Understanding Breastfeeding Behaviors

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…”

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

At about the same time, three experienced breastfeeding counselors:
- Kittie Frantz, USA
- Chloe Fisher, UK
- Maureen Minchin, Australia
Came to the same conclusion:

“...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
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

Techniques to Achieve Deeper Latch

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

Asymmetrical Latch
Chloe Fisher, RN, RM, MTD
- Aim nipple to roof of mouth
- Lower lip further from nipple
- Nose & chin indent breast
- Any position
Sandwich Analogy

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


Positional Stability

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

Photo: Rebecca Glover, RM, IBCLC

“Instinctive Feeding Position”

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

“Nipple-Tilting” for asymmetrical latch

Understanding Baby’s Role

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Baby-Led Breastfeeding
Christina Smillie, MD, IBCLC

• Similar responses among babies
• Checked scientific literature

Liberated Motor Activity

Affective Synchrony
Right-brain connection helps infant regulate state & behavior

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

Engaging baby breastfeeding coordination
• Interaction
  – Eye contact
  – Making faces
  – Talking
• Touch
  – Stroking
  – Swaying
  – Sucking on finger
• Patience


“co-regulated by the caregiver’s more mature... nervous system.”

Baby’s frontal contact releases breast-seeking behaviors

Reflexes hardy, lasting for months or years

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**Triggering feeding behaviors helps resolve problems**
- Tight latch
- Sore nipples
- "Dysfunctional" suck
- Breast refusal


**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

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


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

**Identified 20 Feeding Reflexes**

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)
"Understanding Breastfeeding Behaviors"

Sitting up, PNRs made latching more difficult
Pull of gravity caused gaps, head-butting, arching away

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

After a Cesarean

Reflex-Triggers
Baby’s front resting on mother’s body
Baby’s feet touching mother or something soft nearby
Breastfeeding is innate and reciprocal

Mothers’ stroking “appeared to trigger instinctively the right reflex at the right time”

Cuddle drowsy or sleeping baby in laid-back positions
- Triggers reflexes
- Sleeping baby can breastfeed

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

- Randomized trial 160 1st-time mums
  - Group 1: one-on-one positioning teaching ≤24 hr after birth
  - Group 2: no teaching

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

“...[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

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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

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

Assumptions

THEN
- Mother determines deep or shallow latch
- Best breastfeeding positions upright or side-lying
- All mothers should be taught “proper” positioning & latch
- Baby’s arm movements should be suppressed

NOW
- Breastfeeding is innate & reciprocal
- When laid back, gravity works in harmony with breastfeeding behaviors
- Left-brained instructions can complicate early breastfeeding
- Free babies’ hands so they can find, get to breast & enhance milk flow

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?
WHEN THE BASICS DON’T WORK, CONSIDER THE 4 Fs

- **FEEL**
- **FLOW**
- **FAMILIARITY**
- **FITNESS to breastfeed**

**Target Strategies to the Cause**
Glover and Wiessinger. In Supporting Sucking Skills in Breastfeeding Infants, ed. by C.W. Genna, 2013

**FEEL Issues**
- Positioning, body contact, & sleep release feeding reflexes
- Achieve deeper latch to trigger more active suckling

**FLOW?**
- Baby used to instant, consistent flow?
- Mother’s milk production low?

**FEEL?**
- Exposed to artificial nipples?
- Feeding reflexes triggered?
- Positioning issues?
- Need to feel breast deeper?

Tools can be used to firm mother’s nipple (FEEL):
- Inverted syringe
- Nipple everter
- Breast pump
- Nipple shield

"Understanding Breastfeeding Behaviors"

**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**
Muscles used more similar to breastfeeding than bottlefeeding
May lead to easier transition to the breast

**Baby Steps from the Bottle**
Make bottle-feeding more like breastfeeding

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Bottle-feed at breast
• Rest baby’s cheek against exposed breast
• Wrap bottle in cloth so baby can’t touch it

‘Bait & Switch’
Start bottle-feeding against exposed breast
As baby sucks and swallows, quickly remove bottle and insert breast

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

Fitness Issues
Baby
• Unusual palate or oral anatomy?
• Pain or birth injuries?
• Respiratory issues?
• Born early?
• Health problems?
• Neurological or tone issues?

Mother
• Large breasts?
• Taut breast tissue?
• Unusual nipple placement?
• Unusual nipple anatomy?

Fitness Issues
Babies are hardwired to breastfeed
Mothers are hardwired to help

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When the basics don’t work, think “Four Fs”
- Fitness issue?
- Use feel, flow & familiarity to help baby accept the breast

Target tools and strategies to the problem’s cause

Questions?
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