

Sensory Defensiveness: A Theory of its Effect on Breastfeeding presented by Nancy Williams at ILCA Conference 2002
Reported by Winnie Mading IBCLC

Our “near senses” which include balance, movement, position of our body parts etc help us to know where we are in relation to the world around us. “Far senses” which include sight, sound, taste, smell, and touch, help us discriminate and modulate input. Both work together to help us relate to and cope with the world around us. We are always trying to achieve balance and “feel OK”. When there is a problem integrating and reacting to our senses, we are constantly trying to get to “OK”. this is referred to as Sensory Integration Disorder (SID). Problems can result from being either under responsive or over responsive. With under-responsivity, one fails to orient with their surroundings and require greater input to respond. With over-responsivity, there is sensory defensive where small amounts of input are overwhelming. Very little has been written about such problems in the newborn and most of that is in relation to bottle feeding infants. Problems aren’t usually diagnosed until one is much older in part because most of the world does not see “inability to breastfeed” as a sign of other problems.

Some sensory integration difficulty is normal (like one’s reaction to fingernails run over a blackboard) and usually transient in newborns related to birth stresses. When it continues, it can manifest itself as the “very good” baby who never fusses and would happily let itself starve or as the inconsolable, “high need” baby. Feeding and digestive difficulties often occur with it. These babies may take very long times to feed. They may have a hard time transitioning from rooting to suckling. There may be a decreased awareness of where their tongue is in which case a very deep asymmetric latch may help. Babies who “can’t stand to be held” still need contact. It may help to feed before they are fully awake. We may see moms with sensory integration difficulties also. A typical example would be a mom who tries to nurse without holding her baby or her breast or who will not unwrap her baby to nurse.

There are 2 excellent articles with more information and suggestions on how to work with such babies: JHL, May 2001 pages 145-151 and Leaven June-July 2001 pages 51-53

Using Business Techniques for Lactation Promotion. by Susan Boekel.

Our customers include, families (extended), doctors, nurses, and anyone associated with maternal and infant health.

Sales training includes:

A) Knowing your product – our product is knowledge of breastfeeding, and our credentials. B) Knowing the competition C) Knowing your own sales style – tailor to each situation.

Sales Tools – Friendship ++. Sales-details = small gift items – chocolates, name tag clips. Premiums = sample supplies – formula.

Sales techniques include:

1. Never advertise for the competition by saying their name.

2. Appearances can be very convincing, a visual implies much that is unstated e.g. happy baby pictures with confident mothers. The picture or appearance of the sales person (the LC) is significant. Look professional, knowledgeable and confident.

3. Samples, give-aways – such as funding clients life style or supplying office needs while including the advertising icon as often as possible. What can LC's do?

Communicate well, take some of the work and worry load by following up on breastfeeding or weight gain issues. If in private practice you may provide “sales detail” such as stationary etc.

4. Smoke screens – recognize where information is presented out of context of the research. Changing the subject or focus. LC provides evidence based education.

5. Product Positioning – a campaign to instill the idea of when to use product e.g. prosobee, marketed for a specific purpose. Do we use product positioning to market breastfeeding in the same way?

e.g World Breastfeeding Week, IBCLC day. Providing education about breastfeeding. Ask “how can I influence choice?”

See “IBCLC's Workbook” from ILCA for more information.