



**A GENTLE GUIDE FOR**

*Health Professionals*

**10 Evidence-Based Tips  
to Help Improve Breastfeeding  
Outcomes for Women**

## Avoiding Pain **Right From The Start**

*For many women, breastfeeding starts off tough and only gets tougher.*

But that does not have to be the case for women in your care!

By helping them make a few key decisions during labour, birth, and in their baby's first few hours and days, you can set them up for a breastfeeding journey that's full of confidence and free from pain.



*Let's jump right in!*

## ***Before Birth***

***Many women are surprised to learn that the events that occur during labour and birth have a significant influence on how breastfeeding starts. As a health professional caring for women, please keep these tips in mind***



## 01 *Assist in Avoiding unnecessary intervention*



Hospital systems are quick to intervene during labour and birth—not in the best interest of women and their

babies, but in the interest of “efficiency” (read: profit). But many interventions increase the need for pain relief, which can negatively affect the first breastfeed (the 3 Golden Hours).

There may be times when induction of labour is necessary, but for most women, medical interventions like sweeping of the membranes, are not necessary. Women are encouraged to know their rights and to ask questions: Why are they recommending the procedure? What are the benefits and risks? Is induction necessary? What are the alternatives?

To better support women in your care, educate them about what interventions may be offered during labour and birth and encourage them to ask questions so that they can make informed decisions about induction, membrane sweeping, pain relief, and more.

A woman may well want to move forward with the recommended intervention. That’s within her rights, too! The aim is for her to be able to make informed decisions, by sharing information with her without fear or coercion.

# Immediately After Birth

## 02 *Protect the 3 Golden Hours*

The three hours immediately following birth are referred to as The 3 Golden Hours.

Avoiding a delay or

interruption to a woman's first breastfeed will significantly increase the likelihood of breastfeeding success. This is why it's so important to encourage a woman (and her partner/advocate) to protect those hours!



## 03 *Facilitate skin-to-skin contact*

If the Apgar Score is 7 or above, the newborn baby belongs in the mother's arms and on her skin immediately after her baby is born, which has well documented emotional and physical benefits for both her and her baby.

## 04 *Avoid unnecessary routine procedures*

Most routine procedures can wait until after the 3 Golden Hours and should not interrupt or delay the first breastfeed.



Again, if the baby's Apgar score is 7 or above, the baby should be with the mother. Delay or interruption to the first and early breastfeeds increases the risk of breastfeeding complications such as breast engorgement and mastitis.

## ***Improve Breastfeeding Outcomes For Women***

***Have you considered the Thompson Method Professional Program yet?***

It's a powerful self guided online program where you'll discover the foundational principles of The Thompson Method from Dr Robyn herself. **We'd love to welcome you in.**



**PURCHASE OUR ONLINE PROGRAM**

## ***The First Breastfeed***

***Generally, within 30-60 minutes the healthy newborn (with an Apgar score of 7 or above) will instinctively move toward the mother's breast. The next few hours are critical for the physical and emotional wellbeing of both mother and baby.***



**05** *Provide time and space for the first breastfeed*



The first breastfeed may take 2-3 hours to complete. The healthy newborn, occasionally stopping to look at the mother, will feed leisurely on and off both breasts while drawing down the thick, rich colostrum.

It's important that this precious time is uninterrupted as the maternal hormones will increase, gradually increasing breast milk volume. Usually, milk volume peaks 72-96 hours after birth, but if opiate pain relief has been administered, it may take longer.



**06** *Avoid unnecessary handling of the newborn*

The early hours and days of breastfeeding are incredibly important for the mother and her baby. So this period of

bonding should not be interrupted by others unnecessarily handling the baby (with the exception of her partner). If possible, please try to avoid touching the mother's breasts and most importantly please do not hold her baby by the back of the head, neck or shoulders, forcing the newborn to her breast.

## ***The 72-96 Hours***

***During the first 72 – 96 Hours, the healthy newborn will be busy stimulating both breasts frequently, swallowing small amounts. This releases prolactin and oxytocin into the mother’s bloodstream, which are the hormones required to gradually increase her breast milk production.***



07

## *Quietly observe the newborn's first sleep*



After the first breastfeed, the healthy newborn is likely to sleep. The length of the first sleep varies for each and hospital policy often

places health professionals under pressure to limit this time. As a health professional, you may be able to advocate for the women in your care by giving them the time they need, while quietly observing.

While the newborn is sleeping, it's a great time for the mother to get some rest too because, upon waking from the first sleep, her baby will need to feed frequently, on and off both breasts.

## **Avoid Forceful Breastfeeding**

*Techniques*

Many well-meaning health professionals are still recommending forceful techniques which can lead to painful nipple trauma and derail a woman's determination to breastfeed.

***The Thompson Method online course for professionals teaches you a gentle approach, which is proven to reduce the risk of painful nipples, breast engorgement, mastitis and more.***

[LEARN MORE](#)



*Use a gentle approach*



As a health professional in the hospital system, there may be times when a woman needs some help or asks for help. At any time, please avoid holding the baby of the head, neck or shoulders and forcing her baby to her breast, while directing her nipple to the baby's nose. This technique significantly increases the risk of painful nipple trauma.

If you are speaking with a woman, you are encouraged to sit beside her (not stand over her) and talk quietly and respectfully with her, listening to her and encouraging her to listen to and trust her maternal instincts.

Every woman is unique. Every baby is unique. Every situation is unique.

## 09 *Encourage mothers to feed frequently*

Feeding frequently from both breasts in the first 72 – 96 hours is necessary to gradually increase breast milk volume. It's normal for a mother to feel quite tired in the early days, so it can help to assure them that frequent feeding won't last forever! If possible, avoid the suggestion to feed her baby non-human milk (formula) unless absolutely necessary, as doing so may complicate breastfeeding.

Note: The Thompson Method is not "anti-formula." Every woman and her baby are unique, and we support a woman's decision to feed her baby however she chooses. Our only motivation is to ensure women who want to breastfeed have the education and support they need to do so for as long as they wish.



## 10 *Teach "rest and digest"*

Towards the 72 to 96 hour mark (on average), a mother's breasts will start to feel full, and she'll notice her baby swallowing more regularly. This indicates that her breast milk production is starting to peak!

At this stage, encourage her to continue feeding her baby from both breasts, but introduce a "rest and digest" period in between. On average, the aim is for the baby to feed from both breasts each feed with a rest and digest period, around 7 times in 24 hours. This process of spacing out feeds will help regulate and maintain her breast milk volume, as well as reduce the risk of breast engorgement and mastitis.

## Next Steps...

If this information has resonated with you, you may have a lot more questions.

### ***Improve breastfeeding outcomes for women in your care!***

The Thompson Method is an evidence-based, gentle approach to breastfeeding, grounded in an anatomical understanding of the breastfeeding mother and her baby. **And health professionals just like you are finding it to be game-changing for women in their care.**

***Together, we can help every woman feed her baby her way.***

[LEARN MORE](#)



***“Implementing The Thompson Method into my practice has been invaluable.***

Mothers report how comfortable it is [and they] learn to be more tuned into their baby's feeding cues. Milk transfer is optimal.”

~ Kerrie  
Clinical Midwife & Lactation  
Consultant

Meet

**Dr Robyn Thompson,**  
(FOUNDER OF THE THOMPSON METHOD)



With 50+ years of midwifery experience, Dr Robyn Thompson has had the privilege of being with thousands of women and babies during labour, birth, and breastfeeding.

Dr Robyn was awarded a PhD for her research into nipple trauma during early breastfeeding. She and her team have made it their mission to share her knowledge and experience with women during pregnancy—so they can avoid common breastfeeding complications and continue breastfeeding for as long as they choose.

[LEARN MORE ABOUT DR ROBYN THOMPSON](#)

**\*Medical Disclaimer**

*Certain information in this guide may deal with health, midwifery and medical related issues. Please note that the information contained in this guide is not intended to be medical advice, nor does anything contained in this guide create any health, midwifery or medical practitioner–woman relationship, or supplant any in-person health, midwifery or medical consultation or examination. Always seek the advice of a qualified healthcare professional with any questions you may have regarding any medical condition and before seeking any treatment. Professional advice should always be sought for specific conditions and specific circumstances. Never disregard professional health or medical advice or delay in seeking medical treatment due to information obtained from this guide. Any information from this guide is not intended to diagnose, treat, cure, or prevent any disease or illness. This guide is for information purposes only and is not intended to replace health, midwifery or medical care, nor is it intended to be (or should be taken for) medical diagnosis or treatment.*