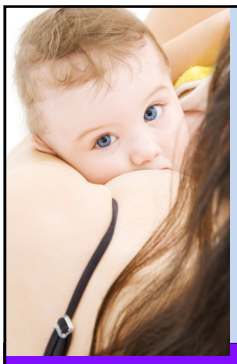

# Understanding Breastfeeding Behaviors

Nancy Mohrbacher, IBCLC, FILCA

**Breastfeeding behaviors are key to comfort & milk transfer**

**To a mother's feelings of competence**

**To the mother-baby relationship**

***"Mothers who discontinued exclusive breastfeeding were more likely to have experienced problems with their infant latching on or sucking…"***

Taveras, *Pediatrics* 2004; 113(4): e283-90

## *Why Is Latching So Tricky?*

- **We live in a bottle-feeding culture**
- **Most of us don't see breastfeeding**
- **We're still learning**

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## Advice Circa 1980

Photo: *The Breastfeeding Atlas*

## The End Result

Photo: *The Breastfeeding Atlas*

**Wait 4 to 6 weeks and the pain will go away**

**Pain and trauma happen when mothers do not "toughen" their nipples enough**

***'Blame the Victim' Mentality***

At about the same time, three experienced breastfeeding counselors:

- Kittie Frantz, USA
- Chloe Fisher, UK
- Maureen Minchin, Australia

Came to the same conclusion:

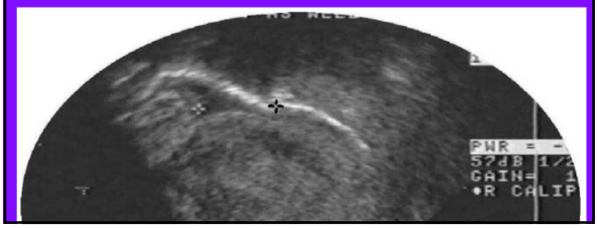
***"We…could significantly reduce or eliminate the pain of sore nipples by altering mothers' techniques to match those of the mothers who were not experiencing pain."***

--Kittie Frantz, 1982

## *Major Shift #1*

Jacobs, et al. 2007. *J Hum Lact*, 23:52-59

For comfortable feeding & effective milk transfer, the nipple must go deeper into baby's mouth



## Assumptions at the Time

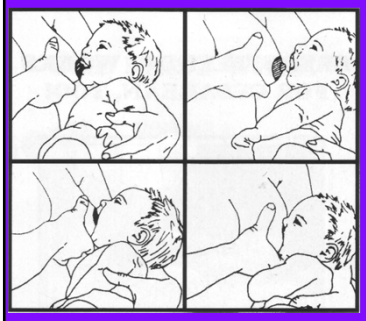
- Mother determines deep or shallow latch
- Early breastfeeding is best done upright or side-lying
- All mothers should be taught "proper" positioning & latch
- Baby's arm movements should be suppressed

Photo: *Lena Weimers*
Used with permission.

## *Techniques to Achieve Deeper Latch*

Photo: *Mary Jane Chase, RNC, MN, CCE, IBCLC*

## Managing Nipple Problems



- Use cradle hold
- Turn baby on side
- Keep fingers away
- Support breast (C)
- Tickle lips lightly
- Center nipple
- Pull baby in close

Kittie Frantz, PNP, LLLI, 1982; www.geddesproduction.com

Video: *Positioning Your Baby* (1989) by Chele Marmet, MS, IBCLC, Medela

## Asymmetrical Latch

Chloe Fisher, RN, RM, MTD

- Aim nipple to roof of mouth
- Lower lip further from nipple
- Nose & chin indent breast
- Any position

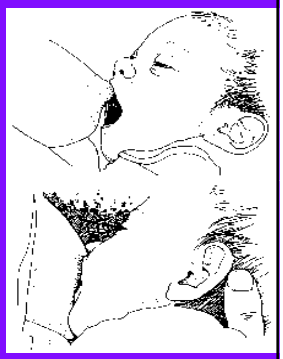
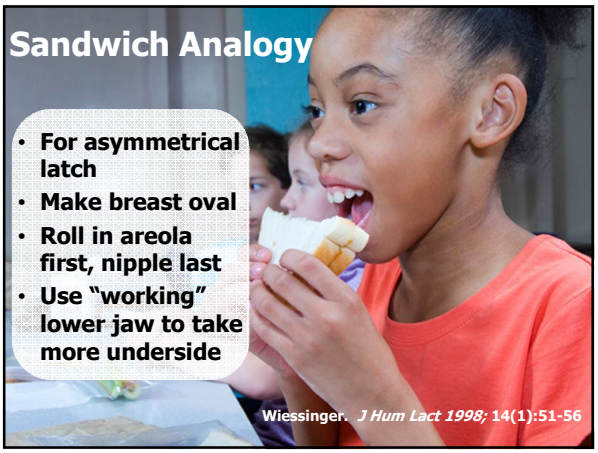


Image: *Bestfeeding* (2004)

Video: *Helping a Mother to Breastfeeding: No Finer Investment* (1994)
Royal College of Midwives

## Sandwich Analogy



- For asymmetrical latch
- Make breast oval
- Roll in areola first, nipple last
- Use "working" lower jaw to take more underside

Wiessinger. *J Hum Lact 1998;* 14(1):51-56

## Diane Wiessinger video 2001

## Positional Stability

Photo: Rebecca Glover, RM, IBCLC

Photo: Catherine Watson Genna, BS, IBCLC

Rebecca Glover, RM, IBCLC

Baby well-supported

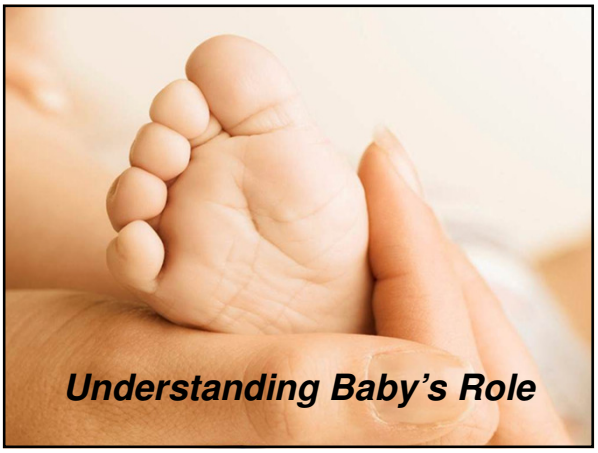
- Torso, hips, chin touching mother
- No gaps between mother & baby

Video*: Follow Me Mum* (2005) by Rebecca Glover, RM, IBCLC; Available from www.ibreastfeeding.com

"Instinctive Feeding Position"

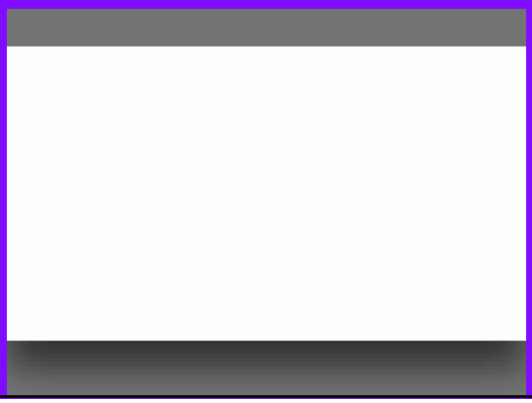
Head back, chin thrust forward to open throat for easier swallowing

"Nipple-Tilting" for asymmetrical latch



## *Understanding Baby's Role*

Video: "BabyBabyOhBaby: Nurturing Your Gorgeous & Growing Baby By Breastfeeding" (2011); Available from www.babybabyohbaby.com



***Baby-Led Breastfeeding***

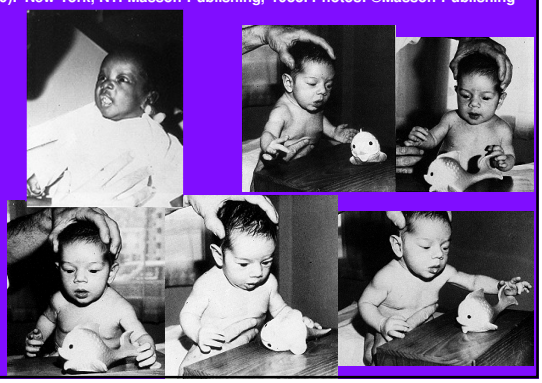
**Christina Smillie, MD, IBCLC**

- **Similar responses among babies**
- **Checked scientific literature**

Smillie, C. In *Supporting Sucking Skills in Breastfeeding Infants.* ed. by C.W. Genna. Boston: Jones and Bartlett, 2013, pp. 83-104

## Liberated Motor Activity

Amiel-Tison & Grenier. *Neurologic Evaluation of the Newborn and the Infant* (pp. 87-109). New York, NY: Masson Publishing, 1983. Photos: ©Masson Publishing



## Affective Synchrony

**Right-brain connection helps infant regulate state & behavior**

**Newborn's immature systems "co-regulated by the caregiver's more mature… nervous system."**

Schore. *Infant Mental Health Journal* 2001; 22(1-2):7-66

**Engaging baby ↑ breastfeeding coordination**

- **Interaction**
  - Eye contact
  - Making faces
  - Talking
- **Touch**
  - Stroking
  - Swaying
  - Sucking on finger
- **Patience**

**Baby's frontal contact releases breast-seeking behaviors**

**Reflexes hardy, lasting for months or years**

**Triggering feeding behaviors helps resolve problems**

- Tight latch
- Sore nipples
- "Dysfunctional" suck
- Breast refusal

Smillie, C. In *Supporting Sucking Skills in Breastfeeding Infants*. ed. by C.W. Genna. Boston: Jones & Bartlett, 2013, pp. 83-104

***Major Shift #2***

**Babies' inborn behaviors long-lasting, full frontal contact primary trigger**

**Mothers' engagement of baby affects coordination**

**Problems solved when baby takes an active role**

**Biological Nurturing®**
**Suzanne Colson, RM, PhD**
**www.biologicalnurturing.com**

- Videotaped 40 mother-baby pairs feeding
- Identified 20 primitive neonatal reflexes (PNRs)
- PNRs work for or against breastfeeding, depending on positioning

Colson, et al. *Early Hum Dev* 2008; 84(7):441-9

Photo: Melanie Ham

## Identified 20 Feeding Reflexes

Colson, et al. *Early Hum Dev* 2008; 84(7):441-9

**Including:**

- Rooting
- Sucking
- Swallowing
- Hand to mouth
- Mouth gaping/opening
- Tongue licking
- Arm & leg cycling
- Head lifting
- Head bobbing
- Stepping, crawling

More reflexes act as breastfeeding stimulants when mothers lay back ($p=<0.0005$)

***Major Shift #3***

**Our newborns wired to be "tummy feeders"**

**Our PNRs similar to other abdominal feeders (dogs, cats, mice)**

Sitting up, PNRs made latching more difficult

Pull of gravity caused gaps, head-butting, arching away

Photo: Melanie Ham

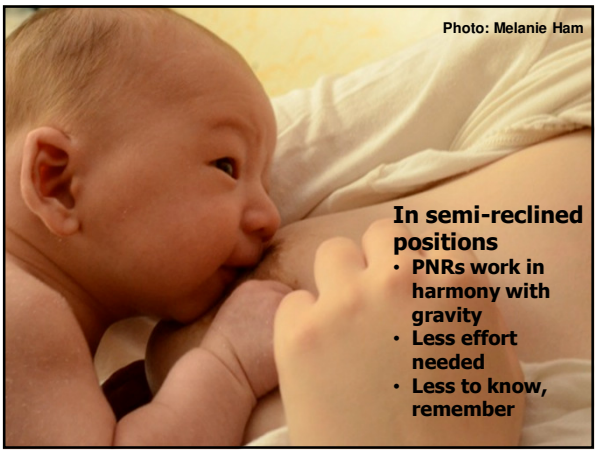


Photo: Melanie Ham

In semi-reclined positions

- PNRs work in harmony with gravity
- Less effort needed
- Less to know, remember

## When Laid Back

- Mother's body opens, baby has more space
- Baby can "lie" more ways
- Gravity helps
- Mother's body fully supported
- Reflexes triggered, even in sleep
- Mother's focus is on baby (right brain)

## Adjustments

- Angle of mother's recline
- Baby's lie
  - Longitudinal, transverse, oblique

Photo: Melanie Ham

## After a Cesarean

Breastfeeding is innate and reciprocal
Mothers' stroking "appeared to trigger instinctively the right reflex at the right time"
Colson. et al. Early Hum Dev 2008; 84(7):441-9

Sleep As a Tool
Colson, MIDIRS Midwifery Digest 2003; 13(1):92-97
Cuddle drowsy or sleeping baby in laid-back positions
– Triggers reflexes
– Sleeping baby can breastfeed
Photo: Melanie Ham

A More Right-Brained Approach
Less to Remember
• Feeding readiness, cues
• Calm, engage baby
• Innate feeding behaviors
• Positional stability
• Asymmetrical alignment
• Depth of latch

Thought-Provoking Research
Henderson, et al. Birth 2001 28(4): 236-242
• Randomized trial 160 1st-time mums
– Group 1: one-on-one positioning teaching ≤24 hr after birth
– Group 2: no teaching
Photo: Mary Jane Chase, RNC, MN, CCE, IBCLC

• Mothers received teaching had:
– <Nipple pain Day 2
– Trend toward ↓ breastfeeding
– < breastfeeding satisfaction at 3 & 6 mo
• Couldn't rule out teaching as a cause
Photo: Mary Jane Chase, RNC, MN, CCE, IBCLC

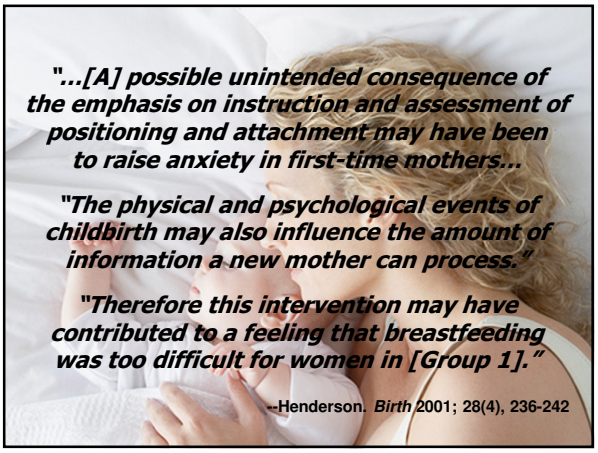

"...[A] possible unintended consequence of the emphasis on instruction and assessment of positioning and attachment may have been to raise anxiety in first-time mothers...
"The physical and psychological events of childbirth may also influence the amount of information a new mother can process."
"Therefore this intervention may have contributed to a feeling that breastfeeding was too difficult for women in [Group 1]."
--Henderson. Birth 2001; 28(4), 236-242

Photo: *Lena Weimers*

**An instructional approach to early breastfeeding may:**

- Engage mother's left brain, altering her hormonal state
- Disrupt innate behaviors
- Increase feelings of incompetence
- Put her out of sync with her baby
- Result in less-than-optimal positioning

## Baby's Hand Movements

Genna & Barak, *Clin Lact* 2010; 1(1): 15-20

**Hands are used to:**

- Calm & stabilize
- Communicate
- Find breast & move to it (crawl)
- Shape/move breast & stimulate milk flow

Matthiesen, et al. *Birth* 2001; 28:13-19

Genna & Barak, *Clin Lact* 2010; 1(1): 15-20

- Suppressing hands confuses, disorganizes
- If hands hurt nipples
  - Good support in full frontal contact relaxes
  - Face against breast
  - Hug breast, chin & philtrum below nipple

## *Assumptions*

| THEN | NOW |
|---|---|
| Mother determines deep or shallow latch | Breastfeeding is innate & reciprocal |
| Best breastfeeding positions upright or side-lying | When laid back, gravity works in harmony with breastfeeding behaviors |
| All mothers should be taught "proper" positioning & latch | Left-brained instructions can complicate early breastfeeding |
| Baby's arm movements should be suppressed | Free babies' hands so they can find, get to breast & enhance milk flow |

*Video: Positioning Your Baby* (1989) by Chele Marmet, MS, IBCLC, Medela

## *Basics Checklist*

- ❑ Is gravity working for or against breastfeeding?
- ❑ If laid-back, tried varying lies & angles of recline?
- ❑ Are baby's feet touching mother's body or something soft nearby?
- ❑ Is baby crying?
- ❑ Tried breast support or shaping?
- ❑ Tried breastfeeding when baby's drowsy & asleep?

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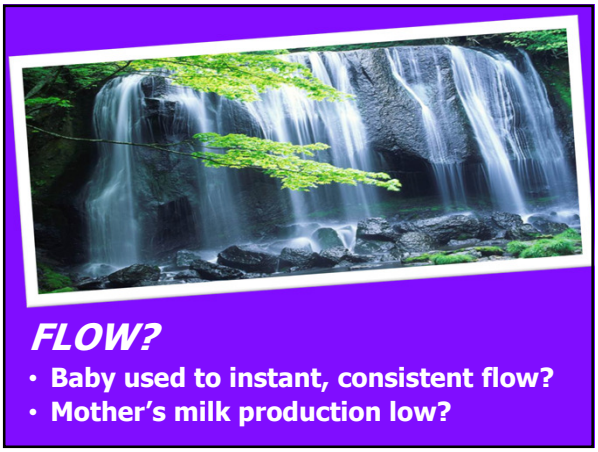


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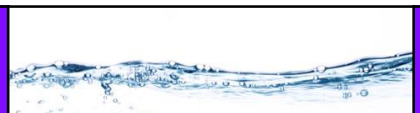


- To increase flow
  - Boost milk production
  - Deliver instant flow at breast
    - Spoon
    - Eyedropper
    - Syringe
    - At-breast supplementer

## *FAMILIARITY?*

- Bad experiences?
- Hair-trigger temperament?
- Used to another feeding method?

## *FAMILIARITY Issues*

When transitioning from another feeding method, take baby steps

## Sipping/Lapping Methods

Photo: Kirsten Hedberg Nyqvist, RN, PhD

**Muscles used more similar to breastfeeding than bottlefeeding**

Gomes, et al. *Dev Med Child Neurol* 2009; 51(12): 936-942

Gomes, et al. *Jornal de Pediatria* 2006; 82(2):103-109

**May lead to easier transition to the breast**

Abouelfettoh, et al. *Int Breastfeed J* 2008; 2:27

Lang, et al. *Arch Disease Child* 1994; 71(4):365-369

## Baby Steps from the Bottle

**Make bottle-feeding more like breastfeeding**

Kassing. *J Hum Lact* 2002; 18(1):56-60

Photos: *Karl B. Walker*

Bottle-feed at breast
• Rest baby's cheek against exposed breast
• Wrap bottle in cloth so baby can't touch it
Photo: The Breastfeeding Atlas

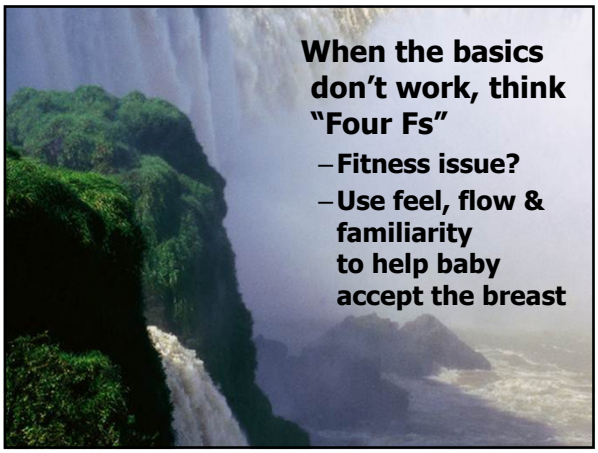
'Bait & Switch'
Start bottle-feeding against exposed breast
As baby sucks and swallows, quickly remove bottle and insert breast
Photo: The Breastfeeding Atlas

FITNESS to breastfeed
200
197
196
• Is baby in pain?
• Is there a physical or health issue affecting breastfeeding?

Fitness Issues
Genna, Supporting Sucking Skills, 2013
Baby
• Unusual palate or oral anatomy?
• Pain or birth injuries?
• Respiratory issues?
• Born early?
• Health problems?
• Neurological or tone issues?
Photo: The Breastfeeding Atlas

Fitness Issues
Genna, Supporting Sucking Skills, 2013
Mother
• Large breasts?
• Taut breast tissue?
• Unusual nipple placement?
• Unusual nipple anatomy?

Babies are hardwired to breastfeed
Mothers are hardwired to help



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