

Sawbones 228: Legends of the Hidden Breast

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[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*: a marital tour of misguided medicine. I am your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: And I'm Justin McElroy.

Sydnee: You already said that.

Justin: Uh, phew!

Sydnee: If you were wai—if you were waiting for Cooper to introduce herself, I don't think she's going to.

Justin: Oh, Syd. I'm beat. Life on the road. Oof.

Sydnee: [sarcastically] Must be so hard. Travel to exciting places, get to see all your fans.

Justin: Life on the road is tough, Syd.

Sydnee: Fly in an airplane without children under four.

Justin: I—they actually didn't let me—

Sydnee: What's that like? I don't remember.

Justin: —they actually didn't let me fly the airplane. Uh, that would've been—

Sydnee: [laughs] I said fly *in* an airplane.

Justin: [laughs] You said flying the airplane.

Sydnee: Flyin' an airplane.

Justin: [laughs] Flyin' an airplane!

Sydnee: I remember there was a time—

Justin: You understand, of course, the confusion.

Sydnee: —there was a time when I used to know what it was like to fly without children, but I don't... I don't remember that anymore.

Justin: You know, they've—kids have changed a lot of aspects of your life, Sydnee, you could say. You could make the argument.

Sydnee: That's true, Justin! That was very well done.

Justin: [quietly] Don't call attention to it! Once you call attention to it—

Sydnee: I—this—this episode of *Sawbones* will be a little bit different. One of the most frequent emails I get is, um, questions about or kind of thanks for discussing the topic of breastfeeding.

Uh, we've done an episode on breastfeeding before, but I looked back to see. I knew it was a long time ago, and I looked back to see how long ago it was. And believe it or not, it was in June of 2014; and what's notable about that for me is that we had our first child, our daughter Charlie, in August of 2014.

Justin: Yeah. We went on a real tear of parent and baby related, uh, topics for a while there when you were preggo.

Sydnee: We did! And I'm surprised that—that me of the past felt so comfortable tackling breastfeeding—

Justin: [laughs]

Sydnee: —before I'd done it. [laughs quietly]

Justin: We—we knew what it was—we talk about a lot stuff that hasn't—we haven't experienced personally.

Sydnee: That's—that's very true. That's fair. But I will say that, uh, as much as I think if you—I mean, I'm a physician. I have to counsel people on lots of things that I haven't necessarily experienced firsthand.

But breastfeeding has really been something that... doing it has helped me understand it better, and has helped me to navigate some of the pitfalls and to understand, um, why there is—I don't wanna say a stigma. But why—it seems like breastfeeding is something that can bring controversy.

Justin: Yeah. It's—it's—it's weirdly—and I've even seen that sort of secondhand. It's interesting how much—a lot of vitriol, I think, weirdly.

Sydnee: Mm-hmm. On multiple sides of the conversation, for various reasons. Um, and it can leave a lot of, uh, parents feeling really bad about themselves, unfortunately.

Justin: Mm-hmm.

Sydnee: And I—I think I understand all that a lot better now, having been through it. And I feel like when I now counsel people who have given birth and desire breastfeeding on how to do it, and what to worry about, and what to look for, I feel like I'm a little better at doing it now than I used to be. And so since we get so many emails about it, I thought I would just kind of talk about what that's like, breastfeeding in 2018. Well, and since 2014.

Justin: Yeah, and you're gonna talk about your experiences. And then in the second half, we're gonna talk about some myths related to breastfeeding, and—

Sydnee: Exactly.

Justin: —uh, try to address those.

Sydnee: And, like I said, we've done—if you haven't listened to it, we've done a whole episode on the history of breastfeeding.

Justin: Yes.

Sydnee: It came out in June of 2014 if you're interested in that episode, titled "Breastfeeding."

Justin: Easy to find.

Sydnee: There you go.

Justin: Easy to google.

Sydnee: [laughs] Uh, so I started breastfeeding, like I said, in August of 2014, when we gave birth to—

Justin: It would've been wild if you had done it before that.

Sydnee: —Charlie.

Justin: Honestly.

Sydnee: [laughs]

Justin: That would've been...

Sydnee: Uh, but—and I—I knew that I wanted to for a long time.

Justin: Do you want to talk about what your sort of thoughts were up until that point about breastfeeding?

Sydnee: Uh, sure. A lot of it came, if I'm being very honest—a lot of it came from my training as a physician, from medical school. Uh, I can't say before I learned about breastfeeding as a, you know, as a doctor in training, I can't say that I had a strong opinion on whether or not I would. Honestly, because I probably hadn't thought about it that much, you know?

I knew it was a decision I would make someday, 'cause I knew I wanted to have children, but I never had thought about what I would do. Uh, I didn't—it wasn't something I ever discussed with my mom or any family members, because as we—we kind of talked about this in the first episode about breastfeeding.

In the US, breastfeeding really kind of fell out of favor for quite a while. And so there are quite a few generations of people who didn't breastfeed, uh, because either at the time it was—it was thought to be not the best option.

For a while, it was perceived as not the best option for your child. That if you were a—an attentive parent, an attentive guardian, you would feed them formula instead, preferentially, because, um, it was—I mean, it was the better—you could buy it. Right? It was kind of that mentality.

Justin: Sure.

Sydnee: Why—if something—something for free cannot be as valuable as something that you buy.

Justin: The—if you breastfed—and I think you talked this a little bit on the last episode, the idea that breastfeeding was something poor people did.

Sydnee: Yes.

Justin: Because they couldn't afford formula. [laughs quietly]

Sydnee: Exactly. And so formula feeding was a mark of, you know, wealth and—and wanting the best for your child.

Justin: Right.

Sydnee: So there are generations of people who didn't breastfeed for that reason, and then therefore they didn't really have the family support, the—the social support that helps you learn how to breastfeed, 'cause it can be very challenging at first.

And once you leave the hospital, not everybody has resources available to them to coach them through those early days, when it's challenging. You know? There certainly are those, and we've talked about them before. Things like the La Leche League.

And, I mean, our—most local hospitals will have lactation consultants that you can continue to see after you are discharged, you know? You don't have to be a patient in the hospital to see them.

Justin: Right. It's worth noting, though, that, like... making an appointment to see a lactation consultant—or really anybody. But, like, it is—it is a huge hurdle, especially if you don't have that support system there in your life to help you with, like... the baby, and getting the baby—like, it's a big deal! Like, it's not easy to...

Sydnee: Because babies eat a lot at first. And you can't just say, "Well, I'm seeing the lactation consultant next week. I'll figure it out until then."

Justin: Right.

Sydnee: You know your child needs to eat. And it's—it's scary if you think they're not getting enough, and if maybe their weight isn't rising as expected and, you know. That's a really scary place to be in. And so, for that reason, a lot of people abandon it pretty quickly, because they—they're trying to honestly do what's best for the baby, and they feel helpless.

Um, I learned a lot, obviously, about breastfeeding while I was in medical school. And the—the benefits of it. And as a result, I was pretty determined by the time we decided to start our family to do so.

Justin: Mm-hmm.

Sydnee: And, uh, I—I think we've talked at length about Charlie's birth. Nothing went as planned. And I think I became even more determined after the C-Section and Charlie went to the NICU that I—I was gonna make this work. It was something that I still had available to me as an option that I wanted in my—my perfect birth plan. And I—and I was determined to make it work.

And, uh, I was—I've always said, I was just very lucky. It was—it was the one thing that— according to my birth plan, not that this is the ultimate right, but right for me—this is the one thing that we got right kind of from the jump, Charlie and I.

Justin: Now, it's worth noting, and I think we should probably... I—let me—hey. Let me step in here... as a person who doesn't breastfeed, to tell everybody that, uh—it's not that—I don't think we're—we—we're going to, I think, probably talk very positively about breastfeeding. But I want to make it clear—I hope that you will make it clear, 'cause my opinion is not... particularly valuable? [laughs] In the arena of breastfeeding? Um—

Sydnee: [laughs]

Justin: —that, uh—uh, that it—if you are not able to, or your circumstances have somehow prevented you to, or what—any—whatever, it's still perfectly safe and fine and healthy and, like, no reason to... feel guilty, also.

Sydnee: Well, and you hear these—these competing kind of mantras, and I think that they—they are complementary. I—I like to... I like to say that everybody who's trying to advocate for healthy babies, we're on the same team, whatever your perspective is, whatever organization you represent.

And some people say "Breast is best," as in breastfeeding the best way to nur—you know, provide your child nutrition. Uh, and then other people will note that "Fed is best." I think that those two things can both be true.

At the end of the day, we are so lucky to live in a time where we have formula that is a completely safe and effective and nutritionally sound way of feeding your baby. And it's—and it's—it's absolutely fine, and if you choose that, or if you simply—you know, you just—you don't want to, you can't, you—you try, and it just doesn't work for you, or you try and it does work and then you decide you don't want to do it anymore. Whatever your reason—

Justin: We just wanna give some good press, I think, to breastfeeding.

Sydnee: Yes.

Justin: Breastfeeding has gotten kind of a bum rap.

Sydnee: [laughs]

Justin: So we're just here to say, like—and also, breastfeeding's very cool!

Sydnee: I—well, I think it's one of those weird things that is probably dependent on where you live, because I—once I started breastfeeding Charlie, of course in the hospital that was mostly embraced, although I was constantly—

Justin: Not literally, right? Because I think that that would be an inopportune time.

Sydnee: Don't—please don't embrace me while I'm breastfeeding. I'm in the middle of something.

Justin: [wheezes] There's—Sydnee's fun fact! Fun breastfeeding fact numero uno: don't hug her while she's breastfeeding.

Sydnee: [laughs] Thanks. I'll—I'll hug you when I'm done. It's fine. Uh, but mostly in the hospital everyone was supportive. Now, with Charlie being in the NICU I was surprised how many people tried to tell me, "Oh, it's just gonna be too hard. Don't bother."

Justin: Mm-hmm. Oh, that's the best way. They might have actually known you very well, and had wanted it to go great for you and wanted you to never stop, because that is absolutely 100% [through laughter] the best way to guarantee that that happened!

Sydnee: Uh, and outside of the hospital—I don't wanna say that anybody was *not* supportive, it's just—I did—like I said, I didn't come from—no one in my family had really—that I was close enough to to talk about it with had breastfed. And I didn't have a lot of tips.

Um, there were some people who were able to kind of give me a little feedback here and there if I had questions. But for the most part, I felt like I had to figure out a lot on my own.

And the other thing is, I think in the area we live in, I don't—I don't see people breastfeeding out in public very often. And so public breastfeeding was very scary for me at first, because I—it wasn't something I had seen growing up around here.

It was—I knew it was fine, I—I *knew* it was fine, and I was ready to fight that fight if I needed to. Like, I don't yell at you when you eat, you know, a hot dog on the street, so why the heck are you yelling at my baby for eating what they eat outside? You know? I mean, it's—why should I eat—why should my child eat in a bathroom? Do you eat in a bathroom? No. I—it—I—

Justin: I have eaten in a bathroom.

Sydnee: [laughs]

Justin: Let's back up. [laughs]

Sydnee: I'm just saying, like, I had all these arguments. And, you know, why are you sexualizing this breast that is made for feeding this child? What's your problem? Maybe you could look elsewhere. There's lots of places to look.

I had all the arguments in mind, but it was still very intimidating to me to breastfeed in this society, in this time, in this place in history.

Justin: Do you think... okay, let me ask you this. It's, uh—you know, what's funny is we see these, like, um... at the airport, you see 'em now, and I bet big cities you probably have a lot more of them. But, [crosstalk]—

Sydnee: The—like the booths?

Justin: The boob—the... no. I was trying to come up with a portmanteau for boob and booth. It just wasn't there.

Sydnee: I forget what they're called.

Justin: Boob booth!

Sydnee: Yeah.

Justin: They're, like, Mom—Momvana or something like that? I don't know.

Sydnee: It's something like that.

Justin: Something like that.

Sydnee: They're really nice. I haven't been in one, but I understand they're really nice.

Justin: It's like a weird thing where it's, like, cool to see, but also sad to see. You know what I mean? It's, like, kind of both—

Sydnee: Well—

Justin: —both, right?

Sydnee: Well, you gotta understand, though—

Justin: I wanna get your opinion on it.

Sydnee: So, I spend a lot of time thinking and talking about this. Um, not just as a physician counseling patients and as a person who is still breastfeeding, but I am in various Facebook groups. Uh, with other—actually other doctor moms, and some exclu—like, exclusively devoted to breastfeeding. And so we discuss these things a lot. I—I like to hear other people's stories.

And the, uh—there are quite a few people who prefer some privacy when they're breastfeeding, for their own comfort, and that's fine! If you don't want to, you know, pull your boob out in public, that's fine!

No one should feel like part of breastfeeding has to be advocating for it constantly with your body. That's not necessary. I don't—I'm at a point where I don't care. It doesn't bother me. I do not feel embarrassed. I do not feel uncomfortable.

There are certain places, um—if there are a ton of kids around and parents, sometimes I'll be a little more modest, because I don't wanna have to have an angry parent telling me to put my boob away, and then me having to tell them why they're wrong, and then there's kids in the mix, and—

Justin: And your boob's still out, 'cause—and—'cause you didn't notice, and then it's, like, hilarious.

Sydnee: I just—I—I would feel like I was right, but I also don't wanna—I don't wanna have that argument in front of a bunch of kids. So there are times when I'll be more modest. But for the most part, it doesn't bother me.

Now, if you feel differently and you would appreciate a nice little booth with comfortable seats and, you know, some—I don't know what's in there. A TV probably? Something. There's gotta be somethin'.

Justin: Something. *Somethin'*, right?

Sydnee: Maybe some outlets? That would be nice. Plug in your phone, charge your laptop, whatever.

Justin: Maybe a barista? Like—

Sydnee: Some bottles of water?

Justin: Sure, good.

Sydnee: That would be nice. Whatever's in there. If you prefer that, that's fine! There's nothing wrong with that. I just think that the—

Justin: Next time we're in an airport, I'm gonna make you go in.

Sydnee: [laughs]

Justin: There is no reason this should be a mystery.

Sydnee: [through laughter] I just never—

Justin: This should be a puzzle you have to crack. Just duck your head in. I almost did it. No, that's not, like—that's, like, a bad look all round, 'cause one of two things is gonna happen.

One, I'm gonna be like, "Oh, excuse me, person who's breastfeeding! I'm going to leave, sorry."

Or someone who needs to breastfeed is going to open the door [through laughter] and then, like, "Uh, what are you doing in here?"

And I'll say, "I could ask you the same question."

And they say, "Well, I'm about to breastfeed."

And I would say, "Well, that's a very good reason. I will give you the room."

Sydnee: [laughs]

Justin: "Everything is—it's spic and span in here! I was just reconnecting the AV cables to the TV that is probably in here."

'cause Can—can I ask you, Justin—were you uncomfortable at all when I first started breastfeeding? Did it make you uncomfortable?

[pauses]

Justin: Uh—

Sydnee: 'Cause it—it never bothered me. It felt—it—my instincts, I think, kicked in, and it felt very natural to me from the jump. I'm not saying it was easy—

Justin: My—

Sydnee: —I'm just saying it felt fine.

Justin: —in my—

Sydnee: It felt like what I was supposed to be doing.

Justin: —in my—okay. There are so... [muffled laughter] you do not understand how narrow the slivers of light for me, Justin Tyler McElroy here are in this conversation to—to be honest and not worry about saying the wrong thing, 'cause I really want to be... I really will, like, defer to whatever. But—

Sydnee: Let me tell you why I'm asking, and while I give you a chance to formulate your response.

Justin: Okay.

Sydnee: I wondered, when I started breastfeeding in front of you and our family—I knew it was hard at first for my dad. [laughs]

Justin: Yeah.

Sydnee: When I would breastfeed in front of him. I could see him, like—my dad was always a very kind of modest guy, and the idea that here I was, sitting there with my shirt half down, I think that probably—but now he—it doesn't bother him now. Or if he does—I mean... he doesn't wanna—

Justin: He's gotten better at covering it up.

Sydnee: Yeah. Well, no. I mean, no, I don't think it bothers him at all now. It never bothered my mom. I—I was shocked at how my sister Rileigh, who at the time—gosh, when Charlie was born that was three years ago. She was—

Justin: Fourteen.

Sydnee: —fourteen.

Justin: Thirteen.

Sydnee: Thirteen. She was actually thirteen when Charlie was born. She was probably the most comfortable and cool with it from the jump, and acted like it was no big deal. I was very impressed with that maturity.

Justin: That's the teens. They're still ahead of us.

Sydnee: They are, they are. Uh, you know, I—you're—I don't know how your brothers felt. I think now they wouldn't feel uncomfortable, now that they've been through it themselves, but... I—I always wondered. I always wanted to look at people and go, "Do you feel uncomfortable? 'cause it's okay if you do." But then that's even more uncomfortable, so.

Justin: My... relationship... with your boobs had to evolve.

Sydnee: [laughs]

Justin: That is what I will say, and I will leave it at that. But I—I had—I had... some growing up to do. [wheezes] *I* had a little growing up to do.

What has been the, uh—I'm gonna pose some questions to you so you're not having to monologue. What is the biggest surprise to you since you started breastfeeding? What has surprised you the most about maybe people's responses, or your feelings on it, or any of that?

Sydnee: Um, the biggest surprise to me—and we'll probably talk about this a little more in depth—is I used to say I am pla—I would very much like to breastfeed for the first six months. That was my goal was to make it six months. And I would be willing to continue up to a year, and I was absolutely dead set that that's when I would be done. That was my plan. And that obviously didn't happen, and I'm fine with the fact that I'm—

Justin: And we're gonna talk about [crosstalk]—

Sydnee: —we'll talk about it. I'm still breastfeeding Charlie, and I'm fine with it, and I'm not embarrassed to say it, and I don't feel weird about it. Um, that has shocked me about myself, because I really—I really thought I felt a different way about it until I did it.

Um, as far as responses from other people... uh...

Justin: You've never had too bad of a run in.

Sydnee: I didn't have any—no. I mean, at—since—

Justin: 'Cause it's kind of a power play. Like, I think people are more intimidated than they are—at least my sense of it has been that people are more like, "Whoa. What a boss. [wheezes] She's really runnin—runnin' stuff!"

Sydnee: [laughs quietly] I—well, I—I've been very lucky—

Justin: That's how I feel at least. I don't know.

Sydnee: No, I—I've been very lucky. Sometimes I'll read horror stories, especially about people who work and breastfeed, and so they have to pump and they have to store their milk and things like that. And I'll hear things like, "My boss won't let me store my milk in the fridge at work 'cause it's a biohazard," and things like that. And I just—

Justin: *Resident Evil*, you mean. We're in America. It's a *Resident Evil*.

Sydnee: I have never... I go to my office and I put a—we—I would put up a sign that said, um, "Pumping in progress," and pump. And my good friends would knock on the door and say, "It's just me, Sydnee. Can I come in while I'm doing this—while you're doing that?"

"I don't care. Sure, yeah. You know, whatever. Hop in."

Justin: And then nasty Doug—

Sydnee: [laughs]

Justin: —the one nasty guy at the office who everybody hates would do that, but you'd be like, "Not now, nasty Doug. I know *your* game."

Sydnee: [laughs quietly] I mean, I did—it didn't bother me, and—

Justin: But he's also the best brain surgeon there, so it was very important, and he had a patient on the table, but he was still nasty.

Sydnee: [laughs]

Justin: So you had to make the choice between saving a life and letting nasty Doug get his peepers all over—

Sydnee: So I just—I just put my white coat over my chest and continued to pump.

Justin: Yes.

Sydnee: No, I—but I stored my milk in the fridge. People would laugh as I would be walking up and down the hallway all day with more bottles of milk, and, uh, I mean, no one ever gave me a hard time.

I think maybe that's what shocked me most about other people. I was so uncomfortable and so intimidated, going out in public and talking to people at work about it. And I thought, "Oh, I'm gonna meet all this... you know, all these barriers and all these people who are—who don't understand why I'm doing it."

And... that really wasn't what I experienced. Even people who didn't do it and didn't really understand it, and maybe even thought I was a little weird for how long I've been breastfeeding are supportive, or at least they're not hostile.
[laughs]

Justin: Um, do you wanna talk about some of these breastfeeding myths?

Sydnee: Yes, I do. But before that... let's head to the billing department.

Justin: Let's go!

[ad break]

Justin: Uh, I have myths here, Sydnee.

Sydnee: Okay.

Justin: About breastfeeding. At least I think they're all myths. I did—I'm gonna—it's gonna be hard for me to say "myths" over and over again.

Sydnee: Okay.

Justin: I have a cold sore.

Sydnee: Misconceptions?

Justin: Mythconceptions?

Sydnee: Old—

Justin: That's kind of a portmanteau.

Sydnee: —old wives' tails.

Justin: Okay. You know what I'm talkin' about. [holding back laughter] Lies. That—how's that?

Sydnee: Folklore. [laughs]

Justin: Old lies. [laughs]

Sydnee: Old lies.

Justin: Old lies. Um, at least I hope they're all myths, because I got them from all around the internet, and my own brain. Uh, so here we go. Are you ready?

Sydnee: Yes.

Justin: Sydnee, is it true that people with small breasts can't make enough milk?

Sydnee: No. No, that's not true.

Justin: You gotta have more for me than that.

Sydnee: Okay, well, bre—[laughs]

Justin: You can't just—

Sydnee: Breast size has nothing to do with whether or not you can breastfeed. Um, and your—

Justin: Bigger boobs can't store more?

Sydnee: It really doesn't—it has to do with the—like, the ducts and your milk production and how much stimulation your nipples are getting, and—

Justin: Fair enough.

Sydnee: No. It—it—it's not—you're thinking of breasts as if they're big bags of milk, and it's a system—[laughs quietly]

Justin: And...

Sydnee: No. It's a system of—of ducts. Du—not ducks like "quack" ducks. Like, ducts.

Justin: [crosstalk] tubes.

Sydnee: [laughs] Glands and—no. And then there is—there is surrounding fatty tissue, but no, there is not—it's not a storage facility for milk. You can breastfeed just as well with small or large breasts. Um, it doesn't matter. And pregnancy changes your breasts a little bit, too. So... some of us may be—

Justin: Well, that's a little bit head of me, 'cause I have no—

Sydnee: Okay, okay.

Justin: —I have myths.

Sydnee: Okay.

Justin: Babies will reject the breast after they have had a bottle, or vice versa.

Sydnee: No. Not—not necessarily at all. Um, it is important the way introduce a bottle the first time. Let's say that you are, uh, starting off breastfeeding and then, like myself, you plan on going back to work, and you'll need your child to be able to take a bottle when you're not available.

Uh, you wanna wait a couple weeks to introduce the bottle. Honestly a lot of babies, even if you introduce the bottle after a few days, may do fine going back and forth. But if you really wanna be certain, it's best to wait a couple weeks and then introduce a bottle for the first time once they're really well established on the nipple.

Um, just to make sure that you don't create nipple confusion, where they—they either can't take the bottle, or they get used to the bottle and then have trouble going back to the breast. It's the same idea with the pacifier. It's usually recommended that you wait a little bit before you introduce the pacifier as well. Um, just to make sure baby can go back and forth between these various... nipple-shaped objects. [laughs quietly] And, uh—

Justin: Is it true, Sydnee, that breastfeeding is a good form of birth control?

Sydnee: This is—man. This is a good misconception to tackle, because if you don't know the truth, um...

Justin: It could be catastrophic.

Sydnee: Yes. So, while it is true that because of—we'll say, like, the hormonal milieu, the hormonal situation of your body while you're breastfeeding, it is less likely that you will ovulate, meaning that you wouldn't get pregnant, because there's no egg, uh, to be fertilized.

Uh, it is not impossible to ovulate while you're breastfeeding. So it's not foolproof. You are less likely to get pregnant, sure, while breastfeeding, because you're probably not gonna ovulate all the time, but it is definitely possible, so I would not rely on breastfeeding as a sole form of birth control.

Justin: I wouldn't either. If you need a good, uh, sort of example of that, uh, Sydnee is holding her. Her name is Cooper McElroy.

Sydnee: [laughs]

Justin: [through laughter] And she was defo born while Sydnee was still breastfeeding, so—

Sydnee: That's true. And—

Justin: —now our protracted three-year-long episode of *Mythbusters* has come to an end. Myth busted. [through laughter] I'm Jamie, and this is Adam.

Sydnee: Which is a really good example. You are most likely to not ovulate early. Like, right after birth and early while you're breastfeeding. The longer you breastfeed, the kind of less—I hate to use the word "protective," but the—the less, uh, inhibitory towards pregnancy it becomes.

Um, but I would not rely on that solely. I would—if you don't want to get pregnant, I would use something else as well.

Justin: Is it true, Sydnee, that, um, breastfeeding will make your kid dependent?

Sydnee: No. No. It—not at all. Actually, uh, there have been studies that have shown kids who breastfeed to be more independent. And—and in no way clingier or needier, or in—something that you are considering developmentally... uh, negative in any way. So, no. It is totally safe and fine to breastfeed your child, or not, but there is no worry about that.

Justin: Uh, only—this is another myth, which I probably don't need to say 'cause that's all we've done, but still, I'm gonna say. This here, I think, is a myth.

I'm clarifying because I'm a little embarrassed to say, I didn't—I thought this one was true, so. Only people who have given birth can breastfeed. Like, specifically the parent who gave birth to the baby is the only one who can breastfeed.

Sydnee: No. I mean, historically, a good example of why this is a myth are wet nurses. So wet nurse—there was a time when a—especially, like, a person of upper society, an upper class person, would not breastfeed because it was kind of unseemly, and there was a lot of stress on them to appear... um, to get—to look like they did prior to giving birth as quickly as possible, and not to be... uh, unclothed.

Justin: There you go.

Sydnee: You know, in—in any polite society. So you would have a wet nurse, who was usually someone who had given birth and breastfed and continued to breastfeed, and maybe breastfed their own child as well, but also breastfed your child.

Um, modern day, it is possible to induce lactation using certain medications.

Justin: With some people, I would assume, not—

Sydnee: Yes, not everybody, and it's not—again, it's—I mean, well, it's like breastfeeding. It's not 100%. Not everybody who wants to or attempts is gonna be successful in breastfeeding.

There are cases where no matter how many times you try and you do everything you can, it just doesn't work. It won't work for everybody, but you can induce lactation.

Justin: Uh, let's talk about pump and dump. 'Cause this is one that, like, as recently as the—after our first baby, like, the—

Sydnee: I still thought was true.

Justin: Yeah.

Sydnee: So, the pump and dump myth, if you're not familiar, is the idea that if you are a parent and you are breastfeeding, and you decide you want to have a few alcoholic beverages, that the best way to manage that—

Justin: Or eight or nine or ten.

Sydnee: [laughs quietly]

Justin: Or thirteen or fourteen.

Sydnee: I—I'm just gonna say, no matter—

Justin: If you wanna get plowed when you have a baby—[laughs]

Sydnee: No. No. [laughs] No matter who you are or whether or not you can or want to breastfeed or have children, please don't have eight or nine or ten or thirteen drinks.

Justin: Okay.

Sydnee: Please.

Justin: Fine.

Sydnee: That's not good for you.

Justin: It's too late for me anyway, I—

Sydnee: That's a bad idea.

Justin: —if I got started now, I'd be up all night. [laughs quietly]

Sydnee: No. But let's say you wanna go out and have a couple drinks, and you're nervous about the alcohol that will then be, uh—that will then be in your breast milk.

Justin: Okay.

Sydnee: Because there is a transmission of alcohol from the bloodstream into the breast milk. Uh, it is important to note that it's incredibly small, first of all. That's the first thing you should know. The amount of alcohol in your bloodstream, the percentage, is equal to what's in your breast milk. So if you're .08%...

Justin: Think about gravity. If you think about, like, a—a Miller—or a Bud Lite or something having, like, a 5—which I just use as a baseline—

Sydnee: 4 or 5%.

Justin: 4 of 5% alcohol content, you're talking about .08—

Sydnee: Percent.

Justin: —percent is, like, a very low—that would be—

Sydnee: Yes.

Justin: It's, like, less than O'Doul's level of—not that you'd wanna give your baby O'Doul's, [holding back laughter] but you know I'm talking about!

Sydnee: Right. It's actually less than orange juice. Orange juice naturally ferments to a certain degree, so it's .09%.

Justin: Wow.

Sydnee: Yeah, there you go. But—and this is not me advocating that you drink and then breastfeed. What I'm saying is—

Justin: Or that you give your baby orange juice.

Sydnee: —no. [laughs quietly]

Justin: [wheeze-laughs]

Sydnee: No, don't give your baby orange juice, no. Formula or breast milk, please. Uh, but what all this means—

Justin: Or Gatorade, if they've been playing sports. [snorts]

Sydnee: [laughs quietly] It—

Justin: [laughs]

Sydnee: —no. Please do not give them Gatorade. The alcohol is being transmitted from the bloodstream into the breast milk., as long as it's present in the bloodstream. Once the alcohol is no longer present in the bloodstream, it's no longer present in the breast milk.

So if it is, you know, five, six hours after your drink, or if we're talking the next morning after maybe you did have... kind of a bender. Something like that. You did have three or four drinks.

Justin: Nah, that's not a bender! [crosstalk]

Sydnee: Well, you know what I mean. You did have—you did have more than...

Justin: Fine.

Sydnee: You know what I'm saying.

Justin: Yes.

Sydnee: The alcohol is out of your bloodstream, so it's out of your breast milk. It's not stored in there. It's not like you're now storing... bags of vodka in your chest.

Justin: But even if you stone cold breastfed your baby, it's not gonna hurt—it—like, while you were drunk, it's not gonna hurt 'em.

Sydnee: Well, generally we—we advocate not to breastfeed while you're drunk, more because it—

Justin: [simultaneously] Well, I mean—[crosstalk]—

Sydnee: —it's—well, as a physician—and breastfeeding advocacy societies—it's dangerous to try to care for an infant period when you're drunk, whether or not you can breastfeed.

Justin: Correct, yes.

Sydnee: So the same would go for you. You don't breastfeed. Please don't take care of our babies while your drunk. That's—that's just a general rule.

Justin: [through laughter] Listen, if you don't want my help, just say it, okay?

Sydnee: You're more likely to—

Justin: [through laughter] You can't be choosy!

Sydnee: —you're more likely to fall asleep when you're drunk, and if you're holding a baby that you're breastfeeding, that's very dangerous, so that's—that's the bigger concern, honestly.

But my point with this is, please do not think, "Oh, there's—there's beer in my milk. I need to pump and dump the milk."

No. Just wait. And then breastfeed later.

Justin: Or don't. I'm over here running the numbers, people. [holding back laughter] Sydnee can't say this. I am. The baby'll be fine. Listen, it's .08%.

Sydnee: He—this is—

Justin: It's fine!

Sydnee: —what I have told—what I usually tell people is, if you wanna have a drink with dinner, that's fine. It's fine. Just have your drink and don't stress about it. It's not gonna harm your—your child. But the—the big thing I want to advocate against is the pumping and dumping, 'cause you're wasting—

Justin: That good stuff.

Sydnee: —breast milk. You're wasting the breast milk. Don't do that. I mean, unless—unless you are just so engorged, unless you are completely drunk and you're so engorged and you can't—and it hurts so much, but you're too drunk to breastfeed a baby, then fine, by all means, you can pump and—if you want to dump that, although you... really don't need to. But if you'd feel better about it—but you really don't need to pump and dump. Just wait and breastfeed later.

Justin: Is it true, Sydnee, that breastfeeding is bad for your breasts?

Sydnee: No, breastfeeding isn't bad for your breasts.

Justin: Okay.

Sydnee: No, it... some people are concerned about, like, changes in the shape of their breasts over time. Pregnancy does that, as I already mentioned. Breastfeeding really doesn't change that, so... you know, don't worry about that. And it can actually be protective against breast cancer, so it's good for your breasts.

Justin: Uh, is it true that you should stop nursing when you get sick?

Sydnee: No. You—you—unless you are so sick, again, that you can't hold the child to breastfeed them—you know, please don't, like, vomit on your child.
[laughs quietly]

Justin: Hey. Alright. Welcome to Justin's Doctor Corner where I will field this one. Don't puke on your baby.

Sydnee: Don't puke on your baby. If you—if you are so sick that it is detrimental to you to try to breastfeed, if you are not in a position to be able to provide breast milk., then obviously don't.

But if you're worried about, "Because I'm sick, I'll give the sickness to my baby through my breasts, through the breast milk., whatever," no. That won't happen. And actually you're probably forming antibodies against whatever you've got, and then you're gonna transmit those to the baby.

So, for instance, one time I was sick when it was Charlie, when I was breastfeeding Charlie. I had an upper respiratory kind of infection thing. I did wear a mask, 'cause I didn't want to cough and sneeze on her, so I wore a mask while I was breastfeeding her and I washed my hands a lot, but I still breastfeed.

Justin: Um, is it unsafe to lose weight while breastfeeding?

Sydnee: No, not necessarily. It's always important to monitor that you're still making—you're still making milk, you're still producing, 'cause there is—you can lose weight too quickly or not provide your body with enough calories, and then that could be detrimental to milk production. But overall, as long as you're doing it in a safe, healthy manner, it's okay to try to lose weight while you're breastfeeding.

Justin: Lastly—and we touched on this, but to return back to it at the end here—all babies should be weaned before their first birthday.

Sydnee: So, I think this is—this myth is probably more prevalent in the United States than in a lot of other places. Um, because our breastfeeding rates are kind of low, and certainly our extended breastfeeding rates are very low.

Um, worldwide, the average age that a child is weaned from breast milk, so they stop breastfeeding, is between age three and four. So worldwide, it's not unusual to nurse your child past that.

Uh, I've read that from, like, an evolutionary biological perspective, the human animal, could conceivably be breastfed up till age five. You could make the argument that they are meant to be breastfed up to age five.

Justin: Not that they could conceiva—'cause they could conceivably be breastfed for a very long time.

Sydnee: Well, you could breastfeed 'em forever—

Justin: Well into adulthood.

Sydnee: —but—[laughs quietly] but if you're looking at us as animals, when is it beneficial and—and—and a good idea? Up to age five still makes sense. And this is not me saying that after five it's damaging or detrimental. I'm not saying that at all. I'm just kind of looking at us as animals. You know, if we were—if we were dogs, this is what we would say. [laughs] Um—

Justin: Do you—as a doctor, Sydnee, do you look through a lot of things through the lens of, "[holding back laughter] If we were dogs, what would we do?"

Sydnee: [laughs quietly] I think about us as animals a lot.

Justin: Okay.

Sydnee: Probably more than the average person.

Justin: Fair.

Sydnee: Uh, so... you don't need to—you don't need to wean your child—I mean, really at any age, is the short answer. Unless you don't want to breastfeed anymore.

Justin: Yeah.

Sydnee: Then—then by all means, wean your child. You should—you're not forced to do so. Uh, everything past a year of age is called extended breastfeeding.

There are—I mean, like I said, worldwide that's not unusual, so I don't even think that term is really accurate. There is nothing damaging to your child to continue to breastfeed them past a year.

Um, if you are only breastfeeding and you're not giving them other foods at that point, that's not a good idea. You should be introducing other foods. I mean, you should've—you probably did already at six months. You don't have to, but you really need to at this point.

If you haven't already, your kid who's a year old—you need to be introducing other foods. You need to be introducing other things that they can eat and drink. That's just part of a normal healthy toddler diet as they age.

Um, but breast milk can be part of that too, and there is nothing dangerous about the act of breastfeeding. About, like—like we've talked about, the idea that a kid will become too clingy or too dependent. That's not true. There's no studies that support that.

Um, and there's some benefits that we—I've actually seen firsthand. When Charlie was sick, um, even as a one-year-old and a two-year-old and now as a three-year-old, and maybe didn't want to eat or drink anything, I could keep her hydrated with breast milk.

She would always want to breastfeed. No matter what else she didn't want to eat or drink, I could keep her out of the emergency room needing IV fluids by breastfeeding her, so I felt really lucky that we were still doing it for that reason.

Um, I think that traveling was a lot easier. We traveled a lot with Charlie when she was little, and I think that always having me there, and the comfort of the breast, made her accustomed to new surroundings pretty quickly. Um, and there's been—there's been some evidence of that, that maybe those kinds of things, um, can be helpful.

Justin: I think it's worth—I'd like to own up to that this has been—without delving too much into our personal lives, this has been a struggle for Sydnee and I.

I mean, from my—for me, I am not particularly proud to say it, but I had stru—I never had any struggle with you breastfeeding in public or anything like that. As Charlie got older... and this is just societal, right? It's nothing to do with—

Sydnee: Mm-hmm, yeah.

Justin: —anything other than that. I started to feel, like, uncomfortable. That somehow we had, like, infantilized her, or that is the—and that is, like, messages that I had gotten from society and from the media. So—and I'm not like—and I would be lying if I said 100% that I don't feel some tinge of that that I have to push back against.

Sydnee: Well—

Justin: To—to this day.

Sydnee: —and there are—there are some really—you know, when I—when I got close to having Cooper, I started to get a little nervous about it. Because at that point, Charlie wasn't nursing very much. And as you can imagine, I wasn't producing very much.

I still did produce some breast milk while I was pregnant, but pregnancy decreased my production significantly. But it didn't matter. Charlie wasn't doing it so much for nutrition as for comfort and bonding.

Uh, but after Cooper was born and I was definitely making milk again—which, I will say that, my milk came in a heck of a lot faster the second time around.

Justin: [laughs]

Sydnee: And I produce more than enough. [laughs quietly]

Justin: Oh yeah.

Sydnee: So there's no—I'm—I don't have any of the worries about production that I did the first time. Um, Charlie started to try to nurse more, and that is one thing that I've read, you know, if your child is doing it to try to get your attention, that's something—I'm not saying that you have to stop breastfeeding, but that's something I try to push back against a little bit, is to show her that she doesn't have to do that to get my attention.

There are lots of ways that we can be close and cuddle and I can talk to her about things and show interest in her, and it doesn't have to be that. Because she sees Cooper doing it and she thinks, "Oh, that's how I get Mommy's attention."

Justin: Right.

Sydnee: So that—that is one pitfall. Um, and then—

Justin: One that I would like to—to mention is that we definitely had a struggle with it when it came to sleep training.

Sydnee: Yeah.

Justin: That—that we had a really tough association between, "The way I fall asleep is to nurse."

Sydnee: Mm-hmm.

Justin: And as she got older and was like—we were wanting her to, like, sleep in her own bed throughout the night, at the start we really had a hard time breaking the association between, "I need to fall asleep, so I need to be nursing."

Sydnee: Mm-hmm.

Justin: So that was—I think that was definitely one of the struggles with, like... doing it later.

Sydnee: And—and it's de—and it is—a lot of people will ask, like, "Is it safe to continue nursing Charlie while you're now nursing a newborn?" Well, now almost three-month-old.

Um, it—yes. It is safe. It is fine. It is not—there is no problem with continuing to nurse your toddler and nursing a new baby. Um, you do need to think about it.

You know, it is something that—there. are times where, um, Cooper will have gone on a nursing marathon, and so I will feel like throughout the day I'm just not—not quite as full... [laughs quietly] as I normally am, and I'll be a little more, uh, apt to try to distract Charlie if she wants to nurse, so that I'm maintaining a supply for Cooper that day.

Um, so it's something I pay attention to. I always make sure Cooper's full first before I let Charlie nurse. Uh, but it's not—it's not dangerous, and it hasn't—I mean, Cooper's growin' just fine.

Justin: Yeah.

Sydnee: [laughs quietly] She's a big girl, so.

Justin: I will say, also, sometimes Cooper, because her sister is still nursing— [holding back laughter] I think Cooper sometimes gets a little more milk than she bargained for. You remember scene in *UHF*?

Sydnee: [laughs]

Justin: Where Stanley Spadowski's like, "Who wants to drink from the fire hose?" And then he opens the fire hose on that kid? It's a little bit like that. Sometimes Cooper gets a little overwhelmed.

Sydnee: I have a vigorous let down. [laughs]

Justin: [laughs]

Sydnee: That's the way to put it. I have a vigorous let down.

Justin: "[British accent] Hello, Detroit! We are the Vigorous Let Downs! Let's rock!" That's my band.

Sydnee: The—the let down is when your breasts fill with milk and the milk starts flowing naturally, and it's—it's not because the, uh—the baby is stimulating or the pump is stimulating your nipple, in case—in case that wasn't clear.

Justin: Speaking of, a great new show on Netflix called *The Letdown*.

Sydnee: Yeah.

Justin: Uh, I think it's out of Australia.

Sydnee: I would highly recommend that show.

Justin: Yeah. It's satirical about early—early parenting. Um, Syd, is there anything else you wanted to talk about breast milk. before we bring this to a close?

Sydnee: I would just say, um, I really—it means a lot to me when people say, "Thanks for talking about breastfeeding, because it helps to normalize it."

And that was—a lot of what I wanted to do by talking about it more was reinforce that, um, it—obviously breastfeeding can be—is, not can be, *is* a completely normal healthy way to feed your child, and bond with your child.

And that it is fine for it to continue up to—Charlie is now over three and a half years old, and I am still nursing her, and I'm not embarrassed to tell people about it. I don't do it in public quite as often as I used to, 'cause it's just, like... in the mall, people look, and... [sighs] sometimes I just don't feel like dealing with it.

But, uh, I do it at home a lot more with Charlie than I used to. Um, but I'm not embarrassed to say that I am, and she's fine. There's nothing wrong with her for it, and there's nothing wrong with me, and we're not weird.

I'm not ready to go on the cover of Time Magazine, 'cause that's just not me. But I don't think—but I just—I wanted to normalize that, 'cause I think extended breastfeeding people start to get squeamish about, even if they're totally fine with breastfeeding a newborn.

It's fine. It's... it's okay if you don't. Nobody has to breastfeed. Everybody's gotta do what's comfortable for them. But if you make this decision, at least know that Sydnee McElroy's out here doin' it too. [snorts]

Justin: Um, so, that's gonna do it for us this week! A little bit of a different one. I hope you, um, still enjoyed it, and please take a moment to, uh—to share the show with people you care about, or leave us a review on iTunes. That sure does help—or tweeting about the show.

We're @sawbones, uh, on Twitter. We have also a Facebook page. If you search "Sawbones" on Facebook, you can see us there.

Sydnee: Mm-hmm.

Justin: You can like us there. Um, we have—

Sydnee: And you can email us.

Justin: Yeah, go for it! Sawbones@maximumfun. Do it.

Sydnee: Yeah, we don't say that email enough.

Justin: No.

Sydnee: Sawbones@maximumfun.org.

Justin: Yeah, and if you have, like, an episode suggestion, go ahead and shoot that to us there.

Sydnee: Yeah.

Justin: Um, also, we have a book coming out! [Bit.ly/sawbonesbook](https://bit.ly/sawbonesbook). It's coming this October from me, Justin McElroy, and mainly Sydnee, and also, uh, her sister, Teylor Smirl, does illustrations.

You are gonna love this book. Uh, I think it is great, and I think that everybody who buys it is gonna be, like, really jazzed about it, and—

Sydnee: We're really excited about it.

Justin: —read it eight or nine times, easy.

Sydnee: It a labor of love. I hope you enjoy it.

Justin: It is a labor of love. Please preorder our book. And, uh, we appreciate you very much.

And, um, thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro—

Sydnee: Um, and we will be at the Columbus Podcast Festival next weekend.

Justin: Thank you, yes! This Saturday, May 12th, we're gonna be at the Columbus Podcast Festival. Um, tickets, I believe, are still available. We're gonna be there with *Still Buffering*, *Court Appointed*, um, all on, uh...

Sydnee: Saturday.

Justin: Saturday, yes.

Sydnee: Starting at... 7:30.

Justin: Yes. Saturday at 7:30, we're kicking it off. So, uh, go get tickets. Go to columbuspodcastfestival.com, get your tickets, come see us. It's at the Short North Stage. And, uh, it's gonna be a lot of fun.

Tickets are, like, \$20 a day for, like, a day pass. It's \$20 all day for a bunch of podcasts, or 40 bucks for a weekend pass, which is, like, four days of podcasts. So, what a bargain. Uh, please come see us. We—

Sydnee: Come to Columbus.

Justin: Yeah.

Sydnee: Go to CoSi. See our show.

Justin: Yes. It's a great—it'll be a great day, educational, and edifying. And, uh, that's gonna do it for us, folks, so until next week, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head!

[theme music plays]

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Greg: To my knowledge, it's the only cow circus that's ever existed in this country. In rural Russia, every small town has a cow circus.

Benjamin: Josie Long.

Josie: You should have a beef. Have a beef with them! I have a beef with you. I *will* have a beef with you. Come round my house, and I'll have a beef with you.

Benjamin: And Andy Daly.

Andy: That virus never existed. There was never any such thing as a mad cow disease. That was all, uh, a—an illusion that Big Lamb came up with.

Benjamin: That's the *Beef and Dairy Network Podcast*. Find us at Maximumfun.org, or wherever you get your podcasts from. And I would recommend starting at episode one. Bye!