

# Chapter 1 Home

## With a New Baby and a New Virus

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### *Introduction*

The first edition of this book was inspired by listening to new moms, who were all pre-children friends, as they described experiences of becoming first time parents in the early weeks after having their babies. Their recall of this time was shared during an in-person, informal focus session to confirm key topics for this book. Although the evening meet-up was anticipated as a fun reunion, the night was highlighted by each recalling their fear and sadness. A box of tissues passed around the circle as they shared. The moms described feeling prepared for labor and birth, all having read books and/or attended childbirth classes. Yet each described the first few weeks at home as overwhelming and full of anxiety. Their expectation of blissful happiness with their firstborn was overshadowed by chronic fatigue, fear, anxiety, and uncertainty. All spoke of need for reassurances about what is normal for themselves and new babies, but each described being unsure where or how to find immediate, reliable, and supportive help.

The first edition was published one year prior to the COVID-19 (COVID) global pandemic. This second edition provides recommendations and insight specific to childbearing families after a watershed of loss and grief from a novel virus we did not understand. The unprecedented, rapid spread emerged in the United States in Washington state on January 21,

2020. The U.S. declared a public health emergency on February 3<sup>rd</sup>, and the World Health Organization declared COVID a global pandemic March 11<sup>th</sup>, 2020.

As the virus crossed the country, recommendations of care for childbearing families became a hot debate and led to utter national chaos in evidence-based standards of care. There were no standardized recommendations for pregnant or postpartum women or for newborns. Inconsistent and often traumatic new policies and procedures emerged, dictated by providers and hospitals, that affected patient choices. Fear of the unknown led to extreme measures of caution, and these significantly heightened childbearing families' levels of anxiety. An expecting or parenting family living in New York City would receive different advice from their relatives in Kansas about care practices and choices in childbirth. Lack of public health recommendations on how COVID would impact pregnant women and their babies fueled uncertainty as to how new families could plan for support.

There has been no other global public health crises with as devastating rates of death and severe consequences in modern history. COVID arrived with a vengeance, raising concerns about risk for death or serious illness among pregnant women and newborns, the most vulnerable of all populations. What followed was over two years of debate for optimal care recommendations. Debated issues included: pregnancy as an increased risk for acquiring COVID; laboring without a support person; requiring a face mask by mothers in labor; not allowing mothers to breastfeed if COVID(+); vaccination safety in pregnancy; separation from the newborn for the COVID(+) mom; and suggesting no in-home visits or support by anyone postpartum. Literally EVERYTHING changed in how expecting and parenting families learned to navigate life among their extended family, friends, and community.

The first edition of *Nobody Told Me About That* was written to increase awareness about common issues frequently experienced during the early parenting weeks. This second edition is written to increase the readers knowledge on how the public health crises changed healthcare recommendations around key topics. And three new chapters are included that focus on pelvic health, return to fitness, and how to navigate costs related to healthcare.

This modern pandemic has changed much about how public health guidance evolved over time, specifically how COVID can severely impact maternal and infant outcomes. Over the past twenty years, pre-COVID, the US was already experiencing worsening trends in outcomes of childbearing families. Advocacy groups were highlighting the nations' poor response to addressing health inequities, racial bias and access to care for all. When COVID arrived, the growing maternal health crises quietly progressed at a largely unknown and even more rapid pace.

Although the book's focus predominantly serves as a helpful guide for new parents in the early postpartum weeks, the authors believe it is important to share why a new edition was needed. Over 35 states have maternal mortality panels that review all maternal deaths looking for cause, determine preventability, and recommend programs to reduce death and severe events. Since COVID the question of "why" has become even more important. From the office of the Government Accountability Office (October, 2022) comes this statement:

Pregnancy-related deaths soared nearly 80% since 2018, driven by COVID-19 and disproportionately affecting Black and Hispanic women.

Using data from the Centers for Disease Control and Prevention (CDC), GAO researchers found that pregnant women with COVID-19 are more likely to experience pregnancy complications, severe illness, or death. Research also shows racial and ethnic

disparities in maternal deaths. For example, Black or African- American (not Hispanic or Latina) women experienced maternal death at a rate 2.5 times higher than White (not Hispanic or Latina) women in 2018 and 2019.

COVID-19 was a factor in 1,178 maternal deaths last year. In addition, the percentage of preterm and low-birthweight babies also went up for the first time in years. The report states that the rates of preterm and low birthweight births were significantly higher for infants born to women with COVID-19 during pregnancy (12.2 percent and 9.0 percent, respectively) compared with those without COVID-19 (9.9 percent and 7.9 percent, respectively).

Many researchers and health care providers believe that over the last twenty-plus years, the U.S. routine maternity care model set the “prepared to parent” bar too high. They expected new parents discharged at 48 hours after birth to be ready and able. And if you had a C-section, one extra day was appropriate. At the height of COVID, new parents across the country frequently left the hospital eight hours after birth, with no in-home assessment or support measures in place. The consensus was it was safer to not be in the hospital. That parents, even first-time parents, were supposed to be capable of navigating uncharted waters with little to no prenatal care education in anything but normal post-birth months for themselves or their baby.

The first fourteen to twenty-one days is identified as the period when most serious, preventable, postpartum complications occur. During COVID, not only were visits reduced in pregnancy, but often supportive family members were not allowed to be present. Many were conducted virtually. Over two years, families were confused by conflicting public and provider information about the virus, increasing new families’ isolation from those that otherwise would be there to support them. Heightened anxiety, fear and grief struck many of us, from loss of loved ones, family members, friends and co-workers.

The birth of our first granddaughter and observing my daughter-in-law's challenging post-birth experience served as the catalyst for writing the first edition. Her second pregnancy and birth were during COVID, and the family's anxiety was high. She did not go in to work but my son did. And their 2 year-old was attending full-time daycare. Now second-time parents navigating their pregnancy during COVID prompted me to reach out to the authors for a second edition.

During COVID, as a Certified Nurse-Midwife over 43 years, I grew increasingly frustrated as my daughter-in-law described the inability of my son to attend prenatal care visits; rules and restrictions enforce during hospitalization; returning home without family support; and intense fear about risks related to exposure. Her stories inspired the need for educating families on new ways to cope. It was already beyond my belief that guidance on common topics that should have been standard education about parenting issues prior to COVID remained marginal at best. Through an exchange of questions about how they were doing now with a second newborn now at home, her repeated phrase emerged, "Nobody told me about that!"

In their first experience, despite believing my daughter-in-law's hospital was renowned for providing best care in the city, I soon became convinced that her experience was simply unacceptable in preparing families to understand normal variations regarding possible cause for concern. When asked how much direct education and personalized care she experienced with postpartum nurses before leaving the hospital (at 48 hours), she replied, "less than 15 minutes." There was no instruction on how to change a diaper, swaddle the baby, burp the baby, or specifics about baby breastfeeding on demand. Her need for basic information led to frequent Google searches. My response to this situation was to find a book exclusive to the first six

weeks. That's what she needed, now! After a thorough search via Amazon and finding no available U.S. book specific to first-time parents in the first six weeks, I found numerous such UK publications. I purchased a random book, gave it to her, and she read it cover to cover. I asked how friends, also new moms, found information about parenting questions. Her reply, "We Google it." It was then that I realized the need to gather professional experts on parenting topics, my professional friends and colleagues, to collectively write a book for first-time parents. The authors I asked were unanimous, agreeing on the abysmal state of postpartum services and critical importance to help new families with their new babies.

Then COVID arrived and so did pregnancy number two.

Our aim in writing this book is to provide education through our personal experiences blended with professional expertise. Chapters were chosen by professionals with decades of experience caring for postpartum parents. And chapter topics to highlight were verified by a focus group of new moms that shared their stories and challenges.

As authors, we represent some of the most trusted of health professions in the world. We embrace our roles as parents, partners, nurses, midwives, social workers, doulas, grandparents, educators, and healers. We are known in our day-to-day work as passionate individuals speaking out about a growing maternal health crisis in the United States. This is a system that falls tragically short in supporting families during the early, critical weeks of this major life transition. This is a time when a parent's internal voice hears societal expectations to achieve successful bonding and attachment, to be in total love with the newborn. Yet most parents are desperate to find sleep, may battle regret over having a baby, may worry about taking their baby to strangers

at daycare in six short weeks. Many worry how to pay for mounting expenses. Parental fear, anger, and anxiety often spins out of control while trying to stay in control.

*Nothing* completely prepares parents for bringing baby home and becoming the on-call, 24/7 responsible caregiver. Following the discharge nurse's waving of the magic wand—professing you are ready, goodbye and good-luck—the newborn now requires 100% of your attention. This is a baby you barely know. It cries loudly and often, without communicating why. It is a baby you hover over constantly because her breathing is so quiet and irregular, you're not sure she is okay. You fear the baby may fall out of your arms because you fell asleep from exhaustion while sitting in the chair. This can be a baby who startles easily and will awaken if not swaddled tightly. Sometimes a baby may not poop for the first five days. The baby does not come with an external gauge to know if he is getting enough breastmilk. A baby may have pink or orange staining in the diaper.

Are you, a new parent, asking yourself, “Did I learn about all of that? Did they tell me everything I need to know?” Perhaps your experience also was, “Nobody told me about that?”

If parents did not learn adequate knowledge in Parenting 101 while recovering in the hospital, where else might they learn? Perhaps limited educational opportunities occurred during routine prenatal care (however, these conversations focus on pregnancy and birth), in childbirth education classes (with limited focus on parenting and newborn care), and one or two new parenting classes (if you had time and money to participate). Additional learning, be it real or unwanted, may come through friends and family, and for some, skimming books. However,

when asked, most often parents simply search the Internet in the moment by typing in questions like, “How do I swaddle a baby?”

Let’s do a simple generous estimate of how much time is spent in the American model of preparing parents to learn basic, essential information for the first few weeks after birth: Prenatal Care Visits (zero time); Childbirth education classes (maybe two hours); Parenting classes (two hours); education during hospital postpartum stay (fifteen minutes with an registered nurse, plus optional, televised educational content). Add upon that minimal amount of educational preparation, COVID reducing in-person visits and pregnancy and parenting classes. Using an unscientific survey, but good estimates through knowledge from 40 years of maternity care experience, it is likely the average U.S. mom receives maybe five hours of education (if they attended classes). Parents are handed their baby at 48-hours-old, knowing there will be no professional in-home or anticipated, routine health assessment of the mom or baby for the next several weeks.

Parents normally experience mixed feelings, all in the same day, of fear, aloneness, lack of reassurance and adequate support, fatigue, pain, and moments of joy. At the same time, parents may also be working through deep anxiety and fear related to complications from their labor and birth.

The U.S. maternity care model has adopted the expectation and standard of care that parents are prepared to care for their healthy baby without any supportive home care services by 48 hours after birth. Why else as a society would we continue this model of care for decades without mandating a system that provides integrated home visit postpartum support services for



every family? We have instilled the notion for new parents that it just comes naturally, don't worry, everything will be fine. Why would any health care provider trust you with a new baby if they thought otherwise? However, when you ask about readiness from first time parents they express fear and uncertainty about the transition—from confident, capable, adult to novice, anxious parent.

The early postpartum period includes unprecedented challenges of chronic fatigue, exhaustion, possible pain, anxiety, and roller coaster emotion. In the early weeks, parents confront levels of uncertainty that require finding every kernel of confidence in wanting to be a parent. They must believe that doing one's best will prevail, while praying this too shall pass. They may ask themselves, when will the baby calm down and stop crying? When will my inexperience change to confidence? When will I be happy about this baby, this change, my new role, and responsibilities? If I don't see the baby's health care provider for another two to three weeks, how will I know if she is thriving?

Birthing moms' challenges can include managing possible incisional pain, uterine cramps, bleeding, elevated blood pressure or blood sugar risks from the pregnancy, new or recurrent anxiety about an unexpected event, or worsening depression. Yet until very recently, May 2018, the recommended routine postpartum health care visit was to wait six or more weeks. And even now, recommendation is for only two postpartum visits, now at three and six weeks. Each visit, in reality, is likely to be no more than fifteen minutes. Imagine an additional thirty minutes of education (if you are lucky) to increase your confidence and also to have a thorough assessment of your emotional, psychological and physical health.

Mounting stress and exhaustion for new moms, combined with post-birth hormonal shifts, leads to normal post-partum “blues.” For some, this can also exacerbate recurrence of depression and/or anxiety, which may return to higher degrees. How do parents find help?

The “go to” resource becomes an in the moment Internet search because it can be too hard and embarrassing to openly share one’s inadequacy and emotional vulnerability. The often-unspoken guilt in not knowing, not feeling prepared, not being the perfect parent begins to creep into self-talk. A simple Google search of the phrase, “What if I don’t love my baby” indicated over two billion hits. If you search the phrase today, I promise you the number has grown. You are not alone. This state of being uncertain about becoming a new parent is normal. Shifting emotions affect nearly all parents and for different periods of time. With the explosion of social media and mommy/dad/parent blogs, every topic can be found within seconds. There is a noted increase due to social media forums in parents openly sharing experiences, opinions, and recommendations. This promotes the fact that becoming a new parent is not about knowing all the answers, but about trying and learning, versus trying and failing. Parenting does become easier and doable—with time.

The authors of this book offer professional expertise, personal wisdom, story sharing, and best recommendations to help navigate some of the common challenges new parents encounter. We have worked hard to ensure this book is presented in an inclusive manner with respect for all parents entering the brave new world of caring for a baby for the first time. The journey of becoming a first-time parent is full of, well, firsts.

We know parents experience conflicting wrapped up in taking on the role of parent. Maybe feelings include unresolved anger; perhaps this was an unintended pregnancy (over 50%

of pregnancies are not planned). Moms might feel constantly sick, tired, or just miserable through the pregnancy. They might fear sharing the news until certainty the pregnancy is “safe.” Or they experience deep anxiety planning the “reveal” party, when families publicly share gender, based on a 20-week ultrasound, which can be wrong. Or you have just been informed about adoption proceedings confirming parentage and the baby’s due date. Perhaps the surrogate mom conveys all known medical information about the pregnancy, but you still worry about information not shared.

Where do you find needed resources to understand choices in childbirth? Despite the plethora of books, sifting through choices is challenging. Why does this all really matter? Through numerous studies, researchers have learned that giving birth, including those early moments when you saw and held your new baby, is an intimate life event that is exquisitely remembered for the parent’s entire life. Birthing moms in particular remember with a high degree of accuracy every detail of their birth story and early days after. They can recall even the intimate details about surroundings of the labor and birth room sixty years later. Birth matters.

*So why this book?*

My story starts over thirty-one years ago, when I was pregnant with my first of four sons. This is the story I imagined a million times that I would write, about a devastating and anxiety-filled first-time pregnancy and breastfeeding experience.

As a childbirth educator for more than ten years, a knowledgeable labor and delivery nurse, and a newly Certified Nurse-midwife (CNM), I was extremely confident! I was confident

in knowing everything about pregnancy, birth, and parenting. My first unexpected challenge of pregnancy was being diagnosed with severe gall bladder disease in the second trimester. My provider and consulting obstetrician considered surgery at 34 weeks, but studies suggested this was highly associated with preterm birth. So, I lived with a chronic dull ache, radiating back pain, and diarrhea with nearly every meal until the end of the pregnancy. I only gained a total of ten pounds.

Well past my due date, I was induced at 42 weeks with castor oil and quinine. I gave birth where I worked as a full-time midwife. It was a free-standing birth center, caring for women through the birth cycle, providing prenatal care, childbirth classes, attending births and doing postpartum home visits. I had helped co-found this birth center in the late 1970s, when it was far ahead of its time, with physiologic birth and high-touch-low-tech, personalized care. I knew that my extremely low prenatal weight gain, post-dates, and need for induction were not typical of the usual pregnancy. I did not have the benefit of spontaneous labor. I labored a very long time (over twenty hours), pushed beyond recommended standards (four-plus hours), and eventually had a healthy baby boy.

At birth he had significant molding (beyond normal) on the left side of his head with bruising around the eye. His head was descending in labor, crooked in an “asynclitic” fashion. This medical term describes how baby’s head turned in a way that makes descent into the pelvis and birth harder (for mom and baby).

The routine length of stay at the center, for a healthy mom and baby, was four to six hours. Center personnel provided 24- and 48-hour follow-up home monitoring and visits to all families. So, after six hours, we went home with our first baby, with a detour. I decided to stop

by the home of our pediatrician, a professional friend, before driving thirty minutes to our home. I needed professional assurance that the baby's molding and facial bruising were normal. The pediatrician agreed and suggested we closely observe the baby for jaundice, as he was also small for gestational age. His intrauterine growth was slowed by my poor weight gain from weeks of gall bladder disease and post-dates in pregnancy. So, we set off home with some assurance.

What I anticipated would be the most joyous time of my life, blessed with confidence from a graduate professional education and year of working in maternal health, turned into a nightmare. It was winter. Remember, we lived about thirty minutes from the birth center, away from town and my supportive co-workers. Everyone, including myself, thought I knew how to care for myself and the baby. I was exhausted from being awake and in labor over 48 hours. I had not been prepared for the aftermath of a long labor induction and then faced with a constantly crying baby. I could not figure what was wrong and why I was not happy. After the first home visit and assurance everything would work out, I believed my co-workers. And then I began to turn inward. In looking back, I can see they were reluctant to be honest in what they observed. They did not ask probing questions about how I was feeling and merely kept suggesting that everything seems okay.

The, "How are you doing" conversations with many of my co-workers, where you think I could be honest, were by phone, and I wasn't honest. My baby was rapidly losing weight from what I eventually learned was an inadequate supply of breast milk during the first five weeks of his life. Over those weeks I was becoming increasingly anxious, depressed, and guilt-ridden for not knowing how to console him. I was also increasingly angered and frustrated by my husband who decided to go deer hunting over the first couple weeks. I did not want to even share with

him how sad, depressed, exhausted, and angered I was with myself and our baby. What I believed was to be an immediate love affair with my newborn became a frightening period to just survive. My internal conversations knew something was wrong. And yet I could not find strength to ask anyone for help, even though I was surrounded by the most caring co-workers one could imagine! To this day, they are my mentors whose support of pregnant and childbearing families is the most remarkable I've seen over my career.

Within two weeks of my son's birth, I was rapidly transitioning from acute anxiety to depression. The depression was from an inability to console a constantly crying baby, alongside an unwavering belief that breastfeeding is best. It was not possible that I had an insufficient milk supply. I held onto the belief that breastmilk was the only milk. What mom can't make milk?

On top of the jaundice, facial bruising, and small for gestational age issues, our baby boy had an overdeveloped frenulum (a genetic trait). The frenulum is normally seen as thin tissue, located and attached under the tongue, but in some babies it can overgrow, become thick, and extend close to tip of the tongue. When this happens, the tongue is able to move out and over the lower lip. This movement is necessary for babies to achieve a good nipple latch for breastfeeding. His frenulum was so tight and overgrown that his tongue was immobile and did not thrust forward at all, a condition known as being tongue-tied. This led to his inability to suck correctly to promote adequate milk production. Looking back, his combined conditions of being born small for gestational age, jaundice, and dehydration from being inadequately fed was a set up for disaster! In order to compensate, chronically stressed babies tend to sleep more and eat less frequently. But what did I know? I was an exhausted and desperate new mom, not a professional assessing another family's baby.

Alongside his issues, I began realizing in the first few days that I had not experienced any degree of breast engorgement or milk leaking. My breasts did not leak in pregnancy either, a common and normal symptom for most women. Engorgement is accompanied by the breasts rapidly growing, feeling hot, and veins distending after birth. This is a sign of onset of milk production. For most moms it is characterized as miserable and painful. The absence of engorgement actually fed my long silent retreat inward, of feeling inadequate and hopeless—and losing desire to ask for any help. In addition, the gallbladder symptoms that started in pregnancy were still present, with no sign of letting up.

In 2012 I learned about an unusual medical condition known as mammary hypoplasia, or “insufficient glandular tissue” (I.G.T.). This condition is uncommon and can cause low or no milk production post birth. The inability of milk production recurred with the birth of my next three sons, before research emerged describing this rare but diagnosable condition. Information can be found at the website *Not Everyone Can Breastfeed* (“I.G.T.”).

The baby’s health concerns, my physical and emotional challenges, my husband’s lack of perceived support, living in rural America in the winter, and my colleagues’ inadequate assessments in the early weeks placed me in the center of a perfect storm. My increasing state of fear, anxiety moving to depression, and desperation lasted four weeks. To this day, I remember every detail and uncertainty about life characterized by my disastrous start as a first-time mom. Looking at my son’s newborn pictures brings images of the “saggy baggy elephant” having lost nearly one pound from his birth weight in five weeks. We were both in trouble. Finding our way out took courage, resilience, and letting go of the image of the “perfect mother” I had created in my mind.

My personal journey of first-time motherhood was recently rekindled with the birth of our first grandchild. All the triggers of having my first-time baby were ignited. This was a granddaughter, whose father was my first baby! Although the labor was considered shorter than average and birth was uneventful (medically speaking), the early postpartum period appeared with the normal new parent uncertainties. The couple was prepared, had a doula, and went to the “best” maternity hospital in the city. However, my midwife lens observed poor educational support from postpartum nurses and a minimal checklist of instructions when they left. Despite nurses and lactation consultant visits, they left the hospital unsure how often to feed the baby. Nurses contradicted each other on how and when to breastfeed. The new parents had never bathed a baby or even changed a diaper. When home, I observed their growing uncertainty about where to get information on whether the baby was getting enough breastmilk. The weeks passed and the new mother gained confidence with her breastfeeding, but the journey was often filled with managing diverging advice. The new mom had her hands full trying to accommodate a doting first-time grandma/midwife who was reliving her own fears about her first-born with insufficient weight gain, a poor breastfeeding experience, and genetic risk for the infant being tongue-tied.

### *What's Ahead?*

So, that explains *why* this book was written for families during the first six weeks of parenting, using a chapter-specific approach. Read it all or select chapters you need information about right now, and then look at other chapters later. We discuss things like what if my baby has a health problem and the diagnosis takes weeks to learn about; what will help me sleep more to



manage my needs and the baby; and pearls of wisdom to support happy breastfeeding of your baby in the early weeks. What about sex? Yes, no, or maybe—I will think about it when I get my groove back. An exploration of postpartum mental well-being will describe and share stories of moms from normal baby blues to post-traumatic stress syndrome to those needing immediate evaluation. We cover societal expectations of becoming a parent versus reality (what is normal), partner experiences, managing visitors, and heartbreak of turning your child over to daycare too soon to return to work. A specific chapter is provided for families of color, whose risk for postpartum maternal and infant death and illness is three to four times higher than their white counterparts. A chapter is specifically authored for lesbian, gay, bisexual, transgender, and queer (LGBTQ) families. We provide advice on learning ways to advocate for self and speak out if you are unsure, afraid, or think something is wrong. Guidance on early recovery, fitness and pelvic health are new additions to the book. And a profoundly moving chapter for near miss moms and families addresses how to cope after a near death event related to childbirth. The book closes with emphasis on mindfulness in parenting, a specific (and highly researched) way to cope, which offers simple ways to relax, take short pauses, and be in the moment. This chapter includes guided meditations that can be downloaded and listened to.

Maternal mortality (moms dying) is rising. The U.S. continues to experience the highest rates of maternal mortality when compared to the ten other high-income countries in the world. The majority of these severe events happen in the postpartum period. Research now estimates 60% of the deaths are preventable.

Why is this happening? There are many reasons. Those associated with medical conditions that develop in pregnancy and not well monitored post birth include: heart disease,

pre-eclampsia, diabetes, hemorrhage, and infection. Additional factors contributing to poor outcomes include inequity in health care based on race and infrastructure design in the maternity care model, which contributes to inadequate support of postpartum women and families.

Advocating for self in any type of health care situation requires meaningful conversation with your health provider including assurances about a safe plan. Chapters are designed to encourage you to become educated and to use your voice in seeking what you need. A specific chapter written by a mom with a near miss explains her journey in delay. Our approach to highlighting family understanding of serious warning signs and to speak out is to *heighten awareness, not to increase fear*.

As health care providers and experienced parents, we believe effectively engaging in health care is a learned skill. And, it is pretty common that starting a family is the first series of frequent, recurring encounters most adults have with the health care system. Our hope is to provide ways to navigate the complicated and normal transition from new parent to confident parent. We wish to guide you to the right information at the right time while navigating a depersonalized, complex health care system. Websites and other resources are provided throughout and at the end of each chapter as trusted and reputable resources for information as you need it.

We wish you the best as this journey into new parenting begins.

## Resources

- Government Accountability Office, Oct. 22, 2022, <https://www.gao.gov/assets/gao-23-105871.pdf>

- "I.G.T." Not Everyone Can Breastfeed, [http://www.noteveryonecanbreastfeed.com/pb/wp\\_db0747f4/wp\\_db0747f4.html](http://www.noteveryonecanbreastfeed.com/pb/wp_db0747f4/wp_db0747f4.html)