Reducing Stress to Help Baby Nurse: Addressing Latching Challenges

Catherine Watson Genna, BS, IBCLC
www.cwgenna.com
Neonatal Neurobehavioral Organization

Bell et al. 2008:
(1) a dynamic reciprocal process of neonatal interaction with the caretaking environment,
(2) goal-directed behaviour that elicits environmental stimuli to fuel inner neuronal and behavioural development,
(3) coordination of multi-systems that emerge in a hierarchical manner,
(4) resiliency to recover from the physiologic cost of stimuli, and
(5) a maturational capacity for stability through change.
The Caretaking Environment

- Bergman: Mother is the baby’s natural habitat
- Cultural forces modify maternal expectations and behavior: un-biological norms
- Restore and support biologically normal caretaking behaviors
Maternal Behaviors

• Wiessinger: Infant behavior stimulates maternal caretaking behavior—the birth process contains hidden triggers that are modified by interventions and separation
• Effects of immediate skin-to-skin contact last for years (Bystrova)
• Breastfeeding in the first two hours after birth increases day four milk production (Widstrom)
• Mother mammals make teat accessible.
Goal-Directed Behaviors

• Are dependent on the right stimuli
  • Misplaced oral imprinting? (Mobbs)

• Biological Nurturing (Colson) – semi-reclining positions change reflex and hormonal/interactional patterns.
  • gravitational input (my take)

• Hand use (Genna and Barak)

• Orofacial stimuli to:
  • cheeks (scanning), philtrum (gape) (Prechtl)
  • Chin buried in breast
Recovery from Physiological Cost of Stimuli

- Maternal scaffolding (support)
  - Modulation of stimuli
  - Organizing interventions
  - Alternate feeding
- Lactation Consultant (LC) scaffolding of maternal state
  - LC belief that breastfeeding “works”
  - Building trust
  - Explaining and reframing infant behaviors
Dyad — Complex Adaptive System

Douglas, Hill, and Brodribb 2011

- Sensitivity to initial conditions
  - Early plasticity of feedback loops entrench feeding difficulties and aversions, infant unsettledness
  - Maternal anxiety, disrupted interactions
  - Behavioral and regulatory problems
- Early intervention in feeding difficulties
- Enhance parental trust and attunement with infant self-regulatory attempts (proximal care)
Sensitivity and Synchrony

Suckling and EEG Changes in Infants

- Newborn to 6 weeks: increased EEG delta during suckling—decrease and sleep after.
- 24 weeks: increased theta activity during breastfeeding (affective experience)—alertness after.
- Pacifier sucking: no change in EEG

Is This a Reciprocal Interaction?
Strategies

- Sleep states: Allow infant to wake at breast
- Breast for dessert
- Make breastfeeding position familiar and safe
- Try unusual positions
- Toys at breast (distraction)
- Bottle nipple at breast (bait and switch)
- Nipple shield as bridge
- Let baby use hands, touch
- Tube as “latch here” cue
- Quick reward: curved tip, milk on breast
Skin-to-Skin Contact without 
Agenda
Wear Baby Between Feedings
Auditory, Tactile, Visual, and Vestibular Intervention (ATVV)


• 10 minutes of soft talk; gentle touch; eye-to-eye gaze

• 5 minutes of horizontal rocking
  • Improved sucking skills in preterm infants
Preserve Hand Access — Hug Breast (Genna and Barak 2010)

Preserve Hand Access
Well-grounded Positions for Security
Stable Positions
Let Gravity Help
Feet
Organizing Stimuli

Walk while offering the breast (organizing stimuli — contact, movement)
Containment and Movement
Sleep States

Use wake and sleep states: Let infant nap at the breast (and wake up in the “restaurant”).
Distraction
Try Different Positions

Photo courtesy of Esther Grunis
Organizing Touch
Massage
Feed in Warm Water
Instant Reward
“Latch Here” Cue

Use a tube as “latch here” cue.
Dent Technique

Use the dent technique to make the breast easier for the infant to grasp.
Tilt Technique

Use the tilt technique to make the breast easier for the infant to grasp.
Nipple Shield (Super Stimulus)
Alternate Feeding
Transitioning from Bottles

• Make bottle feeding progressively less rewarding
  • Start with empty nipple
  • Bottle becomes empty often
  • change nipples
  • Change milk temperature

• Make breastfeeding more rewarding
  • Give quick flow (syringe, eyedropper, supplemeter, stimulate MER with hands)
  • Breast doesn’t become empty
  • Milk is always warm
Offer “Dessert”

Bottle feed at the breast, then offer breast for “dessert.”
Practice

Practice gape and oral grasp.
Transfer Oral Imprinting

Present both stimuli—breast and bottle—together.
Bait and Switch — From Bottle to Breast
Shut Out Extraneous Stimuli
Help Baby Organize for Breastfeeding

• Build trust, and help mom gain baby’s trust
• Scaffold mom while she scaffolds baby
• Start with breastfeeding-friendly maternal position: stability, access, stimuli, support
• Frame and explain baby’s behavior
• Control environment to reduce physiologic cost of learning to breastfeed
• Transfer behaviors from one stimulus to another by pairing (bottle to breast)