

A New Approach: Biological Nurturing and *Laid-Back Breastfeeding*

By Jeanne Batacan, CMA, ICCE, CLC, CD

Breastfeeding is making a comeback as science has proved to mothers that breast milk is the optimal choice for their babies and for them. As history reveals, virtually all American babies were fed breast milk until the turn of the twentieth century.

Manufactured baby formula was primarily a byproduct of the European Industrial Revolution. The first mass-produced baby foods (substitutes for mother's milk) were developed and manufactured in the mid-19th century for orphaned babies. However, few infants survived until formulas based on cow's milk with added water and carbohydrates were introduced. Rich upper-class women started using these formulas instead of employing "wet nurses."

American consumers did not immediately embrace these new foods. It took some very aggressive marketing to win them over. By the 1920s, infant foods, which had grown to encompass ready-made baby cereals, fruits and vegetables, in addition to infant formula, were vigorously promoted. Food companies capitalized on "modern" notions of scientific feeding and the superiority of manufactured items over those homemade. Even doctors helped to convince "modern mothers" to make their own formula or buy commercially-made formulas and to introduce solids very early.

This was at the same time when upper- and middle- class women started flocking to the hospitals to have "painless childbirth" with "twilight sleep" – a drug-induced childbirth. Scopolamine was used as an amnesiac, leaving mothers unaware and without memory of the gruesomeness of their births (where tethering, episiotomy and forceps were routine).



Because of the mode of birth, mothers were unable to care for their babies for several days and thus, the central hospital nursery was born. These babies had to be given formula because their mothers were too "out of it" to breastfeed.

Once home, with such a poor start (for mother and baby) and lack of physician training, there was an epidemic of breastfeeding failures with most mothers being told that they "didn't have enough milk." Indeed, by this time, most did not. And their doctors were unable or unwilling to tell them how to build back their supply, and instead, instructed them to "tightly

bind" their breasts. Breastfeeding cessation was virtually insured.

In 1955, Dr. Mavis Gunther published a landmark research paper that stated *categorically* that "modern mothers" lacked breastfeeding instincts. Through the years, the Gunther hypothesis, *although untested*, became a "fact." Today, this maternal deficiency, or "instinctual failure" (in Gunther's words), lies at the center of the current understanding of the development of breastfeeding and the need for breastfeeding classes. ^[1]

By the 1960s and '70s, women started questioning this system of institutionalized childbirth and began to take back their births, and to some degree, breastfeeding. By then, the formula companies, advertising media, and their pediatricians had convinced mothers that commercial formula was as good as, or better than, breast milk.

Breastfeeding was fast becoming a lost art, and soon mothers who wanted to breastfeed were being told all sorts of things they must do to "prepare" their breasts and nipples. This "preparation" ultimately caused more nipple damage and pain. Breastfeeding pain became, and remains, a prominent factor in early breastfeeding cessation. That, and the fact that the hospitals were sending them home with samples of formula - "just in case" - certainly

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didn't help. Unfortunately, this questionable practice continues today. According to the Centers for Disease Control and Prevention a survey found that 70 percent of birth facilities in the US continue to market formula to new mothers, undermining health recommendations.^[2]

With more research, it was found that women really didn't need to "prepare" their nipples. Rather, they needed to learn how to properly position and latch the baby onto the breast. Over the next decade, the instruction for "good positioning" and a "good latch" has gone from teaching mothers to place the baby straight onto the nipple to, more recently, achieving an "asymmetric" latch - all while sitting upright.

The upright posturing of the mother, however, quickly becomes tiring and uncomfortable for her. Young babies have difficulty maintaining a good latch in this dorsal (on the back), gravity positive position (where gravity pulls the baby's head and body away from the breast), ultimately causing their mothers more nipple pain. Enter the breastfeeding pillows. Once again, American Enterprise to the rescue!

Now with babies fully reclined on the pillow for all or most of their feeds, an epidemic of "reflux" diagnoses began. But, that is another topic for another time.

In 1990, Dr. Righard, a well-reputed Swedish researcher and pediatrician, found that un-medicated newborns have the [unassisted] ability to crawl, find, latch and suckle their mother's breast, when left undisturbed and placed skin-to-skin immediately after birth. Babies who were exposed to labor drugs and anesthesia, and babies

who were separated for "routine" [non urgent] procedures did not do as well.

We learned from this research that some babies were quite able to use their innate primitive reflexes to find and latch onto the breast without the assistance of their mothers—all while on their tummies, using gravity as a positive aid! Also, these babies tended to get a great latch the first time, and continued to latch well thereafter. These good latches were not painful to the mother and promoted good milk transfer.

It was, in part, due to this research that the American Academy of Pediatrics (AAP) recommended that all "[h]ealthy infants should be placed and remain in **direct skin-to-skin contact** with their mothers immediately after delivery **until the first feeding is accomplished.**"

While breastfeeding initiation rates continue to rise, early breastfeeding cessation rates at three through 12 months remain stagnant. They are also well below the AAP, Healthy People 2010, World Health Organization, and UNICEF recommendations of exclusive breastfeeding/breast milk for the first six months and continued breastfeeding for at least 12 to 24 months.

This issue prompted Dr. Suzanne Colson and her research team to investigate what part mothers play within innate, instinctive breastfeeding behaviors and if what they termed "biological nurturing" (comfortable, laid-back, natural positions that use gravity and enhance hormonal production) could be the "glue" that could lead to longer, more enjoyable breastfeeding duration.

Indeed, their research found that not only did babies display instinctive breastfeeding behaviors when placed skin-to-skin on their mothers, but mothers themselves demonstrated reflexive behaviors that helped their babies reach and attach to the breast.

An article in *Early Human Development*, an international journal concerned with the continuity of fetal and postnatal life, states, "Dr. Colson found that in contrast to prevailing advice that breastfeeding mothers should sit upright and support the baby's back and head, biological nurturing involves semi-reclined positioning with the baby prone and in full close contact with the mother's body. Babies in full-biological nursing positions employ reflexes to locate the breast and latch without back support, and their mothers innately assist them in that task. This research offers a compelling case that breastfeeding continues to be mediated by newborn reflexive behavior well after birth, that postures and positions may either support or hinder these reflexes, and that by inhibiting or overriding instinctive maternal behaviors, typical breastfeeding instruction may be counterproductive."

Research demonstrates that, left undisturbed after birth, healthy term newborns perform a sequence of reflexive pre-feeding behaviors culminating in self-attachment to the mother's breast. Despite this normal behavior, many breastfeeding mother-infant pairs encounter feeding problems in the early days and weeks. These problems can cause women to discontinue exclusive breastfeeding earlier than planned.

While the phenomenon of newborn self-attachment is well documented, there is a much smaller body of literature mapping newborn reflexive behaviors to breastfeeding effectiveness after the initial feeding. The Colson research provides evidence that an approach to breastfeeding that proponents have termed "biological nurturing" stimulates reflexive behaviors in newborn and mother alike. These synchronized reflexes seem to

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support both effective, pain-free latch and ingestion of milk.^[3]

When mothers and babies start off breastfeeding using biological nurturing and laid-back breastfeeding positions early on, babies easily adapt to more traditional upright positions and are able to maintain good latch and milk transfer. Mothers benefit by feeling more empowered, confident and competent.

So, what is biological nurturing? It is:

- Mother-baby positions and interactions that release essential hormones and innate (instinctive) feeding behaviors
- A method that does not have to be “taught”
- Mother-baby innate behaviors that aid latch and sustain milk transfer
- An aid in the metabolic adaptation of the baby
- More than ‘just’ skin-to-skin contact at the time of birth

Using biological nurturing, mothers neither sit upright nor do they lie on their sides or flat on their backs. To start, mother is relaxed and fully supported in a laid-back position that she finds comfortable and sustainable. Then she places her baby on top of her body so that her baby’s head is somewhere near her breast. In other words, the mother makes her breast available. The baby will be on his/her tummy at the same incline as the mother. In this position, a baby’s feeding reflexes will be stimulated and assisted by gravity.

Biological nurturing is a non-prescriptive, easy-to-do method for mothers and babies that easily evolves into breastfeeding. There is nothing for the mother to “learn” or remember because most mothers don’t “attach” the baby

to the breast. If given the opportunity, most babies self-attach, and self-attachment has been shown to work better in reducing the incidence of sore nipples. All this can rapidly build confidence in the mother.

Biological nurturing encourages and allows mothers and babies to do what they intuitively know how to do - in comfortable, sustainable positions that enhance and promote hormonal bonding, attachment and ease of breastfeeding. Biological nurturing introduces the concept of nurturing and *enjoyment*. Supporting mothering behaviors that increase pleasure in breastfeeding will help extend breastfeeding duration and improve long-term health in both mother and baby.

Biological nurturing/laid-back breastfeeding can be introduced even if there is early separation or if the mother is experiencing difficulties with breastfeeding days after the birth. And in fact, in my practice, has been the one thing that has made the biggest difference in reducing pain, increasing pleasure and aiding longer durations of breastfeeding, as well as being very easy to explain.

In practical as well as biological terms, the nutritional, developmental and emotional needs of the newborn infant are met through suckling (McNabb and Colson, 2000). As early as 1954, Grantly Dick-Reed summarized maternal biological capacity to meet neonatal need. He claimed that breastfeeding satisfies neonatal needs for warmth, security and food. These claims have always made good common sense. Research findings now support common sense. Grounded in the continuity inherent in the transition from fetus to neonate, biological nurturing is a “back to the future” strategy that builds upon previous observations (Reed, 1954; Winnicott, 1964; Montagu, 1971; Pryor, 1973). Biological

nurturing can help parents explore more traditional nurturing styles and experience the joys of exclusive breastfeeding from birth.^[4]

References

- [1] Bring Nature to the Fore, S. Colson
- [2] Ban The Bags, a national campaign to stop formula company marketing in maternity hospitals
- [3] Early Human Development, Colson, S.D., Meek, J.H., Hawdon, J.M. (2008)
- [4] Womb to World: A Metabolic Perspective, S. Colson

To learn more about the benefits of biological nurturing, go to:

Womb to World: A Metabolic Perspective www.midwiferytoday.com/articles/womb.asp

Maternal Breastfeeding positions: Have We Got It Right? 1 www.biologicalnurturing.com/pdfs/Colson%202005%20PM%208%2010%2024-27.pdf (This file may be damaged. Contact Dr. Colson at her website)

Maternal Breastfeeding positions: Have We Got It Right? 2 www.biologicalnurturing.com/pdfs/Colson%202005%20PM%208%2011%2029-32.pdf

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Bringing Nature to the Fore [www.biologicalnurturing.com/pdfs/Colson\(2008\)%20%20Bringing%20Nature%20to%20the%20ForeTPM%208\(11\)%2014-19.pdf](http://www.biologicalnurturing.com/pdfs/Colson(2008)%20%20Bringing%20Nature%20to%20the%20ForeTPM%208(11)%2014-19.pdf)

Dr. Suzanne Colson’s website is www.biologicalnurturing.com/

Jeanne Batacan, CMA, ICCE, CLC, CD, CHBE, has been teaching childbirth education and breastfeeding classes for nearly thirty years. She has been a birth and postpartum doula for many years as well as a Happiest Baby on the Block Educator. She is a co-founder of Bay Area Birth Information in Santa Clara County. Currently Jeanne is working with CIMS on The Birth Survey project and is a strong advocate for Mother-Friendly maternity care.