

# ***SUPPORTING SUCCESSFUL BREAST FEEDING AND ATTACHMENT***

by

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## **Abstract**

The purpose of this article is to introduce new ways to establish nursing and supporting infant self-attachment needs. The article presents how we discovered babies' innate ability to find their own way to the breast, when placed on their mom's abdomen during the immediate post natal period. Clinical examples included are from home birth and establishing 1<sup>st</sup> time breast-feeding with a baby 6 weeks old. Practitioner skills to facilitate this process are presented. These basic skills are oriented to help practitioners develop their ability to center themselves and self-regulate, to have a somatic awareness of themselves and the client, and to be able to track rhythm, tempo and the very slow attunement rhythms that support optimal autonomic nervous system functioning. These skills exceed the traditional training of birth attendants, including doulas, midwives, lactation specialists, nurses and physicians. Birth practitioners are encouraged to explore their personal pre and perinatal history and develop a coherent sense of this experience. The original clinical research for this article was conducted in the non-profit research clinic BEBA: Building and Enhancing Bonding and Attachment.

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### Self-attachment at Birth

It's early morning just before sunrise. Mom and dad with their midwife welcome the arrival of dear sweet Jessica.<sup>1</sup> She emerges from her mother's womb into her father's hands and is gently placed on mom's belly. Each person there, in awe, makes sure mom and baby are held, kept warm, supported and safe. The midwife—observant, relaxed, and calm—waits for the cord to cease pulsing, the placenta to present and baby to begin to nudge her way toward mom's breast with sweet "rooting" movements. At about 20 minutes postpartum this little baby begins to edge her head in the direction of her mom's breast. Her head begins to bob up and down, as she appears to be responding from an ancient and primordial call. She is there, baby body, mommy body, skin to skin. All the faces in the room glow in the waves of love, welcoming, joy, and calm. Mary Jackson<sup>2</sup>, midwife of nearly 30 years, places the palm of her right hand at baby's feet as baby pushes her body, bobbing her head up and down, mouth open. Mary's sure, quiet voice speaks, "That's right little one, you know just what to do." With one last push her wide-open mouth lands squarely over mom's left nipple and areola. She latches on, and begins to suck and swallow.

Little Jessica just completed self-attaching to her mother's breast. She

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<sup>1</sup> Name changed to protect the identity of this family

<sup>2</sup> Mary Jackson, LM in Santa Barbara and Ventura Counties in California.

did what every mammal, including humans, instinctively knows how to do. Many of us have witnessed or seen movies of kittens, puppies or calves finding their way to their mother's teat, latching on and sucking. Human beings, unlike other species of mammals, routinely interrupt and override this primordial instinct in our babies. So much so that most of us born in Western, technologically-influenced settings during the 20<sup>th</sup> Century were denied the opportunity to complete our own self-attachment needs. Many of us did not even get to breastfeed for any length of time, if at all.

In 1995, Righard and Frantz produced a landmark six-minute videotape, *Delivery Self-Attachment that graphically shows babies' self-attachment behaviors*. This short videotape summarizes the Righard and Alade study that was published in *Lancet* in 1990. It has been instrumental in awakening a movement towards supporting newborns to complete their self-attachment sequence.

### Mom's, Baby's and the Practitioner's Roles for Establishing Breastfeeding

I remembering talking with a young European midwife, who was studying craniosacral therapy, the same year the *Delivery Self Attachment* (Righard & Frantz, 1995) videotape came out. She expressed the frustration she experienced attempting to help babies latch on the first time. She described a little one, who, when mom was positioning her to breastfeed, began to arch back as if

to protest. This midwife asked if I had any suggestions for her. My response was simple and short:

“Mom’s job is to make her breast available in relative proximity to baby’s head. It is baby’s job to find the breast, latch on, suck, swallow and suckle. As health practitioners, our job is to relax, settle and hold the space for mom and baby to discover how to do that.”

Some months later, I was able to talk with this midwife again. She reported that her whole approach to supporting moms and babies during first time breastfeeding had radically changed. She said that she no longer had to exert any effort in her attempts to get babies to latch on and successfully begin to breastfeed. Most of the time, with a few simple direct suggestions, she was able to support the mom and baby to discover what is instinctively known by every mom and baby.

### **Attunement and Fundamental Rhythms: the *Long Tide***

Years ago I did a home visit with Jane and her newborn, Camille<sup>3</sup>. Camille was crying and, like many first time moms, Jane was really worried about her ability to successfully breastfeed. When Jane was a baby she was not breastfed. Even though they had birthed at home, Camille’s birth was complicated due to immediate postpartum hemorrhage. Camille was put to mom’s breast to help stimulate Jane’s natural oxytocin with the goal of reducing the bleeding. In addition, the midwife gave mom an injection of

pitocin, which caused the hemorrhaging to stop. On entering Jane’s home, I was invited into Camille’s nursery. Mom was sitting in a brand new rocker with her crying baby and wanting to breastfeed. Both of them were stressed. As I went in, I did a centering exercise that I will share later in this article and I began to talk with Mom and baby. “Hi Jane, hi little one. I’m really glad to see you”. Mom and baby both looked up at me and I made eye contact with both of them. Camille allowed herself to stop crying long enough to make this eye contact. I said, “I can see you guys are really struggling. I’d like to sit with the two of you.” We talked a short while and as we talked, Camille began to settle more. I asked Jane if I could put my hand at her low back and she agreed. What I didn’t do was try to change them. I simply put my hand on Jane’s back and did what I had learned to do from practicing years of polarity and craniosacral therapy. I listened to them and followed or tracked the slow oscillating rhythms of what osteopaths and craniosacral therapists call the fluid tides.

There is one slow oscillating rhythm, of many, that encourages balance in the autonomic nervous system (ANS) and attunement between people. We call this rhythm the *long tide*. Attunement or harmonic resonance means the “induction of a dyadic symbiotic state” (Schore, 1994, p.78). Hofer (1990) states that in the “symbiotic” state, the adult’s and infant’s individual homeostatic systems are linked together in the super ordinate organization, which allows for “mutual regulation of vital

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<sup>3</sup> Names are changed to protect the identity of this family

endocrine, autonomic, and central nervous systems of both mother and infant by elements of their interaction with each other” (p.71). Symbiotic states are physiologically mediated by the regulation of the infant’s immature and developing internal homeostatic systems by the mother’s more mature and differentiated nervous system. Indeed, a primary function of this symbiotic state is the generation of pleasurable states (Schore, 1994). This research is based on the mother-infant dyad. Our example demonstrates the possibility for attunement going beyond the mother-infant dyad to include the practitioner, who is providing an opportunity for the mom and baby to align themselves with the slower rhythms of the *long tide*. In BEBA we observe that rhythmic attunement is an essential ingredient for establishing and forming resilient, secure relationships in the family system. We find these attuned states are possible with whole families, as well. These attuned states are a dance. When the dance gets really good one wonders, “who is leading whom?”

As I sat there with Jane and Camille and gently talked with them, I paid attention to the sensations in my body. I could feel myself settle and see Camille and her mother settle as well. I asked Jane what the sensations in her body were. She replied that she could feel herself relaxing and I asked her, “Where in your body do you feel that relaxation?” She said she felt it up and down the middle, as if there was a pleasant settling and spreading feeling descending through the core of her body. Her words matched the sensation I was having in my body.

This indicated to me that the three of us were coming into attunement or establishing a harmonic resonance together.

Before this settling and attunement occurred, Jane was telling me that she felt awkward holding Camille and her breast with the proper breastfeeding technique she had learned with her midwife. She said that she really wanted to get it right. My question to her actually redirected her attention from her thoughts about technique to relaxing sensations in her body. It appeared to me that her thoughts about getting the technique right actually distracted her from the sensations that would inform her how to slow down and discover that attuned state within. As she relaxed more, she was able to perceive from within herself and feel her baby in a different way. Camille seemed to soak up her mom’s attention in a way that participated in the attunement building between them. She began to turn her head towards her mom’s breast, with little circular motions and began bobbing her head. She was combining the movements of ‘rooting’ and the beginning of a sequence of movements called self-attachment. Jane had this sweet astonished look on her face and said “Oh, Camille, look at what you are doing...do you want to nurse?” Camille bobbed her head even more. She started to squirm in her mom’s arms, attempting to move closer to mom’s breast. She began making cooing, pleading sounds. Without thinking Jane opened her shirt and made her breast available to Camille. A drop of milk had just begun to drip off her nipple. Sitting there in her

rocker, she lifted Camille a little toward her breast as Camille turned her head further towards her, opened her mouth and planted herself squarely over mom's nipple and areola, and began to suck and swallow. I waited a bit longer with my hand on Jane's back. When they settled more into nursing I gently removed my hand, moved back and held quiet presence with them while they nursed.

Jane and Camille had come into a deep relaxing attunement with each other. They had established a rhythmic integrity or harmonic resonance with each other. It is in this rhythmic integrity or attunement that they can simply be together and discover how to take each step in their mutual journey. Their systems are functioning coherently.

The practitioner's ability to be in her own body and follow her own sensations in the slow rhythmic fluid tides is a key skill, and is central to my work in establishing this coherent attunement between mom, baby and the practitioner. The practitioner participates in the attunement field with the mom and the baby. Practicing this process grounds and centers the practitioner which, in turn, naturally supports babies, children and parents to do the same.

For years, I have recommended to all health care practitioners, at a minimum, to take an introduction to the fluid tide craniosacral work. I do this because this type of exposure is a great way for a practitioner to begin to learn the skills described above. I now require at least an introductory

workshop in the fluid tide approach to craniosacral work as a prerequisite to the Castellino Prenatal and Birth Training.

(See [www.castellinotraining.com](http://www.castellinotraining.com))

There are several different fluid tide rhythms. The one that I consistently teach and reference in my training is called the *long tide* (Sills, 2001/2004; Castellino, 2000). When moms and babies are nursing, I measure one cycle of this *long tide* to be about 2.5 minutes. Learning how to track the energetic sensations of these rhythms comes about through doing a regular centering practice. People who have a meditation practice, do some form of yoga or tai chi or other contemplative practice find it relatively easy to learn to discover the fluid tides sensations. Over the years I have found that babies especially are extraordinarily responsive to the tracking of these slow rhythmic sensations. Centering into the *long tide* seems to promote attunement with the family relationships, ease of play and secure attachments between babies and their parents. Parents, as well as professionals, can learn this skill, and it will be reflected in the quality of the relationship they have with their child. The identifiers of secure attachment are the relaxed, open infant/child-parent communication and the infant/child's use of the parent as a base to explore (Cassidy, Marvin et al. 1987/1990/1991/1992). The parental interactive pattern is one of being emotionally available, perceptive and responsive (Siegel & Hartzell, 2003).

### **Self-Regulation and Attunement**

Neurobiological research since about 1990 has found that the optimal healthy growth of a baby's nervous system happens in the context of the baby's relationships (Schore, 2003/2003; Siegel, 1999/2003; McCarty, 2000). This means that the quality of the baby's relationship with her mother and father and other primary caregivers determines how securely the baby will attach to them. The baby's overall development (physically, emotionally and mentally) largely depends on being securely attached to her mother and father. Mothers and babies that have the full support of fathers, in our experience, are more likely to form secure attachment with their mothers and in turn with their fathers. Schore (2003) and Siegel & Hartzell (2003) cite studies that demonstrate that babies learn to self-regulate and balance within themselves by the way they are held and treated. I like to define self-regulation as the ability of the system to function within a range of activity while integrating the experience from moment to moment. When the baby's caregivers have the skill of self-regulating, the baby learns to self-regulate as well. Self-regulation is an unconscious process of fundamental physiological and endocrinological functions as well as emotional regulation in response to internal and external events (Schore, 2003b, p. 248). Self-regulating and secure attachments are more likely to occur in babies when their caregivers are well attuned with them.

Based on our work in BEBA, we observe that self-regulation and attunement appear to begin in the womb. In the womb, the prenatate is

not differentiated from her mother. Whatever the experience a mother lives through during pregnancy, her prenatate carrying also lives through. The prenatate's experience is the mother's experience. Prenatal experience provides the matrix for a fundamental level of imprinting that will affect the baby for the rest of her life. The prenatate's body and nervous system are in development and her body is genetically, cellularly and somatically already adapting to this prenatal experience as it is growing (Castellino, 2000; Chamberlain, 2002; Davies, 1997; Emerson, 1999; Lipton, 2001; Odent, 2002; Pearce, 2003; Verny, 2000). These books and articles contain many examples of this level of prenatal imprinting.

### **A Practical Centering Exercise**

Next I will describe in more detail some of the basic steps I take within myself in order to be able to track the sensations of the energy, and therefore the resonance in the relationships. The goal is to be with myself in a way that helps my system self-regulate and support mom and baby to find their way with each other. First and foremost, I begin where I am, just to be in observance of my somatic experience. I give myself attention. When first beginning, it is important to notice where I am feeling good as well as where I feel adverse tension. Each sensation is just a sensation. I do not assign meaning to them or even wonder about them. I just notice them. Just now as I am writing, I look out a window. I feel the refreshing cool air about my bare feet, warmth in my belly and the pressure of the

weight of my body in my thighs and buttock as I sit in the chair. I can feel mild tension across my upper back and shoulders and a very gentle settling and spreading down the core of the trunk of my body. I will now add to that awareness an orienting exercise that I consistently do throughout the day and have taught for decades to students all over the world. I use this exercise especially when I am with babies, children and families.

#### **Mother Earth, Father Sky<sup>4</sup>**

I turn my attention to within my body. I notice how the pull of gravity has awakened sensations of support from the Earth below my feet. Mother Earth—I feel myself relax as sensation waves slowly move down and through my body to merge into the earth below. My body settles. My attention is subtly, yet decisively attracted upward within my body to a familiar resting place in my head. I feel the effect of this orientation clearing my mind. Ah, Father Sky. From head to toe, I slowly and methodically acknowledge the front of my body with my attention and my sensate awareness. In the same way, I acknowledge the back of my body. Then my attention moves to the right side of my body and then to the left side of my body. I pause as more ripples of sensation awaken from within. A tingling in my spine energetically pulses its way into and through my arms, hands, legs and feet. My body warms from the inside out. My breath follows its natural ebb

and flow without any additional attention. Fully relaxed, I feel present and awake. I feel alive.

If you were watching me from the outside it would appear that I was scarcely moving at all. The more I settle, the stiller I appear. This settling in my body amplifies the wave of tide-like sensations, ebbing and flowing through my body. As I sink into my sensations they become more calming and produce a warm sense of well being throughout my body. I wait, pause, and then let my awareness modulate to a still slower rhythm, until I experience the *long tide*.

I then repeat the process. Remembering to reorient myself, I repeat in my mind's eye, "Mother Earth, Father Sky, front, back, right, left, inside, outside."

I do not give much attention to my physical breath during this exercise. I am more interested in the subtle sensations of the slower energies and tidal movements. When I give too much attention to my physical breath, it can distract me from the more subtle physical sensations.

As I do this exercise I am not attempting to calm myself. If I do calm and settle, the settling is the result of the exercise. If I attempt to settle, the attempt itself adds an overlay of tension because I'm trying to get myself to be different. The exercise is just to be with the sensations and let myself be there. I think the same is true for being with a baby. Just be there with her. I don't have to attempt to get her to do something. She already is being. I

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<sup>4</sup> Credit to Clare Dolby, D.O., RCST (Britain) for naming this exercise.



need to come into relationship with her by just being there. One of the baby's first jobs is to orient. It appears that babies learn by example. If I am there with the baby, orienting myself, the baby is more likely to orient also.

If you are so inclined, you are invited to use this exercise yourself. As you read the exercise I've added space between the phrases so that you can give a space of time to your sensations as you move through the exercise.

Ready? Here we go:

- Begin by taking a pause.
  - Give your attention to your body.
  - Locate your feet.
  - Mother Earth.
- Find that safe comfortable place in your mind's eye,
  - Father Sky.
  - Locate the front of your body.
  - Find the back of your body.
  - Locate the left side of your body.
  - Find the right side of your body.
  - Feel the inside of your body in relationship to the outside of your body.
  - Repeat: Mother Earth; Father Sky; Front; Back; Left; Right; Inside; Outside.

I use this exercise to help me orient and focus my attention. I do not use it to change my feeling state. I could be frustrated, upset or overwhelmed about something, or feeling joyous. My intention in doing the exercise is simply to center and self-regulate. The practice itself leads to change. I do not have to intend the change. If I try to change how I am feeling or how the others present are feeling, I am distracting myself from centering.

Attempting to change how I am feeling often adds more tension, both inside myself and with others.

The steps, then, are to acknowledge where I am at, to acknowledge what I am feeling, and to do the centering exercise. As I do the centering exercise, I pay attention to the sensations.

Most of the time, the natural outcome of the orienting exercise is a felt sense of settling, spreading and a sense of calm. Remember, self-regulation is the ability of the system to function within a range of activity while integrating the experience from moment to moment. Initially it may take several repeats of the exercise to reach the place of self-regulation. Once practiced, this process only takes a few seconds, much like finding the right channel on a TV set.

It is often said, "Support for the mother supports the baby." In the visit with Jane and Camille, my job is to support them. What I am going to describe now is how this support helps Jane and her baby to self-regulate. This sequence occurs when self-regulation and balance, in the ANS and the sensations that accompany this, are held in the perception of the practitioner. I self-regulate, the three of us come into attunement with each other and they get the benefit of my self-regulating and tracking the *long tide*.

### **Following Sensations and Breastfeeding Sequences**

I have talked with many mothers about the sensations they experience during breastfeeding. In this section I

will apply the process of tracking sensations to the process of breastfeeding and the sequence of sensations that mothers may experience as they prepare to and nurse their babies.

The sensations presented here are often described by moms. It is important to note that everyone does not have the same sensations, nor is it important for each person to have the same sensations. Some moms are not accustomed to following their bodily sensations and some moms are. Many moms describe the sensations associated with the milk let down reflex differently. Some moms experience this reflex as pleasurable, some moms experience this as painful and other moms may not be aware of these sensations at all. The important thing is that we, as the practitioners, are following our own sensations and discovering a sequence that most effectively supports the mom and baby to connect with each other. Midwives and lactation consultants consistently advocate for correct positioning and holding techniques to support moms to relax.

In BEBA, we support moms to pay attention to the sensations in their own bodies before focusing on position and technique. We have found that when they do this, the issues of positioning and technique often seem to take care of themselves. We have discovered that if we support the mom to pay attention to the sensations of settling and spreading through the core of her body, her system will be more likely to establish ANS balance and a relaxed self-regulated state. We do

this before we support her to pay attention to the sensations of milk letdown. Milk letdown is a result of the interaction between mom and baby and the self-regulatory capacity of the mom's neuroendocrine system.

The following sequence includes self-regulating, attunement, and ANS balance between mom and baby and the practitioner, if present. This in turn leads to baby's self-attachment behaviors, latching on and suckling, and milk letdown cycling at a matched tempo between mom and baby where supply meets the baby's demand.

After I begin the centering exercise, if the mom is comfortable with this level of touch, I place my hand on the mom's low back. If not, this contact can be made in one's 'mind's eye'. The instructions below are given for practitioners. The sensations that accompany this sequence are often as follows:

- Place your attention, with the felt sense of relaxation, in yourself—the sensation that accompanies this is the settling and spreading sensation through the core of your body.
- I ask the mom how it feels for her to have my hand on her back. If she states that it feels warm or relaxing and it seems to be resourcing to her, I ask her to describe the sensation of that relaxation. Sometimes, the mom will describe how it feels settling to her. This sensation is important because it is the primary visceral and energetic indicator that the ANS is coming into balance and an attuned state is occurring between you, the mom and

the baby. The sensation is a settling throughout the length of one's body. Examples of ways to work when the ANS does not come into balance will be given later in the article.

- I continue to settle and deepen into myself and continue repeating the centering exercise, "Mother Earth, Father Sky". As mom and baby settle, and, if baby is hungry, the baby will naturally begin to show rooting movements and self-attachment movements.
- Mom makes her breast available to the baby and holds the baby in a way that allows the baby to move to the breast and latch on.
- Often when the baby latches on, one of mom's hands goes to properly support her breast so that the baby can suck and feed. The baby's sucking, plus the continuing felt sense of ANS balance, support the mom's milk letdown reflex to initiate her milk to let down. As they settle further into nursing, they may then go through several cycles of letdown. This enables the baby to have access to the hind milk, which has a higher fat content. This is important for the baby to be satisfied and to eventually lengthen the time between feedings.
- It is our observation that with attunement between mom and baby and with continued ANS balance during the feeding cycle, the mother's milk supply will meet the baby's need or demand. When the ANS moves out of balance and the attunement is interrupted, the mother's milk supply will often not meet the baby's need or demand. If the supply exceeds the demand, the baby will respond by having to gulp and then choke on too much milk, as the letdown reflex brings the milk on too fast for the

baby. If the supply does not meet the demand, the baby will attempt to suck harder and can easily move into feelings and sounds of frustration, crying and then giving up.

- If the baby begins to gulp due to excess milk, I will coach the mom to give the baby a short break so that the baby can catch up. The baby will then naturally go back to the breast as needed to continue feeding. I continue to deepen into my own sensations of the *long tide*. I keep self-regulating and supporting the mom. This can have the effect of supporting the mom and baby to self-regulate, come into a more attuned space and ANS balance.

Midwives, lactation consultants, nurses and pediatricians are now routinely suggesting skin to skin contact which is important for mom to provide regulation for the baby's physiology, as well as her own (Field, 1987; Montague, 1986). This really is helpful when the mom and baby are finding it difficult to come into attunement (Martin, 2004). Warm baths together, with the baby on mom's belly, can also be very helpful (Neuman & Pitman, 2000). With most nursing dyads this level of support is all that is required to get mom and baby off to a positive start with breastfeeding. If there have been medical interventions or other complications prenatally or at birth additional support may be necessary. In North American cultures, most birthing practitioners are unaware of the research on the self-attachment sequence. The work of Righard and Alade (1990) has been well known in Britain and Europe for the last decade and birth practices have changed in

some locations as a result. Klaus, Kennell and Klaus (2002) have been actively bringing this knowledge into the awareness of North American birthing practitioners but it is still not widely utilized in practice. It may be that many primitive cultures have naturally participated in supporting babies to self-attach at birth.

As virtually all adults currently supporting birth have not experienced the opportunity to complete the self-attachment sequence themselves as a newborn, there is no intuitive or *felt sense* knowledge of the importance of this sequence. This process has been tampered with throughout our history, especially in the last century. As a culture, the more wounded we were as newborns, the more likely we are as adults to project our own experiences and unmet needs to connect onto babies, and to interfere with the natural process of birth, leading to an increase in the use of technology. Birth attendants often override the baby's and mother's needs to rest after the birth. By supporting the baby's and the mother's needs to rest after birth, we are supporting them to naturally move into the self-attachment sequence. In this decade, most babies are put to the breast and expected to latch on almost immediately after birth, without practitioners paying attention to the optimal forty minute window that begins about twenty minutes after the baby is born. If babies are not ready to breastfeed right away, there is anxiety produced in both birth practitioners and the parents. Often the baby is then taken away for an examination and unnecessary cleaning prior to the

completion of the initial self-attachment and bonding period. This further impacts baby and mom.

We have learned from babies and families in BEBA that there are several ways to support the baby's self-attachment needs even after the initial postpartum bonding period. This means that if the baby and mom experienced a traumatic birth or even missed the opportunity for the self-attachment sequence to occur naturally, repair can happen via these approaches that we have learned.

Relaxing with babies and slowing to their rhythm is often enough for babies to initiate self-attachment behaviors. Giving gentle but firm contact to the soles of a baby's feet while the baby is on mom's belly is another. Neuman and Pitman (2000) indicate that this activates the baby's stepping reflex and Bauer's reflex. These 'reflexes' are supposed to disappear in approximately six to eight weeks. I think it is possible that these reflexes, as part of the self-attachment sequence, may be precursors to later developmental movement patterns that lead to cross-crawl and walking. Supporting self-attachment behaviors in infants not only helps nursing and feeding, but supports optimal proprioception and vestibular integration. This later contributes to overall motor coordination of the child and optimal nervous system development.

In BEBA, we are finding that when we are able to attune ourselves to babies' rhythmic needs (including babies much older than 3 months), they are able to demonstrate self-attachment behaviors, and even show

us the positions and movements they went through when they were born and during other significant prenatal events. We find that when we, including the parents, actually meet a baby's internal rhythmic needs and attune ourselves to the baby's rhythm, it increases the likelihood that the baby will form secure attachments to her parents. A primary skill that caregivers (parents and practitioners) need to develop in order to do this with a baby is to be able to be authentic with their own feelings, state them, differentiate them and be with the baby. This involves being in the moment with how we are feeling while also paying attention to the baby's needs at the same time. This means not just attending to basic survival needs such as shelter, feeding, sleeping, diapering etc., but attending to the tempo or rhythms that actually support the baby to integrate her experience from moment to moment. The amazing thing is that when we attune ourselves to the baby's rhythmic needs, we function better and are more capable of making sense and integrating our own experience, moment to moment. We self-regulate and we become more coherent in ourselves. (See Dan Siegel and Mary Hartzell in *Parenting from the Inside Out*, 2003, on coherent vs. cohesive narrative.) It is here that if we have not developed coherency with our own personal history, as caregivers, we are more likely to project our own early unmet needs onto babies and do things for them and to them that may actually get in the way.

I would like to tell you the story about how self-attachment, self-

regulation, practitioner orienting, tracking slow rhythmic fluid tides and attention to attunement supported a baby and his mom to begin nursing after a series of traumatic events that did not allow them to begin successfully nursing after birth.

**Clinical Application:  
Repair Needs and Establishing  
Breastfeeding at 12 Weeks**

This is the story of how Dr. Wendy McCarty and I discovered the importance of the self-attachment sequence and ways to use it for healing and repair. Dr. McCarty and I co-founded BEBA and worked together during BEBA's first five years. I want to introduce you to Skyler (Sky), Stacey and Chris<sup>5</sup>. We met and began working with this family in December of 1995 when Sky was six weeks old. At that point, Sky was not yet nursing. Mom and Dad were feeding him with expressed breast milk through a syringe by dripping it down their index finger. They were exhausted and concerned he was beginning to lose weight. When he was born, Sky weighed 6 lbs. 13 oz.

After several sessions, the parents gave us a copy of the videotape of Sky's birth and their first attempt to breastfeed a few hours after his birth. His birth and postpartum period had a series of complications. Labor began 5 days prior to his birth. They intended to have a home birth, but after an intermittent labor for 4 days, Stacey transferred to hospital. She

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These are the actual names of this family, used with their permission.

was given a pitocin drip and an epidural. The videotape of Sky's birth revealed he had a nuchal cord, and there was meconium showing. The atmosphere was a mix of life/death tension from the many medical staff present, and exuberance from the parents. The obstetrician held Sky's head above his body and suctioned him repeatedly with a bulb syringe. Then he was moved to the table and scoped to check for meconium. Then Sky was separated from his Mom and taken to the NICU for monitoring and routine procedures for ninety minutes. Needless to say, Sky's self-attachment needs and Stacey's needs to hold and nurse her baby were thwarted during this time. Two hours after the birth, Stacey attempted to nurse him for the first time. The family had no coaching and they were not successful in achieving breastfeeding. Sky's cry sounded very hoarse and painful. When Stacey attempted to bring Sky to her breast he cried, attempted to latch on, and immediately thrust his head backwards.

When I viewed the videotape, I was struck by the similarity of the movement and rhythm of Sky's head thrusting backwards in the suctioning with the bulb syringe, and the movement and rhythm that his head went through during the initial breastfeeding attempt. I played those two sections of the videotape over and over again, at regular speed and in slow motion. From viewing this videotape, it seems possible to me that Sky's head movement was an imprint from the way he was suctioned, the way he was scoped and the possible pain he felt in his throat.

During the first visit sitting with Stacey, Chris and Sky, Sky cried for the first part of the session. His cry still sounded hoarse. His mom and dad were very sweet with Sky, yet they were tense from overwhelm and exhaustion. They reported that after Sky's immediate postpartum experience, Stacey was separated from him twice. They were discharged from the hospital one day after he was born. Shortly after they returned home, Stacey developed a fever for which she returned to the hospital. She was treated with IV antibiotics and seemed to improve. Within a few days she returned home. She again developed a fever and was re-hospitalized. Due to the hospitalizations, Stacey and Sky were separated for a total of 10 days during the first two weeks of Sky's life. Stacey was so dedicated to nursing Sky that she pumped her milk until he began nursing at 12 weeks. During the 6<sup>th</sup> week, they began using a bottle to feed him breast milk. They said that he simply would not latch on to her breast.

During the sessions and by reviewing the videotapes of the sessions Dr. McCarty, and I discovered four basic things:

1. As Wendy and I settled and tracked the *long tide*, everyone was able to establish the felt sense of attunement with each other.
2. In that attuned state, there were times when Sky appeared to go to sleep, as he was being held by his parents. During those periods, we did craniosacral work with Sky. We tracked the felt sense of the tempo of the craniosacral tides and ANS cues (breath rate, heat distribution in the body, pupil dilation etc.) with parents

and baby. We asked the parents to tell portions of the birth story. When Sky's system activated in his sleep (often shown by beginning a movement, seeming to go into a lighter sleep and whimpering) as they told the story we slowed the tempo of the telling down, and supported the parents to tell the story in a coherent, connected, slow manner that they themselves could integrate. At key points in the story, Sky would activate—when they spoke about the bulb syringe being used just after he was born and when they spoke about his separation from his mom. During those moments, we slowed down the tempo and talked directly to Sky and to his parents about what happened. When we did this, it appeared that he was able to integrate what happened to him and the part of the story that was activating. Then his behaviors settled and he dropped back into a deeper sleep state. During wakeful periods, Sky would move in repetitive patterns that appeared to be the same movements that he had at points during his birth. Review of his birth videotape and session videotapes indicate that he entered his mom's pelvis face up, turned around to the left, creating a nuchal cord, and then birthed in a right occiput anterior (ROA) position. In sessions, for example, when on his back, he would slide down mom's tummy, down her legs and start to turn over; if we supported his feet, he would turn and begin to move towards his mom, demonstrating self-attachment behaviors, such as bobbing his head. He repeated this over and over again during the sessions. Babies routinely demonstrate these behaviors in BEBA sessions.

4. At home Stacey and Sky would go into the warm bath together and Sky would be able to slide up her belly to the breast, in a self-attachment sequence. Their midwife suggested this activity.

Finally, during the 12<sup>th</sup> week, at home, Sky latched on and began nursing by himself. He continued to nurse for two and a half years, when he weaned himself. Sky was able to easily drink from a bottle and nurse at the breast with no nipple confusion.

### **Conclusions**

The purpose of this article has been to introduce new ways of establishing nursing and supporting infant self-attachment needs. We have focused on several layers of practitioner skills necessary to effectively support moms and babies in this process. These basic skills are oriented to help practitioners develop their ability to center themselves and self-regulate, to have a somatic awareness of themselves and the client, to be able to track rhythm, tempo and the long tide, in self and in others, and to be able to establish attunement. These skills exceed the traditional training of birth attendants, including doulas, midwives, lactation specialists, nurses and physicians. It is my hope to encourage birth practitioners to explore their personal pre and perinatal history and develop a coherent sense of this experience. This is a major step in developing these skills. The incorporation of these skills, by birth practitioners, will change the way babies are birthed and treated throughout their infancy.

In BEBA, we have a population of families who have repaired early injuries, similar to what Sky and Camille experienced. We are observing that these practices result in secure attachment. Practitioners trained in this approach are also very resilient and seem to be resistant to health care practitioner burnout. The benefits not only support babies and families, but support the practitioners' well being as well.

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