In the first of a series, **Suzanne Colson** presents a new approach to breastfeeding based on semi-reclined positions that benefit mother and baby.

Don’t let anyone get prescriptive about positions; remember, one position cannot fit all mothers’ needs.

A non-prescriptive recipe for breastfeeding

**P** eruse any book about breastfeeding written in the past 20 years and you are likely to find only pictures of mothers and babies feeding upright or in side-lying positions. Current breastfeeding approaches apply the anatomy and physiology of infant suckling suggesting a recipe for breastfeeding that promotes fixed systems of positioning and attachment.

Biological Nurturing (BN) is a new breastfeeding approach that refers to a range of semi-reclined maternal breastfeeding postures and innate feeding behaviours. The many emails I receive suggest that BN has been practised in a variety of ways by many mothers who enjoy breastfeeding. What is new, however, is introducing a non-prescriptive approach, mainstreaming positions that have often been ignored. This article, the first in a series, clarifies how to get started with BN. Because BN is so strongly mother-centred, this is probably best explained through answering some questions mothers frequently ask.

**Q** I am expecting a baby and I’ve heard about Biological Nurturing. What is it, how do we do it and when should we start?

**A** BN involves the sort of baby-holding and cuddling that many mothers dream about during pregnancy. You can start as soon as you want after the birth; many mothers, in an environment promoting privacy, fall into it naturally. For most mothers, BN is quick and easy—it feels as natural as falling asleep.

If you are lucky enough to give birth in a Baby Friendly hospital, a midwifery-led unit or at home, it is likely that your midwife will protect your privacy and encourage you to hold your baby in skin-to-skin contact. After the birth you may not be wearing much clothing so this is a good way to start and the positions you use during BN are similar to those used during skin-to-skin contact.

During BN, you lean back supporting your arms and body with pillows or bed clothes; then, as in the nurturing recipe opposite, you place your baby “mummy to mummy” on your body. It is important that the baby’s legs, feet, soles and feet to touch the brush against your thighs, blankets or a part of the environment, and this is why most babies lie vertically rather than across your midriff.

As soon as you are sitting back, it is quite likely that your baby will cuddle and nestle, moulding right into your body, and this can be very endearing. Alternatively, the baby may not immediately curl around your body curves. If that happens, try changing the direction of the baby’s head. There are three overall directions: vertical, horizontal or oblique; supporting at least 270 baby positions at the breast (the greater part of a circle because the breast is round).

My research findings suggest that babies often spontaneously lie in positions similar to those in the womb. If your baby is having any latch problems, you may need to experiment with positions to find those where both you and your baby are comfortable.

It is better if you do not lie flat on your back, for many reasons—some of which are purely speculative. For example, Odent (1992) suggests that the weight of the baby on your abdomen right after birth can compress your great blood vessels.
inhibiting venous return similar to pregnancy. My results clearly demonstrate that flat-lying makes you raise your head to establish eye-contact with your baby. This often causes neck strain; flat-lying can also hinder self-attachment as even a slight maternal body slope appears to aid the expression of a number of newly observed innate baby feeding reflexes. BN, therefore, is always carried out in a range of semi-reclined postures. Thus, promoting physiological body tilting which has many known benefits for both mothers and babies (Jenni et al. 1997, Dellagrammaticas et al. 2002).

The mother in the nurturing recipe illustrates one such comfortable posture. Her back is approximately 25 degrees from the horizontal axis, and this degree of recline appears to be very comfortable for her. However, some mothers do not wish to lean this far back; some prefer to be more upright. Like the mother pictured.

Q How do I know if I am doing it right?

When your torso and arms are well-supported and relaxed, leaning back as if you were watching television, your body just naturally opens, creating a coziee cocoon for your baby. Try letting your body melt into soft pillows; have a refreshing, nourishing drink to hand; put your feet up and chill. If you feel comfortable with no neck and shoulder strain and can remain in this position for 30 minutes to an hour, if you have at least one hand free, if your baby attaches and drinks your milk, then it is likely that you are doing everything right. In today’s world, this is termed ‘pain-free, effective feeding’, and there are many positions to help you achieve this.

Don’t let anyone get prescriptive about positions; remember, one position cannot suit all mothers’ needs. For many mothers, being really comfortable after giving birth involves semi-reclining in bed, but it can also be on a sofa or chair. A liberal use of soft pillows can provide total support for your head, neck and limbs as well as getting the weight of your body off your perineum. These are the body parts that tend to get sore if you sit upright for a long time holding your baby without support. Don’t think that you need to sacrifice your own personal comfort for the sake of a good latch. Remember, you can change your own or your baby’s position at any time if you become uncomfortable or experience difficulties.

Q My birth experience was traumatic and I had an emergency caesarean in the end. I think it is going to be an uphill battle to breastfeed. What do you suggest?

A A high proportion of mothers who have successfully initiated and continued breastfeeding using BN are those who have had C-sections and/or medicated deliveries. BN, regardless of attachment, for one hour or longer appears to be a powerful stimulant for the release of prolactin, increasing milk production as well as those feeding reflexes that may be expressed weakly following a medicated or traumatic birth. Adopting BN postures can accelerate recovery. Many mothers find that after a caesarean section, draping the baby over their shoulder or across their abdomen, so baby’s torso and feet are supported by pillows on the bed and do not interfere with the wound, enables the baby to self-attach and the mother to relax comfortably.
A non-prescriptive recipe for breastfeeding

Suzanne Colson is a senior midwifery lecturer at Canterbury Christ Church University who has been awarded the Inaugural Akinsanya prize for originality in doctoral work for her research examining the mechanisms of biological nurturing.
www.biologicalnurturing.com

ACKNOWLEDGEMENTS
Special thanks to La Leche League Leaders Beth Svarovska and Joelle Temurcin who read this article offering editorial support.

More of these questions and ways of doing are discussed in the booklet ‘Mother-Baby Experiences of Nurturing’ available to purchase. The Nurturing recipe is also available as an A4 poster. More information: joelle.dafur@yahoo.co.uk.

In the next article, the scientific rationale and theoretical framework for BN will be presented.

REFERENCES

and scientific explanations to support changing your feeding position if you experience breast or nipple pain, latching problems or postural discomfort.

Conclusion
Breastfeeding is different from other infant feeding methods: it always involves the same two people and, from an evolutionary perspective, it makes sense that this activity should be rewarding and mutually life-enhancing. BN is a mother-centred approach to breastfeeding where the mother’s body provides what Bergman (2007) and others promoting kangaroo mother care call the natural ‘habitat’.

Your comfort is an important aspect. The BN approach encourages you to continue to breastfeed in semi-reclined positions when you and your baby are dressed, at home or out and about. It is not limited to the first postnatal hour or skin-to-skin contact. Sometimes it takes a while to get used to this new-found freedom of position, but many mothers say that finding their own degree of comfort increases their confidence earlier, releasing those ‘rewarding, mutually enhancing’ behaviours. It is this postural flexibility that makes BN so breastfeeding-friendly. TPM
Recipe for Nurturing
This is an Excellent Starter!

Ingredients
Plenty of pillows
1 healthy mother
1 healthy newborn
(you can also use 2)
Bed or armchair
Privacy (Optional)

Layer the first three ingredients on
a bed or armchair starting with the
pillows placing your baby tummy
down, on top. Sift through your own
positions to find the most comfortable.

Add skin-to-skin contact, if desired ...
Alternatively, both of you can be
lightly dressed.

Stir in the desired amount of privacy
gently fold in hugs and kisses.
Cuddle and cuddle. Stroke and whisper.
Leave in this warm draft-free place for
at least 45 minutes
Check temperature frequently.
Do not chill

Enjoy any beverage of your
choice — Try sparkling water
or a convivial mix of seasonal
fruit juice.

As baby muzzles and latches on and off, no
one but you can say how long to savour.

Sprinkle with cupfuls of
Love, Laughter and Lullabies.

This recipe illustrates the "how to" of Biological Nurturing,
a newly developed mother-centred approach to breastfeeding.
For more information see
http://www.biologicalnurturing.com

All photos copyright to Suzanne Colson