

Positioning and latch-on

Mother-led latching

The way you hold your baby and how he latches-on to the breast, are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch-on can prevent many of the common problems mother's encounter when starting to breastfeed. Mother-led latching is good for times when the baby needs additional assistance, is too sleepy to latch spontaneously, or you have sore nipples.

Although breastfeeding is natural, it is a learning process for both you and your baby. Allow yourself several weeks to perfect these techniques. At any time that you are unsure that you are feeding correctly, seek the help of a lactation consultant or other knowledgeable health care provider. Once breastfeeding is fully established, it can be one of the most rewarding experiences of new motherhood.

Getting comfortable

Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows where ever needed to support your arms and relax your shoulders.

Positioning your baby

With any position you choose to hold your baby, turn your baby completely onto his side, "tummy to tummy", so his mouth is directly in front of the breast and he does not need to turn his head at all to get to the nipple.



Position your baby with his nose to your nipple so he has to "reach up" slightly to grasp the nipple. His chin should touch the breast first, then grasp the nipple.

Place your baby's lower arm around your waist. This will draw him close to you. Look for a straight line from your baby's ears, to shoulders, to hips. His legs should curl around your waist.

Basic positioning for breastfeeding

Beginner's Positions (first few days or weeks)

Cross Cradle Hold

Football Hold

Advanced Positions (after the latch-on is easy and quick)

Cradle Hold

Side Lying

The **cross-cradle hold** is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby's head when you place your hand behind your baby's ears. Roll the baby to face you "belly to belly".



The football hold (clutch hold) is good for mothers who have had a cesarean delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.

Place your baby's head in the bend of your arm or on your forearm and support his body with your arm in the **cradle hold**. Roll the baby towards you "belly to belly".



Side lying is great for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Notice the pillow support and your back and the baby's back, and between your legs. Roll the baby towards you "belly to belly".



Is your positioning correct?

1. Support baby on pillows with his head at breast height
2. Roll the baby toward you, "belly to belly"
3. Line the baby up "nose to nipple"



Latch-on

Compress your areola slightly to make a "nipple sandwich" for the baby. This will allow the baby to get a deeper latch-on. Make sure your fingers are well behind the edges of the areola (1 to 1 ½" from the base of the nipple). Allow your baby's head to lean back slightly so his chin touches the breast first.

An easy way to remember how to hold your hand is to keep your thumb by your baby's nose and your fingers by the baby's chin. That way you will automatically rotate your hand to match the baby's positioning.

Touch your nipple to the philtrum (the skin between his nose and lips). Your baby will open wide and you can bring him on to the breast. If he doesn't, tickle the philtrum and wait until he opens WIDE (like a yawn) and his tongue comes forward. He should get the nipple and a "big mouthful" of the areola (the dark brown part of the breast) in his mouth. Bring the baby to the breast, not the breast to the baby!



Listen for swallowing every 3 to 5 sucks (May not be apparent until your milk comes in). Once your milk has come in and you have a let-down reflex, you will notice swallowing with every suck.



Are you offering the breast correctly?

1. Sandwich hold
2. Wait for a wide open mouth
3. Bring baby to breast, not breast to baby

Check your latch-on

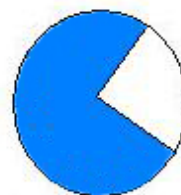
The **chin** should touch the breast, the nose should be free. Worried that your baby can't breathe while at the breast? Don't! If the baby truly can't breathe, he will let go. Usually, babies can breathe easily even when pressed close to the breast because they can breathe around the "corners" of their noses. Do not press on the breast to make a breathing passage for the baby. This can distort the shape of the nipple in the baby's mouth and contribute to soreness as well as limit the drainage from the area of the breast above your fingers. If necessary, pull the baby's hips in closer to you. This should free up the nose.

Some mothers describe pain as their baby latches-on that eases as the milk begins to flow. This will subside over time, as your body adapts to breastfeeding. If it persists, remove your baby from the breast and re-attach him.

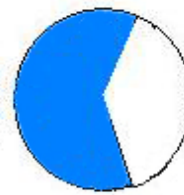
The angle of your baby's lips at the breast is greater than 140 degrees or greater.



60°



90°



140°



Most of the areola is in your baby's mouth (1" from the base of your nipple, slightly more towards the baby's lower lip than towards the upper lip). Both upper and lower lips are flanged (rolled out). You feel deep pulling sensation as the baby nurses. It should not be sharp pain or last more than a moment during the latch-on. Let the baby nurse for 15-20 minutes on each breast or 20-30 on one breast. 8 - 12 feedings each 24 hours is normal for a newborn. Refer to the handout "How do I know my baby is getting enough?" for details.

If you need to remove your baby from the breast, slip your finger between his lips and gums to break the suction. Wait for the suction to release, and remove him.



Is your latch-on correct?

1. The angle of the lips is greater than 140°
2. Lips flanged (rolled out, both top and bottom)
3. Chin touching breast, nose free

Tips for large breasted mothers

Place a rolled towel or small blanket under your breast for support.

Focus on holding the area just beyond the areola and use the sandwich techniques described earlier.

Sometimes a "tea cup" hold works well. Try gently pinching up a big to skin on the edge of the areola to make a flat area across the tip of the nipple, hold your fingers like holding a fancy tea cup.

Try using a mirror to see your nipple during latch on.

Some mothers feel more comfortable with a very supportive bra that provides support to the breast while the cup is opened for feedings. Others prefer to go without a bra. Whatever is comfortable for you is fine.

Try standing up during latch-on, then sit down and get comfortable (carefully so you don't dislodge the baby ;-)

Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information.

