

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

[inaudible]

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

Welcome to the badass breastfeeding podcast. This is Dianne, your lactation consultant

Abby ([00:25](#)):

and I'm Abby. The badass breasteeder and today's episode is brought to you by fairhaven health with the Milkies milk tray. You can freeze your breast milk into one ounce sticks so that you can thaw just the right amount of milk for each feeding. And we'll hear more about that later. But Dianne has our review of the week.

Dianne ([00:42](#)):

Yes. So our review of the week this week. Now typically when I do review the week, like I try to find, I try to kind of go like systematically, but lately I've been kind of bouncing around and you know, kind of reading different ones and stuff like that. And this one is actually one that we just got in the last couple of days and it just like touched me so I wanted to read it. It is from led Steaz I'm probably saying that wrong. "I'm a second time mom who was not able to breastfeed my first past four months. I love this podcast and thanks to it, I've made it to a year with my second. We had so many hurdles to start with though it just four weeks old. My son's pediatrician told me that my milk wasn't fatty enough and that even though my son was gaining weight, he wasn't gaining fast enough.

Dianne ([01:35](#)):

He told me that he would let me continue to nurse for one week, but that if my son didn't gain at least one pound, then I'd have to start him on formula. He also told me that after our next visit, he wanted me to start sleep training my son, seriously, he's four weeks old and if he really is underweight, taking away night feedings isn't going to help. As soon as I got out of his office, I made an appointment with an IB CLC. At that appointment she told me that we are doing awesome not to start formula and that she faxed her notes to the peds office. At this point, I wanted nothing to do with that Ped, so I called to get my son's history and canceled the appointment. Can you believe, and I'm being completely serious. They actually told me that if I didn't show up to the appointment that they would call DSS on me, even though they had the notes from IBCLC stating that we were fine. I'm beyond thankful for your podcast that arms us moms with what we need to fight back against people like this pediatrician. I feel so much more confident going into any pediatrician's office now. Thank you so much for all you do." It is like, and I am so proud of her that she was like, you know what? No, I'm not going to fall into this trap. Not push me around. This is my baby. and this is how, I mean mama is you have every right to question and change pediatricians if you don't want to be with the one you were at. Exactly. Fair enough. Response of the world. I mean, it's crazy and I just, I really, I want nothing else for this podcast to bring people the confidence to just be able to say what they need to say and just be out there and be like, no, this is what's right for our family and this is what's going to happen. Yeah. And I'm so glad that she found herself an IB CLC that was behind her and you know, did validated that she was doing fine and that she went on to breastfeed. I wonder how many breastfeeding relationships that pediatrician has busted up.

Abby ([03:32](#)):

Exactly. And if you do, I mean obviously calling the department of children, whatever it's called in your state is, is, is a threat when even if you had, even if that person had, they would come and you would be

like, Hey look, I contacted an IBCLC. I did this, I did this, I did this. You know, like she, you know, you have all, there was nothing. What are they going to do? What are they going to do, threatening this agency on people, which are, which frustrates the agency. They come out and they're talking to people and they're just like, Oh my God, whatever. You're fine.

Abby ([04:11](#)):

I mean, work with them my entire career. They're not like going around like, Oh, you know, I mean, she would, she would have been fine, but still that threat is just so disgusting. The threat is terrible because then all of a sudden you're thinking, my God, they're going to put my baby at the hospital. They're going to take my baby away, my baby away from me. Oh, so disgusting. And this mom is just trying to do the right thing. I'm so glad and I'm glad you found us and I thank you so much for sharing your story because that is really powerful to other mothers and it's just horrible that we treat any families like this.

Dianne ([04:52](#)):

So send us your stories and all your info and you know, what you like, what you want to hear about. We've been getting some great a podcast suggestions, episode suggestions and you know, things like that through the review. So we love it. And, you know, kind of selfishly, there've been times where if I'm really having a crappy day, you know, and things are just really shitty and I'm just like, Ugh. You know, I know my husband has said to me too, and I think you have to, Abby said to me like, why don't you go read some of those reviews? You know, cause it's like, it really does, it makes me feel like, you know what, I'm so glad to be able to help people and when you're having a bad day to look at it and be like, Oh my gosh, you know, this is

Dianne ([05:37](#)):

because we, yeah, I mean we, we read the, you know, positive reviews, there's a couple on there that are not so positive and we certainly get emails from people that are like, you, you know, don't talk about doctors like that and you don't, you know, people that just, you know, the people that basically we're talking to,

Dianne ([05:58](#)):

So it's, you know, when you do get those, you're like, Oh my God, are we doing this wrong? Wait and you kind of second guess, and then you're like, Oh, then you know, it's like go read all the other reviews. Yeah. And to make that feel better. Yeah. It's validating for us too. So we thank you so much. So write them for us just for our to stroke our egos. Just put them on there. That'd be great. Yeah. Yes, absolutely. As you know, it's all about us

Dianne ([06:23](#)):

for sure. Right. But this week we're going to talk about thrush if anybody's ever had it or hopefully you don't have it ever.

Abby ([06:36](#)):

I've never had it and I don't know much about it. All I know is that it sounds like a nightmare and it sounds like it's really hard to get rid of, cause the mom and baby passed it back and forth to each other. That can happen and it just really hard to get rid of it. Sounds horrible.

Dianne ([06:53](#)):

So yeah. So let's talk about it a little bit because I've had a lot of situations where it was actually overdiagnosed. I should say misdiagnosed. And then I have moms that are like on this thrush medication for like a month and they're going, it's not going away. And I'm like, that's not the problem. Then like, you know, like come on thrush is, it's basically yeast infection. That's what it is. But it's in the baby's mouth or it's on the breast. So, or it could be a diaper rash. You know, baby could have a yeasty type of rash, but that could cause you to have thrush because now it's in the baby system and it passes to you. or it could start with you and pass to the baby. So I don't even know how to break down like who it's starting with.

Dianne ([07:43](#)):

So if it starts with mom, now some women are more prone to yeast. Like some women, just like I've, I've had friends and stuff that had, would get a yeast infection after every period or every time they were on an antibiotic because antibiotic can cause a yeast infection, right? So every time they had antibiotics that would cause these infection. So now you're, you have a baby and what if you have to go on antibiotics for something maybe after C-section, maybe because you were GBS positive, which is just a, you know, a bacterial thing when you're pregnant and they might give you antibiotics during labor. Um, it might be just a random thing and now you've got thrush, right? So what thrush is, is it looks like in the baby, it's just a white, like pasty mouth. It's not just white on the top because sometimes people will see like the white milk on the tongue and they'll think that that's thrush. And it's like, it's not always thrush. That could just be the baby having reflux and having milk on their tongue. If it, if the baby has like white patchy splotches in their mouth, like on the cheeks, on the inside of their cheeks, on the roof of the mouth, on the inside of their lips. Like that's thrush. Don't Google it because it looks horrific. Like, Oh my gosh.

Abby ([09:14](#)):

or Google it. Cause sometimes that helps cause you're like, Oh my God, there's a white thing on my baby's tongue. And you're like, it's thrush. But if you actually Google you'd be like, Whoa, okay. It's just some white stuff.

Dianne ([09:28](#)):

Google for thrush are like the worst things I've ever seen.

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

I know, I feel like never the same with everything. It's like, you know, mosquito bite, but then you Google mosquito bite and it just looks like, Oh my God. Like a mosquito just like ate a person or you're like, Oh my God, regular mosquito bites get to that point. I don't know. That's like the top search photos

Dianne ([09:51](#)):

come on. So it's like, yeah, but if your baby just has a white tongue, don't treat him for thrush because you know, that might not be what it is. I would definitely wait and see if it's got, if the baby's got like patches of of stuff in their mouth for the mom, it might feel like burning. Um, they might have, he might have itchy skin, like your breast might be itchy. That nipple might be itchy, might be very red. but you might feel like a burning sensation and some people will describe it as like shards of glass, you know, like feeling like shards of glass. Um, a couple things that we want to talk about with thrush is like preventing it or what to do if you have it. And if it's not that now they do, there is medications and stuff that they can give you for it.

Dianne ([10:47](#)):

Obviously you have to, but there's also things that you can do to prevent it. So because thrush is, you know, yeast, you can be taking probiotics. You could be, you know, babies can be taking probiotics to, you know, even from, you know, infancy can be taking probiotics, um, washing everything really well. So thrush is typically more seen with bottle feeding. It is not as prominent with breastfeeding. It is definitely more prominent with bottle feeding because of the bacteria, you know. So if you are doing more bottle feeding, you know, maybe you went back to work, the baby's getting more bottles, daycare situations where maybe they're not cleaning stuff, you know, things like that. Make sure all of that stuff is sterilized. Anything that touches you or the baby as far as pacifiers, pump parts, um, your bra, you know, everything should be like really wash and sterilized really well to kill some of that yeast and hopefully stop it from spreading.

Dianne ([11:58](#)):

Now the medication that they give to the babies is called nystatin and it's like, like a liquid that you have to put like on a, um, like a Q-tip and like run it on the inside of the baby's mouth and it doesn't work well. So the reason why it doesn't work well is because it's got sugar in it and sugar breeds the yeast. So it takes, it'll work, but it takes a long time. So sometimes people are like, Oh my gosh, I've been using this forever. And it's like, yeah, cause it doesn't really kill it very quickly. Um, for mothers, sometimes they give mothers and I stand too. They'll give mothers cream and babies, nystatin, you know, liquid for the mouth mamas. If you're using nystatin cream for thrush, it is going to take forever to go away. Like get there should, they can actually prescribe you a medication that is not nystatin cream, it's called Diflucan.

Dianne ([13:00](#)):

And that can kill it a lot faster. they can actually give Diflucan to babies too, but it makes them miserable. And we don't do that unless they really need to, unless it's a really bad case that they just can't get rid of. Now the other thing, when I see thrush being misdiagnosed, what I mean by that is it really because of that burning feeling, if mom was going into their doctor's office and they say, Oh my gosh, like it's, you know, I'm just breastfeeding. It's painful, it's burning. It's just I have these horrible, you know, painful feeds. Sometimes they say, Oh, okay, that must be thrush. And they'll, you know, write your prescription, send you on your way. If the baby has a bad latch, that will cause those same symptoms. So a lot of times when moms call me and they say, okay, I've been treated for thrush, you know, all this time for the last several weeks have been treated for thrush and it's not helping and I'm still feeling this pain and blah, blah, blah.

Dianne ([14:05](#)):

I'm like, okay, then you know, we need to look and see if that's a latch problem. Because it could just be, it could be a latch problem that is causing nerve pain, which also will cause that burning feeling. So if the nipple is being compressed with a bad latch, that can cause nerve pain over time. because you have so many nerve endings in the nipple, so that is also going to cause that burning pain. So the other thing with that is sometimes I've had mom feel like, Oh yeah, I'm being treated for thrush, but they've only got that burning feeling on one breast. I'm like, I think if it were thrust, you'd have it on both sides. You know, like I, I pretty sure, especially if you're feeding the baby on both sides, right, that you would have symptoms of thrush on both breasts. Not just on the one. So the times to be really cautious of thrush, like I don't want everybody to go, Oh my gosh, I'm going to get it. You know, like I, you said you never had it.

Abby ([15:05](#)):

I never had it. I've never, no,

Dianne ([15:07](#)):

I never had it either. And I always said like with now with Nathan, my first, I had mastitis once with the twins, I had nothing. And I always said it's because I was like feeding too much too frequently for anything to, yeah. You know, anything that happened, I was just feeding constantly so I never had thrush. But it is really, really hard. You know, it's really hard because you're trying to figure out, okay, where did it come from? What happened? What did I do? How do I keep it from happening again? Um, and a lot of times it does come from like an antibiotic. So if you do go on an antibiotic, kind of have it in the back of your head. Like, you know, especially if you've had mastitis or if you have some other infection or something like that where you have to take it, kind of keep that in the back of your head that, you know, maybe taking a probiotic with that can really be helpful. Um, you know, anything that will give you that good, you know, the good culture, good bacteria. I am like really word-finding today. I can't, you know,

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

well, we've only been up for a minute, so I know. Why don't we take a break so that you can gather your thoughts and, well, let's talk about our sponsor. Today's episode is brought to you by fairhaven health. With the Milkies milk trays. You can make the chore of pumping and storing breast milk easier. The milk trays look like regular ice cube trays, but actually have 16 semi cylinder cavities that each hold one ounce of breast milk. Your milk is frozen into one ounce sticks. The milk sticks fit through all bottle openings and allow you to thought just the right amount of milk for each feeding so you're not wasting even a drop of your precious liquid gold. The milk trays come with lids to protect your milk when it freezes and allow for stacking cause there's two trays to free up space in your freezer. Once frozen, you can simply transfer the sticks into a freezer bag and freeing up the trays for more milk. They're reusable, they're environmentally friendly and they're made with food safe plastic and the milk trays can be used for baby food later on. Head to fairhavenhealth.com and use promo code badass for 10% off fairhaven health. F a I R H, a, V E N health.promo code badass. And that'll get you 10% off of anything there. and then head to badassbreastfeedingpodcast.com where you'll find all of our sponsor links and their promo codes along with all of our breastfeeding resources. All of our other episodes show notes for further information about what we're talking about today. And information about scheduling your lactation consultation with Dianne. And Dianne is also providing an online class.

Dianne ([18:23](#)):

I am cause that was so fun before. I think we're going to do those here and there because it is, it is a lot of fun and right no, nobody can go to classes, right? Like how are you getting your info? So we are going to do another class. Um, and my God, where's my calendar? Because I don't know dates off the top of my head. It is going to be on June 6th and it is about pumping, so all sorts of pumping. But when we talk about pumping it is not just like Oh here's how you pump. We're also gonna talk about like overfeeding by bottle and how to avoid that. We're going to talk about how much to feed by bottle. We're going to talk about when to start bottles, when to start pumping all of those. Thanks. So it's going to be interesting. And I know people have a lot of questions about pumping.

Abby ([19:11](#)):

And overfeeding and where's my stash going and where's all my milk that I pumped and how come I can't pump enough milk and yes.

Dianne ([19:18](#)):

And what about, you know, and how do I save my milk and what, you know, how long can I keep it for and all of that stuff. So we are going to cover all of that.

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

Okay. So head to badassbreastfeedingpodcast.com and the link will be to sign up for Dianne's class and sign up for it because, and it's actually like video, right? So you can actually be seeing what she's doing and

Dianne ([19:39](#)):

yeah, we're interacting, we're talking, you can ask questions. It's, you know, it's good and it's not expensive, I usually give all the notes, I give discounts, you know, it's fun. So check it out. We'll leave the link for the, on the web or on our show notes and on the website.

Abby ([20:01](#)):

And now we have a new segment called shout out of the week. And this week, shout out of the week is [@blackgirlsbreastfeedingclub](#). You can find [@blackgirlsbreastfeedingclub](#) on Instagram. And on their website blackgirlsbreastfeedingclub.com. And this account is filled with all kinds of information, so it's just filled with, you know, information about breastfeeding in the black community, breastfeeding resources within the, in the black community, black lactation consultants, doulas, midwives, everything that you can imagine, there's online support groups that they're holding. And just beautiful breastfeeding photos on Instagram and I highly recommend it. It's [@blackgirlsbreastfeedingclub](#) and thanks for your work.

Dianne ([20:56](#)):

Okay, so thrush. So the one thing I want to make sure we do talk about, one of the biggest questions I get with thrush as can I still use the milk? Right? So, yeah, because a lot of times like maybe you'll be pumping, you know, especially if you're a mom that's back to work and you're pumping daily and then you're having these symptoms and then you know, three days later you start medication for thrush and now you've been pumping however many times a day. And a lot of moms are told that they can't use that milk and they have to throw it away at, what do we say about throwing away milk? Don't do that. Don't do it. You do not have to throw away your milk at all. So we are going to we're going to put the link to this in the show notes, but Kellymom has some really great information about this and basically what she says is while you and your baby are being treated for yeast to refrigerated and fresh milk may be given to baby without a problem using frozen milk. Milk frozen during thrush treatment can be given to your baby without a problem while you were still being treated for thrush. Many sources recommend that mothers do not freeze expressed milk for later use when they are being treated for thrush. So that is like, okay, you're being treated for thrush. You froze your milk four months later that you want to use that milk, should you still use it even though you had thrush when you froze it. Okay. That is basically what they're saying here. What do we do? We do know that freezing deactivates yeast but does not kill it. So there is a theoretical risk that milk express during a thrush outbreak could reinfect a baby at a later date. However, there have been no studies that tell us whether or not this defrosted milk is really a problem.

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

According to Kellymom, they don't really even have any studies to really say that this is a problem. And of course we are. We know that mother's milk may actually help to protect the baby against yeast overgrowth. Some studies have shown a greater incidence of thrush in babies who are formula fed. So a lot of it comes from like, you know, like I said, it's you see more yeast and babies that are being given bottles because it's the bacteria because things are dirtier, you know, because it's harder to keep bottles, pacifiers, you know, pump parts, all of that stuff, you know, like super clean. But we can get yeast infections on our own that can happen. So you can end up passing something to your baby because of bacteria in your system. And it's not, the end of the world is not a big deal with no reason to stop breastfeeding. It's no reason to not give the baby your milk, nothing like that. Um, but it is definitely something that can happen.

Abby ([24:14](#)):

So, so to go along with the whole freezing thing. So if you're being treated for thrush right now, you were pumping and you're freezing your milk and you were doing that. And then you find out you have thrush and then now you're being treated for thrush. Should you try not to be freezing that milk that you have or just go ahead and freeze it and use it?

Dianne ([24:45](#)):

I would say just freeze it and use it. Yeah. I mean it's always good if you can use fresh milk anyway. You know, we know that. But um, if yeah, you could totally freeze it and use it.

Abby ([24:56](#)):

Okay. So just go about your routine as normal.

Dianne ([24:59](#)):

Go about your routine. You are not, there is nothing saying that, Oh my gosh, you're gonna reinfect your baby if you give them.

Abby ([25:07](#)):

Right.

Dianne ([25:09](#)):

There's no basis on that. It's a theoretical thing. So don't even worry that that could possibly happen. You know, make sure you are, you know, cleaning everything really well and you know, going back to your while you're doing your regular routine and then once you're done being treated for thrush then and everything is back to normal. You know, you can still use that milk. It's totally fine. Some people will, with really stubborn yeast infections. I've seen some people go to using this herb called Jensen violet. And I mean, it's an herbal, so I don't really, you know, there's not a lot of research behind that either. Some people swear it works. It's very, very messy. It's like a purple. I don't even, I don't even know too much about it other than what people tell me when they use it, that it's, you know, it makes everything a mess, but that it kills it. But again, it's, you know, there's not a lot of research behind that either. So you just have to be like, you know, kind of cautious on what you decide you want to do. It's very, it's definitely challenging.

Abby ([26:21](#)):

Yeah. And so you should continue and you should continue breastfeeding too, right?

Dianne ([26:30](#)):

Yes and make sure that this is really what's happening. They really do have, have thrush. The other things sometimes that I have seen, believe it or not, and I'm sure that there's somebody listening right now who this has happened to the baby thrush, but they don't treat the mother. Now if the baby definitely has it, you see the white patches in the mouth, you see the white patch, you know, whatever on the cheeks and on the roof of the, on the roof of the mouth. But maybe mom isn't showing any symptoms. She should still be treated if she's actively breastfeeding, you know, like that doesn't even make any sense to not treat her. And I've had, we know it passes, passes. So, or if mom had an antibiotic and is prone to yeast and is starting to show symptoms but the baby doesn't have symptoms, we need to be a little bit proactive and you know, maybe try to treat the baby. But sometimes like I had one mom that like, it was so frustrating, and this was like a few years ago, but the baby had it. And the pediatrician of course, is not going to treat the mom. So the treat the baby, the mom calls the doctor, her doctor who said that they wouldn't treat it because they're not an OB and the OB wouldn't treat her because they hadn't seen her and however many months. And it's like, you gotta be freaking kidding me that nobody would treat this mother.

Abby ([28:05](#)):

I know and I have these, like I have these eardrops that I, that I get for my itchy ears. It's like basically cortisone cream in an ear drop, like a very, very low dose cortisone, cortisone cream in an ear drop. And like, they won't refill my prescription unless I go like have a doctor's appointment. I can't get eardrops but I can go down the street and get like Sudafed, you know, and make meth in my basement or whatever. We're in the middle of watching breaking bad right now. So meth is all I think about. But I can't get these eardrops like something's wrong here. Like, I just don't understand what is she going to do? Sell it on the street? It's freaking medicine. What is going to happen to it? What is she going to do with it that's going to be, that's like, so it just seems, it seems like it's very backward or messed up.

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

It is, but we really like it says again how, how our society just completely downplays care for women and mothers. Right. And it's just unbelievable. And it's like, you know what, the mother and the baby are the same. They're the same entity. I don't know why we're looking at it as different and it's just like, it's ridiculous. Once you have that baby, it's like you don't even matter anymore. Nobody wants anything to do with you.

Abby ([29:52](#)):

It's true and people are suffering.

Dianne ([29:56](#)):

Yeah. And that's just here, like there's other countries where they really do follow up really well and I don't know, like here just doesn't happen. They're like, Oh yeah, come back in six weeks for your appointment. Okay, great. Right. How many people don't even do that? Like there is like zero follow up.

Abby ([30:17](#)):

Prenatal visits, you have at least 14 visits and postpartum visits, one or two. Right. It should be completely opposite. Well, maybe not one or two prenatal visits, but there should be at least 14 postpartum visits. How often are you checking on them?

Dianne ([30:56](#)):

Some of them have had major surgery, some of them have stitches, some of them have, you know, third degree tears, urinary problems, breastfeeding issues, postpartum depression, postpartum anxiety questions. Um, you know, returning to work, birth control. Like there's so much I could go on and on and on about things that people need to cover postpartum, right. And nothing. They don't see you again for six weeks or you know, sometimes. Okay, yeah, you had stitches come in and we'll check your stitches kind of thing. And it's like, really,

Abby ([31:36](#)):

it shouldn't be a situation where we only see if there's a problem. That's not how it is when you're pregnant. They're on top of you. They're like all over you.

Dianne ([31:51](#)):

Pregnancy is not a disease. It's not, it is not a disease. I was at a health summit thing here in Rochester months ago. And they had a woman, a midwife, she was a midwife, she was a home birth midwife who came from say Oregon. a black woman. She was fascinating, but she was talking about different cultures and she said, she's like, you know, sometimes in our culture we don't go to prenatal visits and we're looked at as noncompliant. But what it is is we're not sick. So why do I need to go to the doctor every two weeks? It's so true. You know, and it's, it is, it's really true

Abby ([32:48](#)):

and far more things go wrong after, like, it's very rare that there's, you know, far more things are going wrong and we need far more attention on the back end.

Dianne ([32:58](#)):

Oh yeah. Yeah, absolutely.

Abby ([33:02](#)):

And sure, if you go to those early prenatal visits and there's like, you know, concerns of course, or a high risk or whatever. Right. But if your development developing regularly, I mean, it's two every two weeks is a bit much, and then it's every week at the end. Yeah.

Dianne ([33:18](#)):

Yeah. It's unbelievable.

Dianne ([33:23](#)):

That's a good point though, if you don't, then you're looked at as not compliant and they really will like be like, where were you?

Dianne ([33:34](#)):

Yeah. It's just, we really, we need to work on it in our society. It's really bad. But yeah, so that's my spiel on thrush. If you have any specific questions about thrush, don't hesitate to like reach out because it can be confusing. But the takeaways are really that you can use the milk and to, you know, make sure that you're being treated well and if you're not seeing results with treatment, then that might not be what it is. Can be something totally different. Yeah.

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

Thanks, Dianne.

Speaker 1 ([34:31](#)):

[inaudible].