

LAI D BACK BREASTFEEDING

40 YEARS OF “Ah-Ha” Moments

Towards Flourishing

Early results of pilot program

Enhanced positive feelings

Promoted independence

Fostered relaxation



Three Good Things

Get Active

Nasal Breathing

Three Minute Breathing Break

Mom and Baby are the *Experts*

Moms and babies have rich and complex abilities to connect and respond to each other.

Newborns are programmed to signal their care needs.

Moms are programmed to meet their needs.



Our Culture Values Science

We doubt our intuition

**We don't trust our
Instincts**

We rely on experts



Supporting Mom and Baby

The *Experts*

Dr. Suzanne Colson:

Neonatal feeding reflexes and optimal positions for helping mom and baby discover their own abilities.

Oxytocin is the driver.

By understanding and protecting oxytocin, we support mom and baby to do what they do best.



AUTONOMIC NERVOUS SYSTEM

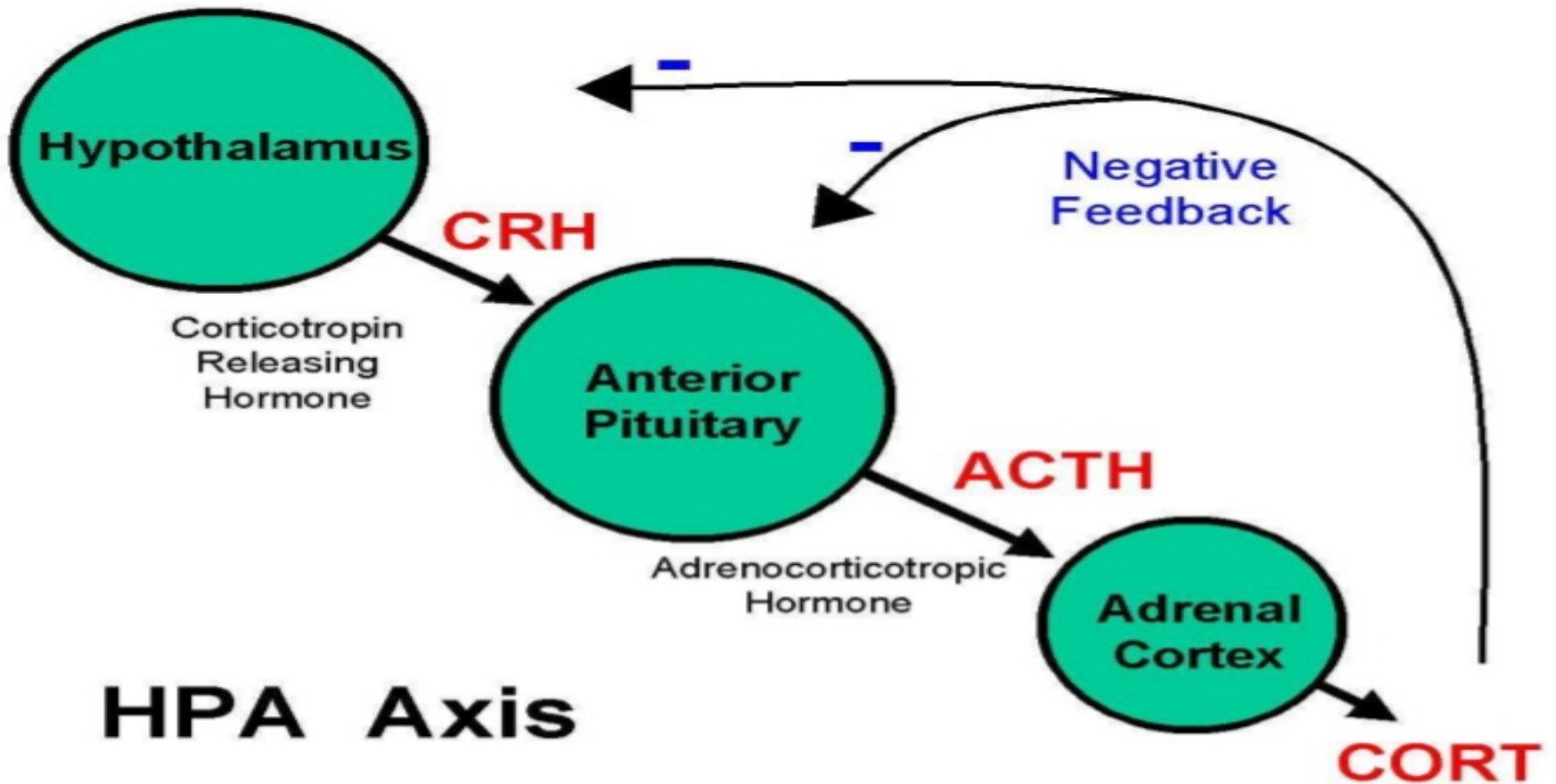
REGULATES OUR BODY'S UNCONSCIOUS
ACTIONS

SYMPATHETIC NERVOUS SYSTEM

PARASYMPATHETIC NERVOUS SYSTEM



SYMPATHETIC NERVOUS SYSTEM



NEUROTRANSMITTERS

The molecules of emotion



Sympathetic
Nervous System
Cortisol

Increases heart rate
Elevates blood pressure
Suppresses immune
system



NEUROTRANSMITTERS

The molecules of emotion

Sympathetic Nervous System:

Cortisol

Chronically elevated levels of cortisol negatively impact brain development and mental health



Adrenalin

Fight or Flight



“The biggest problem
for new parents is

FEAR.”

(Kathy Ventner)

Fear and Parenthood

Working through fears is a task of
pregnancy

Value of face to face childbirth education

Importance of peer support

Healthy Child Manitoba

LLL



Mom and Baby are the *Experts*

“The constant warning that help is needed decreases mom’s confidence and classifies breastfeeding as an action requiring help from an expert.”

(Suzanne Colson)

Parasympathetic Nervous System

The molecules of emotion

Dopamine

Reward and motivation to repeat
sleep, mood, memory, learning

Endorphins

pain relief feelings of euphoria
modulation of appetite
release of oxytocin
enhancement of the immune response.

Parasympathetic Nervous System

The molecules of emotion

OXYTOCIN

Calm

Relax

Heal

Grow

Connect

Oxytocin

Hormone of calm, love and connection





Generosity signals trust

Oxytocin and Dopamine
at work

Triggers more generosity
and trust



Times in life when oxytocin melts away existing neural connections

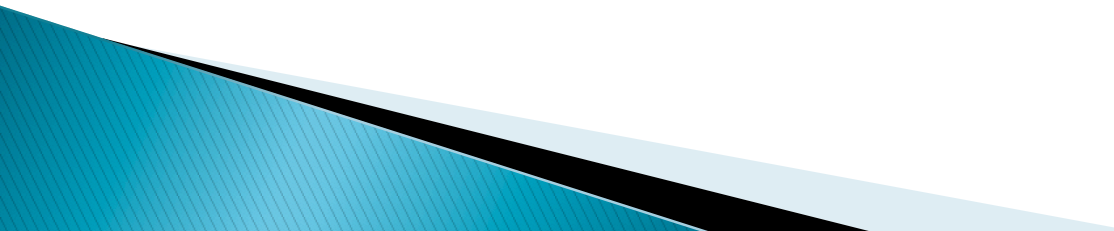


***Moms brains now
super charged .
Re-modelled for
increased production
and sensitivity to
oxytocin***

OXYTOCIN

Calm, Love and Connection

High levels of **oxytocin**
open
mom and baby to their innate instincts,
intuition and wisdom.
(Suzanne Colson)



OXYTOCIN

Calm, Love and Connection

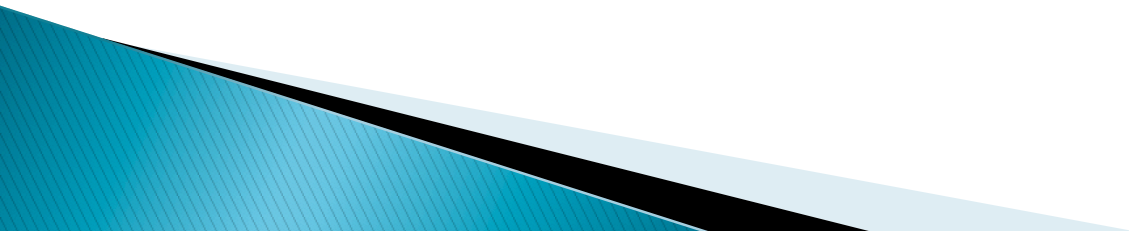
“STS and attempts at nursing in the early hours after birth cause **oxytocin** to surge to exceptionally high levels in both mom and baby.

Under the early influence of **oxytocin**, maternal and newborn behaviours become hard wired.”

(Suzanne Colson)



SKIN TO SKIN



SKIN TO SKIN means



- ❖ Shoulders square and flat on chest
- ❖ Head turned side to maintain airway
- ❖ Head above breasts



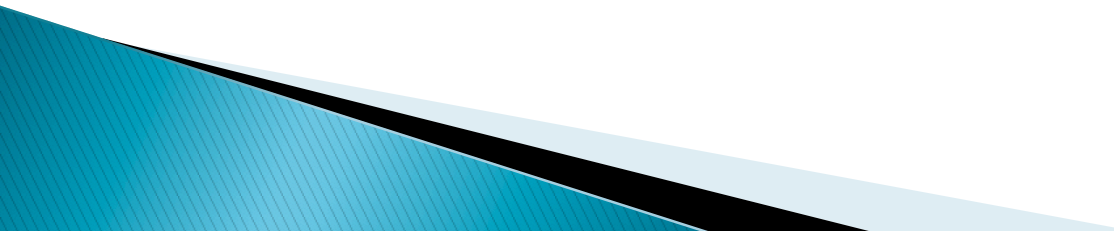
SKIN TO SKIN helps mom



- ❖ Dilates blood vessels in chest
- ❖ Increases milk supply
- ❖ Promotes right brain to right brain connection
- ❖ Releases instinctive mothering behaviour to calm and relax her baby.
- ❖ Increases confidence in her abilities by waking her intimate and intuitive knowledge
- ❖ Increases confidence in her baby's abilities

(Moberg, Colson)

**Loving attention in
the first three
years sparks a
brain rich in
oxytocin. By age 3,
our emotional
thermostat is set.**





www.ste.org

**Newborns must
develop oxytocin
(key)
and receptors
(lock) to set
brain's emotional
dial tone.**

**Oxytocin helps
mom be calmer,
more attentive to
her baby,
embrace
repetition**



www.ste.org



Use it or Lose It

**Calm HPA
increases our
resilience and
ability to cope
with stress.**



Activity break

Increase energy

Feel less stressed

Have fun



Mom's Comfort

“The number of oxytocin pulses in a single breastfeeding is related not only to the amount of milk but also to the mother's level of calm.”

(Suzanne Colson)

Laid Back

“It's the interaction of mom's laid-back position with baby on top that releases inborn actions that set off a whole series of responses in the mom and baby.”

(Suzanne Colson)



Mom's Comfort

Laid Back Postures

- ❖ Put mom and baby into a positive hormonal milieu
- ❖ Release patterns of maternal instincts
- ❖ Triggers twenty neonatal reflexes
- ❖ Help mom and baby establish breastfeeding without any skills teaching
- ❖ Promote relaxation and recovery

(Suzanne Colson)

Mom's Comfort Laid Back Postures

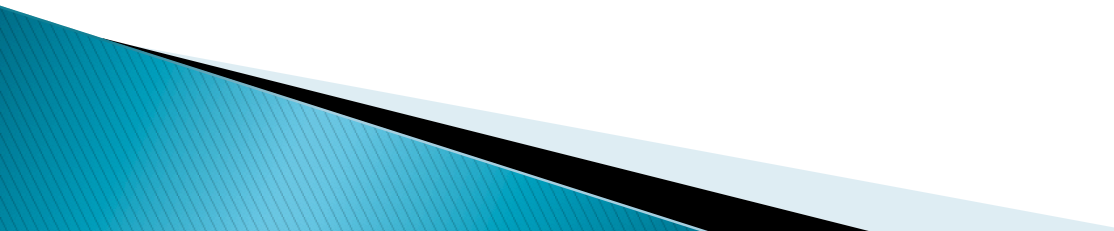
“Forty five degree angle of maternal recline is optimal. This tilt maintains baby’s head, shoulders, arms and torso elevated to optimize neonate lung function. “

(Suzanne Colson)



Mechanisms of Biological Nurturing

(Suzanne Colson)

- ❖ Increase dimensions of mom's body
 - ❖ Increase number of positions of baby
 - ❖ Gravity used positively
- 

Mechanisms of Biological Nurturing

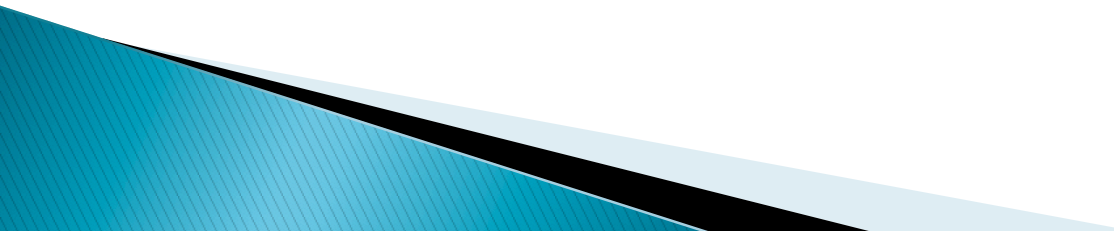
(Suzanne Colson)

Mom's body is supported.

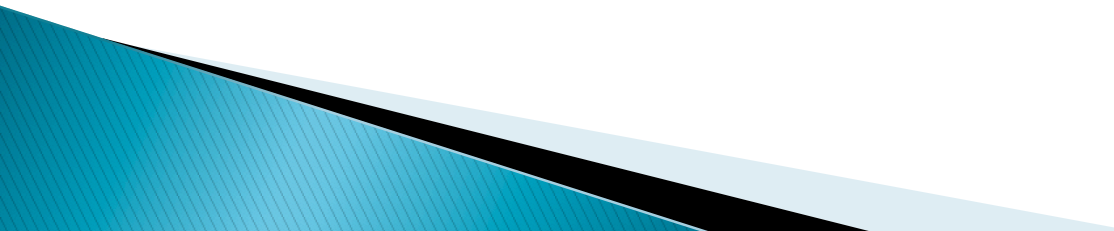
- ❖ tension free
 - ❖ pain free
- ❖ freedom of movement
 - ❖ hands free
- ❖ shoulders balanced and not hunched

Mechanisms of Biological Nurturing

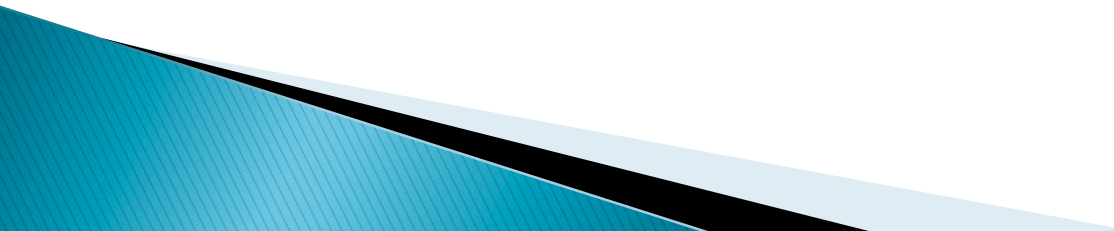
(Suzanne Colson)

- ❖ Positional interactions work well even when baby is sleeping, more babies feed in drowsy and light sleep than in active alert.
 - ❖ Eye to eye contact made easy
 - ❖ Increase oxytocin pulsatility
- 

OBSERVER'S CHECKLIST (Nancy Mohrbacher)

- ❖ Is gravity working for or against breastfeeding?
 - ❖ Is mom comfortable? (relaxed shoulders, no neck strain)
 - ❖ Has mom tried placing baby at different angles on her body?
 - ❖ Are the baby's feet in contact with either the mother's body or something else?
- 

OBSERVER'S CHECKLIST (Nancy Mohrbacher)

- ❖ Has the baby been given the chance to first lie on his mom's body in a position of his choosing and go to the breast in his own time?
 - ❖ Is the baby calm?
 - ❖ Has mom tried breastfeeding while her baby is asleep or drowsy?
 - ❖ Would baby benefit from breast support or shaping?
- 

ASSESSING OXYTOCIN

Mom

- ❖ “Erect nipple is an indication all is well with the world” –Colson
- ❖ Smiling, relaxed, flushed, forgetful

Baby

- ❖ Twenty neonatal feeding reflexes triggered by skin to skin and gravity

ASSESSING OXYTOCIN

Mom and Baby

Right Brain connection

“Affective synchrony”

Triggers a “charmed” state in baby

Baby more coordinated

(Dr. Christina Smillie)

ASSESSING LATCH

- ❖ Feels good (after initial latch)
- ❖ Baby has chipmunk cheeks
- ❖ Sound of swallows
- ❖ NO dimpled cheeks
- ❖ NO lipstick nipple when done
- ❖ NO clicks
- ❖ Lips flanged

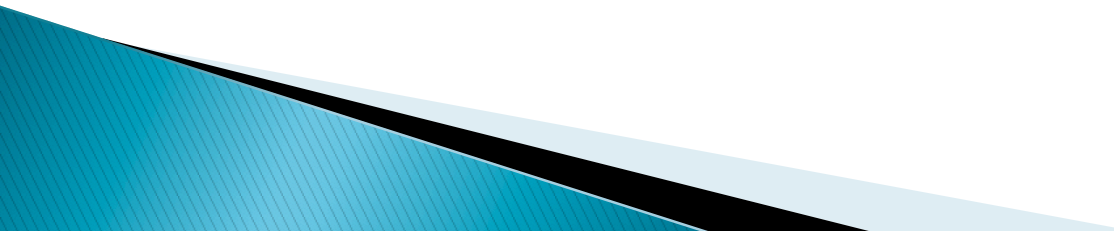
Oxytocin is shy

❖ Threats to Oxytocin

- Cold
- Close observation
- Teaching
- Questions
- Conversation
- Judging
- Screens
- Beeps
- Interruptions
- Visitors



Protecting Oxytocin is Our Top Priority

- ❖ Keep Warm
 - ❖ Protect privacy
 - ❖ Speak in a soothing voice
 - ❖ Introduce yourself to mom AND baby
 - ❖ Ask permission before doing any newborn care
 - ❖ Ask permission before touching mom
 - ❖ Hands off as much as possible
 - ❖ Brim with confidence
- 

Nasal breathing

Breathe
you are alive



Three Minute Breathing Break



Protecting Oxytocin is Our Top Priority

Wonder

“Your baby is looking right at you.”

“Watch how baby moves to your voice.”

“Look how baby calms down when you stroke him
like that.”

Protecting Oxytocin is Our Top Priority

“Discourage use of phones and texting during birth and first postnatal hours.”

(Dr. Suzanne Colson)

Mom and baby need oxytocin boost with each feed

- calms HPA axis**
- increases ability to cope with stress**

Protecting Oxytocin is Our Top Priority

Less is better

Pause before you speak

Minimize personal chat

Use positive language:

“Baby is tired, frustrated,
needs to be with you.”

Protecting Oxytocin is Our Top Priority

How can we do this when baby is premie or ill?

Strength based words and actions

“Your baby loves to breastfeed, but may not have energy to get a full feed.”

Oxytocin is shy

Protect it!

Remember, new mom's are "foggy" for a reason

Teach to the right brain
Economy of words
Easy reading

Mom and Baby are the *Experts*

- ▶ Information
- ▶ Principles
- ▶ Mother's Way
- ▶ Confidence
- ▶ Independence
- ▶ Advice
- ▶ Rules
- ▶ Only (my) way
- ▶ Doubt
- ▶ Dependence



▶ **Breast Compression**

- ▶ The purpose of breast compression is to continue the flow of milk to the baby when the baby is only sucking **without** drinking. Drinking (“open mouth wide—pause—then close mouth” type of suck—see also the video clips at the website www.breastfeedinginc.ca) means baby got a mouthful of milk. If baby is no longer drinking on his own, mother may use compressions to “turn sucks or nibbling into drinks”, and keep baby receiving milk. Compressions simulate a letdown or milk ejection reflex (the sudden rushing down of milk that mothers experience during the feeding or when they hear a baby cry—though many women will not “feel” their let down). The technique may be useful for:

▶ **Poor weight gain in the baby**

▶ **Colic in the breastfed baby**

▶ **Frequent feedings and/or long feedings**

▶ **Sore nipples in the mother**

▶ **Recurrent blocked ducts and/or mastitis**

▶ **Encouraging the baby who falls asleep quickly to continue drinking not just sucking**

▶ **A “lazy” baby, or baby who seems to want to just “pacify”. Incidentally babies are not lazy, they respond to milk flow.**

- ▶ Compression is not necessary if everything is going well. When all is going well, the mother should allow the baby to “finish” feeding on the first side and **offer** the other side. How do you know the baby is finished the first side? When he is just sucking (rapid sucks without pause) and no longer drinking at the breast (“open mouth wide — *pause* — then close mouth” type of suck). Compressions help baby to get the milk.

Breast compression works particularly well *in the first few days* to help the baby get more colostrum. Babies do not need much colostrum, but they need some. A good latch and compression help them get it.

It may be useful to know that:

- ▶ A baby who is *well latched* on gets milk more easily than one who is not. A baby who is poorly latched on can get milk only when the flow of milk is rapid. Thus, many mothers and babies do well with breastfeeding *in spite of* a poor latch, because most mothers produce an abundance of milk. However, the mother may pay a price for baby’s poor latching—for example: sore nipples, a baby who is colicky, and/or a baby who is constantly on the breast (but *drinking* only a small part of the time).
- ▶ In the first 3-6 weeks of life, many babies tend to fall asleep at the breast when the flow of milk is slow, *not necessarily* when they have had enough to eat and not because they are *lazy* or *want to pacify*. After this age, they *may* start to pull away at the breast when the flow of milk slows down. However, some pull at the breast even when they are much younger, sometimes even in the first days and some babies fall asleep even at 3 or 4 months when the milk flow is slow.
- ▶ **Breast compression—How to do it** (Use with *Protocol to Manage Breastmilk Intake*)
Hold the baby with one arm.
- ▶ Support your breast with the other hand, encircling it by placing your thumb on one side of the breast (thumb on the upper side of the breast is easiest), your other fingers on the other, close to the chest wall.
- ▶ **Watch for the baby’s drinking**, (see videos at nbc.ca) though there is no need to be obsessive about catching every suck. The baby gets substantial amounts of milk when he is drinking with an “open mouth wide—*pause*—then close mouth” type of suck.
- ▶ When the baby is nibbling at the breast and no longer drinking with the “open mouth wide—*pause*—then close mouth” type of suck, compress the breast to increase the internal pressure of the whole breast. *Do not roll your fingers along the breast toward the baby, just squeeze and hold*. Not so hard that it hurts and try not to change the shape of the areola (the darker part of the breast near the baby’s mouth). With the compression, the baby should start drinking again with the “open mouth wide—*pause*—then close mouth” type of suck. **Use compression while the baby is sucking but not drinking!**
- ▶ *Keep the pressure up until the baby is just sucking without drinking even with the compression, and then release the pressure*. Release the pressure if baby stops sucking or if the baby goes back to sucking without drinking. Often the baby will stop sucking altogether when the pressure is released, but will start again shortly as milk starts to flow again. If the baby does not stop sucking with the release of pressure, wait a short time before compressing again.
- ▶ The reason for releasing the pressure is to allow your hand to rest, and to allow milk to start flowing to the baby again. The baby, if he stops sucking when you release the pressure, will start sucking again when he starts to taste milk.
- ▶ When the baby starts sucking again, he may drink (“open mouth wide—*pause*—then close mouth” type of suck). If not, compress again as above.
- ▶ Continue on the first side until the baby does not drink even with the compression. You should allow the baby to stay on the side for a short time longer, as you may occasionally get another letdown reflex (milk ejection reflex) and the baby will start drinking again, on his own. If the baby no longer drinks, however, allow him to come off or take him off the breast.
- ▶ If the baby wants more, offer the other side and repeat the process.
- ▶ You may wish, unless you have sore nipples, to switch sides back and forth in this way several times.
- ▶ Work on improving the baby’s latch.
- ▶ **Remember, compress as the baby sucks but does not drink. Wait for baby to initiate the sucking; it is best not to compress while baby has stopped sucking altogether.**

Oxytocin is shy

Protect it!

WORD PICTURES

Mom

Get comfy

Slip hands into baby's armpits

Put baby tummy down on your chest

Rest baby's head on breast above nipple ("going down the mountain")

Wiggle until baby fits

Baby

Hug breast

Feet touching something

REST AND SLEEP

Prolactin is released during sleep as well as during breastfeeding.

Mom's protect baby's immature sleep "in arms"

More babies will feed in drowsy or light sleep than in active alert.

**Wiessenger, Diane, Diana West, Linda Smith and
Teresa Pitman. Sweet Sleep: Naptime and
Nighttime Strategies for the Breastfeeding
Family, 2015.**

Bedsharing Quick Start

Safe Sleep Seven

Safe Surface Checklist

Bedsharing Quick Start

BREASTFEEDING CARE PLAN

ESSENTIAL PRINCIPLES

- ❖ Mom and Baby are the *Experts*
- ❖ Strengths Based
- ❖ Consistent
- ❖ Simple



BREASTFEEDING CARE PLAN

- ❖ Mom's Comfort
- ❖ Skin to Skin
- ❖ Feed the Baby
- ❖ Move the Milk



Case Study

Discussion

Comments

THANK YOU.

