

**Ep #88: Pumping, Nursing, and Everything in Between
with Tamari Jacob**



Full Episode Transcript

With Your Host

Devon Clement

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Do you wonder about nursing and pumping and everything in between? Stay tuned for a great interview where we're going to talk about all things breast milk.

Welcome to *Parenthood Prep*, the only show that helps sleep-deprived parents and overwhelmed parents-to-be successfully navigate those all-important early years with their baby, toddler, and child. If you are ready to provide the best care for your newborn, manage those toddler tantrums, and grow with your child, you're in the right place. Now here's your host, baby and parenting expert, Devon Clement.

Hello and welcome back to the *Parenthood Prep* podcast. Today we have a great interview for you that I'm so excited about. Tamari Jacob, founder of The One with the Pump. We're going to talk all things pumping, breastfeeding, and I can't wait to find out more. Hi Tamari.

Tamari: Hi, thank you so much for having me. I'm so excited to be here. We're going to have fun today, girl.

Devon: Yes. We always do. So tell me a little bit about how you got started. What made you decide that this was what you wanted to teach about, learn about, help people with?

Tamari: So, it's funny because I actually went to school to be a teacher. I was an early childhood teacher for about 12 years.

Devon: Oh, same, but I only lasted three years.

Tamari: Yeah, I can't believe I started off with an assistant and then I moved up to being teacher. I cannot believe how long I lasted and I did not have children. So I was doing this while I was single in my 20s. I didn't have my own children. So I think it just made it a whole lot easier.

Devon: I never understood how people could leave school and go home and take care of their own kids. And I love kids and I loved being with kids, but it was just like, oh my god.

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Tamari: I would tell my husband, I'm like, I'm always negotiating. Like, all I'm doing all the time is negotiating with children. I've had enough. I've had enough. So I was a teacher, it was going well, and then in 2017 I had my first son and I didn't really know anything about being a first time mom. I feel like we're just thrown against the wall, we have no idea what's happening. And I really wanted to breastfeed him. I wanted to nurse him, and I was not able to. We struggled together for two months. It did not work. I ended up exclusively pumping, which means that I just pumped directly into bottles, gave him the bottles, we had my breast milk. But he wasn't nursing from me.

Devon: And I feel like that happens a lot. I hear that from a lot of not necessarily clients that we work with because we're, you know, able to help them with nursing, but people who call us about their second and say, oh, with my first, I ended up just pumping because things didn't work out with nursing. And I always feel like if they had a little bit better support or this or that, then maybe it would have, it would have gone differently. Not that there's anything wrong with pumping, and that's what we're here to talk about, but, you know, it's not always necessarily the first choice.

Tamari: People don't usually choose it. The majority of people that do choose to exclusively pump are people that are very organized and they want to give their baby breast milk. Not that you can't be organized and nurse, but they're like organized, like it's just very type A, like they need to know exactly how much their baby's eating. They can't deal with the, okay, maybe they got this amount, they can't deal with all that, but they really want their baby to have breast milk. So those people are the people that choose it. It is becoming more common because you know, moms are working now and half the time working moms still only nurse their baby one or two times a day anyways.

So for a lot of people it actually is going in that direction. But on the other hand, a lot of moms are trying kind of both ends. I do find that a lot of moms that do it are, I call it forced into it because that kind of is what it is for a lot of moms where we really want to latch but the baby does not agree with our plan and we end up having to exclusively pump. So I call it being forced into exclusive

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pumping, which is really difficult and really stressful. But if you know what you're doing, it'll be a lot easier. So I was basically forced to do exclusive pumping with my son in 2017. We did it for 10 months and it kind of worked out.

And then with my daughter in 2020, I was like, no, this one I really, really want to nurse. I really want this one to work out. And I ended up having her March of 2020, which I don't know if you guys remember, it was also a worldwide pandemic.

Devon: I was going to say, I mean, that's ringing, that's ringing some bells. Hm, where was I?

Tamari: Exactly. The things about March 2020 guys is that we were in the beginning. There was no Zoom yet. We're not Zooming, no one was doing any of these things. It's not like now where we have a down pat. So no one was able to come to my house, I couldn't Zoom anyone. So I ended up just going ahead and exclusively pumping for a second time. And a couple of my friends had babies at the same time and I went ahead and I was really good at pumping. I guess because I'd done it with my son, I just kind of knew what I was doing. And they were would come ask me questions and I was like, oh, maybe I maybe I kind of know what I'm doing here. And I just started throwing it on to Instagram. And then after the Instagram, I was like, maybe I should just do consults and maybe I should make a course and one thing led to the next and I 2023, I was able to leave teaching full time and run One with the Pump and I have never looked back and never been happier.

Devon: That's amazing. And it's so needed. Like there's so many resources out there for breastfeeding and there's not a lot for pumping.

Tamari: Yeah, there's a lot for nursing and there's really like, it's becoming a little more again with the working moms, but like it's nothing compared - like when I done my certification, there was almost nothing about pumping. Like a majority of the stuff that I, I have a license, but the majority of the stuff that I talk about is like things that I've tested, I've done, I've seen with other moms. It's not, it wasn't in a course that I took. It was from life experience that really works.

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Devon: Totally. And I think that's where you, it's easy to learn about something academically, but when you're actually doing it in the day-to-day, it makes such a big difference. And that's why for me, even though I don't have my own children, I have been a full-time postpartum doula and newborn care specialist, before that I was a nanny and we're there every day. So, you know, the lactation consultant comes in and says, okay, you know, ideally you'll do X Y Z, like put the baby on the breast every two hours or put the twins both on the breast every two hours around the clock. And I'm like, that's just not realistic. Or the pediatrician says, oh, here's how to sleep train or here's how to do this or here's how to do that. But they're not here with you. They're not doing it in the day-to-day.

Tamari: It can be really difficult and it's again, thankfully as the time goes on, it actually is getting better and people are getting more with it, but it took a little bit of time to get there, I will say.

Devon: Sure. So what do you feel like are the biggest issues that people face when they are pumping or nursing or whatever?

Tamari: Yeah, there's so many different things that they could face, but the main one is just having no idea what the hell they're doing. Like that's the truth, like just kind of winging it and like looking online and kind of just going ahead and, you know, pumping this amount of time and on this level like they don't even know how to work their pump which is so common because the pump companies don't really write very well in the instructions how to do it.

Devon: Yeah.

Tamari: So people are kind of just going with it, they're causing themselves major nipple damage.

Devon: They don't make it straightforward at all. Like I was just working with a client with her pump and I actually hadn't been with like a brand new newborn in a while. And I mean the baby is old hat, I know what I'm doing, but then I'm looking at this pump and I'm like, well they changed all the settings on this since

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the last model. And I don't know what any of these things even mean. It's not intuitive. Figuring out how to size the flanges and the, you know.

Tamari: It's not. Yeah, it's really, really not intuitive at all. And even lactation consultants that specialize in nursing, really half the time have no idea what they're talking about when it comes to pumps too because it is different and you have to stay with the times. Like, especially now, every year there are more pumps and more things and more this and if you're not staying on top of it, then you are not able to help the moms.

Devon: Totally.

Tamari: So you really have to know, like, you can't even imagine, you can't even imagine how many pumps I have in my room because like every single time, I always tell like, I'm always trying to organize my house and like declutter and this that. it's just like, I am getting literally new products every single week because every single pump company is coming out with a new pump, which is great. I'm happy that we're, you know, helping the moms. But you have to really stay on top of it and it's taking a lot.

Devon: Yeah. You know, I've been doing this job for so long and especially now that I'm not with clients as frequently, babies haven't changed in thousands of years. Babies are the same. I could take care of a baby any day of the week. But I walk in and I'm like, what's this booboo baba product that I've never seen before? This pump is totally different from what I'm used to. Now you have the ones that attach that you just wear them in your bra and you just walk around with them. And there's like six new ones of that every week and I'm just like, I cannot stay on top of it.

Tamari: It's fun for me. I personally love it, but that's, you know, that's why I do it. I think some of it is overkill and I think some of it is incredible. Like something that's recently come out is a countertop bottle washer which is...

Devon: I am obsessed.

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Tamari: Amazing.

Devon: Actually, I was gonna say, I generally hate most of the new products, which is why I don't really bother staying on top of things. I have my favorites that work, but once in a while, something comes along that I'm like, okay, this is great. And the countertop bottle washer is absolutely that.

Tamari: Oh my god, when that came out, I was like, what took so long? That is the best and honestly, it cleans better than a dishwasher. It's just like those are the things where I'm like, yes. Also, I do like that the pumps now are getting smaller and I'm not even talking about the ones that are wearable that go in your bra with no wires or tubings. Those are a lot of times not sufficient enough to be a full-time pump. It's kind of like a one or two time a day kind of thing. But the other ones, they're all getting smaller, which is great. The batteries are lasting longer. Like pump companies are realizing that if you have a model that's - and there honestly is like the Medela company, they were the OG company, but they have not pulled it together with the times. I say that openly, like I want them to. But they're still having a pump that needs to be attached to the wall, doesn't have a timer on it. I'm like if you're not keeping up, no one's gonna buy you anymore.

Devon: I mean, honestly, I think they're making all their money from the hospitals though because they do the hospital grade, right? So they probably don't even care as much about the home pump market.

Tamari: Exactly. Every single hospital has a Medela, so yes.

Devon: Because I will say back in the day, I mean, I've been doing this since 2009, it was all Medela all the time. That's what everybody had. Either you rented the hospital grade or you had the regular one or you had like the chargeable one that didn't really work very well. Like I would always sort of caution people like this is not your full-time pump. This is not powerful enough, but if you need it for you're in the car or whatever, do it. And then, yeah, I mean, I would say the last like eight plus years, it's been all Spectra. That's all I see. Everybody has the Spectra.

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Tamari: Yeah, they're really great. I love them. I say that they're a little bit like a kettlebell, they're like very, very big, but they're the actual pump is fantastic. And now the pumpables and the baby Buddha are really the current most popular ones that are just great. They're not available through all insurances yet.

Devon: What are those? Is the pumpables the one, the wearable one? There's a few different brands of that, right?

Tamari: So those are not. So those have like regular flanges and those, you know, you use those, they're not wearable, but they're, they're great. I mean, it's like just a smaller version of a Spectra. So it's like a really good primary pump that you can wear all the time, that you can use all the time, but it's much smaller. So it's the size of like a red Solo cup, I think, and I have one. Yeah.

Devon: Yeah, the baby Buddha I've heard of.

Tamari: Yeah, that one's great. It's a little strong. I mean, it's very, very strong. So you could definitely cause nipple damage on yourself if you don't know how to use it. The main thing guys that you do, you want to know how to use a pump. But it's also it's hard because people will go to like their sister-in-law, their cousin and they'll be like, oh, which pump did you get and everyone has different needs and everyone has different wants. So it's really important to do the research for yourself, not just get what your sister's getting because...

Devon: And everyone has different anatomy and different way, you know, supply and I always say like don't make it your gospel what worked for one person with one baby.

Tamari: Exactly. It's like they could have just been a great situation and it's not always like that. 100%.

Devon: So you've mentioned nipple damage and I know that's a big concern. What would you say is like the biggest thing that's causing that and what can people do to kind of ease that or avoid that? Are they going too strong, too long?

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Tamari: Yeah, I mean it could be a little bit of everything. You really want to make sure the flange that like the plastic, it's like a cone piece that goes on your nipples on your breasts. You want those come in sizes, which I did not know by the way. I was just like, oh, this has a number on it. Is this a size?

Devon: Well, they used to not really, like I mean they did, but you just got the ones that came with the pump and you use those and you just dealt with it.

Tamari: Right. So now this is the problem is that they come most pumps come with a 24 and a 28 and most moms are like a 17 or a 19. So I always say that it's as if you're wearing a size 10 shoe when you're a size six. You're not going to be able to walk effectively. You're going to hurt yourself. Like you have to be very careful about it. So you definitely want to watch out, you definitely want to make sure that you're having the correct flange size. You can download, I have a free ruler that you can download, you could do it by yourself. If you're having trouble and you keep having nipple damage, please know that something is wrong and you need help. Whether that's, you know, someone we'll do that at any consults, we'll size all moms, even if a mom comes to me and they're like, oh, someone else sized me in the hospital, I'll be like, I don't care. Like, I need you to resend me videos because I don't trust anyone else. And it's not their fault. Again, like no one wants to say that they don't know what they're doing. I think it's really important to outsource when you are not the most knowledgeable about something rather than hurting a mom or hurting her journey. It's really important to do that.

Devon: Yeah. And honestly, like this process, even though pumps are covered by insurance, can get pricey when you're like working a hospital and you're looking at a broad spectrum of clientele with different like resources. You don't want to tell them buy these flanges, buy these, buy this like sizing kit, you know, even though it like seems like small amounts to some people, like the client I'm working with right now is very fortunate. She has many flanges and many different sizes, but not everyone has, you know, can have access to that. So I think it's, it's a little bit of a common denominator thing, especially coming out of

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the hospital where they're looking at everybody and saying, let's just pick one size that's going to work even if it doesn't.

Tamari: Yes, absolutely.

Devon: I even remember like 10 plus years ago, my age is showing. I always say I'm like, I'm like the grandma. Like I come in, I'm like, where are all these new-fangled contraptions? But they would give people a bigger size if they were too small, but nobody was saying to go down in size. It was like just use the 24 if it's too big, it's fine. But now, yeah, I'm seeing like 19s and 20s, 21s and.

Tamari: Yeah, most people are actually significantly smaller. Most people are between a 15 and a 19 of the most common sizes by far.

Devon: Really? Is there a way to tell kind of by looking at it or by feel if you're flange is too big?

Tamari: Basically, what you want, you want your nipple to be to be pulled into the flange and you don't want there to be a lot of breast tissue. So the misconception that people will say, you don't want any areola. A lot of areola often times goes in, especially if you have a little bit flatter or inverted nipples and for sure you'll go in. What I get more concerned about is actual breast tissue. We don't really want breast tissue going in and you also if your breast is moving, like you see your breast like moving like under the flange or like you have air bubbles and stuff, that is a major sign that they're way too big. Your nipple should be able to be pulled in. It should be moving, it should be stimulated if it's kind of just like sitting there and hanging around there and it doesn't, it's not really getting pulled, it's either going to be a flange or a pump setting's issue. It's going to be one of the two.

Devon: That's good to know. Yeah. No, that's really helpful because they know, obviously when you're nursing, the baby's not just on the nipple. I mean, that's like the number one thing about breastfeeding is that you want them to have like a big bite with the areola too. So you think that it's the same for the pump, but you actually want a little less.

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Tamari: Yeah, everyone's like, oh, no areola, only nipple, but that really confuses moms because of course your areola is going to go in. So I do not agree with that. And also depends everyone has a different size or shape areola. So how could you make such a common question, you know, statement?

Devon: Yeah, totally.

Tamari: Because you know, some people have very small areolas and of course it's going to go in and some people have a massive one. It's different. So you definitely want to go ahead and make sure that it's moving, it looks like it's being pulled out. And I have a bunch of these on my Instagram and my website. I have tons of examples to show people. So if you ever are like, I don't know what she's talking about, you can definitely go look and you'll see. I literally take - I ask moms if they can donate their nipples to science so that I can take videos and post it on my, on my page so that people could go ahead and see examples because every time I post it, people will be like, I had no idea it was supposed to look like that or I had no idea it wasn't supposed to look like that.

Devon: Oh wow. No, that's great. I'm going to send this all to the client I'm currently working with because we need it. I had one of my very first clients a million years ago, I was working with her with a colleague. I was like kind of filling in for her and she had the coolest thing. I tell everybody about this. I wish I had a picture. I don't even think I had a camera phone at the time. One of her nipples was fully inverted. And she was using the pump to like draw it out, but the way that it had developed with the milk ducts and everything, they were actually all sticking out of the nipple because it was so inverted. So she would pull it out with the pump and it would literally look like it had little tentacles all over it or like roots on a plant. It was crazy. And it was so cool for me to get this visual of like, this is what the milk ducts actually look like.

Tamari: Yeah.

Devon: It was nuts. So when you said like science, I was like, oh my god. If I was working with her now, I would be like, let me get a video of that. I got I have

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to show all my colleagues. It's crazy. And as far as I've I've talked to colleagues and stuff, nobody's ever seen that.

Tamari: I've never seen that either.

Devon: It was really cool. Because when you're going into it, especially like just not knowing as a first time mom, you think that it's like a bottle that there's one hole that the milk comes out and that's it. You don't realize that it's coming out all over the place and that the stimulation actually doesn't happen at like the tip, it happens behind and...

Tamari: Exactly.

Devon: All that stuff. So obviously, you know, people are exclusively pumping, but people are also kind of combo feeding, especially if they're back to work and they're working outside of the home. What tips do you have? Like what are some of your best tips for people who are trying to balance like pumping and nursing with their job and their lifestyle and their raising their family and everything?

Tamari: Yeah. It can be really stressful. I actually had a consult this morning actually with a mom who's in school and she told me she was like, I'm trying to pump. She goes, I'm having such a negative experience with it. I can't figure it out. So the main thing that I tell people are number one, you don't need to have the exact same schedule every day. Think about a nursing baby. Often times, unless you're like a very like Type A mom, your baby's eating whenever they're eating usually. Sometimes it's every two hours, sometimes it's every three hours. So it could be the same thing with pumping. The main thing is that you want to try to not go more than three to four hours tops. So even if, you know, it's a different time every day because you have a different schedule every day, don't stress about that. Just do your best to make sure that you are emptying, you know, about every three hours in the beginning and then it can go up to every four hours once you're after three months postpartum.

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So that's the main thing that I tell moms is that because they're very stressed about trying to stay on schedule, trying to stay on schedule and I'm like, you don't need to do that. The second thing is that this is where like anytime that you could pump with a regular pump, it would be amazing. However, this is where a wearable pump could be really, really helpful. One of those pumps that you could just stick inside your bra. They always say they don't work 100% and it's really important that moms know that. They for most moms, they do not 100% empty you. They do it maybe like 60 to 80%, which is really important to know so you don't use them too often. Some moms say they get the exact same amount. Majority of moms do not, but that could be a really great time one to two times a day if you really need to go ahead and use a wearable pump, you can just stick it in wherever you want. It could be really helpful for you.

Devon: Sure. And I could see certain jobs where it would be much more functional to be able to do that because you can't always step away to go to the nursing room or the pumping room or whatever and like do what you need to do.

Tamari: Exactly.

Devon: No, that's smart. And I think that's good advice that it doesn't have to be at exactly the same time. Now, when you say every three to four hours after, you know, a certain age, does that include overnight? Tell me no.

Tamari: It only includes overnight when you are before 12 weeks postpartum. But again, think about a baby. Like you really are usually getting up to nurse a baby. So if you're getting up to nurse a baby, any time the baby is getting a bottle, there needs to be pumping happening at some time. It doesn't have to be the exact same time. And that's really a good tip that I like to tell moms is that your pumping schedule is independent of your baby's feeding schedule. You need to pump every three hours, your baby needs to eat whenever your baby's hungry, which ends up also being every three hours, but it doesn't have to be at the same time. Moms will stress to try to get their baby feeding from a bottle, the exact same time that they're pumping. and that's really, really stressful. Anything I say, what you want to do is feed the baby a bottle, settle the baby, get the baby

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to sleep. Once the baby's sleeping, grab a snack, grab your pump, grab your water, sit down, watch TV and pump. I want every one of your pump sessions as often as they can be to be relaxed in front of the TV. That's like my goal and my dream for everyone.

Devon: Oh, I love that. I love that. Yeah, and that's what I say to people too, like if your baby is going a six hour stretch overnight without feeding, you would not be extracting milk during that time if you were nursing. So there's no reason for you to continue to be waking up every three hours when your baby is going a longer stretch.

Tamari: You could go along with what your baby's doing. The only time I ever say to maybe pump even if your baby isn't eating is only if a mom has super low supply. And this is of course if they're early, like if they're really, really low, then I tell them to really try to not go more than four hours even at night.

Devon: No, I think that's smart. And like certain things like, you know, maybe the baby goes to bed at 7 and you pump at 10 right before you go to bed. Like again, you're not on the exact same schedule necessarily, but I have, I've talked about this before, but dear friends of mine had a baby last summer. They are a gay couple and they had her via surrogate and I was actually their egg donor.

Tamari: Oh, wow.

Devon: Yeah, so it's really cool.

Tamari: So special.

Devon: Yeah, so she has these kind of like many, many people who love her and care about her, but their lovely surrogate who I've gotten to be good friends with was pumping for them and provided milk for them for a long time. And the baby is just she's just one of those unicorn babies that is like so easy, sleeping through the night, like hardly ever cried, like so great. And the surrogate, Anna is her name. I was talking to her and I was like, she's like, oh, I'm really tired and blah, blah, blah. The baby was like three, four months. And she's like, well, I'm

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still waking up every four hours to pump. I'm like, dude, she's sleeping eight hours. There is no reason for you to still be doing that. Like it's crazy. And so, you know, I was like, you know, don't go cold turkey, but like try to go six hours and then go a little longer, a little longer. And it was a game changer for her. And she just, because she had nursed her own kids, she had no idea that she could change the schedule or do it a little bit differently or whatever.

Not that they were like holding a gun to her head saying you must pump, you know, this much milk. I'm like, they're happy with whatever you want to give them, but certainly don't drive yourself crazy and sleep deprive yourself because you're trying to pump for a newborn that was just born. Meanwhile, she's four months old and sleeping through the night. Like.

Tamari: Oh my god, I totally agree with you on that. And you know, lucky that you told her that. That's really good that you told her to do that.

Devon: So do you find that there are also people who choose to pump instead of nursing not because they are forced to or that it's not going well or just because it's what they prefer?

Tamari: I do. It's not that common, but it's becoming more common because a lot of moms really do see the benefit of breast milk, but they're not willing to have to be home the whole day or have to be with the baby the whole day or like they're happy to do it, but they can't be tied down to anything. And those are a lot of moms or again like I said before, moms that really they want to know exactly how much the baby's eating, they want to know exactly like when they finish. So those are the moms that will do that and honestly, it's great. Moms are really happy doing that. It's awesome.

Devon: Yeah.

Tamari: Yeah, moms are great. They're really happy to go ahead and do that. And I think I'm like, if it works for you, fantastic. I found for myself that I actually ended up, I really love nursing, but I definitely have a thing about pumping that I just, it just really works well for me. I've always made a lot of milk, so like it

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wasn't that hard for me to do it. So I would like be making a lot of milk and my baby like was able to be taken care of by, you know, by their dad or the babysitter and I was able to just live my life and go to Target by myself. Like I've just never been the kind of mom that always wants to be with her baby 24/7. I'm very into my own personal space and time. And exclusive pumping and pumping has allowed me to do that and I'm really appreciative that I can still give my baby breast milk even when that's happening.

Devon: Yeah, I see a crib in the background there. So do you have another little one?

Tamari: I do. So I have a, he's almost 10 months old now actually.

Devon: Okay. And so are you nursing him along with pumping?

Tamari: Yeah, so I nursed him till he was seven months and then I think we like missed a week because it was - I have four kids total.

Devon: Oh wow.

Tamari: So I had three kids and he's my fourth.

Devon: Okay. So after you exclusively pumped with the first two, you did a combination.

Tamari: Yeah, so my third ended up nursing. He's my favorite because he was the first one that was able to nurse and I, it really healed a lot in me actually. It was really, it was fantastic. And then I think they had the confidence with my fourth that I was like, okay, like I could do this now, I know what I'm doing. So we nursed and it was, I loved it, I loved it. And then kind of as time was went on, I've always been doing combo because I always just need my baby to have the ability to have a bottle.

Devon: Sure. I always encourage that. If nursing is going great right out of the gate, which honestly is rare. A lot of times people are doing, especially with a first baby, doing some pumping, doing some supplementing in the very

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beginning because they're struggling with latching or the baby has a tongue tie or just the supply's not there, or it was a C section or the baby was early or a million reasons. And then that's great. Then we have the combo right from the beginning. But if somebody is nursing great right out of the hospital or right out of the birth, I usually try like around the three week mark, two, three weeks, four. I find if you go much longer than that, then it's, it's harder. It's harder to introduce the bottle. The baby is not as amenable to it.

Actually that is a big thing that I wish people understood better that so-called nipple confusion is actually not as much of a problem as we're sort of scared into thinking it is. And if anything, it's the opposite where it's really hard to get a baby to take a bottle when you miss that window and I've had like friends of friends, you know, I hear like, oh, well they can't like hang out or do anything because the baby doesn't take a bottle and you know, whatever. And I'm like, why can't - I just wish people understood like when you should introduce it because it makes such a big difference. And even when, and it's rare anymore. I used to see it more. It's rare anymore that I see somebody who's like, no, I don't want to do a bottle at all. I want to exclusively breastfeed all the time.

I'm like, you don't know even though right now with your brand new newborn, you think you never want to be separated from this baby for one minute and you have the resources that you don't have to go back to work or whatever. Like six months from now, you will want to go out to dinner with your partner. Like you will and then if I can't convince you that way, I'm like, what if something happens? What if you have to go into the hospital? What if God forbid. Something happens where you have to be separated from your baby and now your baby can't take a bottle, like you need to have it as an option.

Tamari: Right. 100%. And I'll see like people, you know, will post content or things of like them taking their babies to the craziest places because they're nursing and listen, I just personally would not want to do that. Like twice a year I take like a solo mom vacation. I literally go by myself to a hotel and I get a massage. I do the whole thing. I'm like, I don't want kids to be with me. I love them so much. Stay with your father. Like I don't want them to be there. So I

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think, you know, it's very important for baby to be able to take a bottle. So many babies are not able to. Again, like a lot of people, especially if they're working from home or they're not working, they're like, what's the difference? And for a lot of people, I guess it doesn't really make a difference. Hopefully, nothing will happen.

Devon: Well, the other thing I see is that they're like, well, we tried a bottle, you know, at five weeks and she took it. And now she's four months and she had that one bottle that one time. So I think she probably would take it again. And now they're going back to work and they're like, oh crap, my baby doesn't take, doesn't want to take a bottle.

Tamari: Yes, exactly.

Devon: A lot of times when I am sleep training, like in that age range, like we, we do live in sleep training. So I'll go stay with somebody for three days, four days, five days, and we're working on the bottle at the same time as we're working on the sleep because we need, you know, they need to go back to work or whatever and they want to introduce or they just want a little bit of freedom because contrary to what you believed in the first hour your baby was born, you will want a break sometimes.

Tamari: Yes, exactly, exactly. And I know there are different kinds of moms, different people want different things, but you are still a good mom for wanting to take a break from your baby. Like I love my baby and I am very happy for him to be with his babysitter or with my mom or like with his dad and we can still love him and all can be good in the world.

Devon: 100%. And I think it makes you, I mean, I preach about this all the time because with sleep and sleep training and everything. I think it makes you a better parent when you get enough sleep and when you get a break and when you can, you know, reconnect with your identity a little bit and all that stuff. You know, another thing for me with sleep and everything like that is like even if you are just breastfeeding and you don't want to do the bottle or whatever, then like get a bedtime routine, get them sleeping, get them down at 7 and have them not

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waking up until one or two in the morning or sleeping through the night and then it doesn't matter that they don't take a bottle if you don't have to feed them from 7 to 2, you can go out to dinner, you can, you know, you can leave them with a sitter or whatever while they're sleeping or at least if they're on a good like routine, then you know I can leave them for two hours between feeds or whatever, but when you're just constantly like feeding on demand around the clock because you think that's what they need, it's just it's hard. It's hard and it gets it's really old.

Tamari: It's really hard.

Devon: Yeah. It gets really old.

Tamari: Yeah, everyone has their own capacity, other things that they want, but the truth is that it's okay to have some freedom and a lot of moms really need it to survive.

Devon: Absolutely. And it just is a game changer. Like the thing that people say to me about sleep training all the time is like, it saved my life. It changed my life. Like it, you know, just having that predictability and that space. And I think being able to do pumping and to say like this, you know, someone else can feed the baby or whatever. It's just really nice to.

Tamari: I totally agree with you.

Devon: Even with my, my friend's baby, my niece that we were talking about, we take her for like a long weekend or over the holidays, they run a restaurant. So we took her for like two weeks at separate times just to like help them out and take care of her and of course have her for ourselves because we were having a lot of fun with her. And as much as like when I'm just visiting her, I'm like, let me feed her, let me do the bottles, let me change her. When I had her even for like two, three days, I was like, yeah, somebody else can feed her. Somebody else could change her. I'm cool. I'm good. And my partner is my fiance, we just got engaged.

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Tamari: Oh. Oh, congrats. So exciting.

Devon: He is pushing for kids. So I'm like, all right, you're in boot camp then, you got to, you know, you got to learn on this one because we're not going into this with me knowing what I'm doing and you being clueless. Like, come on. So he's great though. Like, especially on the weekends when he's home and we have her, he does everything. I'm like, here, she's ready for nap. Here you go. He's like, okay, bye.

Tamari: Really?

Devon: Oh yeah, he's awesome. And she is, she's very much like I said, a unicorn. She is the most ideal baby to like learn on. I'm like, don't think it's gonna be like this, you know, forever, but it's good practice.

Tamari: Fingers crossed that you would have to, you know?

Devon: So, I have a question for you that I've actually been curious about because I think it changed from what I used to know. What are the guidelines for milk? I know you like fresh pumped milk, you can leave it out a little bit. I think they made it shorter. You used to be able to leave it out like all day.

Tamari: They are making it literally shorter every single year. I honestly don't know why. Listen, I do have a milk temperature guideline that you can grab. It says it's like four hours fresh, four days in the fridge. Basically 444.

Devon: Okay, because it used to be 666, so now it's 444.

Tamari: Yeah, so like I will just say that like we have to say that you guys should follow the CDC, of course. But I just say in my house, breast milk lasts a lot longer. That's all that's kind of how I say it. Like in my house, I pump this morning and I have my flanges right in front of me full of milk and they'll probably be here for like two more hours. Like they for sure last six hours out. For sure we do five to seven days in the fridge. And you know what? If I'm questioning, I'll give it a little sniff because breast milk will start to smell when it doesn't when it's

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bad. So I'll just be very easily go ahead and smell it and if it smells like nothing, then it's fair game.

Devon: I love that. My thing that I say to people is like, these are the guidelines, that being said, I do not know anyone who throws out milk basically ever.

Tamari: Except for moms who are like really panicked about what they see. And then they'll come to me and I'm like, it lasts longer than that. They're like, wait, what? And so I'll tell them I'm like, listen, not if your baby is, you know, in the NICU or immuno compromised, then you definitely want to, you know, be very, very careful. But if you have like my baby's like 10 months old, he's literally eating dirt. I'm like, nothing's going to happen if he has a little bit of breast milk that's like an hour or two older than it should be. Like, let's be real.

Devon: I actually have an episode called Parent Your First Like They're Your Fourth because there's just so many things that you think you like let go of. I'm like with the first baby, you're like, oh my god, has this bottle been out for one hour and one minute? Actually, you know what, it's 50 minutes, but let's toss it just to be safe and start a fresh one. With your second or third, you're like, when is this bottle from yesterday? Here, like take it. Like, oh, this pacifier was under the couch. Here, take it. Like it's fine.

Tamari: Like whatever man, just keep going. It's good for your immune system.

Devon: Once you see them literally eating dirt, everything gets a little, gets a little easier.

Tamari: My baby puts every single thing in his mouth. Like I'll be looking at him and I'm like, is there a Lego? Like there's a Lego in his mouth. And especially because he's the fourth. It's like a war zone downstairs. I'm like, I got to just like I'm trying to keep this kid safe and there's like Lego and marbles and I'm like, Moses, stop, Moses, stop. Trying hard.

Devon: No, 100%. Yeah. And there's, you know, the guidelines exist for ideal situations. And again, I think also, you know, to address broadly the whole

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population, like boiling water to make the formula is what the World Health Organization recommends because it's possible that there's like bacteria in the formula powder and that is much more common in other places, not to say that it couldn't happen here, but when you're talking about literally the World Health Organization, making guidelines for the world, you have to think about all the possibilities. And when you're looking at like generally safe, you know, food preparation environments and things like that, you're less likely to run into those issues.

So that's something that I usually will tell moms too. Like the milk doesn't have to be the perfect temperature. So if you pumped a couple of hours ago, just let it sit and feed that, make that be their next feed. Don't worry about it.

Tamari: Yeah. A really good newborn tip that I always say is to pump and then make the bottle and then just leave it on the counter. Because by the time you're like this way, it's just at the perfect room temperature, ready for the baby. And you're not heating and then waiting for it to cool off. This way just leave it out there. If there's anything extra put in the fridge, if there's nothing extra then fantastic and go ahead and do that.

Devon: Yeah, no, absolutely. And I think that makes a difference too. So with the flanges and say some, you know, some somebody's pumping every few hours, I know people will like stick them in the fridge. Is that cool?

Tamari: Yeah, so that's again, so that's, yeah. So that's another one that we'll say the CDC does not allow, but basically every pumping mom does. Sure. Basically, the fridge hack means that you pump and then like you take your flanges and then you put your flanges in the fridge. So basically the only thing that's on it is breast milk. So you could reuse them and you can you reuse them multiple times throughout the day. I definitely do this. A lot of moms do this. I say don't do it more than I'd say like four or five times is tops. Listen, with my first kid, I think I did it like 24 hours. Now, I think in my 30s, I'm just getting a little bit more like things are gross or, you know, I want to be a little bit more careful. So I just try to do it like a couple of times, two or three and kind of leave it at that. You

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know, I always say that because I one time heard someone tell me that they did it for a whole week and I was like, that is...

Devon: That's concerning.

Tamari: Yeah. Like that's not sanitary. So that's why the CDC has their guidelines to stop people from doing things like that. So I'm saying very clear like four times is really the max that I would go. And again also, if your baby's in the NICU or immuno compromise, you want to really be following exactly what the CDC says. This is for babies that are, you know, a little bit more sticky hits on them and things like that.

Devon: Totally. That was part of it too when I said like your first baby, you know, you're so cautious about germs and everything else. But then you have your second and you have a three-year-old coming from preschool coughing directly on the newborn's face and you're like, well.

Tamari: Oh my God. Back up from my kid, please.

Devon: Okay, so if you had one thing, and you can have two if you need it, that you could tell an expecting parent who was planning to breastfeed or wanting to pump that you wish that they understood, what would that be?

Tamari: That a lot of your success is going to be based on genetics, which I feel like is not talked about enough. So you have to have the right schedule and flange and pump and your baby needs to be able to, you know, empty effectively if that's what you're doing. But me and another mom could have a baby at the exact same time, do exactly the same things and have completely different milk supplies. Because when it comes down to it, you have to have all the other things, but there is a genetic portion to it of some people just make milk and some people just don't. Or some people make a lot and some people just don't. And I feel like that can really help you take some of the guilt away and take some of the stress away. You know, that like it's not all on you and like you're doing great and like you actually could not have done anything different. You did exactly what you were supposed to do and you know, your body just doesn't

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make as much milk as other people and you have other wonderful qualities about you is what I always say.

Devon: I love that. No, that and that's so important. One thing I will say that I love is that in the past some number of years, I haven't really been tracking, but when I'm talking to a potential client for postpartum services, I say, are you planning to breastfeed? You know, if they're pregnant and obviously not like, you know, using whatever. Are you planning to breastfeed? And a long time ago, they were either like, oh yes, it's really important to me. I really want to do it and like not saying the quiet part out loud, which is like my whole value in myself as a mother is dependent on whether this goes well or not.

Or it was the opposite where they were like, no, and this was more rare, but like, no, I had a bad experience with my first or I just don't want to or for whatever reason I'm not doing it and I really don't want to be judged. I'm like, oh my god, I would never honestly, I say all the time that I think breastfeeding is great and breast milk is a great thing to feed your baby, but when I'm there for the night, give me the formula. I'm thrilled. I would never discourage anybody from nursing, but when somebody's like, oh, we're using formula, I'm like, anyway, or pumping, honestly, pumping is great too.

Tamari: 100%. That's where that's where pumping comes in so beautifully where first of all, you could totally get formula, that's totally fine. For me, I made tons of milk and I'm just like, someone else feed this baby at night. I'm sleeping, there's milk in the fridge, enjoy. And like we were able to kind of have that.

Devon: Yeah. But more recently, I would say, it was it was pre-pandemic, what I'm getting nearly 100% of the time is, I'm going to give it a try. I'm going to see how it goes. If it goes great, great. If it doesn't, I'm fine to do whatever. And I think Exactly. you know, in a sort of a funny way, having that attitude leads you to more meeting your goals and getting to nursing and getting to do what you want to do because you're not spiraling if you have to give the baby a little supplement or, you know, if you have to pump for a little while and then go back

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to nursing or whatever, like you're just more like, okay, cool, this is what we're doing.

Tamari: Yes.

Devon: And I think a lot of people either just don't want to and for a long time were afraid to say it, or started out doing it and then kind of didn't, thought they would like it and didn't, and then you sort of get judged if you say that. But then on the flip side, too, I've talked to a lot of moms who weren't planning to like it, and then they started, and it went well, and it was smooth, and they were like, oh, this is great. I do like it. So, you know, you kind of never know how you're going to feel until you're actually in the situation. But I just love that people are not going into it with this like, if it doesn't go exactly the way I think, then I'm going to hate myself.

Tamari: 100%. And whenever I have a prenatal session with moms, I'm like, listen, this is what you should do in all these scenarios. You could have this baby and absolutely nothing. Like it could be completely different from what you expected. And sometimes in a good way and sometimes in a bad way. Sometimes it's like I remember for me, like for my third, I was preparing for the worst. I was like, there's no way. Actually, for my third, I remember I had been forced into pumping for my first two. The lactation consultant came in and she was like, let me just show you what to do. And I was like, no, I'm exclusively pumping. I'm not doing this. And she was like, well, do you want to just try? And I was like, no, I really don't want to.

And then I don't know why I guess she like, she was very sweet and she just, I always remember her because I just saw her again in the hospital with this, with my last baby. And I told her I was like, you changed everything for me because I was like, no, I'm not going to do it. I was like, yeah, I'm scared. I didn't say I'm scared. I think I didn't want to be disappointed again that a third one of my babies couldn't latch. So I was like, no, I'm not even going to try. And she was like, let me just and I guess I could tell there was something different about her. She wasn't like one of those, I always say lactation consultants at the hospital or

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just they just they're with so many moms often, it's so unfortunate. But she was phenomenal and I guess I could just I guess I could tell that she was different, so I let her help me and he latched. He just latched on. And we had like this most beautiful nursing journey that I was so not expecting. And it ended up so wonderful and it totally changed like, yeah, it really like it healed me. It healed a lot of me to be able to have that beautiful relationship with him.

Devon: I love that. And I think in helping your clients, you know, obviously having all that experience pumping, but also being able to do the combo and being able to speak to sort of all of it.

Tamari: It was so incredibly helpful being able to do that. Like 100% because I also found myself very triggered before them. Like I never nursed. So I knew what I knew, but it wasn't on personal experience. So finally I was able and I think other nursing moms probably felt the same way. Like you never nursed, like how have you been a, you know, so now that I nursed two of my kids and I've exclusively pumped for two of my kids, I really feel like I'm very well-rounded in that way to empathize and sympathize and give you the information that you really need.

Devon: And just having experience with four different kids because even though they're related, they are wildly different, I'm sure.

Tamari: Oh yeah, that's for sure. Crazy.

Devon: One thing I do say because like I said, I speak to a fair amount of people who had their first, didn't have any help, are having their second, decide they want help, which I think is tremendous. Either because you're like, oh crap, now I have two kids and I can't be a zombie all day because I have this two-year-old I need to be present for. Or they're like, it was such a nightmare the first time around. I was like, I'm not having another child unless we are able to get help. But what I do say is that if you ended up exclusively pumping with the first, you are already ahead of the game with the second because your body knows what to do, your boobs kind of know what to do. The milk is going to come in, you

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know, pretty quickly. And then it'll make it a little easier to try nursing because there'll be a little bit more there for the baby.

Whereas the first time, you've got this baby that's never breastfed before, you've never breastfed before. Your boobs are like, wait, you want me to do what? I guess I'll try, but I don't know, you know. And then everybody is kind of lost and confused and you kind of lose the plot before anything really happens. But then you have the second and you're like, okay, I know I can produce. My boobs are already making milk. You're probably leaking before you even give birth. And then you put the baby on and they're like, milk, this is great. You know. So it's sometimes easier the second time, the third time, just because you have a little bit more experience.

Tamari: When you're a first time mom, I remember like, I always think, I didn't even know how to hold him to nurse. Like I literally didn't even know how to put him in that position. I'm like, yes, you see what you see on TV or you see your other friends, but like...

Devon: I mean, you didn't know how to hold him full stop. Like nursing or not.

Tamari: I was 25 years old. I was like, what's going on here?

Devon: I say it's like you know, cloth diapers. If somebody wants to use cloth diapers, you can start using cloth diapers when your baby is a month old. You can start using them when your baby is six months old, but you have to start breastfeeding in the first week or it's not going to work. So you're learning how to, you're learning how to do everything. You're learning how to hold the baby, you're learning how to feel comfortable. You're recovering from your first birth, which is in and of itself a total nightmare. I wish you could just put a pin in it and say, okay, I'm going to breastfeed like week two. Like I can't handle this right now.

Tamari: Yeah, I mean even week two, like so many people come back to me two months later they're like, I really have a lot of regrets. I really wish that I did. Is it too late to relactate? And I'll say, listen, you could do it. It's a ton of work. It's

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even more work than it would have been in the beginning and it's also like not rewarding work because you're basically pumping around the clock with nothing coming out for like a month. And that's a lot. That's a lot.

Devon: Totally. Relactating is very hard, but one thing I do see is people who pump for a couple months, a couple weeks, they can get the baby to the breast. Not always.

Tamari: It's not impossible. It's hard, but it's not impossible. You've seen it?

Devon: Oh, I've absolutely seen it. And something that is funny that I've seen multiple times is somewhere around the 12 week mark, they sort of just do it. Like you would think like you missed the window, but maybe they struggled, you know, NICU, this and that. They were pumping this and that. I have known multiple babies who just randomly around the 12 week mark, the mom put them on and they just went for it and then that was it and they were nursing. So I think that you certainly don't need to like pin all your hopes on it, but it's not a lost cause if you haven't gotten the baby on by six weeks and you've been pumping and you've been keeping supply up and all that.

There's a couple on Instagram that I follow, a lesbian couple, Ally and Sam. They have twins, which I forget which, Ally was pregnant and gave birth. Sam breastfed them both. She lactated, she induced lactation and like fully breastfed them, which is crazy. I know that like never happens.

Tamari: Wow.

Devon: Yeah, it's crazy. And it was a, you know, they're very open about their journey and everything. And the Sam really wanted to be pregnant, but she kept like not, it just kept not working. So finally Ally was like, okay, let's try with me. But she was like, I really didn't even want to be pregnant, never mind breastfeed. And now, so Sam was, Sam really wanted that experience and she was able to do it, which was crazy. And like, but it's so rare. And they're in Canada, so I don't know if she had access to like prescription meds or anything like that, but it was wild. But yeah, induced lactation is a nightmare, but I do

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think I've definitely seen babies come to the breast after pumping and everything else and it's always, you know, it's always worth trying as long as you're not going to get too stressed about it.

Tamari: Yeah, as long as you and the baby are not, are not both crying at the breast. That's very important.

Devon: Exactly. Exactly. Well, that and that's true even if you're trying it in the first day, the first week, whatever, like if you're, if it's making you miserable, you should not do it.

Tamari: Correct. I hear you're doing that totally.

Devon: So this is so great. I'm so excited for these resources and to be able to share them with people. Where can people find you?

Tamari: Thank you so much for so was so nice to be here. You can find me at One with a Pump on all social media handles, Instagram.

Devon: So it's One with the Pump. Not The One. One with the Pump. Okay.

Tamari: One with the Pump. Yeah, One with the Pump. Instagram, Tik Tok, YouTube. On my website, I have a full free video library where you could find tons of videos about how to store breast milk, how to thaw it, how to freeze it, traveling, pump reviews before you get a pump from insurance. Make sure that you watch a review on it so that you're not picking a bad pump. So I have all those reviews on there. Obviously you can definitely find Matt, you can find we do one-to-one consults. I have an ultimate pump course with tons of information. So we are here to fully support you. If you need help with pumping, do not do it alone. Let us help you. It is going to be way more worthwhile than spending tons of money just buying tons of different stuff. Let us just come to us, let us help you for half the stress.

Devon: Amazing. I love that and I will definitely be following you and keeping up on all the new pump technology so that I can stay abreast.

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Tamari: Yes. Love it, I love it.

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