

Reclaiming the Art of Breastfeeding

by Indira Lopez Bassols

This article is dedicated to Michel Odent and Liliana Lammers, doula father and doula mother to many of us. Their teachings, ideas and anecdotes have greatly inspired my amazing journey as a doula. They both planted the inspiration seed of this article.

My breastfeeding journey started almost 12 years ago in Mexico, my home country. Over the years with my three children, this journey has become an essential ingredient in my mothering. Sadly, following the developed world's bottle-feeding infatuation, breastfeeding rates seemed to have declined in some parts of Mexico. Nevertheless, breastfeeding has always been a big part of our culture and tradition.

My daughter's arrival into the world was a beautiful, powerful, physiological (non-medicated) birth. Like many "drug-free" newborns, in the first hour or so after birth she was highly alert, participative in her own way and making eye contact with me and my husband. With a bit of encouragement from my doula, my baby found the breast and fed happily for several uninterrupted minutes that felt like a blissful eternity. Over the next few days, even though I experienced slight soreness in my nipples, there were no words to express the pleasure and joy of holding this little creature into my breast.

On my mother's side, my Mexican grandmother had breastfed her eight children; on my father's side my grandmother had breastfed her three children; and my own mother breastfed her five children. In fact, every woman in my family I could recall had done so. Thus, breastfeeding was honoured in my family, and I had always felt it was natural to carry on with this powerful feminine family legacy.

I never wondered whether I would be able to breastfeed, nor did I read any books on the topic or attend a session in preparation. So, when I was pregnant the first time, I did not *think* about breastfeeding much; rather, I just *felt* that it would be fine. I

sensed a continuum between natural pregnancy, natural labour and straightforward easy breastfeeding. Time, experience and reality have shown me that, all too often, this progression does not always happen.

As a doula and a La Leche League (LLL) leader, I have witnessed too often the strong evidence on how the indiscriminate use in labour of drugs, painkillers and anaesthesia tends to negatively affect breastfeeding.(1)

Michel Odent thinks that women can not "prepare" for natural childbirth. He believes that we carry ancestral inner wisdom inside us and, *given the right conditions*, our bodies know how to birth on their own. In other words, as women we are perfectly *designed* to give natural birth. Thus, he stresses the importance during pregnancy of increasing women's confidence in their ability to give natural birth, by knowing the basics of the physiology of birth and the importance of having the presence of an unobtrusive, low profile motherly figure such as a midwife or a doula to safeguard these optimal conditions in labour.

Replacing worry, fear and doubt with trust, confidence and belief is also the best starting point for "optimal" breastfeeding. Grantly Dick-Read coined the term "childbirth without fear" several decades ago; I believe we should be spreading the message of "breastfeeding with confidence" along the same lines.

If "drug-free" born babies have been so beautifully self-attaching in the two hours following birth for centuries (2), how can it be that mothers don't have an innate built-in know-how to respond? It takes two to tango, so the answer is obvious: As women, we *do* have that response inside us. In other words, as women, we are also perfectly *designed* to breastfeed our babies.

Gabriella Palmer was already pondering the subject more than two decades ago: "How is it that in some societies, 100 percent of poor, marginally nourished women can all breastfeed successfully, while in others, groups of privileged, well-nourished women cannot?"(3)

Over the years, as a doula and a LLL leader, I have heard so many pregnant mothers say: "I will give it a go, but lots of my girlfriends were not able to breastfeed." As if breastfeeding were the same as flipping a coin and seeing on which side it lands. The number of mothers who truly cannot breastfeed should be a tiny percentage in comparison to the number who can. The same train of thought applies to c-sections, which surely can be life-saving yet have become epidemic and are questioned as being unnecessary in so many parts of the globe.

An essential component for successful breastfeeding seems to be awareness of the many successful, happy breastfeeding stories. When women hear mostly negative stories, doubt can creep in like a dormant serpent. The same has been said of natural birth. We tend to hear the unfortunate highly medicalized birth experiences and rarely do we get to hear the physiological, or as Sarah Buckley so beautifully described them, the "undisturbed" ones.(4)

Ina May Gaskin said during the first Biological Nurturing and Instinctual Behaviours Womb to World Conference (London, October 2008): "The best preparation in the Farm for new parents is to have contact with breastfeeding mothers, make nursing babies visible and exchange positive stories and experiences."


Yet today, perhaps the vast majority of women haven't seen many happily breastfeeding mothers. If they don't have positive family or friend models to aspire to and any minor problem arises in the first few days, bottle and formula are often ready "just in case." Supporting pregnant women's confidence in their future ability to breastfeed is one of the most important things midwives and doulas must do.

How can we effectively support women's confidence? A lot of midwives and doulas—like me—can draw on their own personal breastfeeding experiences to boost the confidence of new mums.

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2. Apply friction horizontally with the scar between your fingers, pulling on the scar.
3. Apply friction vertically, first above the scar and then below it.
4. Apply friction vertically across the scar, except if there is a keloid. This is the only step to avoid in the presence of a keloid scar.
5. With the scar between your fingers, lift, twist and vibrate.

Heat, either moist or dry, may also be used to make the scar more flexible and pliable. After the massage is over, massage in a small amount of vitamin E oil or a lotion consisting of equal parts of tinctures of calendula, St. John's wort, comfrey, and arnica mixed into shea butter. The more frequently the massage is done, the sooner the scar will stabilize and heal.

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Others might not have had great experiences to begin with, yet life is immensely generous and grants us opportunities to redeem or re-learn. In this way, supporting women's confidence in breastfeeding can become a wonderful learning or even healing experience for some. The same thinking applies for those who have never breastfed. If we already believe as midwives/doulas in the natural inner wisdom of our female bodies, then breastfeeding is just a natural extension.

I personally encourage mums-to-be to attend mother-to-mother breastfeeding support groups. The La Leche League groups serve as powerful circles of truth and wisdom.⁽⁵⁾ They are a place where

breastfeeding women gather and have their natural innate ability to breastfeed honoured, praised and respected.

According to the World Health Organization: "While breastfeeding is a natural act, it is also a learned behaviour."⁽⁶⁾ Using the tango metaphor, it can take a little while for the mum and baby couple to get used to finding their own breastfeeding rhythm, just because we are individuals. Essentially, we have to follow our instincts, trust our capacity to breastfeed and then just enjoy the ride while it lasts. Needless to say, in my LLL leader capacity, I recommend seeking professional help as soon as possible if you do run into problems.

Last but not least, my message to all mums-to-be is: Trust the perfection of your female nature, find empathetic support systems of breastfeeding women to boost your confidence and believe that indeed you can breastfeed your baby. In the same way that we are reclaiming the art of giving natural birth, we must reclaim the art of breastfeeding, so it is never lost and is passed on smoothly to our daughters and theirs—in perpetuity.

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References:

1. See Linda Smith and Mary Kroeger's 2004 book, *Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum*. Sudbury, Massachusetts: Jones & Bartlett Publishers.
2. Suzanne Colson's extensive research on biological nurturing demonstrates what many women and babies have been doing for centuries.
3. Palmer, Gabrielle. 1993. *The Politics of Breastfeeding*, 2nd ed. London: Pandora Press. p. 20.
4. See Sarah Buckley's 2009 book, *Gentle Birth, Gentle Mothering*. Berkeley: Celestial Arts.
5. I can only speak about the LLL meetings, but agree that there are lots of local wonderful breastfeeding support groups for mums-to-be out there.
6. World Health Organization. Child and Adolescent Health and Development. "Breastfeeding." www.who.int/child_adolescent_health/topics/prevention_care/child/nutrition/breastfeeding/en/. Accessed 28 Apr 2009.

Madison's Birth

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My midwife called to say that she was unable to locate an assistant. When she told me that she had just left her office, I knew that she would never make it. Rather than feeling panic, I felt peace. My mind and body were on one track—the birth of this baby. Now I

knew that it was up to me to accomplish the birth without outside assistance. When Matt came back, I broke the news to him that the midwife, the assistant and the doula would *not* make it for the birth. I knew that knowledge would shake him, so I asked him to call Jessica. She said that she'd come right away.

Finally, *finally*, with all the busy work taken care of, we could concentrate on creating an atmosphere suitable for the birth of a baby. Matt turned off the lights and put on a LIVE CD. As I concentrated on breathing through contractions, Matt prayed over me and read strengthening Bible verses to me. The power of prayer and of the Word were tangible, and brought me great comfort. Nevertheless, I felt that my cervix was being ripped apart. No "rushes" here; I was in intense pain.

I spontaneously flipped over so that I was on my knees with my head resting on the side of the horse trough. What a difference this position made! I wanted to push but was hesitant to start too soon for fear of tearing my cervix. I kept feeling to determine whether the baby was crowning. Finally, I felt the water bag bulging and was relieved to begin pushing. At that moment, my midwife called to check in. When she learned that I was pushing, she asked to speak to me. She instructed me to pant instead of push. In no mood for such advice, I threw the phone back to Matt. I couldn't listen anymore, and I couldn't pant. Matt hung up. Jessica walked in (her weekend plans had brought her closer to our town than she was to her home).

I felt a small pop and thought that I could feel the baby's head. It felt slimy and wrinkly, so I wasn't sure. As Matt updated Jessica, the baby's head was born. I was silent and calm with relief as the head was born, so Matt and Jessica were unaware of my progress. When they approached the tub and began exclaiming, I feared that something was wrong. It turned out they were just surprised to see the head.

"It's her head!" they shouted. "Of course it's her head," I impatiently thought as I concentrated on birthing the rest of the baby. Less than a minute after walking in the door, Jessica reached in and helped rotate the baby's shoulders, and at 8:43 pm, Madison was born! I was relieved, yet shocked at the speed of her birth.

I flipped around to a seated posture, and Jessica brought Madison to my chest. She was