WORKING WITH PARENTS

The value of introducing laid-back breastfeeding

Biological Nurturing or ‘laid–back breastfeeding’ taps into mothers’ and babies’ own instincts for getting breastfeeding successfully underway. Here NCT breastfeeding counsellor Ros Vinall shares how she introduces parents to the concept of Biological Nurturing and the reasons for doing so.

Biological Nurturing, or ‘laid-back breastfeeding’ is an approach to feeding that can have remarkable results. It helps the baby to latch-on to the mother’s breast in positions she finds comfortable to sustain breastfeeding, and so reducing the prospect of mothers giving up early. This approach helps to condition feeding reflexes.

As a breastfeeding counsellor (BFC) I began suggesting ‘laid-back’ positions to mothers after hearing about the work of Suzanne Colson, a research midwife, which built on the already known benefits of having skin-to-skin contact between mothers and babies straight after birth. She demonstrated that when mothers adopted reclining or laid-back postures to breastfeed...
these positions enabled their babies’ release of primitive neonatal reflex movements to ‘crawl’ up the mother’s tummy, aided by gravity, reach the nipple area and latch on themselves to her nipple to start suckling. Her research demonstrated that the Biological Nurturing approach helped to condition the feeding reflexes earlier.1

In her book ‘Optimal positions for the release of primitive neonatal reflexes stimulating breastfeeding,’ Suzanne talks about the baby’s position. She describes how after birth babies who remain lying prone on top of the mothers reclining body go in and out of drowsy sleep states. Independent of hunger, babies will often latch again and again in response to positional stimuli releasing feeding reflexes.’1

Concerns about mothers lying flat

Many parents and practitioners may have viewed some of the impressive demonstrations of laid-back breastfeeding available online.2,3,4 However, there are concerns about examples in which mothers are lying flat on their backs which may not be optimal for the baby’s breathing. As Susanne Colson explains on her website, Biological Nurturing involves a range of semi-reclining positions for breastfeeding.5 In her book Colson explains further about maternal and baby positions, adding caution about using flat-lying postures. This may be uncomfortable for the mother and does not enable good eye-to-eye contact with her baby.5

Colson found that many early breastfeeding problems could be avoided by initiating breastfeeding using laid-back postures.1

I have facilitated study days on Biological Nurturing for seven years for BFCs. Colson’s work has been a revelation because it fits so well with our person–centred, hands-off ethos. We acknowledge in our counselling and facilitation that parents have a lot of information and experience within themselves to
draw upon. We can help couples understand the importance of following their baby’s instinctual feeding reflexes and picking up on their early feeding cues. I and many other BFCs have found that laid-back positions are more conducive to mothers being able to relax, sustain the positions comfortably and enjoy breastfeeding. I believe we owe it to parents to share this information with them. During antenatal sessions, phone calls, home visits and local drop-in groups we are getting fantastic responses and pain-free breastfeeding. There is a real need for this support. In my 16 years as a BFC I have often heard mothers say, ‘the midwife showed me how to’ and/or ‘the midwife got the baby on’ and ‘when I got home (or she left), I could not remember how to do it myself.’ A lot of women find breastfeeding a struggle, exhausting and painful, so they give up; hence the big drop-off rates in the early weeks. My aim when facilitating a breastfeeding antenatal session is for parents to explore different positions and find the most comfortable. This enables them to experience the laid-back positions as a normal way to initiate breastfeeding and to understand how they can respond to their babies’ feeding cues and make breastfeeding an enjoyable time with their baby. Mothers rarely see the laid-back positions being used and health professionals are generally not yet supporting mothers in this way.

I am realistic with mothers (and BFC’s) in telling them that many hospital staff still instruct the use of upright positions (even with skin-to-skin contact), manually positioning the baby’s head against the breast, using a side lying position with the baby’s nose opposite the nipple, rather than allowing the baby to be an active participant.

The following facilitation ideas are ones that I use in antenatal sessions and during one-to-one contact with mothers. They are based on my personal experience of postnatal contact with mothers and in doing antenatal sessions in NCT courses and in NHS courses, as well as on the experiences of friends and my own daughters in more recent years.

**Antenatal sessions:**

- **Take a drip-feed approach by referring repeatedly to laid-back positions,** to reinforce the idea for parents that breastfeeding can be a part of everyday life with their baby, in a way that does not rely on timing or routine feeds. Displaying pictures and modelling these positions yourself with a doll can also help to reinforce the message.
- **Help mothers see that with laid-back positions they have more options and can relax.** Babies can do some of the work while mothers can pick up on their own instincts to achieve stress-free feeding. I include discussion of how babies will react instinctually in order to find food, comfort, warmth and love, and doesn’t know about the clock yet!
- **Making gravity work.** After discussing the benefits of skin-to-skin contact, invite parents to get into different laid-back positions, using dolls as babies. They will see how gravity helps to keep the baby on the breast as the mother’s body supports its weight, which means that they can keep the baby in place with just one hand on its bottom, freeing the other hand to do something else — send a text message, use a remote control, eat and drink. The position is also usually more sustainable and comfortable.
for the mother, sometimes in the more upright positions the mother can experience back pain if she leans forward too much, or she might find it hard to support the baby’s weight for an extended period of time. Mothers do not need to hold the baby on firmly during the whole feed as in more upright positions. You can also set up two stations with a display of leaflets showing both upright and laid-back positions, and invite parents in small groups (say two or three couples per group) to visit and discuss questions the differences. With more parents you could have a separate group discussion about how to tell if a baby is feeding well, or do an exercise on feeding cues.

• Using video clips, or pictures, talk through what signs to look for – the baby’s suckling pattern, differences in how babies use their bodies to search for and self-attach to the breast and adjust their nose position to breathe and reattach if they come off. Ask the parents ‘how do the mothers look using laid-back positions?’ The responses I often hear include that the mothers look ‘more natural’ and ‘so relaxed, comfortable and happy.’ This is a very positive image to take away – that laid-back positions are comfortable and enable mothers to enjoy breastfeeding whilst cuddling their baby too. Feedback from antenatal session evaluations is very positive.

• Discuss the early feeding cues and sleep states of a newborn baby. This can help couples (in both antenatal sessions and postnatal one-to-one counselling) to explore how their baby can react when trying to attach. They will get a better feel for whether their baby is relaxed, when to initiate a feed and what may be hindering a good attachment. Colson’s research showed that babies can feed even when in a light/drowsy sleep, without the stronger feeding cues that often make a good latch more difficult. This is especially useful in the early days when mother and baby are learning.

• Talk about breastfeeding out of the house, and how mothers will develop and learn what positions are comfortable for them. What seems to be important is to get away from being prescriptive on positioning and try to empower parents to use laid-back positions when initiating breastfeeding and then combine laid-back and upright positions to maintain comfort and a good ‘attachment’ (both physical and emotional).

**Postnatal contacts:**

• Help the mother to find a comfortable space that supports her back in a reclining position and suggest how to respond to early feeding cues which the baby will show when in the right position to breastfeed. In my experience, a comfortable mother and a calm baby are paramount to success.

• Step reflexes help babies to latch onto the nipple: allowing their feet to push against the mother’s tummy rather than being left dangling in the air enables babies to get themselves into the right position to breastfeed.

• Baby’s mouth when attaching in laid-back positions is often not as wide at first – babies may be able to adjust this as the feed goes on and can control the flow of milk better, coming off and going back on at their own pace without mothers having to reposition them. Mothers can be aware of whether they are experiencing nipple pain from poor latch, and can try listening for the sound of the baby swallowing milk (although at first this is almost impossible with colostrum due to small volumes).

• For mothers who are using nipple shields to help a baby to latch on, once
the full milk is in, show them how they can start off in an upright position for the baby to attach, then lay back. They can then try taking the shield off more easily without disturbing the feed as gravity helps the baby to latch on again immediately. Remember that laid back positions can slow the flow of milk but getting a better attachment throughout the feed will enable the baby to adjust their demand and improve milk transfer.

• For mothers whose babies are crying a lot, encourage them to try feeding their babies while still in a drowsy sleep state. This allows the mother and baby to be more relaxed and gives plenty of time for cuddles. She can try giving a hungry distressed baby a little milk by cup or bottle to help to calm them before trying again.

**Note that mothers may show resistance to using these positions for different reasons:**

a. Self-consciousness about exposing their breasts in public. BFCs can point out to the mother that once they have established breastfeeding a laid-back position will feel more natural and so they are likely to be less self-conscious than when first starting to breastfeed. They will also be able then to mix and match different positions and therefore have more control over how much breast is exposed.

b. Pain due to the baby’s head bobbing around over sore nipples. Suggest to mothers that they try feeding their baby while still in a light sleep state, before stronger feeding cues appear. Alternatively, they could start in an upright position with an exaggerated (wide-open mouthed) latch, then lay back.

c. Pain due to a tender wound (for example due to a caesarean or perineal tear) – encourage the mother to adopt any laid-back position she finds comfortable and which ensures that the baby’s whole body and feet are supported. This may mean placing the baby at an oblique angle with legs placed to the side of her body and a pillow or cushion to support her feet.

**Biological Nurturing and the Baby Friendly Initiative**

Of course, as Colson herself makes clear, laid-back breastfeeding is only new in the context of modern society, where mothers and babies are often separated at birth for some period of time before the mother is told to take an upright position for breastfeeding. For millennia women have held their babies close to their bodies immediately after birth and successfully initiated feeding. But it’s only relatively recently that researchers have gathered evidence showing the benefits of allowing close contact between mother and baby immediately after birth. The practice of having skin-to-skin contact between mother and baby is now a central part of UNICEF’s Baby Friendly Initiative which is being implemented in UK maternity services. Colson developed the concept of Biological Nurturing after initially observing some semi-reclined and flat-lying positions in the early 1990s.

Biological Nurturing fits well within this initiative but there is still some way to go before it is widely adopted. It seems that even if skin-to-skin in laid-back positions is encouraged in the first hour or two after birth, mothers are instructed in upright positions on how to attach their baby. We hear from
mothers that babies are often left in their cots to sleep for long periods early on and hence the earlier feeding cues are being missed. The result can be stressed babies and mothers when initiating breastfeeding! If babies can self-attach with skin-to-skin contact there is no reason why they should not continue when on the postnatal ward.

BFI implementation has raised breastfeeding hospital discharge rates, but the continuation rates have been static for years.7

Breastfeeding supporters can help create an environment that enables mothers to feel comfortable and enjoy breastfeeding in laid-back positions as a way of becoming acquainted with their new baby. This gets away from the idea that feeding is a tiring task that has to be endured many times a day.

I feel that the Biological Nurturing approach can take breastfeeding out of the medical model with its need for instruction and prescriptive rules. Just as antenatal teachers and some midwives have been working on normalising birth, we can try and help women normalise breastfeeding. It means working in a mother-centred way, giving breastfeeding back to mothers, making it an enjoyable experience from the start.

Tips and additional resources

- Some children’s centres are investing in ‘moon chairs’ - moon-shaped folding picnic chairs - that are perfect for women to practise these positions in. The idea has spread by word of mouth between BFCs and mothers and has proven popular, anecdotally.
- Rapley G and Murkett T. Baby-led Breastfeeding: how to make breastfeeding work with your baby’s help. UK: Vermilion; 2012. This is a useful addition which has pictures of laid-back positions including a close up sequence of a baby attaching on top and another in the traditional upright ones with baby on its side, as well as all the essential information parents may need on breastfeeding.

References

3. YouTube [www.youtube.com/watch?v=u7BUNM9kDLC](http://www.youtube.com/watch?v=u7BUNM9kDLC) Accessed 30/9/2015