Biological Nurturing Or Laid Back Breastfeeding

Mother Ayala Ochert relates her personal experiences of “biological nurturing,” a non-prescriptive approach to breastfeeding that encourages mothers to nurse in a semi-reclined position.

When I had my first child, Jacob, three and a half years ago, I was determined to breastfeed and prepared myself as well as I could. I read books on breastfeeding and even attended a breastfeeding workshop so that I would know exactly what to do. But when my son arrived the reality of breastfeeding came as quite a shock. None of the books I’d read mentioned the frantic head-bobbing that made it so difficult for my baby to latch on. And what was I supposed to do with those little arms that kept getting in the way? Once he got on the breast, my baby’s latch looked so perfect it could have adorned the cover of a breastfeeding manual, but it still hurt.

Several weeks later, still in pain, I had a visit from Suzanne Colson, midwife and researcher at Canterbury Christ Church University and the woman behind the term “biological nurturing.” She got me to lie back and get comfortable on my sofa and then draped Jacob on my chest. Again he did his head-bobbing thing, but this time there was a difference. He “bobbed” into position and latched on. Lying along the length of my body, his arms were no longer in the way. “How does that feel?” Suzanne asked me. “Er, fine … It feels okay.” I replied, hardly daring to believe the words as they left my mouth.

Breastfeeding felt completely different. Having been used to his vise-like grip up to that point, I found it hard to believe that he was actually getting any milk with this soft sucking. As my baby fed, like he’d never fed before, Suzanne and I chatted. She explained that he had been displaying the primitive neonatal reflexes that all healthy babies are born with. In the traditional breastfeeding positions—mother sitting bolt upright with baby in cradle hold, for example—these reflexes are often suppressed or even get in the way of a good latch. In the biological nurturing positions—mother sitting bolt upright with baby in cradle hold, for example—these reflexes actually stimulate the newborn to latch on, stay latched on and feed well.

That session with Suzanne was a rebirthing experience of sorts for Jacob and me—a chance to start all over again with breastfeeding. Jacob fell for an hour or more and went into a very deep sleep for several hours more—so unlike his usual behavior at the time, which was to have short feeds and short sleeps. Everything seemed to click into place and from then on our breastfeeding experience was transformed. I say “our” experience because I sensed that things changed for him as well as for me. In upright positions he seemed more tense, and I think the reason it hurt me so much was because he was holding on to the breast for dear life in case he should fall off! With us both lying back he didn’t have to try because gravity was doing all the work and he was able to relax into feeding. Before this experience he would not generally nod off to sleep at the breast, but afterwards breastfeeding soon became his preferred method for falling asleep.

Not surprisingly, I became quite evangelical about biological nurturing and attended a workshop of Suzanne’s in London at Birkbeck College some months later. I told as many people as I could about the approach that had made so much difference to us and encouraged mums-to-be whom I met to watch Suzanne’s DVD.* When my own sister was...
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having problems breastfeeding her son, I hoped that biological nurturing would be the “silver bullet” for her that it was for me and it did help somewhat. The approach seems to work well for most mothers. It is a powerful method for solving or avoiding breastfeeding problems, but it doesn’t appear to be a magic cure, as Suzanne herself acknowledges.

When my daughter, Nina, was born two months ago, I was keen to see if she would latch on soon after birth. I laid her on my chest and watched her try to reach the nipple, but I sensed that she was getting frustrated and the after-pains from my labor made lying on my back very uncomfortable, so after a while I laid on my side and she fed well for over an hour. For later feeds I laid back with her on my chest in biological nurturing positions. She fed well and took in a lot of milk but during the first week I started to get sore nipples. This really surprised me as I had imagined that I could completely avoid painful feeding if I tried biological nurturing from the start and that breastfeeding would be plain sailing this time. The soreness was thankfully short-lived and after my milk came in my nipples became gradually less sore. By the end of her first week I was breastfeeding Nina without any discomfort.

For me, biological nurturing hasn’t just been a comfortable way of feeding. It also feels like a natural way to hold a baby, enveloping him in my arms and across my body rather than sitting upright and holding him perpendicular. When I’m sitting feeding Nina if she’s fussing or slipping off the breast I stop to readjust our position. I lean back and make sure she’s lying on top of my chest, and more often than not it fixes the problem. Breastfeeding lying on my back is also much more comfortable for me than feeding on my side, and it means that I get more sleep at night.

To anyone who wants to try it, I would say that it takes a little experimentation with pillows to find out what sort of support you need for your arms and to find out which position is most comfortable for you. But once you’ve worked that out, it all becomes second nature and such a relaxing way to feed a baby. I highly recommend it.

* Colson, S. Biological Nurturing Laid Back Breastfeeding DVD Quickfind: 8957 www.laleche.org.uk This DVD will change how you look at breastfeeding, adding a mother-led component and new parameters for the assessment of successful breastfeeding.