



A Gentle, Evidence Based Approach to

Breastfeeding

A Fact Sheet / Overview of The Thompson Method
from experienced midwife and breastfeeding
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The Thompson Method is a gentle, evidence based approach to breastfeeding that reduces the risk of breastfeeding complications. The fact that each mother and each baby are unique relies on instinctive-biophysiological nurturing that engages a newborn baby to self-initiate neuro-sensory breastfeeding with the gentle help of the mother. All mammals are capable of instinctively moving towards their mothers' breasts to locate the nipple and self-negotiate breastfeeding to satisfy nourishment and emotional nurturing.

This is a brief overview of some of the key principles to aim for, keeping in mind that there may need to be discussion based on a woman's unique circumstances:

BEFORE BIRTH

- ❖ If possible, avoid *unnecessary* medical interventions.
- ❖ Be informed and understand the pain relief options during birth. Opioids, such as pethidine and morphine administered intramuscularly, via epidural, spinal or general anaesthetic can make the baby very sleepy, which is associated with a delay or interruption in the first and early breastfeeds.

IMMEDIATELY AFTER BIRTH

- ❖ Delayed cord clamping. Wait for the umbilical cord blood flow to stop before it is cut.
- ❖ Immediate connection with the mother skin to skin.
- ❖ Avoid routine procedures and mother/baby separation. If the baby's APGAR is 7 or above, routine procedures such as non-urgent Vit. K, vaccinations, weight and measurements, baths, etc., can wait.

THE FIRST BREASTFEED – THE 3 GOLDEN HOURS

- ❖ Breastfeeding is a mammalian instinct for survival. The breastfed baby activates the intraoral vacuum system to draw the unique nipple and breast tissue into the unique oral cavity. The mother sits or lays comfortably, starting with her baby on her chest. The baby activates sensory skills (touch, taste, smell) and large muscles, arms and legs to move toward the breast. Supported in the cradle hold, the mother can roll her baby gently facing her breast, lips aligned with and central over her nipple. The mother facilitates the baby gently moving towards her breast with highly sensitive hands and fingers, feet and toes, nose smelling, lips searching, mouth contacting and tongue locating the nipple.
- ❖ The first breastfeed may take between 1 to 3 hours after the birth, (for the non-sleepy baby) until the baby is nurtured, reassured and self-satisfied on colostrum.
- ❖ Avoid others handling the baby. Please be patient and wait in the absence of any urgency.
- ❖ In the postpartum period, the mother is encouraged to stay close to her baby.



Please note: Maternal consent is important before touching the breastfeeding mother or her newborn.

THE FIRST 72 HOURS

- ❖ It is best if the baby is not offered a pacifier (dummy), nipple shield, infant formula, or glucose water.
- ❖ Continue undisturbed, carefully observing frequent episodes of breastfeeding from both breasts, preferably without others handling the baby.
- ❖ Avoid tight swaddling. Hands and fingers to mouth is an instinctive survival skill, babies drink with fingers and hands while in the uterus.

FINE TUNING

In the presence of any nipple pain, the mother is encouraged to 'fine tune' her baby. These are very gentle adjustments to achieve 'face to breast symmetrical contact', enabling the baby to draw the nipple and some breast to achieve best potential oral cavity function. As the vacuum pressure increases, the nipple is drawn along the surface of the tongue to the distance of the soft palatal cleft. The soft pliable breast tissue shapes to fit the baby's unique oral cavity.

The Thompson Method is slow and gentle. Each mother is encouraged to observe her baby's cues to feed. Eye contact, tactile touch, arms and legs moving, pushing lower lip forward with the tongue, lifting head slightly, the voice starts to call.



Asymmetrical contact



Symmetrical contact



THE GENTLE, EVIDENCE BASED APPROACH TO BREASTFEEDING

HOW IS THE THOMPSON METHOD DIFFERENT?

The Thompson Method is significantly different to “attaching or latching” a baby to the breast. The Method is not associated with the baby being held by the cranio-cervical spine at the base of the head, along the neck into the shoulders.

The Thompson Method avoids any forceful practices with the baby. The thrust of the cross-cradle technique interferes with the baby’s small brain, confusing the baby’s ability to coordinate the necessary instinctive movements with mammal skills to breastfeed. In addition, the nipple is directed to the baby’s nose, often moved over the baby’s lips to try and elicit a wider open mouth. When forced by the cranio-cervical spine onto the breast, the baby is restricted and cannot coordinate the oral cavity to draw the nipple and a unique amount of breast tissue.

The evidence from the research has demonstrated that these forceful practices significantly increase the likelihood of nipple trauma. The cross-cradle hold and the multiple associated manoeuvres at the breast result in nipple malalignment and facio-mandibular asymmetry. These practices interfere with the baby’s intra-oral function, which inhibits instinctive self-initiation of neuro-sensory breastfeeding. This limits the baby’s instinctive ability to freely locate and effectively draw the nipple and breast tissue reducing the risk of painful nipple trauma, breast engorgement and mastitis.

To find out more about The Thompson Method, please visit our website
www.thethompsonmethod.com

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