



Combining breast & bottle:
when you want to do both.

by Geraldine Miskin & Elena Cimelli



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Combining breast & bottle: when you want to do both reflects the authors' experiences and is provided for general reference and educational purposes. It is not intended to be a substitute for medical advice or counselling. It is important to inform your doctor, health visitor, dietician, lactation consultant or any other medical advisor you feel appropriate of your issues and concerns with regards to breastfeeding and low milk production so you and your baby's health can be followed closely by a qualified health care professional.

Geraldine Miskin is a Certified Breastfeeding Specialist who runs a successful private practice in London, UK since 2003. She is the author and creator of The Miskin Method, a unique approach to breastfeeding which primarily focuses on the practical elements of breastfeeding and enabling mums to find breastfeeding solutions, according to their unique anatomy, physiology, delivery and life style choices. Her approach results in a tailor made solutions for each client. Elena Cimelli is a mum of two, who breastfed and combination fed both her daughters, and researched and wrote The Contented Calf Cookbook. However, she is not medically educated, trained or qualified.

The authors do not take any responsibility if the contents of this guide are taken as a recommendation. You and your doctor take full responsibility for the use that you make of this guide.



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Introduction

When I was pregnant and then a very new mum, I heard time and time again: “it’s so important to establish breastfeeding well in the early days”. Aside from not really knowing exactly **how** (*other than a correct hold and latch, practiced as much as one can with a plastic doll*), I wasn’t really sure **why** either. “Feed, feed, and feed some more” seemed to be the mantra.

But why...?

Since then, I have learned a lot more about breastfeeding and its ‘mechanics’ – *as you can imagine, considering [the breastfeeding cookbook](#) I wrote!* I know understand what the inside of a breast looks like, how milk is made, what ‘establishing breastfeeding well in the early days’ actually means, and why its so important for a successful (*and lengthy, if that’s what you want*) breastfeeding experience.

All that said, I feel passionately that feeding a baby is not black and white. It does not have to be all or nothing. Feeding your baby formula does not mean you’ve ‘failed’ at breastfeeding. Indeed for me, an ounce of formula within the first couple of days of my first daughter’s life probably saved my own breastfeeding experience, which went on for another 10 months – combination feeding for the last four.

In fact, even the ardent breastfeeding advocate **Jessica Weber-Martin** from **The Leaky Boob** has written about her own experience of using bottles and formula to feed her own children (The Romanticized Myth of What Constitutes Successful Breastfeeding- An Apology - <http://theleakyboob.com/2014/10/the-romanticized-myth-of-what-constitutes-successful-breastfeeding-an-apology>). And movements such as '#ISupportYou' (<http://www.contentedcalf.com/news-views/feeding-our-children-with-love-i-support-you>) encourage supporting mothers however they feed their babies.

However, there is little information out there on how to successfully combination feed, and how to do so while maintaining your breast milk supply.



How do I introduce a bottle of formula?

When should I introduce a bottle of formula?

How will this affect my breast milk supply? And why?

Will this spell the end of my breastfeeding experience?

And so this is the purpose of this guide: to explain how breast milk production works, and why effective and frequent feeding is so important in the early days. But then, how to introduce one or more formula feeds (if that's what you want to do) without jeopardising your breastfeeding experience totally. Introducing a bottle does not have to mean the end to your breastfeeding journey if you don't want it to be. But understanding how your body works to produce breast milk is KEY, so that you don't inadvertently tell it to stop.

Combining Breast & Bottle Successfully

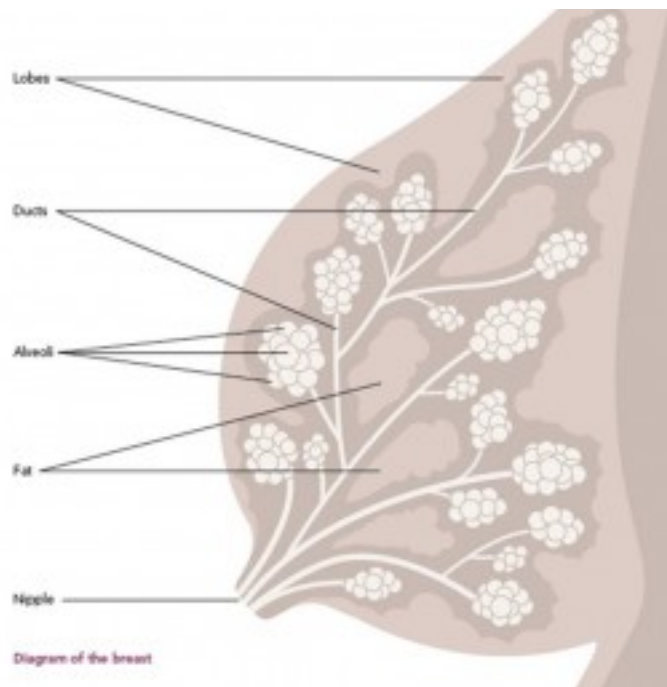
That is why I've asked [Breastfeeding Specialist Geraldine Miskin](#) to join me to provide practical know-how and insight on **How to Combine Breastfeeding and Bottle Feeding successfully**. We truly believe that by understanding how a breast milk production works and why we're told "feed, feed, feed", you will be better equipped to successfully combine formula AND breastfeeding together if that's your choice.

In this guide we look at:

1. The Anatomy of a Breast
2. How Breast Milk is made
3. "Feed, feed, and feed some more in those early days" aka Prolactin Receptor Theory, and how it sets you up for success
4. How Breast Milk supply is maintained
5. Tips on introducing Formula
6. Combination Feed and maintain your Milk supply



1). The Anatomy of a Breast



A human breast is composed of essentially four parts: **alveoli** or glands, **milk ducts**, **fat**, plus **connective tissue**. Imagine the inside a bit like a bush. The nipple is the stump of the bush, the milk ducts are the branches and the alveoli are the leaves.

Alveoli are round, sac-like glands, which are lined with milk-producing cells called **lactocytes**. The milk is produced inside each alveolus, and then travels down the ducts and out of the nipple.

2). How Breast Milk is made

As you may remember from your antenatal classes, the process of making breast milk (**lactogenesis**) is heavily dependent on two hormones - **prolactin** and **oxytocin**. Both prolactin and oxytocin are secreted by the pituitary gland (a pea-sized gland at the base of the brain).

Each hormone needs an equivalent matching receptor located wherever the hormone is influence is required (i.e. in this case, the breasts). In addition, there needs to be enough receptors for the amount of hormone.

You can think of lactogenesis as a four-stage process. I think it's so interesting, and clever!

One

Prolactin receptors are on the walls of the lactocytes (*the milk-producing cells of the alveoli*). The receptors allow the prolactin in the bloodstream to move into the lactocytes and stimulate milk production.

Two

As the alveoli fill up with milk two things happen:

- 1). They stretch, which changes the shape of the lactocytes so they cannot absorb any more prolactin, therefore slowing the rate of milk production.
- 2). The breast milk itself contains a protein called Feedback Inhibitor of Lactation (FIL). When the breast is full of milk, and so there is an increased amount of FIL present, the FIL gives the message to the lactocytes to stop producing milk.

Three

The baby's suckling stimulates the hormone oxytocin to be released. (At the same time, the pituitary gland also releases more prolactin too.) Oxytocin causes the muscles around the alveoli to contract, squeezing the milk into the ducts, which swell behind the nipple, full of milk. The motion of the baby's tongue as they suck, draws the milk into their mouth - though they must have a good mouthful of breast to be able to reach the ducts and feed effectively.

Four

As the milk empties out of the alveoli, the prolactin receptors return to their normal shape, so the prolactin flows back into the lactocytes and milk production starts again. (N.B: The milk that is produced as the baby feeds is higher in fat and more satisfying.)

3). "Feed, feed, and feed some more in those early days" aka Prolactin Receptor Theory

Although it has a grand sounding name, Prolactin Receptor Theory is very straightforward:

Frequent milk removal in the first several weeks of feeding **increases the number of prolactin receptor sites.**

Why this is important is because with **more receptors, more prolactin can flow into the lactocytes** (milk-producing cells), **and milk production capacity increases.**

Prolactin levels in the body start to rise around half way through pregnancy, surging to their highest levels at the time of birth.¹ The level of prolactin then drops continuously until it plateaus around three months after birth.

However the **more frequent the prolactin surge, experienced during feeding, in the first several weeks, the higher the baseline for on-going milk supply levels.** The more successful breastfeeding is in the first few weeks, the more successful it is likely to be going forward.

I was once told to think of it as a new factory responding to peaks and troughs in demand, without the experience of how to manage those peaks and troughs steadily over a prolonged period. It's using the initial 'order' flow to determine its supplies and production pattern for the future. In the first six weeks or so, when demand has been higher, the factory cranks up production and increases supply based.

This is why if your baby has had a crazy feeding day, the next day your boobs feel enormous! They think:

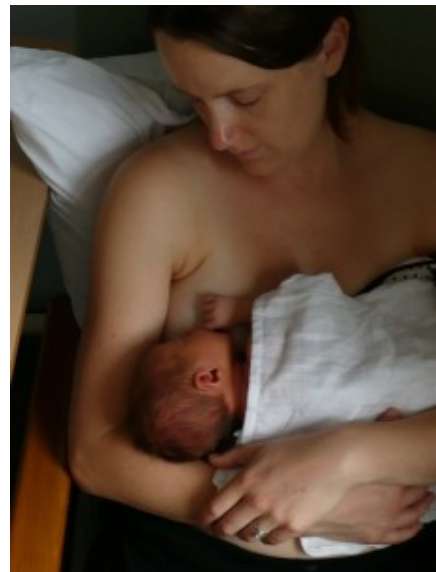
"we needed to produce a LOT of milk yesterday, so we'll do the same today".

¹ However, during pregnancy high levels of progesterone, produced by placenta, interact with the prolactin receptors on the walls of the lactocytes to inhibit milk production. These progesterone levels fall dramatically once the placenta is delivered though, and the prolactin is able to start having an effect.

To capitalise on that increase in supply that day, even if your baby does not want to feed as much, it is well worth expressing the excess milk, so that your milk 'factory' sets up all the parts of its production line for higher supply as and when it is needed.

Bringing it back to breastfeeding...

- the higher the milk demand...
- the higher the number of prolactin receptors are created...
- and the higher the maximum milk production will be.



4). How Breast Milk supply is maintained

Breastfeeding is a team effort. Your role is to ensure that baby has unrestricted access to the breast and baby's role is to latch and transfer milk effectively. When both you and baby know what to do, a healthy supply is quickly established.

If your baby isn't latching on well, they'll struggle to get enough of milk, so help with improving your baby's latch should help. As we've said, the more they remove, the more you'll produce.

The Milk Supply Equation

In their book "*A Breastfeeding Mother's Guide to Making More Milk*" Diana West and Lisa Marasco introduce the concept of 'The Milk Supply Equation', which is as follows:

1. Sufficient glandular tissue
 - + 2. Intact nerve pathways AND ducts
 - + 3. Adequate hormones AND hormone receptors
 - + 4. Adequately frequent, effective milk removal and stimulation
- = GOOD MILK PRODUCTION

Points one and two are down to an individual's anatomy. However points three and four are where we can have some impact. A lactogenic diet can help increase the levels of milk production hormones in your body (see more below). And as we have seen in the section above, the more you feed in the early days, the greater number of prolactin hormone receptors, which increases your baseline milk supply levels.

The Miskin Method

Geraldine has developed a methodology that assesses 5 key elements she believes influence breastfeeding outcomes, and directly assists with point four. These interlinking elements are what she refers to as the unique 'mum and baby combo' and it forms the basis of the Miskin Method.

1. Your medical history
2. Your unique shape and size
3. Your baby's age and size
4. Your baby's unique anatomy
5. Your baby's position in the womb, labour and birth

Using the Miskin Method you and your baby can work together to achieve an effective latch and therefore ensure your baby milk removal is as efficient as it can be.

Getting help and advice

- The **NHS** have lots of information and links to helplines, in-person cafes and other help: <https://www.nhs.uk/conditions/pregnancy-and-baby/breastfeeding-first-days/>
- The **NCT** have an excellent breastfeeding helpline. More information here: <https://www.nct.org.uk/baby-toddler/feeding/early-days/breastfeeding-support>
- The **La Leche League** are also a wonderful organisation with great support: <https://www.laleche.org.uk/get-support/>
- I also love **Little Peach London** for warm, inspirational, daily advice on Instagram: <https://www.instagram.com/littlepeachlondon>
- **Geraldine Miskin** a very experienced Lactation Consultant: <https://geraldinemiskin.com>

Hints & Tips on maintaining your supply

Once you and your baby have mastered an effective latch, here are some hints and tips to maintain your supply.

1. Remember that you are unique

Always feed according to your unique anatomy, to ensure that baby gets as much milk as he can from the breast. For instance, if you are a small cup size mum, that you feed from both sides at each feed possibly switching between both breasts, using breast compression and ensuring that your **baby is swallowing** throughout the feed.

2. Keep the baby to the breast as long as they are sucking

- Each baby takes a different time to feed, but a good general rule is to try to get at least 10 - 15 minutes of good sucking (no breaks longer than 30 seconds). Once we'd settled into a pattern, my daughter would generally fall asleep while feeding, but I would tickle her foot or her hand or blow on her face, just something to keep her sucking hard (even though asleep) for the first 10 - 15 minutes. I would then just let her suck gently for the remaining 30 minutes or so. And at some point she'd loosen her suck and 'fall off' it.
- I would generally offer her both boobs each feed, alternating which one I offered her first - Left then right, right then left etc. We'd generally end up doing around 40 minutes on the first breast and then 20-30 minutes on the second one, with 10-15 minutes good sucking at the start of each boob. By offering each boob you're doing two things:
 1. Just having a baby sucking, even if it's not very productive, stimulates your milk supply, so the more they are on there, the better your supply
 2. By giving the baby the second boob first the next time, they are going to 'empty' it completely(ish) which also helps your supply - it also means they get the fatty,

calorific 'hind milk' as well as the more watery foremilk, so they are getting the calories they need

Don't be surprised though at how fast and effective they can be by the end of their breastfeeding experience – five minutes (or less!) and boom, they're done!

3. Pumping / Expressing

- Try to pump a little extra milk throughout the day. It's great to see those little frozen milk packs building up in the freezer².
- Don't be disheartened if you only get 5mls the first time you pump, babies are a lot more efficient at getting the milk out and it doesn't reflect that they are not getting any milk, just that your boobs aren't used to how the pump 'sucks'. I think I got 10mls the first time I pumped, and by the end I think the most I got was 240ml!!
- I would pump pretty much after every feed - sometimes I would get nothing, sometimes only 10ml, generally no more than 20/30ml, but by doing that I would know that my breasts were 'empty', which send the messages to make more milk. Plus, if I was asking my body for just a little bit extra each feed, I knew I was staying one step ahead of my daughter's growth spurts and extra appetite³.

² I have to say for me pumping was the least favourite thing that I did. It hurt a fair amount to start with (but did calm down after a couple of weeks, plus switching the pump I was using). Plus it was a complete bind to wash and sterilise the pump the whole time!!! But it was great to have extra milk if I needed it, plus I think it helped me keep my supply up and help me feed until 6 months without my daughter getting hungry. And when I did get a big 'yield' it was very satisfying.

³ In addition, one thing we didn't do is carry on with our daughter's 10/11pm 'dream feed'. She went to bed at 9pm one night at about 3 - 4 months and didn't wake up until 4am, so we just didn't feed her at our bedtime again, and I would just feed her in the middle of the night. But what I did do, until pretty much the end of me breastfeeding her is to express almost every night after dinner between about 9pm and 11pm. I would just keep and freeze the milk for if I wasn't around and my husband needed to feed her. But really it was more about keeping my supply up. Your hormones are higher at night, so rather cruelly, it's the night feeds that help keep supply up more than the day feeds. But I really think my evening expressing really helped.

4. Be aware of growth spurts

When your baby goes through a growth spurt, it may be tempting to offer more formula but this will increase the gap between your baby's growing need and how much you produce. Instead, boost your supply with supplements just before a growth spurt is due and be prepared to feed more frequently for a few days when the feeding frenzy starts.

A lactogenic diet

To find more about a lactogenic diet, a great book we recommend is 'Mother Food: A Breastfeeding Diet Guide with Lactogenic Foods and Herbs for a Mom & Baby's Best Health' by Hilary Jacobson.

Keep hydrated

Drink a glass of water every time you feed (maybe two glasses) - you get VERY thirsty! Remember - you're producing around 1 litre of liquid for the baby to drink every day. If you are well hydrated, that helps tonnes.

Make sure you eat lots of calories, good fats and don't do too much

If you burn too many calories, you don't have as many to make the milk. On the days where I rushed around too much, I wouldn't have much extra milk (say 10ml instead of 100ml, which is what I normally pumped).

Lactogenic foods and herbs

And of course, lactogenic foods and herbs! To find out more, head to www.thecontentedcompany.com/pages/breastmilk-production-diet.

We have our Sneak Peek Recipe Booklet, with seven starter recipes in it <https://thecontentedcompany.com/collections/contented-calf/products/sneak-peek-recipe-booklet-recipes-for-breastfeeding-mums>.

Plus there are many fabulous companies out there providing lactogenic foods and drinks – to name a few:

1. Boo.B Ltd <https://www.instagram.com/boo.b.ltd>
2. Boobbix <https://www.instagram.com/boobbix/>
3. Mothers Love Cookies <https://www.instagram.com/motherslovecookies/>



Fig & Fennel Scones from The Contented Calf Cookbook.

5). Tips on introducing Formula

Five tips to introduce a bottle-feed

1. **Introduce a bottle feed once breastfeeding is established** – As a breastfeeding mum, it is important to ensure that your supply meets your baby's growing needs, is comfortable and works for both you and baby, before introducing alternate feeding methods. Offer baby a bottle once breastfeeding is established and you feel happy and confident with feeding. This may mean that you don't need to wait until your baby is 6 – 12 weeks old and can introduce a bottle earlier.
2. **Keep up the practice once you introduce a bottle feed** – don't make the mistake of thinking that as your baby has taken a bottle once, you can leave bottle-feeding for weeks/months and come back to it. This usually leads to baby point blank refusing the bottle and you left without alternate feeding options.
3. **Offer baby a bottle at your best breastfeed of the day** – this allows you to introduce a bottle feed when baby is calm and relaxed. Usually this would be a morning feed when your supply is abundant and free-flowing.
4. **Offer baby a sandwich feed** – breast, bottle, breast in the same feed. You can then take the edge off baby's hunger by offering the breast, introduce a bottle feed, then finish the feed with your breast.
5. **Don't lock horns** – your baby will win every time. It can be frustrating when a little friend just won't even entertain trying a bottle feed, especially when you have lovingly expressed milk instead of using formula. We appreciate that free time is as rare as hens teeth, but your baby doesn't understand what the purpose is of a bottle feed. Offer your baby a bottle and if he or she refuses, leave it, and come back to it at the next feed. Calm perseverance wins the day.

4). Combination feed and maintain your milk supply

where to start?

Start with the feed that you feel your baby is naturally wanting to drop. When substituting a bottle feed in place of a breastfeed, it is important that you express your breasts near or at the time of the feed. This ensures that your breasts maintain their regular draining pattern and reduce the chance of your breasts becoming congested, blocked or inflamed. If you decide that rather than substituting you would prefer to drop the feed altogether, continue expressing at or near the feed you are substituting with a bottle feed but gradually reduce the amount of milk you express until you aren't expressing any milk and your breasts feel comfortable as though you had fed.

Supply issues arise when either access to the breast is restricted or if baby is not able to drain the breast effectively. Understandably, this is often when formula is introduced. When it is not done in a controlled or calculated way, it can negatively influence your feeding frequency and suppress your supply.

The decision you need to make, or at least be aware of the implications around it is: are you introducing formula for a temporary or a long-term period? The answer to this will determine how you will best be able to maintain your milk supply while combination feeding

1) Tips for temporarily combining breast & bottle feeding

It is important that whilst supplementing,

1. You monitor baby's weight gain and only offer as much formula as he needs, rather than how much he will take.
2. Get practical help to ensure that you are doing what you can to get breastfeeding back on track, so that you feel in control of the situation.
3. You stimulate and drain your breasts as frequently as possible. Express if baby is not able to latch or feed well.

a) Monitor baby's weight gain

This will give you an idea of whether baby is having too much formula at feeds, which ultimately compromises he takes from the breast. On average, you want baby to gain about an ounce a day (30g). If he is gaining way more than this, try to reduce the formula and offer more breast. Have him weighed weekly, until you have a measure of just how little formula he needs at feeds.

b) Find and resolve the root of your problem

Find the cause of your supply issue and resolve this. As there are 2 people directly involved in breastfeeding, assess your feeding pattern as well as baby's ability to transfer milk.

There is no reason not to continue breastfeeding if you are supplementing with formula. You and baby can still enjoy the benefits of breastfeeding. Introducing a bit formula when everything is going wrong can and is often the bridge to better breastfeeds if not exclusive breastfeeding.

c) Express in lieu of breastfeeds

If your baby has one bottle feed a day, express both breasts to keep your body in a good rhythm. You can use this milk for top ups during the day or freeze it to create a milk bank for when baby just needs that bit extra.

The important thing here is to make sure that your body still produces as close to the total amount of milk your baby needed and will need again when you were exclusively breastfeeding. If you simply drop a breastfeed without expressing in its place, your body will readjust to produce less milk. When you then return to exclusive breastfeeding, your body won't provide baby with all the milk they need and want. You might find yourself supplementing more, they fill up on formula and are not hungry when you try to feed from the breast, your body produces less, and your breastmilk supply spirals downwards until you're exclusively formula feeding.

d) In difficult circumstances

Think of it as a prop to encourage babies to feed more effectively. When babies are small and don't have enough energy to feed well or they are just too tight and uncomfortable from the birth, it can be a source of energy which enables them to stay awake, suckle well and ultimately master feeding.

You can use small increments before and throughout the feed to spur them on and keep them going. Intersperse breastfeeds with 5 – 10ml increments of formula to give baby energy and motivation to keep feeding. The better baby feeds, the better your supply and the less you will need to supplement.

2) Longer term combining Breast and Bottle feeding

If you are wanting to combination feed longer term, the process is essentially a lot simpler, as your body will be producing a steady amount of milk for your baby (eg.50-80% of what they need instead of 100%).

But a few top tips to help you along the way should hopefully mean you're able to long term combine breast and bottle feeding:

1. Use the first six weeks or so to really establish breastfeeding. Remember, it's these first few weeks that determines the number prolactin receptors in your breasts. You want this number to be as high as possible so your breasts have the highest milk producing potential as possible. Think of the factory analogy, getting to grips with the demand for their product. If demand is high in the early days, all the mechanisms will be put in place to be able to supply that demand.
2. Remember that once you've made the decision to drop a breast feed long term, and have not replaced the feed with expressing, it will be a lot harder (though not impossible at all) to return to exclusive breastfeeding, should you choose.
3. If you want to keep the ratio of breast to formula the same throughout your baby's milk feeding period (eg 1-2 feeds a day), remember that as your baby grows and needs more milk, your breasts need to keep up with the increase in demand, just as they would if you were exclusively breastfeeding. All the top tips for maintaining and increasing your breast milk supply still apply to you, even though you are combination feeding – drinking lots of water; expressing after feeds to ensure breasts are fully emptied, and perhaps producing a little more than required, ready for a growth spurt; eating nutritious, lactogenic foods; continuing to work on a good latch etc – all these still apply. If you simply meet baby's increased demand with extra formula, the ratio of breast to bottle is going to shift.

a) The secret of how to drop feeds without developing mastitis

The best tip of how to drop feeds without developing mastitis has to be to drop feeds slowly, starting with the feed where your milk supply is lowest. From there, you want to keep one feed, drop one feed, keep one feed, drop one feed so that your feeds are evenly spread throughout the day.

Be careful of dropping feeds too quickly – When you start dropping feeds, you want to take your milk supply into consideration. If your milk supply is high, you will need a different set of tools and guidelines to mums who have less milk. Be guided by your body and do it really slowly, that your body has a chance to rebalance your hormone to accommodate the changes in your feeding patterns.

b) Late night bottle-feed

When introducing a late night formula feed, express both breasts in lieu of the feed, so that you don't feel full to burst in the middle of the night. You can freeze the milk that you express or you can use it for top ups during the day in place of formula. If you aren't able to express or your breasts don't feel full to burst at 2am, then you don't need to bother with expressing.

c) Dropping the middle of the night or early morning feed

This is not one we would encourage mums to try and drop, as your supply is typically highest here. However, you may find that your baby suddenly starts sleeping through the night and no longer needs the 4am feed. Whilst this is great news, you may find that your breasts don't agree and become full, hard, tender and lumpy.

If you are woken by throbbing, achy breasts, and your baby is in deep sleep, you could hand express some milk, just to take the edge off your fullness and discomfort. If hand expressing doesn't cut it – you can use a pump instead. Just be careful not to be overzealous in your expressing or you may find that your breasts get into the habit of wanting to be drained and keep you awake.

You can also apply something cold to the breast (from the freezer is better than from the fridge) to take the sting out of the breast.

You may find that bringing the 7am feed forward to 6am cuts out the need for expressing at all – less work is always the first and best option. Be guided by how full you are and the level of discomfort you are feeling.

Thank you,

We really hope you have found this guide useful. With a greater understanding of how breast milk production works and the mechanics of breastfeeding, we hope you now have the information you need to successfully combine breast and bottle-feeding. The introduction of a bottle of formula does not have to spell the end of your breastfeeding experience with your child if you do not want it to.

Elena & Geraldine xx

References & further reading

For more information about breastfeeding and breast milk production, please visit both The Contented Company and Geraldine Miskin websites



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You can see an in-depth list of references and further reading at the very bottom of www.thecontentedcompany.com/pages/breastmilk-production-diet. But for now, here are a few articles and books that might interest you.

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