

Case Study

Latch and the fear response: Overcoming an obstacle to successful breastfeeding

Virginia Thorley OAM ThA BA DipEd GradCertTESOL MA IBCLC



Abstract

A cringe response, born of fear of anticipated nipple pain, creates behaviours that undermine comfortable latch of baby at breast, resulting in the pain the women feared. Fear is an important response in human survival but sometimes the behaviours resulting from the fear are inappropriate. This case study discusses the psychological processes and specific physical responses observed in a woman who is experiencing nipple pain during breastfeeding. It describes steps that can be taken to assist the mother in identifying what she is doing, educating her about the processes involved, and providing her with strategies to override the inappropriate response.

Keywords: breastfeeding, nipple pain, fear, conditioned response, flinch or freeze response

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INTRODUCTION

The fear response leading to inappropriate behaviour in latching a baby at the breast, which is described here, has not until now been identified in the breastfeeding literature. I first noticed it in the mid/late-1990s and have observed a number of cases since then. Anticipating nipple pain on latching, the mothers exhibited a 'flinch or freeze' response to the fear, bending forward and simultaneously bending the elbow. In fact, in flinching from the anticipated pain they commonly jerked the forearm upwards. Usually, the baby was open-mouthed and ready to latch with mouth and nipple in appropriate alignment for a successful, comfortable latch to be achieved (Glover 1997). The flinch response changed that, lowering the nipple-areola complex, changing the angle of the nipple and at the same time raising the baby. This response undermined the attempt to achieve a painless latch. In fact, it caused the pain the mother feared.

CASE REPORT

A primiparous mother aged 42, with a baby of 8 weeks, presented in June 2004 with a history of pain. A pain scale of 0-10, based on reporting by the mother, was used to provide a usable guide to pain levels and to monitor improvement. On this scale, 0 = no pain, and 10 = the most severe pain an individual can imagine. At first contact by telephone the mother identified her pain as 10/10 and was clearly distressed. From her history, some of the pain was likely to have been referred pain related to an old spinal injury. From questioning, it appeared that the mother's fear of pain, generally, was also negatively impacting on how she latched her baby and the consequent faulty latch was contributing to the high pain level. It was agreed to delay the first consultation until the mother had had her pain issues addressed medically with analgesia appropriate to breastfeeding (Hale & Berens 2002). A consultation for breastfeeding management was unlikely to be productive till she had some degree of pain relief.

At the first consultation, the mother managed the first latch without the flinch response, but subsequent attempts to latch were complicated by flinching. This response to fear was explained and steps needed to override it were described. What was effective at the consultation was, firstly, to address the fear response and concentrate on encouraging her to keep her shoulders from moving forward and her forearm from jerking upwards at the moment of latch. Secondly, an effective latch was best achieved when the mother let the baby get onto the breast himself. He then did so effectively without requiring any intervention other than being brought closer. She quickly learnt to recognise that when her baby was held low and she could not see his mouth on latching the pain was not more than 2/10. Thus latch was corrected concurrently with teaching the mother to override the flinching, preventing nipple trauma.

After two months of responding to the expected pain by flinching, overriding the response was expected to be a gradual process. In fact, this mother learnt quickly and was able to override the response most of the time within the first few days after consultation. During a telephone follow-up four weeks later, she reported that the actual breastfeeding was going well and latching her baby was no longer painful, as she had continued with the strategies taught. Without identification of the cringe response and processes to enable the mother to override it, it is unlikely that latch problems would have been corrected, since this response only aggravated the pain.

DISCUSSION

Fear is a conditioned response, involving the amygdala, the most primitive part of the brain (Zimbardo 1985). The stimuli (in this case

the sight of the baby's mouth or the act of latching) send messages to the amygdala which then sets off responses such as freezing or fleeing (LeDoux 2003). The brain has a specific region controlling the cringe (or 'freeze') response (Joose 2003) These responses can be overridden (LeDoux & Gorman 2001, Joosse 2003) and the earlier these mothers are seen and the problem identified and corrected, the better.

When the inappropriate behaviour has been entrenched for some weeks, the pain is stored deep in the mother's body-memory and the physical response may be harder to override. Mothers who have experienced high levels of pain on latching may be so consumed with fear that they have difficulty in overcoming the inappropriate response. The result is frustration on the part of both mother and baby and the need for understanding and patience by the lactation professional.

The four processes a mother needs to work through to identify and override the inappropriate freeze response are described in Table 1. Basically, the aim is to re-train the kinesthetics (mind-body learning). The process appears to be enhanced by using touch – with the mother's permission – to add another of the body's senses to the equation. Gently pushing the mother's shoulder back against the back of the chair while repeating words such as 'shoulders back', almost like a mantra, has been useful. The mother thus hears and feels touch as part of her learning.

Table 1: Stages in overriding the inappropriate fear response to latching a baby to the breast*

1. Identify and accept that fear is the cause of the undesirable physical action
2. Understand the mental processes involved
3. Learn to override the response (flinch) to the stimulus (attempting to latch; the baby's open mouth coming to the breast) and replace it with an 'empowered' response
4. Train to act in a safe way by breaking the response into small, manageable steps

*Adapted from Joosse C 2003

Where a cringe response (flinching) to fear of nipple pain is identified, two factors are important. The first one is to deal with the pain, because a person in pain will not learn effectively. The mother will have more confidence if she has some control over her pain. The second, is to enable the mother to identify what she is doing, understand the processes and learn strategies to override the inappropriate behaviour. Clinical implications for lactation consultants, child health nurses, breastfeeding counsellors and other care-givers who do not have prescribing rights are, firstly, to ascertain what pain relief the client is already taking and the timing of doses in relation to feeds. It may be necessary to refer her to a medical practitioner.

Where a poor latch is contributing to nipple pain, it should be routine to check whether the response to fear described here is involved. If it is, overcoming this inappropriate response is best done when the lactation consultant or other care-giver involves the mother and empowers her to prevent her own pain. Lactation professionals can assist the mother to override the cringe response by helping her to:

1. identify and accept the fear; understand the mental processes involved
2. learn to relax her shoulders and keep them from bending forward
3. learn to override bending her elbows impulsively and raising her forearm upward at the last moment of bringing her baby to the breast.

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About the author:

Virginia Thorley has been involved in the breastfeeding field since 1966 and certified IBCLC in 1985. She is the author of many books including *Successful Breastfeeding* (multiple editions) and over 70 journal publications. Her 1993 paper, 'Relactation in mothers of children over 12 months', was named joint UNICEF Breastfeeding Paper of the Month, September 1994. Virginia's MA thesis, A Cultural History of Medicine, examined postwar infant feeding advice in Queensland. She is currently a PhD student at the University of Queensland.

Correspondence to:

Virginia Thorley
4/14 Moreton Street
Norman Park QLD 4170
Australia
vgthorley@optusnet.com.au

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