

An Introduction to Biological Nurturing: New Angles on Breastfeeding

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Midwife and researcher Dr Suzanne Colson, whose new book is extracted here, hopes to restore confidence in nature's biological design and in mothers' innate capacity to breastfeed.

In *An Introduction to Biological Nurturing: New Angles on Breastfeeding* <http://www.llgbbooks.co.uk/product/443/Introduction-to-Biological-Nurturing/default.aspx> Dr Suzanne Colson describes new research evidence suggesting that mothers and babies know instinctively how to breastfeed—they don't need to be taught. Her book introduces a new approach called "biological nurturing."

Biological nurturing is a collective term for optimal breastfeeding states and positions whose

interaction releases spontaneous behaviors that help mothers and babies get started with breastfeeding.

Difficulty latching on

Discussing failure of some babies to latch on well, Suzanne writes:

"Rooting is often characterised by a range of movement (lip twitches to exaggerated side-to-side head shaking); the hand-to-mouth reflex and arm and leg cycling are an integral part of the "normal" behavioural repertoire of the neonate. However, we observed systematically that, in certain positional situations,

these inborn movements appear to be obstructive due to gravity. In certain positions, the force of gravity appeared to pull the mothers and babies apart and override what might be considered the normal nature of the reflex response in the feeding context.

How Does Position Affect the Role of the Reflexes?

Those mothers experiencing the negative PNR [primitive neonatal reflex] effects were either lying on their sides or sitting upright, bolt upright, or leaning slightly forward, as they had been taught. Upright mothers often placed the baby on a pillow in front of and

at right angles to their bodies, and although the baby was often "tummy to mummy", there was usually a gap or angle between the mother's and baby's bodies. The baby's thighs, calves, and feet were often in contact with thin air. Importantly, mothers *had to hold* their babies in positions where they applied pressure along the baby's back to keep him on the pillow and/or at breast level. I have termed this *dorsal feeding*. The more the mother struggled to elicit mouth gape, leading in with the chin, the tighter she gripped the baby's back. This firm grip often extended to the baby's neck or head. The firmer the grip, the more the baby struggled with



Photo courtesy of Ephraim Divine: Kristin Loving-Divine and baby Aeziah.

frantic arm and/or leg cycles, increasing in strength and amplitude as the baby worked himself up to a crying state.”

Suzanne has observed that babies in frontal feeding positions latched on more quickly and easily, and they also shared these common points:

“First, their mothers were laid back, but not all to the same degree of body slope. Second, the baby was neither held vertically nor parallel to the mother’s body. Rather he positioned himself lying longitudinally (up and down) or obliquely, on top of the mother. In other words, the baby always lay prone, but importantly slanted upward, with a natural physiological body tilt. This upward tilt was due to the gradient provided by the gentle maternal body slope.”

In frontal positions “importantly, mothers did not have to hold the baby: no back, neck, or head pressure was required or necessary to achieve positional stability or to maintain the baby at breast level. Instead, gravitational forces helped to keep the baby on the mother’s body. Gravity also appeared to make the reflexes smoother and more coordinated, aiding latch and sustaining milk transfer, as Nikki Lee, an American lactation consultant, describes below.

Dear Suzanne

I have integrated [biological nurturing] into my 18-Hour Interdisciplinary Breastfeeding Management Course for the US. I show pictures from your article and discuss laid-back breastfeeding. I show the video clip about infant reflexes that can either help or hinder breastfeeding. Almost everyone can recognize the baby with the frantic arm and leg cycling and is very impressed with the change once the mother lays back. I shudder to remember how many babies whose legs and arms I held tightly so a mother could breastfeed....we learn and grow, thank goodness!! Another thing; when I worked in labor and delivery and postpartum, I would see babies doing that ‘playing’ at the breast. They would root and root and root and not latch on. I thought it was an impact of the epidural!! Thank you for your wonderful work.

from the start

“The biological nurturing approach helps to condition the reflexes earlier. During the first days, the baby is learning how to coordinate suck and swallow with breathing for the first time. When the healthy term baby is in the right habitat, it usually does not take long to achieve reflex conditioning and physiological coordination, suggesting that this is best done before maternal milk volume increases (approximately the third postnatal day) and hunger increasingly becomes a factor.”



Suzanne Colson,
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Licence es Lettres,
has over 35
years experience
supporting
breastfeeding
mothers. She is an
honorary member

and founding Leader of La Leche League France and a popular speaker at LLL conferences. She has worked as a breastfeeding consultant with Michel Odent at Pithiviers State Hospital, was a caseload midwife to French-speaking asylum seekers, and a midwife/baby-feeding advisor in North London hospitals. She is currently a senior lecturer/research midwife at Canterbury Christ Church University in the UK. She was awarded the inaugural Akinsanya prize for originality in doctoral work for her research examining the mechanisms of biological nurturing.



<http://www.biologicalnurturing.com/>

The Womanly Art of Breastfeeding

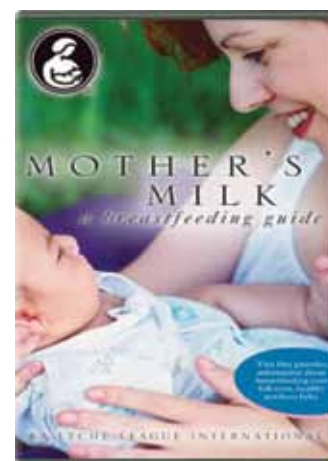
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Mother's Milk:

A Breastfeeding Guide The goal of this video is to help women have a satisfying and comfortable breastfeeding experience. Topics addressed include preventing common challenges, engorgement, latch-on techniques, and employment and breastfeeding; 30-minute DVD.