

A portrait of Dr. Robyn Thompson, a woman with short, wavy blonde hair, smiling. She is wearing a black top, a silver necklace with a circular pendant, and small hoop earrings. The background is white with a red border.

A GENTLE Guide

TOWARDS PAIN-FREE BREASTFEEDING

Dr. Robyn Thompson

01



A relaxed and gentle approach to breastfeeding with The Thompson Method assists the mother to confidently and comfortably breastfeed her baby anywhere, at anytime.

I invite you to view this video for a visual representation or if you prefer continue reading for more information about The Thompson Method, aimed at reducing the risk of common breastfeeding complications.

– *Dr Robyn Thompson*

02

A Positive Beginning

Taking your baby into your arms onto your skin, immediately after birth is fundamental to the physiological stabilisation of you and your newborn baby.

Immediate contact with your newborn increases the hormones oxytocin and prolactin into your blood stream. These hormones contract the uterus, assist the birth of the placenta, control bleeding and most importantly initiate the flow of colostrum through your breasts.

Colostrum is thickish in consistency and low in volume. It is yellow in colour, rich in nutrients, immune properties and is the perfect preparation for the newborn gastro-intestinal system. Your baby capably moves colostrum through your breasts during the early hours of breastfeeding.

The first breastfed may continue leisurely on and off each breast for around 2 - 3 hours, especially if the baby is not affected by anaesthetic opioids administered during labour. Unless absolutely necessary, it is important that your baby is not taken from you or handled by others and that you continue to breastfeed uninterrupted for at least the first 72 hours to avoid breast engorgement and possible mastitis.

Your milk volume will gradually increase over the first 72 - 96 hours following birth.

To learn more, visit

[Newborn Breastfeeding: The First Few Days](#)



03

Common Contributors to Painful Nipple Trauma

It's important to be aware that forceful breastfeeding techniques may result in painful nipple trauma.

How you breastfeed your baby is entirely your decision and is most often based on your own maternal instincts. However, my research and experience has shown that the following commonly taught techniques may be closely associated with painful nipple trauma.

The Cross-Cradle Technique

The cross cradle technique involves holding the baby by the sensitive head, neck and shoulder area. Many women claim that this feels awkward, uncomfortable and 'doesn't feel right'. This technique restricts the baby's ability to freely activate the sensory reflexes of smelling, touching and tasting necessary to locate and draw the nipple and some breast tissue.

Imagine how it would feel if someone held you by the back of your head, neck and shoulders forcing you to your dinner plate, every time you ate!



Directing the Nipple to the Nose

The combination of re-shaping the breast to direct the nipple to the nose, while restricting the baby's head, neck and shoulders (cross-cradle technique) is commonly taught. The restricted baby resists the force resulting in the nipple entering the baby's mouth at the level of the hard palate behind the upper gum.

Compression of the nipple between the tip of the baby's tongue and the bone results in painful nipple trauma.

Gently cradling your baby to breastfeed reduces the risk of nipple trauma and assists you to comfortably and confidently breastfeed your baby anywhere, at any time.

(See next chapter).

04

Cradling Your Baby



Your baby's sensory skills to smell, taste, touch and locate your nipple are activated when your elbows are relaxed by your side and your baby has unrestricted access to your breast.

Let's explain this a little more. Use your right arm to gently cradle your baby to feed from your right breast. Turn your baby's body onto his/her left side to face your breast. Ensure your right elbow is resting by your side and your hand is placed naturally somewhere on his/her back.

Please avoid holding your cradled baby by the nappy. This extends your hand and arm to reach the nappy. At the same time your upper arm moves forward, which impedes the baby's ability to freely locate your nipple.

Observe carefully that your baby's lips are aligned centrally over the nipple (not nipple to nose or nipple to chin).

Your baby's tongue will protrude to instinctively locate the nipple. The mouth will open to a natural width. The baby draws the nipple and breast tissue along the upper surface of the tongue. Episodes of stimulation for hormone production commence, followed by drawing and swallowing episodes as the milk flows through the nipple ducts.

Once the baby starts to swallow, it is important that you observe Face to Breast Symmetry.

(See Next Chapter)



05

Face to Breast Symmetry

Face to Breast Symmetry is when the four (4) facial points (the nostrils, chin and both cheeks) are in contact with the breast. The nostrils are resting gently on the breast, the point of the chin massages the breast and both cheeks are snug against the breast.

Symmetrical face to breast contact improves the potential of your baby's oral cavity to draw the nipple and adequate soft pliable breast tissue along the upper surface of the tongue.

The baby draws the nipple back as far as the soft palatal cleft. The breast tissue forms the unique shape inside your baby's mouth.

Face to Breast Symmetry is essential to preventing painful nipple trauma and for reducing pain when breastfeeding over existing nipple trauma.



06

Fine Tuning

Fine tuning is gentle movements to correct asymmetrical Face to Breast contact to avoid or alleviate pain.

Mindfully observe that all four (4) facial points (nostrils, chin and both cheeks) are in contact with your breast with no visible gaps.

To fine tune the nostrils or chin, gently slide your baby's body to the left or right (only about 1cm), until the nostrils touch and contour the shape of your breast and the point of the chin massages the breast tissue.

To fine tune the cheeks, use your hand to gently tilt your baby's body with two slight movements . For example, if the upper cheek is not in contact with your breast, tilt your baby slightly over. Tilt your baby slightly under to fine tune the lower cheek. It's important that both cheeks are in contact with your breast.

07

Feeding From Both Breasts Each Feed *Including Rest & Digest*

Once your milk volume has peaked at around 72 – 96 hours from birth, it is preferable that your baby feeds to satisfaction from both breasts each feed. This ensures that milk flows through both breasts regularly to maintain adequate hormone release for milk production and to reduce the risk of engorgement and mastitis.

When your baby is satisfied from the first breast it is advisable for the baby to **Rest & Digest**, stretched out on your knee before going to the second breast. The stretching and resting allows space and time for the volume of milk in the stomach to predigest with the gastric enzymes before transferring to the intestine. This also ensures your baby's digestive system is calm and not overfilled by starting immediately with the second breast. Time allowed for pre-digestion in the stomach helps to prevent reflux and colic.

Towards the end of the **Rest & Digest** period, the volume of milk in the stomach decreases and you will observe your baby becoming more active, indicating a need to feed again from the second breast. The baby displays communication cues such as increased movement of the arms and legs, turning and lifting the head, seeking, smelling, tasting, touching. The last of these cues is generally the tongue protruding and the voice begins to call.

This is a good time for a nappy change allowing your baby to sleep undisturbed once the feed is complete. After the second breast, hold your baby upright, snuggled in your arms.



08

Feeding to Satisfaction

How do I know when my baby has reached satisfaction



When your baby has reached satisfaction, you will notice a change in your baby's behaviour.

Your baby becomes more relaxed and quite sleepy (often referred to as 'milk drunk'). The newborn or young baby will continue to gently nurture on your breast without feeding. I refer to this part of the feed as emotional satisfaction. The baby's needs have been met for volume and calories as well as the emotional needs. This emotionally satisfying part of the feed also helps further digestion and drifting into the sleep phase.

When the baby has finished nurturing and is emotionally satisfied, he/she will slip gently from your breast. In my experience, the average time for the newborn or young baby to complete a full feed is around 1 hour. This includes time to Rest & Digest and a nappy change between breasts.

On average a healthy baby will breastfeed around 7 times in 24 hours. This may change from time to time and will reduce as your baby grows.

Summary

The First and Early Breastfeeds: From the time of birth, be sure those around you know how important it is for you to have your baby in your arms, on your skin immediately. Be sure your baby is not disturbed or taken from you for what is regarded as routine procedures.

Cradling your Baby: Preferably cradle your baby in a relaxed and gentle way so that your baby has easy access to your nipple and breast.

Avoid the commonly taught cross-cradle technique.

Face to Breast Symmetry: It's important to ensure the baby's nostrils contour the shape of your breast, the chin massages your breast and cheeks remain snugly in contact with your breast throughout the whole feed.

The first breastfeed may take a leisurely 2 to 3 hours feeding from both breasts, so symmetry is extremely important during this time to reduce the risk of nipple trauma.

Fine Tuning: To achieve Face to Breast Symmetry, mindfully observe your baby and fine tune by making very gentle and slight movements when required.

Feeding from Both Breasts each Feed: It is important that milk flows through both breasts each feed to maintain adequate milk volume and to avoid breast engorgement and/or mastitis.

Rest and Digest allows time to pre-digest the volume of milk in the stomach and to avoid reflux or colic.

Nappy/Diaper Change: Consider changing your baby's nappy towards the end of the Rest and Digest period, rather than before or after the feed.

"Every mother and her baby are unique.. As a midwife and as a human being, it is essential to respect the individuality of each mother and her baby. There are no rules. When a mother trusts her maternal instincts, she will always be right."

- Dr Robyn Thompson



About Robyn

Dr Robyn Thompson has dedicated her life to helping women during pregnancy, in labour, at birth and throughout breastfeeding. Her aim is to share her experience, knowledge and wisdom freely in the hope of guiding more women towards pain-free breastfeeding.

Should you feel you need more help, please visit her website at www.thethompsonmethod.com and see the range of educational resources available. If your matter is urgent, please consult your trusted health professional.

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