A Gentle Guide Towards Pain-Free Breastfeeding

By Dr Robyn Thompson, Founder of The Thompson Method: A gentle, evidence-based method of pain-free breastfeeding
How To Avoid Pain Right From The Start

You want to breastfeed. You want the best for your baby. You want a healthy, happy baby. The last thing you want is the excruciating pain of damaged nipples, or the constant doubt as to whether your milk supply is enough to stop you from breastfeeding.

Regardless of what you’ve heard, it is possible to breastfeed without pain and without the constant fear or doubt of whether you will have enough milk for your baby.

So, we’ve put together a quick start guide from Dr Robyn Thompson, creator of The Thompson Method, to give you confidence to be in control so that you can breastfeed pain-free right from the start.
Before Birth

Many women don’t understand that the events that occur during labour and birth, greatly influence how breastfeeding starts.

In her PhD research, Dr Robyn uncovered that the most common breastfeeding complications such as nipple trauma, engorgement and mastitis were linked back to the first breastfeed (The 3 Golden Hours). Here are some tips:

1. **Avoid Unnecessary Intervention** – Wherever possible, it’s best to avoid unnecessary intervention during labour. If induction or other procedures such as sweeping of your membranes is suggested, ask why and what the benefits, risks and alternatives are.

   It’s important to understand that unnecessary intervention increases the need for pain relief.

2. **Research Pain-Relief Options** – Opiate pain relief, such as epidurals, affect the newborn baby, often making the baby sleepy and causing a delay to breastfeeding. There are many options for pain relief, other than opiates. Dr Robyn suggests that you do your own research to discover what’s best for you and your baby.

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I gave birth to my first baby with an epidural given about 30 min before pushing. The drug barely had time to take effect properly but despite that, she slept a lot and would fall asleep on the breast right away. Nurses would then push with forceful techniques and I ended up with nipple trauma within 3 days and was overwhelmed and turned to formula. My second baby, I did a natural birth and had listened to countless hours of your videos for a gentler approach toward breastfeeding. I wanted to succeed so bad! I didn't want what happened the first time to happen again. So, I opted for natural birth, no interruptions for the first 5 hours after labour, and I kindly asked the nurses to let me be and if I needed help I'd ask. To this day, my son is 10 months and I'm still proudly breastfeeding him! Everything fell into place and was natural! Thankyou infinitely for the knowledge you pass on every day you played a huge role in our breastfeeding journey!

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Immediately After Birth

In a hospital system that is known for rushing mothers and their babies in and out, Dr Robyn encourages you (and your birth partner) to do whatever it takes to protect your 3 Golden Hours. Here are some more tips:

3. **Skin to Skin** – Taking your baby into your arms and onto your skin immediately after your baby is born is critical for both you and your baby, emotionally and physically.

4. **Avoid Routine Procedures** – Routine procedures can wait and should not interrupt or delay the first breastfeed. If your baby’s APGAR score is 7 or above, your baby should come to you and be with you on your skin.

**The First Breastfeed**

Generally, within 30 minutes to an hour, your newborn (with an APGAR score of 7 or above) will instinctively move toward your breast. It is important that your baby is not taken from you or handled by others unnecessarily.

5. **Protect Your 3 Golden Hours** – In Dr Robyn’s experience, the first breastfeed may take 2 – 3 hours to complete. Your newborn, occasionally stopping to look at you, feeds on and off both breasts while drawing down the thick rich colostrum. This makes way for your milk volume to increase... gradually.

As your baby feeds during this time, your hormones will increase, which increases your breast milk volume. Your milk volume usually takes around 72 – 96 hours to peak, but if you’ve had opiate pain relief, it may take longer.
6. **Avoid others handling your baby** – This is an incredibly important time between mother and baby and should not be interrupted by others handling your baby. Your partner may handle your baby of course, but it’s best avoid ‘passing your baby around’ to visitors and friends, particularly in those early hours and days of breastfeeding.

7. **Observe Your Baby** – Having your baby in your arms and breastfeeding your baby increases the release of oxytocin in your bloodstream. Observing the principles of The Thompson Method during this time will assist in getting a good latch which, in turn reduces the risk of pain.

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**The First 72 – 96 Hours**

Generally, within 30 minutes to an hour, your newborn (with an APGAR score of 7 or above) will instinctively move toward your breast. It is important that your baby is not taken from you or handled by others unnecessarily.

Over this time, your baby will be busy stimulating both breasts frequently swallowing small amounts. This releases hormones into your bloodstream, gradually increasing your milk production. It’s a critical process to initiate your milk production and establish your milk supply. Just remember, small amounts frequently over this time.
8. Your Baby’s First Sleep – After the first breastfeed, your baby may need to sleep. The length of the first sleep varies for each baby (hospital policy may encourage you to limit this time). Discussion with your team about policy is important. This is also a good time for you to rest and shower. After your baby wakes from the first sleep, it’s important for your baby to be able to feed frequently on and off both breasts, avoiding the commonly taught forceful techniques at all costs.

9. The First 72 Hours – Frequently feeding from both breasts gradually increases your milk volume. You will be tired. This is normal. Try to reassure yourself that this is only a short space of time in the big picture and resist the temptation of offers to give your baby a dummy or feed your baby non-human milk formula unless absolutely necessary. As your baby will be feeding frequently, observing the principles of The Thompson Method during this time will assist in achieving a comfortable latch which, in turn reduces the risk of painful nipples.

10. As Your Milk Volume Peaks – At around 72 – 96 hours (on average). Your breasts will start to feel full and you’ll notice your baby swallowing more regularly. This indicates that your milk volume is starting to peak. It is at this time, that Dr Robyn suggests it is wise to switch to feeding your baby from both breasts each feed, with a rest and digest period in between. This will help regulate and maintain your breast milk volume as well as reducing the risk of breast engorgement and mastitis.

But wait…..Next Steps

With this guide, you’ll know how to reduce the risk of painful nipples due to latching issues, engorgement and mastitis (the 3 most common breastfeeding complications for new mothers). You’ll also know how to initiate and regulate your milk volume to your baby’s needs which reduces the risk of a crying, fussy and unsettled baby. And you’ll also reduce the likelihood of low milk supply.

But once you have your newborn baby in your arms, you’ll have a lot more questions about breastfeeding. You’ll be embarking on a journey of growth and development presenting new experiences (and some challenges) – and that’s just in the first 3 weeks!
You may have questions like:

✭ "Can I pump so that my partner can help with feeding?"
✭ "How often should I breastfeed?"
✭ "How do I know if my baby is getting enough milk?"
✭ "How can I increase my supply?"
✭ "How can I avoid or relieve engorgement so it doesn’t develop into mastitis?"
✭ "What do I if my baby goes to NICU?"
✭ "How should I pump? Do I need to pump?"

And then of course comes teething, weaning, returning to work. The list goes on and on.

This is why we encourage you to get this knowledge while you still have time..... in other words, **before you have your baby in your arms!**

And the good news, there are answers - reliable answers - to all of these questions.

The truth is that right now, you may be feeling uncertain as you approach your estimated due date, maybe even anxious.

But once you have the knowledge, you’ll have the confidence to make informed decisions, at times when you’ll most likely be bombarded with misinformation or conflicting information.

How do I know this? Because Dr Robyn has over 45 years experience working with women giving birth to and breastfeeding their babies. She has a PhD in nipple trauma and used the research data to create The Thompson Method. Her goal is to help you prepare for breastfeeding so that you can avoid the pain, stress and drama that so many women have to endure.

Keep an eye out for 10 more tips in your inbox over the next few days, but in the meantime join our free Facebook Group to get to know Dr Robyn and The Thompson Method even more. Join by clicking below!

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About Dr Robyn

About Dr Robyn Thompson (Founder of The Thompson Method)
With over 45 years of midwifery experience and more than twenty-five of those years providing birthing services at home with women, Dr Robyn Thompson has had the privilege to observe hundreds of babies breastfeeding uninterrupted for at least the first 72 hours. These highly intelligent baby mammals instinctively breastfed with only the gentle assistance of their mother. Dr Robyn was awarded a PhD for her research into “Why do so many women present with breastfeeding complications, particularly varying degrees of painful nipple trauma in the early postnatal period?”

Dr Robyn and her team have made it their mission to share her knowledge and experience with women during pregnancy so that they can avoid common breastfeeding complications, and to continue breastfeeding with reduced or no pain over existing trauma.

https://www.thethompsonmethod.com

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