

# Reducing Stress to Help Baby Nurse: Addressing Latching Challenges

Catherine Watson Genna, BS, IBCLC

[www.cwgenna.com](http://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

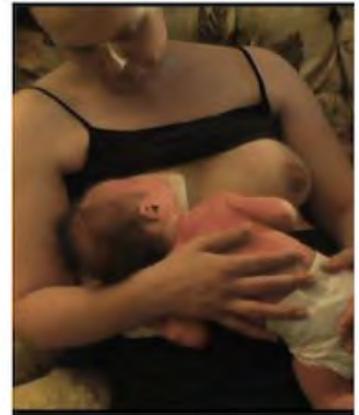


# Maternal Behaviors

- 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

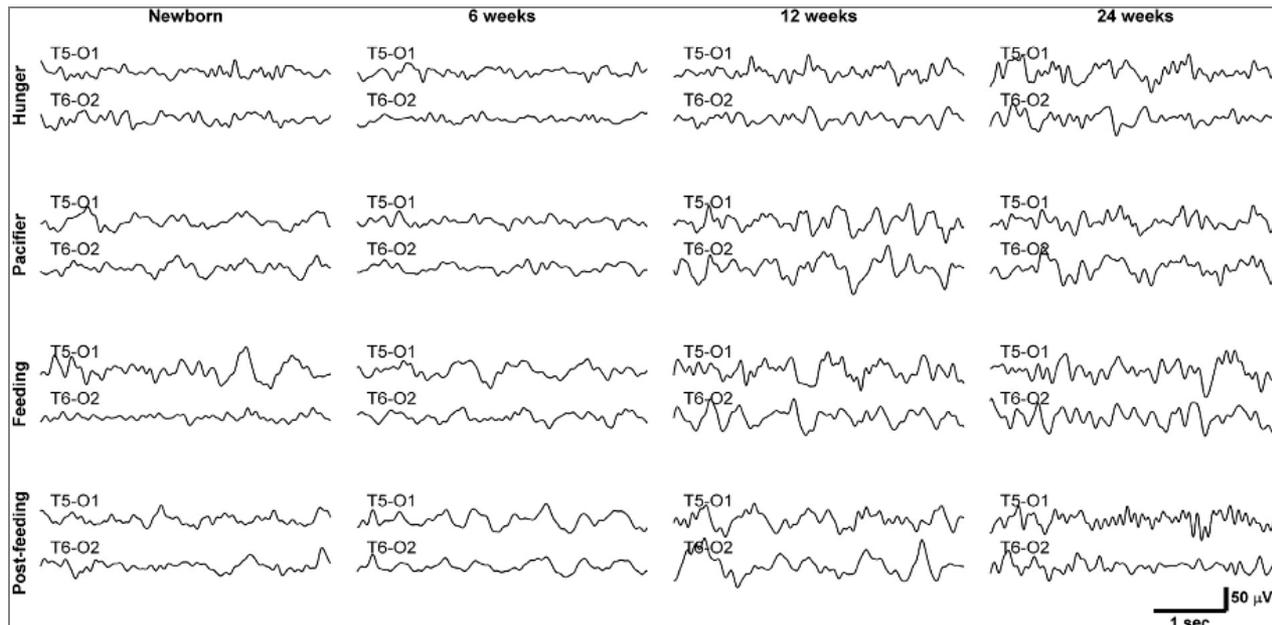


Fleck, Patricia. “Connecting Mothers and Infants in the Neonatal Intensive Care Unit.” *Newborn and Infant Nursing Reviews* 16, no. 2 (2016): 92–96.

# 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

Lehtonen, Johannes, et al. "Nutritive Sucking Induces Age-specific EEG-changes in 0–24 Week-old Infants." *Infant Behavior and Development* 45 (2016): 98–108.



# 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)

- Medoff-Cooper, Barbara, et al. “Multisensory Intervention for Preterm Infants Improves Sucking Organization.” *Advances in Neonatal Care* 15, no. 2 (2015): 142–49.
- 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)

Bell, Aleeca F., et al. “Fetal Exposure to Synthetic Oxytocin and the Relationship with Prefeeding Cues within One Hour Postbirth.” *Early Human Development* 89, no. 3 (2013): 137–43.



# 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)

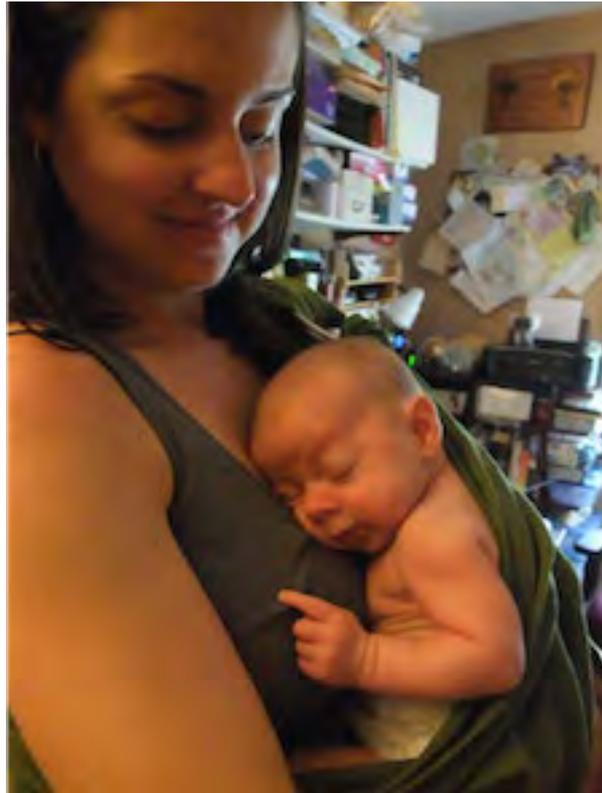


# Containment and Movement



# Sleep States

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



# Distraction



# Try Different Positions

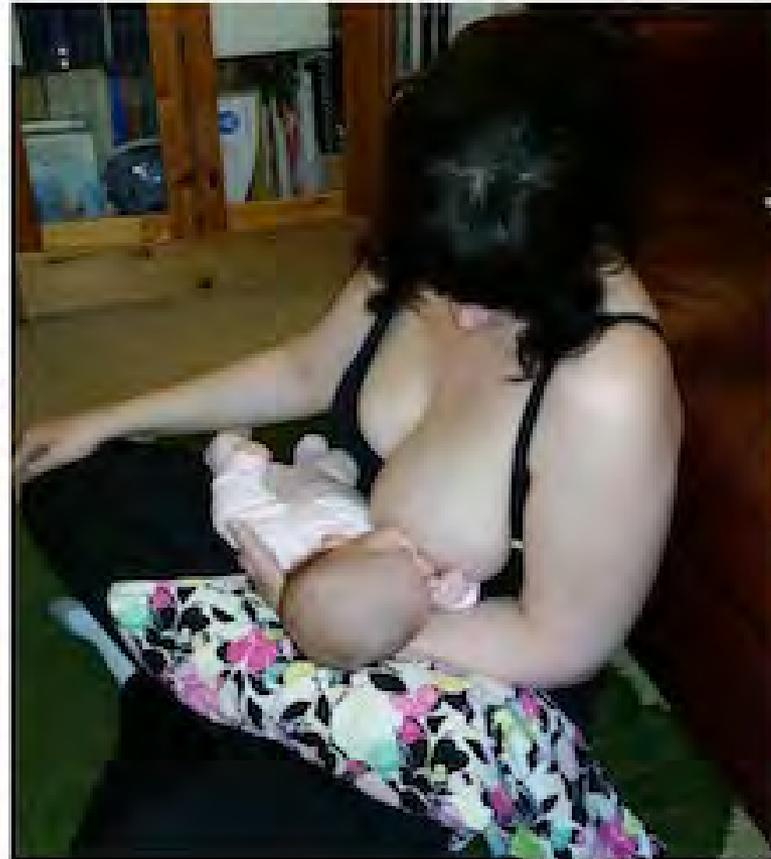


Photo courtesy of Esther Grunis

# 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, supplementer, 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)