Biological Nurturing (1)

A non-prescriptive recipe for breastfeeding

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

Peruse 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 postures. 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.

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

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 'tummy to mummy' on your body. It is important that the baby's legs, feet soles and feet tops can brush against your thighs, blankets or a part of the environment, and that 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 nuzzle, 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 lie. 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 cosy 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 fit 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. 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. ►

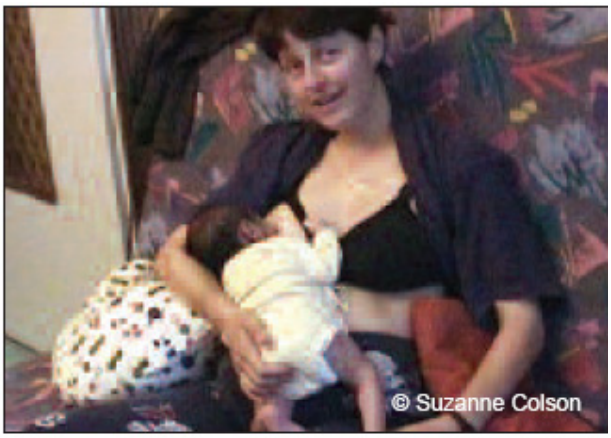
Q I don't want to lie down all the time when I feed. I want to feed my baby discreetly when I am out and about; how can I 'blend in' while still using a biological nurturing approach?

A Many mothers express this concern but soon discover that BN is compatible with an active life. An understanding of pelvic support in relation to sitting can help clarify the range of available postures. The sacrum is a flat, inversed triangular bone wedged between the two pelvic wings. BN means sitting on your sacrum as opposed to upright sitting where your ischial tuberosities support your weight.

When you are sacral sitting you can be either very reclined or, surprisingly, more upright. The movement is in the pelvis, not the shoulders. Some mothers prefer to sit slightly forward during latch and then lean back to maintain a comfortable nursing position. As soon as you lean back slightly, changing from ischial to sacral sitting, on a sofa at home or on a chair at the coffee shop, your baby has more space and can curl down, around or obliquely across your body. Therefore, the degree to which you lean back during BN is up to you and often depends on your immediate environment.

When you are getting started, and during the first six weeks (because it takes about six weeks to establish breastfeeding), you may find that you are more reclined, relaxing and taking your time to get to know your baby. Once you feel confident in yourself and in your milk you may find you can do it anywhere, and in any position, leaning back, bolt upright or standing up as you walk. People often do not even realise you are breastfeeding.

Remember, it is not that sitting upright or side-lying positions are wrong – in fact, they may be ideal in certain situations. What is new with BN is that there are more breastfeeding positions with research data



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

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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: joelledufur@yahoo.co.uk.

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

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Recipe for Nurturing
This is an Excellent Starter!

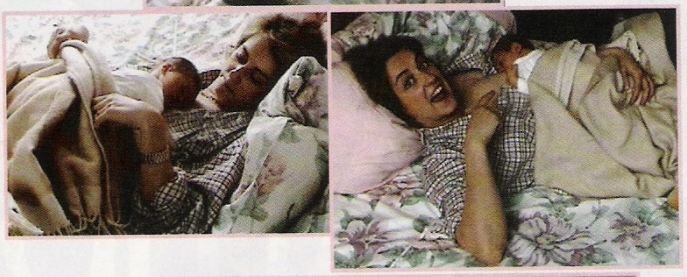
Ingredients

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.
Gaze and cuddle. Stroke and whisper.
Leave in this warm draught-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 nuzzles 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's' of Biological Nurturing, a newly developed mother-centred approach to breastfeeding. For more information see
//http:www.biologicalnurturing.com