mothers are not going to treat their babies as aliens. They are not going to reject them, and they're not going to kick them and buck them the way a mother goat would. However, it tells us because we're mammals, just like those goats and all the other mammals in our species are, we're sort of wired neurologically to want to be close together and to maximize those first few minutes after the baby's birth.

So I want to take us back a little bit before the birth, and to go back actually in utero to help explain a little bit about why this is so crucial. So I want you to think about what life would be like for a baby before birth. Now, this is one of those 4D ultrasounds. It's actually the 4D ultrasound of my grandson when my daughter was pregnant with him about three and a half years ago. And I want you to think though about what a baby in utero might be experiencing. Well, the baby, for one thing, is encased in this very spongy fluid environment. His entire body is cradled and nestled in this environment, and all of his body, most of the time, is touching the mother's uterus, the placenta, and other things that are available within the uterus. What he's rubbing against is very soft. It gives whenever he moves, so he's able to move really freely. The baby is warm all the time. He is surrounded by darkness. He can actually hear the muffled sounds of his parents, and he begins to learn their voices very early on.

He can hear his mother's heartbeat, and that comforting swish swish noise that he experiences while he's floating around in amniotic fluid becomes a very comforting and comfortable sound to him. He has no sensation of gravity. And best of all, he's never hungry. The placenta makes sure of that. But the baby also, while he's floating in this amniotic fluid, actually takes small swallows of amniotic fluid practically around the clock. So for the baby, this is home. This is his environment for a very long time, and then suddenly everything changes.

After a lot of pushing and shoving, he is suddenly greeted with a whole new world. He sees bright lights for the very first time. And just imagine how it feels when you are in darkness, like at night when you're sleeping and you open your eyes, and there's suddenly this bright light. It's very difficult to get adjusted to that. He sees those lights and then, yeah, that could be quite a shock.

Now, those muffled, quiet sounds that he heard while he was in utero are now loud sounds. They're very jarring sounds. And remember, this baby's five senses are at heightened alert status, so he's being greeted by loud noises, bright lights. He no longer hears his mother's heartbeat. He no longer hears that familiar swish of the amniotic fluid in the placenta. He now feels gravity for the first time, and now he's cold. So imagine how you feel when you first step out of a warm shower to a cold room for the first time. Now, the baby is feeling hands and rubber gloves and metal and paper. They're all touching his extremely fragile and delicate skin. Somebody shoved this knit cap onto his head, which might be very sore from squeezing through the mom's pelvis. And you can see from this picture, this baby's head has elongated to conform to the mother's birth canal.

And you know what? For this baby, nothing feels like home anymore. So is it any wonder that a newborn longs more than anything to be home again, to be right back in that environment that feels comforting to him? And there's nowhere where a baby is going to better feel like home than right on his mother's chest, skin-to-skin. This is the closest thing to home that this baby is going to know. I think it's really, really important that we help all new moms and dads to understand life from their baby's perspective, because it can help them to better understand, for instance, why the baby wants to be close to her, why the baby has such strong biological need to be held in those early days and weeks after he is born.

A lot of mothers are going to get a lot of advice from family members, "Oh, don't hold the baby. You're going to spoil him." But actually the research tells us you cannot spoil a newborn. Actually, newborns do not even realize they are a separate new human being from their mother. They have strong physiological,

biological needs to be close to that mother and to the father, and this actually means that it's impossible to spoil that newborn by holding them. What we do when we hold them is we help them to feel at home and secure so they can use their energy reserves to grow. And when the baby is close to the mother, skin-to-skin, it helps him to feel safe, but it also helps release some really important hormones. And one of those hormones is oxytocin, which we often call the "mothering hormone" because it really releases nurturing feelings.

And also, as a result of when oxytocin is released, we also see this complex feedback mechanism that also releases endorphins. So these hormones also help stimulate mothering feelings, and in the mother, release that desire to want to protect and bond with her baby. When moms are not able to be close to their babies, their anxiety levels go up. And that raises stress cortisol levels, which can hamper their own recovery process from the birth.

Now, this is something that I want you to know. It's not just for mothers. It's also for dads. Research tells us that when dads are holding babies skin-to-skin, that they have released hormones that help stimulate and release nurturing feelings as well. This is one of the ways we can help dads really become a father in those early days.

Now, when we do the opposite, when we separate a mother from the baby in that early hour and in those early days, it actually begins a cascade of behaviors and physiological reactions in the baby. So I think it's really important that moms understand this. So one of the first things that happens when a baby is separated from his mother is the response that we have labeled the protest response. So in this response, the baby's brain starts releasing danger signals to his body. These danger signals are raising his stress cortisol level, and the baby reacts to that by beginning to cry. So in a sense, the baby is communicating to the people around him, "Somebody pick me up. Somebody save me." This is his call for help.

Now, if those reactions are not attended to, if the baby is still not brought back to the mother, then the baby will move into a deeper stage of survival mechanism. And this is called the despair mode, where the baby's brain now sends out danger signals in the form of massive amounts of certain kinds of stress hormones. And these stress hormones actually stay in the baby's body until he is reunited with his mother. Once he's reunited, it will take around 20 minutes for those stress cortisol -- massive amounts of hormones -- to begin to subside. And the longer the baby's been crying, the longer that process is going to take.

If the separation continues, then the baby moves into survival mode. And we sometimes call this playing possum. Some of you might be familiar with the fact that a possum, one of the ways that they cope with predators or what they perceive to be danger around them is to play dead. They just shut down and they play dead. Well, in a sense, that's what a baby does. Whenever the baby's needs are not met, the baby moves to disconnect mode where they, in a sense, are adapting to what they have perceived to be a very dangerous world where "Nobody loves me."

So in this space, the baby's temperature, his heart rate drops, and he begins to shut down to conserve energy. Now, moms might look at a baby who's in this mode and think, "Oh, look what a good baby I have. He sleeps all the time." Well, he might not be sleeping because he's a good baby. He might be sleeping because his needs were not met, and this is the way he is conserving energy.

Now, Dr. Nils Bergman, who is a world-renowned researcher, did a lot of look in this area of attachment, and what happens when babies are removed from the mothers. And he has found that there are high levels of stress cortisol that are released in the brain, and this actually caused the baby's brain to create neurons that will make more receptors for stress cortisol.

So what this does is basically it's helping the baby adapt to a system of separation where the body believes that danger is on the way. So this actually,

according to Dr. Bergman, causes changes in the DNA of that infant, and has long-term implications on a child's mental health, which can affect his feelings or security and safety, his ability to cope with stress, and his ability to trust. So the good news is there are ways we can really counteract that. It really begins in that first hour.

So I want you to think back to a moment when your senses were all activated. Maybe many of your senses were activated. And the first thing I always think of is being on a beach in Hawaii. I went there a few years ago with my family, and I remember the feel of the sand between my toes. I remember hearing the wonderful, repetitive comforting sound of the ocean waves. I was looking at the most beautiful turquoise waters, beautiful green velvet mountains on the background. I was smelling the smells of the sea. And you know what? I will never forget that moment. It's embedded permanently in my memory. That's how memories work. Whenever all of our senses are activated, it's more likely that that experience is going to be coded and stored in your long-term memory.

What we know is that a baby's senses are all at heightened alert status in that first hour. So this is the time that the baby will code his long-term ability to feel attached to the mother, to bond, but also to code how he's supposed to breastfeed when we allow that mother and baby to be together in this first hour. So we call this first hour the power hour, and sometimes we call it the magical first hour, because this is what helps babies get off to the best possible start.

So babies use all of their senses in this first hour. They use their sense of touch, which actually triggers growth hormones in the baby. It also triggers instinctive suckling and feeding reflexes. The babies use their eyes. This is an important part of the bonding process. It's how they begin to communicate, as mother and baby gaze at one another in mutual admiration. Babies use their ears, their sense of hearing, as they listen to the voices of their parents. They already recognize these voices, and this is how the baby begins to connect the dots, that he knows that voice. And when he sees the faces of his parents, now he connects the dots and knows these are his parents. Excuse me. "These people are my parents." So it's a really precious part of that bonding process.

Babies also use their very powerful sense of smell in that first hour. One of the things we know about human beings and why we are wired biologically is that those we smell are very strongly related to our long-term memory as well. So think about things that smell like home to you. So one of my smells that reminds me of home is banana bread. Whenever I smell bread baking, that just smells like home. Or maybe the smell of popcorn that's cooking, or certain smells that really are powerful to me. Other smells, maybe negative smells like maybe the smell of a skunk or the smell of rotting garbage. There's a lot of smells that are not so nice, but our brains connect the things we have smelled with experiences. And what we know about babies is that they use their powerful sense of smell to actually find the breast on their own. They are attracted powerfully to the smell of amniotic fluid.

And some of you may have heard and maybe don't know that a mother's colostrum, her first milk, actually smells like colostrum to the baby. And those Montgomery glands, those little bumpy, pimply little bumps on the outside of her breast just behind her nipple, those little bumps also secrete a substance that smells like amniotic fluid. So what we know from the research is that when a baby is placed skin-to-skin with his mother right after birth, he will follow that smell because he knows that smell. That's the smell of home. And often, babies will make that journey to the breast all by themselves with their eyes closed just using their sense of smell.

Babies also use their powerful taste buds. They have very widely distributed taste buds even in utero. So when they're born, they are ready to use their strong sense of smell and their very well-developed sense of taste to help them to latch to the breast and begin to extract milk on their own. So babies use all of their senses, but they also use their hands, their legs, and their arms to actually crawl to the breast and find it on their own. And when babies are given that opportunity to do it on their own, they do it right because they're able to use their instincts and we've created the environment that allows that to occur.

So one of the things that really helps this process along is skin-to-skin. It's important for the first hour, but I want you to know... I love to tell moms this is something for you to do throughout your entire hospital stay. Because the more that baby is skin-to-skin with the mother, the more physiological health benefits the baby is going to experience. It's going to encourage the baby to nurse a little more often, and that, in turn, is going to help the mother to build her milk production. So the first hour is the key. Beyond that, we want that mother and baby to stay skin-to-skin as much as possible. I do want to just point out that it's important for a mom to do skin-to-skin safely. You don't want that baby's nose buried in her chest. You really want that baby's head to be turned to the side so his airway is clear. You want his neck and his back to be straight. You don't want him all balled up in a little ball. Just check to make sure his nose and his mouth is clear. So that's important safety information to teach the moms.

And then what happens is the baby is placed with his naked body up against the mother's bare chest. A diaper can be put on the baby if necessary, but in the first hour, it really isn't necessary. But beyond that, most moms want to have a diaper on the baby. And then you just pull a baby blanket over the baby's back. The mother could even take her bed covers and pull that up over both the baby and herself. So what does skin-to-skin do in addition to helping babies feel at home? Well, it also regulates the baby's heart and breathing rate. It enhances neurological development and organization. It helps with their glucose levels.

It also warms the baby. There's research that shows that a mother's body is a much better incubator for her baby -- or her babies, as you see in this picture -- than the incubators that are provided, the hospital warming units. Actually, what's interesting is we know now from research that each side of the mother's chest warms or cools the baby independently. So if a mom had one baby... like this mother has two babies on her chest. If one baby was a little cold and another baby was a little warm, then each side of her chest would warm or cool depending on that baby's need. Now, I don't know about you, but I think that's pretty amazing stuff.

We also know that skin-to-skin colonizes the baby's skin with the mother's, so that really helps to establish a really healthy gut flora, which will help the baby to fight diseases and infections later on. Skin-to-skin also provides pain relief. This is a fabulous way for babies to get pain relief when they are recovering from the birth, or just whenever maybe a nurse comes in to poke the baby's heel or to give an immunization. We know that when that baby is close to the mother's skin, that baby doesn't feel pain as much. So that's just really important for moms to know. It also helps moms and babies begin that bonding process.

In addition to all these great things it's doing for the baby, it's also lowering the mother's stress level. It's helping her to relax and to be able to enjoy this experience. It helps the baby self-attach, as I've mentioned, which really gets breastfeeding off to the perfect start. If, for some reason, the mother is not able to hold her baby skin-to-skin, I want to just remind you [inaudible 00:27:17] that all moms should know that dads should be there, if they are part of her life, to be able to hold that baby skin-to-skin as well. This is a powerful way for a dad to really begin to feel close to his baby, for the baby to begin to understand and to enjoy the feel of dad's skin also. This is important for the baby and for the whole family in really falling in love.

Now, another thing that I think is important for moms to know in preparing for the hospital is to be prepared for rooming in. Many hospitals today now provide 24-hour rooming in for allowing that family to just all be together. I want to just remind you that babies are hardwired to need to be close to the mother and the father during this very early sensitive period. And moms and babies who are together are more likely to form strong attachments that last for many months, and actually, research shows now, even years. So staying in close proximity is going to help that baby to use his senses, to feel calm, because they know that his mother is nearby.

Rooming in also helps mothers and fathers to gain confidence in being able to care for their newborn while they have help close at hand. Now, one of the things I want to point out is important for safety. And so this is a great time for hospital staff to teach mothers ways to keep the baby safe. We always advise

moms when you're holding your baby skin-to-skin and you start getting sleepy, to place that baby in the incubator or in the bassinet right next to the bed. We encourage the mom to keep that bassinet close to her bed so she doesn't have to get up and risk injuries or falls with the baby. Of course, you want to remind moms to put the baby on their back, to sleep on their back in line with the safe sleep guidelines, to remove blankets and other things in the baby's crib that can become a suffocation hazard.

And the AAP now recommends not putting caps on the baby after that first hour. Really, they aren't needed at all. They really don't help the baby. They don't keep the babies warm. Keeping the baby on the mother's chest skin... the skin is what actually keeps the baby warm. So the AAP recommends not using them, particularly because they can cause a suffocation hazard for that baby. We also recommend no mittens for the same reason, and because babies actually need their hands to be able to find the breast, and they need their hands to self-soothe. That's what they have used in utero, to self-soothe. So we really don't want to stop that practice. I know a lot of people are used to seeing these cute little hat-and-mitten sets on the baby stores and they get them for baby gifts, but you know what? They really are not needed, and, in fact, they can do more harm than good. So be very [inaudible 00:30:02] not to use those.

I think keeping the mother and the baby and the champion together as a family is just a crucial teaching moment for them as they're becoming a family: learning how to take care of their baby, learning to understand their baby's cues to feed, and just understanding that also moms and dads can rest better when they know their baby is nearby. Actually, research shows that moms who room in with their baby get about 30 minutes of extra rest than moms who are not near their baby.

Now, what we should also pass along to moms is that that hospital nursery is not necessarily such a good thing. Babies actually are exposed to a lot more noise in the nursery, and that raises their stress cortisol levels. Babies who are in a nursery cry a whole lot more, and that already does a lot of damage, which we already talked about earlier.

There've been some studies that found that the typical noise level in a nursery is around 80 decibel for around a third of the night. Now 80 decibels may not sound like... or be very meaningful to you until you know that OSHA has classified 80 decibels as being equivalent to a freight train a hundred feet away. So a third of a night that is what your baby is really exposed to. And you know that's a real problem because babies do not sleep well when they're in the nursery, and this hampers their growth and development as well. Crying also elevates the baby's heart rate by as many as 20 to 40 beats a minute. If they're really crying hard, it's going to increase their heart rate by up to 40 beats a minute, and that is going to damage the baby's ability to grow and develop as well.

So in rooming in, moms and dads can have this opportunity to really learn their baby, to begin to watch their feeding cues. This baby in this picture is actually giving a feeding cue. He is telling his mother or his caregiver, "I'm starting to feel the need to get some nutrition." So I want to really make sure we point out to the moms as they prepare for their hospital to begin looking for feeding cues, because this will help them know when it's time to put the baby close. And I do want to remind you that sometimes babies use the same cues when they want to be close as when they want to feed. So showing these cues doesn't necessarily mean they're hungry all the time, but oftentimes, it means the baby just wants to be close, skin-to-skin. But for whatever reason, the baby is communicating to the parents, "I need to be close to my mom."

So these are some of the early cues babies will begin giving even while they're still asleep. In that active sleep phase, they'll begin wiggling in their sleep, beginning to kind of toss and turn. They'll start [inaudible 00:32:56]. You see a mouthing movement, maybe some licking movements, sticking out their tongue a little bit. This is the perfect time for the mom to notice this. Or for her champion, if he or she is in the room, to notice that the baby is giving some cues, and go ahead and put the baby on the mother's chest. If the baby's needs are not met and the baby truly is hungry and is trying to get close to the mom, if you ignore those cues, then they begin to give more intense cues. They'll start

rooting. They'll start turning from side to side. They'll start squeaking in their little bed and grunting.

If those cues are ignored, then babies start to escalate their cues. They'll start whimpering, fussing, making more pronounced rooting movements, turning from side to side. And if those cues are ignored, then babies will begin to cry. Now, we used to teach moms that crying was a late sign of hunger, but that is wrong information. We have now learned that when a baby cries, this is not a hunger cue. This is an SOS for the baby. This is a distress signal. This is the baby saying, "Somebody come and rescue me right now."

Now, what we've interestingly learned in the research is that when a mother or a father, whoever the caregiver's going to be, whenever these early cues are ignored, the babies stop giving those cues and they go straight to crying because we have taught them that the only thing we're going to respond to is crying. So I think this is a really powerful time. If a mother has a baby in a nursery, she is not able to see those cues. She doesn't learn those cues, and babies set a pattern of just crying all the time because this is how they're going to get their needs met. So when a mother can keep her baby close, that's her way of being able to learn those cues and begin to get to know her baby.

And we want to also talk about that very first milk that the baby gets, the colostrum. I really don't use the word colostrum because that sounds like a really big word and moms don't realize that colostrum is just milk. All it is is concentrated milk. So I really just tell moms... I call the colostrum "Your first milk." So I tell them this first milk that they're going to be making is very small in content or quantity, but it's really packed with nutrients. It's sort of like that can of orange juice in your freezer. If you have frozen orange juice in your freezer, it is really packed with nutrients, but it's very small in quantity. Only when you add all the extra water that we get the volume. And that's kind of the way this first milk works, packed with antibodies and all kinds of wonderful protection for the baby, but the baby actually gets very small amount.

So in a sense, remember what I said earlier that in utero, the baby is swallowing small swallows of amniotic fluid practically around the clock. That's what his digestive system is used to. So after the baby is born in the first day or two, they're going to want to nurse really often because that's what they're used to. So what happens is the mother is making very small amounts of milk in the first few days to correlate to what the baby's body is able to accommodate and what the baby is used to. So we should know that the baby's digestive system is very immature right at first, and babies need small feedings frequently in order to really get good practice and really to get his digestive system to work properly. So we should also know that this first milk is digested very rapidly. It's really digested within about an hour to an hour and a half.

So we might find that babies are wanting to feed every hour to an hour and a half in the first 24 hours or so. That's pretty common for babies. Part of that is because their stomach capacity is very small. Their stomach can only hold about a teaspoon of fluid, and that's exactly how much milk a mother is going to give to her baby for feeding in the first couple of days. We also know that the baby's bladder is very small. It doesn't hold very much either. And both his bladder and his stomach don't stretch. So you've got a baby with a stomach that doesn't stretch, a bladder that doesn't stretch. It doesn't hold very much. And the amount of milk that the mother gives the baby is just perfect for what he is able to accommodate. So I think this is really crucial to teach mothers the science behind this because otherwise, if their baby wants to nurse frequently, they're going to assume the baby is always hungry, and therefore, they aren't making enough milk.

So we want to really help them to build confidence as they prepare for what to expect in the hospital. So that means that babies are probably going to do a whole lot of cluster feeding in the hospital. They're going to feed really often, but this is because the baby is getting used to his new environment. And one of the things that happens as a result of this is that the mother's body responds to all of these frequent short feedings by making more milk more quickly. We often find that when mothers hold their baby skin-to-skin a lot in the first two days in the hospital, that by the end of that first day or even by the second day,

they're already making much more their volumes of milk. So this is the key to helping a mom make plenty of milk long-term.

So when you're preparing moms for the hospital experience, there's just a few pointers I want to mention, and the first is to select a champion who will be there at the hospital with her. The role of the champion is to help her with the baby, especially if it's hard for her to get in and out of the bed. For instance, if she had a C-section or she's sore from the delivery. So we want to, of course, make sure the bed is close to the mom, and that the champion can be there to help out when the mom is really tired.

We will also remind moms to rest. Now, this is like a no-brainer. But you know what? The research shows women don't rest in the hospital. Why don't they rest? Because A, they are entertaining crowds of visitors. And secondly, they are on their phones texting, and Facebook posting, and sending out pictures of the baby round the clock. They aren't resting. Well, here's what they need to know. On that first day, their baby is going to sleep a lot more. This is part of baby's hardwiring. They're exhausted from the birth, and they're slowly adjusting to their new world. So a mom might confuse that to think, "Wow, look what a good baby I have. My baby is sleeping all the time and I can get lots of things done." They overdo it on day one. And then guess what happens on day two? Well, babies wake up on day two. And because they're now awake and alert more, they are ultrasensitive to all the stimulation of the visitors and the sights and the sounds and smells, and all the things that those visitors are bringing into the room. And babies get very, very fussy.

So it's actually something that happens on that second day or the second night. We call it the second night syndrome, where babies seem to cry and be fussy a lot during that second night. What the baby is saying to his parents is, "I want these visitors to go away. I want to be close to my mom. I want to be skin-to-skin. I want to go home. I don't like this world. This is way too much for me. I'm overwhelmed." So we really urge moms on day one to take advantage of the fact the baby's resting and urge them to rest every single time that baby is resting, to limit the visitors if they all possibly can. And in fact, that might mean

having the discussion with the family during pregnancy, to let them know on day one, "We'd really like to ask most of the visitors to wait for a while."

Maybe close family come on day one, but ask them just to stay a short while, maybe 15, 20 minutes, 30 minutes at the most, and allow that mother to be able to rest and recoup her sleep. Because she's going to need that rest on day two long after her baby is a little bit more challenging to deal with. We also want to urge her and her champion as well... you see a picture here of a grandmother who is helping her daughter to create kind of an oasis of quiet in that room. She's drawing the curtains. You can dim the lights, maybe lower the volume on the TV, draw the curtains and draperies just so that moms can have a little bit better opportunity to get some rest.

Another thing to prepare moms for is the need to avoid formula and pacifiers in the hospital stay if she's breastfeeding because this is really going to interfere with her ability to make a big milk connection. And we also want to remind moms to ask for help. There are a lot of people in the hospital who are there to help her: the nurse, the lactation consultants, perhaps the WIC counselor might be making rounds at the hospital. There are La Leche League groups that moms can call or might be available in the community. So make sure moms know that when you're in the hospital, while you're learning, ask for help. This is your time to learn your baby and to get comfortable, so that when you're home and you don't have that call button waiting on you, you're confident knowing that you can handle things.

So I want to just also remind you -- I've pointed this out in the webinar -- on talking with moms, that this is a great mobile app that I actually developed the content for. It's a free mobile app. You go to Coffective... and I just want to remind you, it's not co-effective. So there's no E between "co" and "ffective." So if you do a search in your app store for co-effective, nothing is going to come up. So make sure you are leaving out that E.

But what we did with this app is we designed it to prepare mothers for the hospital. We go do all the [inaudible 00: 43:04] practices that will help that mom feel engaged. We show her what to do through her stay [inaudible 00: 43:10], and we show it from the mother's perspective. We show it from the baby's perspective, and we show it from her partner's perspective, or the baby's father, or whoever her champion is going to be.

So with that, I'm going to go ahead and conclude. I want to bring up my contact information. As Megan said a little earlier, I'm more than happy to accept calls or emails. Emails are probably better for me because I do travel a good bit, but I'm happy to answer any further questions that you have. I do urge you to download the app and just read the information, because it's really some astonishing information that will, I think, really make a difference in helping moms to feel confident. And that's really what it's all about.

So thank you so much, and I'm going to turn it back over to Megan.

Megan: Thank you so much, Cathy, for this informative presentation. Like Cathy said, if you have questions in response to the content that she presented, you have three options. You can email her directly. Here is her email address, cathy@everymother.org. You can also post your questions to the grantee forum on the Healthy Start EPIC Center website. That's healthystartepic.org. You can also check out the Frequently Asked Questions document that will accompany this web recording. So keep an eye out for that. Your question may be responded to in that FAQ document. And we will continue to post questions that folks ask to that document, so it will be a living, breathing document.

Thanks again to you, Cathy, for this presentation. This concludes our web recording.