

Laid-Back Breastfeeding

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We are experiencing a sea change in breastfeeding. But how quickly can we change our approach? I would like to summarize breastfeeding teaching strategies since 1980, how our understanding has evolved, and how this affects the way we help mothers. In 1980, I was told to breastfeed my first baby by holding him in my arms with his tummy facing the ceiling, which I realize now, was a bottle-feeding position. Over time, these instructions changed. Instead, we recommended mothers hold their babies “tummy to tummy.” To make latching easier, we suggested breast support using the “C-hold” and “U-hold.” We incorporated a variety of techniques for helping babies achieve an asymmetrical—or off-center—latch.

However, in 2008, U.K. researcher and midwife Suzanne Colson published an article indicating that some of our fundamental assumptions had been wrong. Not surprisingly, our “latching” or “attachment” instructions had been influenced by what we grew up seeing. Generations of bottle-feeding had convinced us that mothers needed to sit upright or lay on their sides to breastfeed their babies.

What changed? In her research, Colson identified 20 inborn reflexes that help babies breastfeed. And surprise! Like baby piglets and other newborn mammals, Colson found that these reflexes work best when our babies feed on their tummies. It turns out that all those years of teaching upright and side-lying breastfeeding positions may have been wrong-headed. Although our tried-and-true methods make sense in some situations, rather than using them sparingly, we taught all new mothers to breastfeed this way. As a result, gravity pulled babies away from their mothers’ bodies and made breastfeeding more challenging. Colson noted that as “positioning and attachment” techniques became more widely taught in the U.K., more new mothers gave up on breastfeeding early.

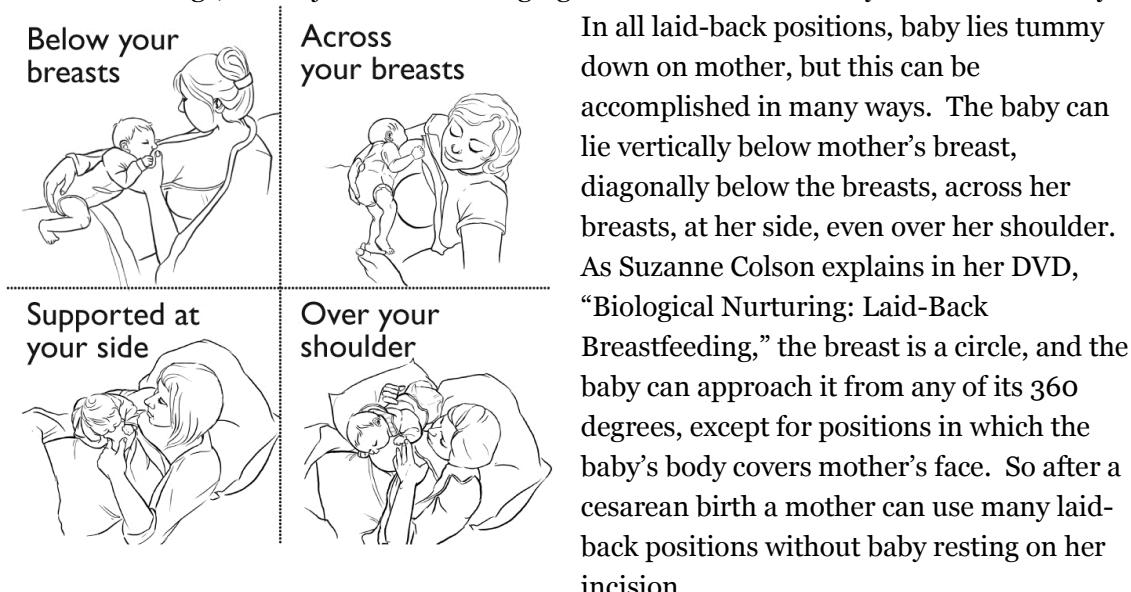
Colson’s research demonstrated that when mothers simply lean back and rest their babies tummy down on their semi-reclined bodies, most of our complicated latching instructions are no longer needed. In “laid-back” positions, gravity keeps mothers and babies touching and helps rather than hinders breastfeeding.

Last week I spoke to a mother with a 5-day-old baby who at first had decided to formula feed because her baby wouldn’t take one breast and breastfeeding was just too hard. But then she felt her milk increase and decided to give it another try. Her goal was to do some breastfeeding and some formula-feeding. I told her about laid-back breastfeeding positions and steered her to <http://www.biologicalnurturing.com/> to watch Suzanne Colson’s video clips. When we spoke again yesterday, her 10-day-old baby was now exclusively breastfeeding and she told me how much easier laid-back breastfeeding had been for her.

These laid-back positions not only make breastfeeding less work for mothers, they also make it easier for babies to take the breast deeply, especially during the early weeks. That's because in these positions gravity helps rather than hinders babies' inborn feeding reflexes, which can make a huge difference when babies are at their most uncoordinated.

After decades of teaching mothers to breastfeed sitting upright or lying on their sides, many have difficulty visualizing this new approach. One common question I am often asked is whether these positions are practical after a cesarean birth. The answer is most definitely yes.

A number of adjustments can be made to help a mother customize laid-back breastfeeding (also known as "Biological Nurturing") to her body type and situation. As you can see from these line drawings, one adjustment is changing the direction of the baby's "lie" on her body.



In all laid-back positions, baby lies tummy down on mother, but this can be accomplished in many ways. The baby can lie vertically below mother's breast, diagonally below the breasts, across her breasts, at her side, even over her shoulder. As Suzanne Colson explains in her DVD, "Biological Nurturing: Laid-Back Breastfeeding," the breast is a circle, and the baby can approach it from any of its 360 degrees, except for positions in which the baby's body covers mother's face. So after a cesarean birth a mother can use many laid-back positions without baby resting on her incision.

Another possible adjustment is the mother's angle of recline, or how far the mother leans back. In laid-back positions, the mother leans back far enough so that her baby rests comfortably on her body without needing to be supported by her arms, but is upright enough so she and her baby can easily maintain eye contact. Because most hospital beds are adjustable, finding their best angle of recline is especially easy during the hospital stay. At home, I suggest mothers imagine the positions they use to watch their favorite television show. Most of us lean back on a sofa, chair, or bed, using cushions or pillows so we can relax our shoulders, head, and arms. Colson says the best laid-back breastfeeding positions are those that mothers can easily and comfortably maintain for up to an hour.

When using laid-back breastfeeding, ideally each mother finds her own best variations by trial and error. In light of these insights, I think the time has come for us to stop naming and teaching specific breastfeeding "holds." (After all, no one teaches bottle-feeding mothers how to hold their babies during feedings!) That way, mothers will no longer waste their time trying to duplicate feeding positions taught in classes or pictured in books that may not be

right for them or--even worse--may even make early breastfeeding more difficult. Instead, each mother's focus will stay exactly where it belongs: on her and her baby.

After my conference talk, many of my listeners—most of whom work with breastfeeding mothers every day—struggled to accept this new approach. Clearly much thought and reflection was needed before many could translate this knowledge into practice. Major paradigm shifts are never easy. But for the sake of mothers and babies, here's hoping this one doesn't take too long!

Reference

Colson, S. D., J. H. Meek, et al. Optimal positions for the release of primitive neonatal reflexes stimulating breastfeeding. *Early Hum Dev* 2008; 84(7): 441-449.