

Speaker 1 ([00:21](#)):

[Inaudible].

Dianne ([00:21](#)):

Hi, welcome to the bad ass breastfeeding podcast. This is Diane, your lactation consultant

Abby ([00:27](#)):

And I'm Abby, the bad-ass breast feeder and today's episode is brought to you by the family wellness summit 2020 where Diane and I will both be talking. It's hosted by the real crunchy mama and we will be, it's a free five day virtual conference being held all online January 1st through the fifth and we'll hear more about this later, but today's episode is also brought to by Rumina nursing wear's pump and nurse collection all in one products that can both breastfeed as well as pump hands free in and we'll hear more like I said from both of those in a little while. But right now Diane has our review of the week. I think

Dianne ([01:06](#)):

I do, I have our review of the week and this also came to us through an email to our bed as breastfeeding podcast@gmail.com to do that. And this is from Cynthia. My name is Cynthia. I've been listening to your podcast for about a year and thank you so much for creating this. I was able to talk to Diana a couple of times about my little guy and she helped me so much, especially when everyone, including the doctor was saying a bunch of BS about him nursing all the time and his four month check up. Our doctor told us that my exclusively breastfeeding baby was not only obese, but that if I continued to co-sleep I would smother and kill him. He told me to substitute every other feeding with water and also put him in the crib and let him cry. When I asked for how long, he told me as long as he needs to until he falls asleep.

Dianne ([01:55](#)):

So because I trusted him as our doctor, we went home and tried this with both of us crying. 15 minutes later I couldn't take it anymore and it felt so wrong. I laid down next to him and nursed him and he closed his eyes and fell asleep. My husband has been such a huge support in this tough and wonderful journey. 19 months later, still breastfeeding on demand and co-sleeping. If it wasn't for this podcast, I probably wouldn't be breastfeeding or co-sleeping right now. You ladies are amazing and I'm forever grateful. Thank you Cynthia. And thank you Cynthia. It's like, you know, close to my heart because I did talk to Cynthia a couple of times. We did online consults because she was getting such conflicting information and she wanted to know, you know, like what was going to be good for her and what was going to be best for her and her family and to talk it through. And she wanted to add things back into her lifestyle that she wasn't of course was being told she couldn't, you know, working out and things like that. So it really, it's, it's really great to, when this email came in, I was really excited to see that because she's done such a great job and it's really hard to feel like you're doing a great job when you're a mom

Abby ([03:00](#)):

And the conflicting information, you know, we talk a lot about it and again, we're going to talk about it today, but it's, it's not just myths that need to be busted and you know, all the funny giggles that, you know, that we make it, these are deal breakers. Like these are things that stop people from breastfeeding. These are things that stop people from reaching their goals. Right. You know what I

mean? Like these like the bad information. It's just, it's not just like, Oh, I got some bad information. It's like this is stuff that's like hurting people. It's really hurting people in their breastfeeding relationships. Yeah, it is. It is. And we are going to definitely get on with that as we're going along with this episode, but send us reviews. We love 'em. We want you to be our review of the week. We want to talk about what you like to, we want to talk about your experience and iTunes is a great way to leave us because then, you know, then iTunes will like us, but we'll also take emails and stuff like that too from you. And today, today's going to be fun episode. I feel like even though that won't die. What did I do? I said you yelled at me off the air so, Oh yeah, I know. There was like, we don't really plan for their episodes that much. But there was a teeny tiny little task that we agreed to do before this episode. And like I can hear Diane like quickly trying to do it over there cause she didn't do it like you had one job.

Abby ([04:33](#)):

I did it in my brain. I swear. So we're going to, we're going to talk about this, right? We're going to talk about miss and miss. I won't die. We're going to try to stab them to death today. I feel like we've been doing that for years, but you know, we got to keep, they just won't die. That's why it's called miss. That won't die cause they won't die. But you know, and we're going to put we, we decided that like we were going to play a little bit of a game because we have such, we're so like we get so worked up about these that we decided that we would each pick four of our favorite myths but not tell each other what the other one was picking and then we would just like take turns kind of going back and forth today and you know, putting out the good information based on these ridiculous myths.

Abby ([05:18](#)):

Yeah. Going off like crazy people. Yes. Our favorite thing to do. Yes. Do you want to go first? Sure. I'll go first. Okay. Here's my first favorite myth. Your baby should be sleeping through the night by now. Now I know that doesn't sound like a breastfeeding myth, but it is. Your baby should not be sleeping through the night. Your baby should be breastfeeding through the night. That is what is normal. This is what so many people are being told. Well your baby shouldn't be making waking up that much during the night. You're really baby, you should be sleeping by the night through the night by now. And I told you, I tell this all the time about the time that the nurse, the doctor told me that Jack at like, I don't even know. I didn't even see her for very long. It was under two months old that he should be sleeping 10 to 12 hours at night now, which is completely crazy. That's crazy. That is not a safe thing for a baby to do. Your baby doesn't need to be sleeping through the night. They need to be breastfeeding through the night. That is the normal biologically wonderful thing that they are designed to do through the night. And they are going to wake up frequently for a long time.

Dianne ([06:38](#)):

It's not safe to do that. It's not safe for them. They're not supposed to sleep through the night.

Abby ([06:43](#)):

No. And then you know. Right. And then, and then so then when people hear this, this is what I'm talking about. These myths are not these people. These myths are hurting people. Because when people hear things like that, then they start to go, what am I doing? What can I do to get my baby to sleep longer? I'm doing, can I give them some? Yeah. Right. Or like can I give them, you know, like a, a bunch of formula before they go to sleep or put some rice cereal in a bottle or you know, leave them to cry until they fall asleep. Or you know, I don't know, start solids early because I heard that I'll make them sleep. People start doing things because they think that there's something wrong when their baby is

waking frequently through the night. But there is not, this is normal and it's healthy and it's a wonderful thing and it's tiring. I get it. Yes. But all of these things, you know that you're doing that people might do to try and make their babies sleep longer. They're not, it's not a safe thing to do. Your baby is not developmentally ready to sleep that long, yet their brain should not be in a sleep state for that long. They're made breast milk is thin. It's designed to be metabolized quickly. So that they will wake up again soon because they should not be in a sleep state for extended periods of time.

Dianne ([08:04](#)):

Oh, it's not safe. But one of the other things I also tell people is, especially in that, you know, like early period of time, their stomachs are small. They can't hold a lot of volume. They're not doing this on purpose. You know, like they're just, they can't hold a lot of value. They can only hold so much. It digest really easily for them. So they need to feed more frequently. That in this behavior keeps them alive. Right. This exactly, yes. That's how we were designed.

Abby ([08:36](#)):

They will sleep longer when they're developmentally ready. They're not right now. No, they're not. When they're really little, and that's a really hard thing to wrap your head around when you're tired. It is. And, and in my kids were old, like when they were like not waking up and bothering me during the night. I mean like, yeah, like, yeah, yeah,

Dianne ([08:56](#)):

Yeah, absolutely.

Abby ([08:59](#)):

And up until then they were, you know, they started to nurse less during the night, but still sometimes. And it was just, that's just how they're designed right now. You might have a baby that sleeps through the night, you know, from whatever age. And if they're just doing that, then you know, count your blessings.

Dianne ([09:19](#)):

Right? But that's your baby. That's not every baby. It's not every baby. And we cannot base all babies on what we want our baby to do or what somebody's baby is doing. Just because your neighbor's baby sleeps six hours a minute, you bring them home from the hospital. That doesn't mean your baby should be doing the same thing. So do comparisons. No compares these?

Abby ([09:44](#)):

No. Your baby is totally unique and wonderful and beautiful for a reason. There is no baby like your baby. They're going to all do their own thing. They have, they're born with their little individual like personalities, just like we have. We're all different, right? That starts from day one day.

Dianne ([10:02](#)):

Absolutely. Okay. Your turn. Okay, so mine is kind of two fold. The first one I have, I'm almost wondering if I should like cut it in half, but what I have as food, which is a huge, huge mythical unicorn of a thing is you can't eat this. You can't eat that, blah blah blah. And that is one of my biggest things that I cannot stand. But on the other end of that too, and I just heard this the other day, which is why it went on my

list, I have actually half of these things that are on my list is what I heard recently was I don't know, maybe my, maybe the doctor said maybe the breastbone just doesn't have enough fat net.

Speaker 4 ([10:47](#)):

Oh, that's on my list. [inaudible] Enough or have enough calories. Yep. That's on my list. It does not say

Abby ([10:58](#)):

That your body did not get it wrong. Your body kind of knows what it's doing when it's taken care of the baby that it's feeding. It didn't get it wrong.

Dianne ([11:06](#)):

Right, right. Yes. That drives me crazy. I'm like, that is not, I'd like, don't, I don't even like acknowledge, I'm just like moving on. Like, you know, whenever mom says, well the doctor said maybe the, if the baby's not gaining what they think the baby should have gaining, well maybe my my breast milk just doesn't have enough calories in it. I'm like, yeah, we're not even gonna entertain that thought to make my milk fattier. Yeah, yeah, I hear that too.

Abby ([11:34](#)):

No, because somebody said it doesn't have enough fat. Your bait, your breasts, your, and you need to switch to cow's milk cause your breast milk doesn't have enough fat in it. So you need your breast milk, your human milk that's being made from your human body to, for your human baby isn't good enough. So you need to switch to the, to the milk from that other species over there to give to your baby, even though that makes total sense,

Dianne ([11:55](#)):

Baby. Even though you grabbed baby and just, yeah, that makes me absolutely crazy. So don't ever, that is a huge myth. There is no science behind that and food. We could get into that forever, but we'll just put that out there. That. That's one of the things that there are so many, everybody's got something that they were told they cannot eat.

Speaker 1 ([12:18](#)):

[Inaudible]

Abby ([12:18](#)):

Oh my God. And it's so the weirdest things. Yeah, no, I was told that I couldn't have like, you know, pineapple in it. I'm like, what? Citrus fruits? Chocolate. What? That's coffee, you know, you know, I remember working when I was a long time ago before I had kids, this woman that I worked with got pregnant and she was like I said something about carbonated carbonated water. And she was like, Oh no, I can't have carbonated water. And I was like, what? And I didn't know anything about anything. I was like 24 whatever. And she's like, yeah, carbonated, I can't have carb carbonated. And I said, are you talking about caffeine? And she's like, no, I think it's carbonate. Like she didn't even know. She couldn't even repeat the information that she heard. And she's still putting it out there for the room to hear and she's believing. I was like, and she's totally believing it. And I'm like, okay, that's not even like, I don't know anything about being pregnant. Like I wasn't even planning on having kids at that point. But like, I'm pretty sure you can have carbonated beverages. I know. Come on, I [inaudible]

Dianne ([13:29](#)):

Here. That gives me acid reflux. It's going to give the baby acid reflux. I can't eat, you know, any kind of cruciferous vegetable. I can't eat anything that's got spices in it. I can't eat. I feel basically like you're telling me that all the cultures around the world eat a completely bland diet when they're breastfeeding.

Abby ([13:51](#)):

Yeah. Like this isn't going on in all of the rest of the world. It's like suddenly you come to like the Western world and it's just like, Oh, I mean like how did people manage? How are we still around? Like how did humans evolve this long when like you're not allowed to do what basically, like you're can't do anything. I know. I hate Eric. We would have died off by now. Yes, we would've. Yeah. Yeah. So that's my number one one. That's so funny. Okay, well, so that was my number three. That's what I wanted to see if we were going to have any of the same ones. Oh my gosh.

Speaker 1 ([14:26](#)):

[Inaudible]

Abby ([14:26](#)):

What's your number two? Yes. Okay. My number two is breastfeeding will rot your baby's teeth out. That's a good one. I don't have my God, that is a good one. That's just like, it just drives me insane because it's not true. And we have a whole episode about breastfeeding and cavities, which you can refer to for like all of the information about that. But my favorite things that I always say on this topic is what I heard Dr Jay Gordon say at a conference once, he said we would be a dead branch on the evolutionary tree if human milk rotted human teeth. Right. And it's so true. Like what the thing that your baby was designed to be eating is rotting their head off. Okay. That makes a lot of sense. And actually if you look into the research, it actually is the opposite, right? What they're finding, they're actually, they're actually finding the opposite.

Dianne ([15:26](#)):

And it's true. I mean a lot of the research that comes out not, and of course you know, I mean both of us, you and I both like keep up with breastfeeding research, but the average person probably does not get excited about that. But every time like a new study comes in about how long they're seeing, how long, you know, evolutionary, how long, you know, our ancestors breastfed for, they're looking at their teeth, they're looking at their teeth.

Abby ([15:53](#)):

Yeah. They're there. Their teeth are in their head.

Dianne ([15:57](#)):

That's how they're gauging how long they were breastfed for. And it's not making your teeth fall out of your head.

Abby ([16:05](#)):

No. And they find that people actually were breastfeeding for really, really long periods of time. Many, many, many years. Well, you know, years into like toddler, small childhood. Yup. Even at night. I bet you yes. And that's the other thing is like people are like, yeah, they're like my dentist said I need to night

lean because the breastfeeding at night, and this is my other thing that makes me laugh. So breastfeeding at night is writing your baby. See that, but not during the day. Right. Like, how was this? Right? Cause at night you have Kit-Kat melt peanut butter cup milk at night. Yeah. I mean, okay. I can't, that's the like, I can't even know. It's like one of those things. It's like when you just think about it logically, it's like, okay, obviously that is so not true.

Dianne ([16:54](#)):

Oh, this is bad logic. Like people lose their minds when you have a baby and they give you the most ridiculous non-logical information and then we go, Oh yeah, yeah, that makes sense. Yeah. My kid's teeth are gonna run out. Yeah, I got it. I better, I better wash them out every I trying to feed them. Noah, that is not accurate.

Abby ([17:13](#)):

No, and that's the thing is like, you know dentists and this, it's, the dentists are saying this all the time and they're still, to this day, it's this myth that will not die because they are constantly, every single time you go to the dentist they're like, Oh, they're breastfeeding at night. Well that's why they have cavities. It's just like, well that's why I have cavity is breast milk is super sugary. I just makes me laugh. I'm like, okay, whatever.

Dianne ([17:37](#)):

Right, and we'll end this myth by saying, as we say in almost every single episode, medical professionals do not get training and lactation and feeding. No they don't.

Abby ([17:50](#)):

So be careful about what kind of info you're going to get. Exactly. And let's do, we'll do Diane's next after a word from our sponsor. Today's episode is brought to you by rooming and nursing where if you're a mom holding your flanges in place or trying to keep them propped up with your knees while pumping and never getting as comfortable as you want, there is a game changer out there for you. Pump and nurse collection has a variety of all-in-one hands, free pumping tank tops and bras that you can both nurse and pump in even at the same time. Their patented design allows moms to comfortably wear all day. When baby wants to nurse you nurse and when you want to pump you pump, you can pump hands free and never have to disrobe or put on extra garments. Rumina's amazing. All in one products have helped, can help you have a more comfortable and seamless breastfeeding experience.

Abby ([18:39](#)):

Checkout Rumina's pump and nurse collection @pumpandnurse.com to see why thousands and thousands of breastfeeders are choosing room enough for their breastfeeding journey and you can use promo code B, B 19 that's BB as in bad-ass breastfeed or 19 on your favorite pump and nurse product and get 20% off. And Diane and I have some really exciting news. We will be going to be, we're going to be taking part in the family wellness summit, 2020 hosted by the real crunchy mama. You can follow her on Instagram. This free five day conference is being held all online January 1st through the fifth meaning you can watch it from anywhere, anytime on any device free. The summit is free, free.

Abby ([19:28](#)):

The summit is geared toward anyone interested in living a more natural lifestyle and they have nearly 40 amazing presenters including doctors, educators like us and world leaders in holistic modalities, natural

remedies and family healthcare. Some topics include breastfeeding, midwifery, chiropractic care, homeopath, homeopathy, homeopathy. Am I saying that right? Yeah, look, that's right. Herbal remedies and much more. Registration will begin December 1st so Mark your calendars December 1st for the free pass and you can preorder an all access pass for only \$89 this is a great deal that gives you access to all of the videos for one year plus extras such as downloads, bonus videos, which Diane and I are both doing and discounts coupons and special discounted packages created for all access pass holders. You guys are not to want to miss this, so if you are a natural newbie or just crunchy, curious or already a holistic mama, go to family wellness summit 20 twenty.com that's family wellness summit two zero two zero.com and register today and I just want to say one quick thing about that before you talk about where we can find all this great info. Yeah, Abby and I are

Dianne ([20:48](#)):

Both speaking at for the summit but not together. We're doing our own separate things so you'll get to hear Abby doing hers and me doing mine. We're not together like we are here, so [inaudible]

Abby ([20:59](#)):

Right. But we get, yeah, we're going to bring our, both of our unique information and we get to choose, we got to choose our topics, right? So we get to do what we what we love. So yeah, so you can find all of these sponsor links and their promo codes and all of our breastfeeding and resources as well as all of our other episodes@badassbreastfeedingpodcast.com. And you can also find your information about scheduling your very own lactation consultation with Diane.

Dianne ([21:34](#)):

Yeah. You ready? Right?

Abby ([21:37](#)):

Yes. What's your next myth?

Dianne ([21:39](#)):

This one came up in breastfeeding class the other day and this one always kind of surprises me because I cannot believe that it's still floating around out there. I had a mom while pregnant mama sitting in class and she said, a colleague of mine said to me, Oh, you're going to breastfeed. You better toughen up your nipples before the baby comes. Ooh. And I looked at her and I said, was she 90 years old? Because like that's pretty much the only people that should be even passing that information out that nobody should be passing that information out there. But this is such an old myth that you have to take like something hard and rough like a sponge or a washcloth and continuously rub it over your nipples to callous them so that you can breastfeed when the baby comes. That is so awful and painful. Yes. Never do it. And if anybody tells you to do it, like fit that is seriously like such an old, old myth that I am always surprised when it comes up and it still continues to come up. There is no prep. There's no nipple prep that you need to do to breastfeed.

Abby ([22:58](#)):

No. Your nipples were designed to be breastfed from, so you really don't need to teach them.

Dianne ([23:05](#)):

No, no. You don't need to do anything to make it happen.

Abby ([23:10](#)):

No. And that's like a, I think that's the thing that comes up a lot though is especially because people, you know, when they're pregnant, they're really nervous about breastfeeding or really nervous. You know, you've never done it before. And so it's like, what can I do? What can I do to get prepared? What can I do to get ready? So people want to, you know, people are very like anxious. They want to, they want to act, they want to do something.

Dianne ([23:30](#)):

It's really hard, but don't do anything except get a lactation consultant. I would say that, you know what if I had it, cause when I teach class, one of the first things I say is, okay, let's, let's hear them. Let's hear some of those things that you're hearing floating around out there. Who have you talked to? What have you read? Let's talk about some of the things that you've heard so that we can talk about what the truth is. And that came up. Like if she hadn't been in that class, would she have believed that, you know, like would she have thought, Oh I need to do this or did would she have realized how ridiculous that was

Abby ([24:02](#)):

Know. Because I think if somebody tells you this about something you've never done before, you're just like, Oh, okay. How are you supposed to know?

Dianne ([24:08](#)):

It's awful to put this information out there and you know, have people think, and again, like what if you do that? What if you rub this freaking sandpaper across your nipples for the next four weeks until your baby's born and then the baby comes and the baby doesn't nurse well or you have some pain and then you're thinking, Oh, I must've not done that right. Or I must not have done it long enough. Or you know, like these, it's ridiculous information. It's ridiculous. I can't believe that's even being still told to anybody

Abby ([24:42](#)):

I know. That's really like, Oh my God. Yeah. And I used to hear, I heard to like do it after you get out of the shower so that your nipples are nice and like, so that your new skin is very like, you know, delicate and raw and do it with like a dry washcloth. I mean, you're basically gonna bleed. Awful. It's awful. It's awful. Ah. All right. So what's your knack? Hey, I'm like cringing and like, all right, here's my, this is my final one because you took my number three, so, but here's my last one. But it's so it's one sentence but it's got like several endings because it applies to lots of things. Okay. So my, my last one is I have low milk supply because I can't pump a lot because my breasts are soft because my baby's fussy because breast, my baby breastfeeds all the time because my baby drinks a bottle cause my baby cries because my baby cries because, cause my mom in law told me I did, cause my doctor told me I did.

Abby ([25:46](#)):

It's like, you know, this is the thing and we know, we know that most people that end breastfeeding before they want to end, they ended because they think they have low milk supply.

Dianne ([25:59](#)):

Correct. And lack of support. Those two things go hand in hand obviously.

Abby ([26:03](#)):

Yeah. I mean, yeah. And, and actual real low milk supply is very rare happens. It does. But it's really very rare. And these things are not signs of low milk supply. No. Neither are most of the things that you're hearing.

Speaker 4 ([26:21](#)):

[Inaudible]

Abby ([26:23](#)):

The milk supply thing really, really, really makes me so upset because it's, again, it's like why I, this is why. This is why most people stop. You know? They're like, well, I just ran out of milk. I just dried up my milk. I didn't have enough milk. It just wasn't there anymore. I don't have any milk. I hear that all the time and I'm like, that doesn't happen. It doesn't happen.

Dianne ([26:45](#)):

Like unless there is like a medication that you're taking that all of a sudden impacts your supply, which that that's legit, but still it's not an overnight thing. Right. Your milk doesn't go away.

Abby ([26:59](#)):

Well, and there are so many things too, like you know, people are pumping and they're like, Oh my God, there's no milk coming out. It must not be in there. And that's another myth, right? Then that pumping output, that pumping output represents the milk that you're making. It doesn't, it does not. Not at all. Or that you are, your breasts are soft, that that you know that at first they were hard and big and now they're soft and not so full. Well that means that all the milk went away. That's not true. And the baby's crying, your baby's crying. So they're, they're upset because there's no milk in there or they're breastfeeding all day. They must be, you know, looking for milk and it's not in there. They just keep going back. They just keep breastfeeding looking for milk. I was empty. It never happens. It doesn't happen. It does not happen. Yeah. And people are so worried about their milk supply that they're supplementing and the baby supplement, the baby takes the bottle right after they breastfeed. Oh well that must mean that they were still hungry. So if there's no milk in there, Nope. Does not mean that. And that's another myth. Babies just suck. They can't do anything else. The baby's now overfed.

Dianne ([27:59](#)):

Right. And now they're going to go to sleep, which tells people, Oh, they must've been starving. Cause now I've had them in there. No, now they're overfed.

Abby ([28:07](#)):

Happy. No. Now they feel like you feel when you eat like eight things off the taco bell menu,

Dianne ([28:11](#)):

Right. Right now they're full and heavy and, and then, you know, then there goes mom trying to put him back to the breast again in two hours. The baby's like, dude, I'm full. Right, right. You know, like that's the biggest thing I see is really it becomes this awful cycle. Then the baby's screaming at the breast and the mom's like, Oh, now they have nipple confusion, which by the way is on my list because it's like, you know, now they have nipple confusion because I gave them one bottle because they weren't

breastfeeding. Well, and now they won't go back to the breast and it's like they won't go back to the breast because they're full, not because they have no confusion and need to just, you know, like breastfeeding is, it's not like that, you know, like it's, it's not like that, but we do not trust it. Our society does not trust breastfeeding at all.

Abby ([29:02](#)):

No, it doesn't allow, yeah, we do not allow breastfeeders to trust their bodies. We don't allow it.

Speaker 4 ([29:11](#)):

Right.

Dianne ([29:11](#)):

So you have to do it on your own. You have to be the one that says, this is working, this is working.

Abby ([29:18](#)):

And if you feel like it's not, reach out, you know, don't just decide that your milk went away and that there's nothing you can do. And so you have to quit if you want to keep going, you know, reach out

Speaker 4 ([29:30](#)):

And [inaudible]

Dianne ([29:31](#)):

We, you know, yeah, we can, we can fix it. You can fix it and help you to fix it or at least get you in a good place. Right. And you know, troubleshoot it and talk about the things, you know.

Abby ([29:43](#)):

Yeah. If needed, you know, get a consultation with Diane or somebody in your area, you know, if you need, like, you know, if you, if you need that kind of thing. Although there's a lot of times that people, when they message me, they have concerns about milk supply and after a simple conversation, they're like, Oh yeah, absolutely. You know, it's just like, Oh, okay, I get it now.

Dianne ([30:07](#)):

Yup. Yeah. Sometimes we just need to like, you just need to have talk it out with somebody who can separate your situation for you to have the information. Yeah, you need the information you need to, it's just, there's so much more to it. You know? It's like breastfeeding is very simple and very difficult at the same time, you know? But the education there is really, really important so that we can know what we're doing here. You don't want to give up too soon if it's what you want to do. If you want to breastfeed that baby, then you should be able to breast feed that baby. But you need help for that know, just like you would anything else in your life, you need help. You're not going to do anything in your life completely alone.

Abby ([30:47](#)):

So I don't know why this was no. Then this is the last thing you would do alone. I have a couple more, but there's only one that I really want to do. Okay.

Dianne ([30:57](#)):

This is another one that came up and it makes me crazy. A nurse that told one of my moms recently, baby wasn't feeding well, wasn't latching well, and the nurse said some babies are just bottle babies.

Abby ([31:11](#)):

Oh God.

Dianne ([31:13](#)):

And that, that is something that I have heard before too. That'd be like, you're not maybe necessarily like that. That's how she put it to this mom. But I have heard people say some babies just don't breastfeed some babies to start breastfeeders some babies just camp breastfeed.

Speaker 1 ([31:29](#)):

Okay.

Abby ([31:31](#)):

Wow. Yeah. So your baby, your baby was just born without the instinct and the reflux to do the thing that they're supposed to do. Right. Baby things. Okay.

Dianne ([31:43](#)):

But that is coming from people. But when it comes from a medical profession, I can see if it's like your mom or your mother-in-law or some random person who says, yeah, my baby didn't breastfeed. Some babies just don't breastfeed, whatever. But when it comes from medical professional who says that to you? You like this mom, thank goodness, knew better, but you think that they know what they're talking about because it's a medical professional.

Speaker 1 ([32:08](#)):

Right.

Dianne ([32:09](#)):

If a medical professional really knew what they were talking about, they would look at that baby and go, the baby's not breastfeeding. We need to figure out why. Because instinctively that baby should be breastfeeding. And if they're not doing what instinctively they should be doing, then there's a reason why that's happening and we need to look at that. We don't just go, Oh yeah, there, you know, it'd be like saying, you know, Oh well you know what? Some kids just don't walk.

Abby ([32:35](#)):

I was going to say that, you know, like some fish porn just don't swim.

Dianne ([32:40](#)):

Like this is an instinctive behavior that kept us alive for a million years.

Abby ([32:47](#)):

Your baby has as much drive to be alive as all the other babies.

Dianne ([32:52](#)):

Like I don't get it. We are, we have been so desensitized to it that now everybody's like, Oh, but there's choices, you know, you don't have to breastfeed. You could just give bottles and it's the same and it's just as good and it doesn't mean anything. It's just like, that's not, that doesn't mean your baby does not want to breastfeed. Right. And if somebody tells you that, definitely find different help because they will all breastfeed. And that's why when people say to me things like, well, if it works, I'd like to breastfeed. If it works, if it works, it always,

Abby ([33:25](#)):

Yeah, yeah, definitely. Yeah. I'm going to try. I'll try.

Dianne ([33:29](#)):

I'll try.

Abby ([33:30](#)):

Yeah. Or you're just going in with the like, you know, with that doubt of like, well it might not work cause it doesn't work out for so many people. You see it everywhere. You hear it all the time. It didn't work out for me. It's so, you know, I just couldn't do it. My baby just wouldn't do it. I just, my body just wouldn't cooperate. You know, you hear you just, this is the attitude though. This is a cultural attitude we have about breastfeeding. Right.

Dianne ([33:54](#)):

But if you have the right support and help, then it's not an issue. You know, it just, it really, it's frustrating. It's frustrating. And there's so many times where people are like, well, it didn't work for me the first time and I'm really, you know, I really am nervous about trying again or it didn't work for my friend and I, you know, all my friends had babies and none of them are breastfeeding and like, so of course you're going to think that it's, something's going to happen. It's not going to work for you because nobody around you has had success. But why did they not have success? You know, they didn't have the right support or education. I mean, it's just that simple. I mean, who do you think helped? We, we keep going back to like, you know, a million years ago, who, who was there? It was your mom, your sister, your grandmother, your aunts, everybody lived together and communities. Everybody took care of each other. And that's how you learned. And now it's like, Oh yeah, good luck to you. Have fun with.

Abby ([34:59](#)):

Yeah. And now we found ways to profit off of people who can't make this work. You know, we've found the, you know, there's all kinds of, you know, the misinformation isn't an accident. It's not, it's out there on purpose. It's out there to destroy you and to, you know, to get you at that most vulnerable time so that it doesn't work out for you. It's on purpose.

Speaker 4 ([35:25](#)):

It is [inaudible]

Abby ([35:26](#)):

And it's, it's just, it's ridiculous. And that's why these myths won't die because there is somebody out there benefiting from these myths and you believing that can't do this,

Dianne ([35:38](#)):

That you baby can't do it. I know there's money to be made, right? It's, that's what it comes down to. It's the bottom line. So these myths stop today. People, mamas, everybody listening. I know it's not just mamas that listen, but these myths like, Ugh, stop today, but send us like, we would love to hear you. Is there one that you heard when you were pregnant? Oh my God. Send us a review of all the things that you heard. Oh yeah, we'll totally do another episode on it because these are like, like you said, they're just, they just don't go away. And I love to be able to tell people why they aren't true. You know, often somebody will say, Oh, I heard I can't eat a, B, and C. Why? I don't know. They just said I can't. Oh, okay. No, I will give you the reason why that is not true. So you have the science to go and educate somebody else cause that's what it's all about. Totally. Yup. Totally. So, thanks for listening. Thank you. Bye.

Speaker 1 ([36:38](#)):

Bye.