

HOW TO BREASTFEED: POSITION AND LATCH

Early Days of Breastfeeding:

Nurse as soon as possible after birth. Babies have a very alert period in the first hour, and that is the ideal time to begin breastfeeding. If they can spend as much of that time as possible in skin to skin contact with their mother, they may begin to lick or nuzzle, which begins to stimulate milk production. When they show hunger cues, encourage them to latch on.

If baby is slow to show interest in nursing, you can hand express just a few drops of colostrum and rub them on baby's lips to inspire his hunger.

At the hospital, the baby will typically stay in the room with you to allow you to nurse as frequently as possible (at least 8 times a day, but 12 or 16 would be fine.) The more you nurse, the sooner your mature milk will come in, the sooner baby will start gaining weight, and the less likely that baby will develop jaundice. The nurses can help you with position and latch.

In the first few days, you may feel cramping when baby nurses: this is a positive sign that your uterus is returning to its pre-pregnancy size. Be assured, this cramping is a temporary discomfort.

Positions for Breastfeeding: Making Sure Mom and Baby are Comfortable

Mom: First, make *yourself* comfortable. Use good posture, use pillows to bring baby up to your breast, rather than leaning over to bring breast to baby.

Baby: Hold the baby close to you throughout the feeding. Make sure baby's body is in a straight line: ears, shoulders, and hips all lined up. If baby has to turn to reach your breast, it will be more difficult for him to grasp breast well and swallow.



Cradle position: Place a pillow or two in your lap to support baby so his head is even with your nipple. Baby's head should rest on your forearm near your elbow (in the "crook of your arm") on the same side as the breast you will offer. Baby's body should lay along your forearm, with your hand holding his bottom. Baby's belly is snuggled up tight to your belly.

Use the opposite hand to support your breast. Your hand makes the shape of the letter U. Keep fingers away from the areola.



Cross-Cradle position: Use pillows to raise baby's head up even with the nipple. The hand closest to his head supports the breast, in a U shape.

The opposite hand supports baby's neck: the fingers and thumb make a "hammock" for baby's ears and neck, your palm rests between his shoulder blades. To move him closer to you, you'll move his shoulders forward, not just bend his head in toward you. Don't touch the top or back of baby's head; some newborns have a tendency to pull back and away from your breast if you do this. Cross-cradle is good for premature babies, and for babies with low muscle tone.





Football / clutch position: Put a pillow or two at your side to help support your arm and your baby. Hold your baby as if you were carrying a football, tucked in snug against your side. His bottom rests on the pillow, and the legs are tucked up, so he can't push off of the back of the chair while you nurse. Hold baby's neck and the lower part of his head in your hand, level with your nipple. Use the opposite hand to support your breast in a C-hold: Thumb above the areola, fingers are cupping and supporting the breast. The diagram shows a C-hold after mom has compressed her fingers to make a "sandwich" (see below.) Football hold is a good position after a cesarean; it's also good for large-breasted women.



Side-lying: Lie on your side with a pillow behind your back. Place your baby on his side facing you, and tuck a pillow behind him to hold him snuggled close to you. Use the C-hold.

It can be harder for you and baby to learn about latch in this position, since it's harder for you to see what is happening, and harder to adjust things. Therefore, it may be easiest to refine the latch in a sitting position. Or, you may be able to have your partner help with getting baby latched on. However, this position can be wonderful for tired moms, allowing them to rest while nursing. So, it is well worth learning and practicing. Be aware that it is easy for moms to fall asleep while nursing, so you should make sure the environment is a safe sleeping environment for baby.

Vary positions: Changing positions will help you build the best milk supply, and will help avoid clogged ducts and sore nipples.

Helping Baby Latch on to Your Nipple

"Nipple Sandwich" Compress your breast with thumbs and fingers, as if you were squeezing a sandwich to fit into your mouth. Shaping the breast in this way will allow baby to get a deeper latch-on. Start with your nipple by baby's upper lip, or nostril so he has to "reach up" to latch on. His head may be tilted back slightly; he shouldn't have his chin tucked down on his chest.

Encouraging Baby to Open Wide. Use your nipple to gently tickle or stroke baby's upper lip, then move away *slightly*, then tickle again, until he opens his mouth very wide, as wide as a big yawn, with his tongue forward.

When baby's mouth is wide open, quickly pull him close, so that his chin and lower lip go as far onto areola as possible, and upper lip takes in much of the areola.

Checking for a Good Latch and Good Milk Transfer

Once baby is latched on, check his latch. If it's not a good one, you should take him off the breast and try again. Do not allow a poor latch, as this can lead to sore nipples for you, improper suckling habits for baby, and baby not getting as much milk as possible during a feeding. If you need to remove baby from the breast, first release the suction. Slip a finger into the corner of baby's mouth, between his gums. Hold your finger there to protect your nipple while removing it from baby's mouth. Try latching on again. (As baby gets older and more experienced, this will get easier!)

Signs of a good latch:

- Look at the areola: Baby should have part of the areola in his mouth, not just the nipple!

- Baby may be perfectly centered on the areola. This is called “bulls-eye” latch.
- Baby may take in more of the breast by his lower lip, and you may see part of the areola above his top lip. This is called an “asymmetric” latch.
- Look at the baby:
 - Lips are flanged out, “fish lips.” The tongue is over lower gum, under the nipple. Make sure lower lip is not tucked under, though this may be hard for mom to get a good view of when baby is latched on well.
 - Baby’s chin indents breast tissue a little.
 - Baby’s nose is touching breast. Baby can breathe easily with nostrils flared out specifically for this purpose. If he has any trouble breathing and pulls away from the breast, try lifting your breast a little, or pulling his legs closer to you. Don’t press on your breast to move it away from baby’s nose because this may pull your nipple out of the back of baby’s mouth, which could cause nipple soreness.
 - Baby’s cheeks look full, not sucked in as if sucking on a straw.
 - You can see swallowing motions in his temple, lower jaw, or ear. He begins feedings with rapid sucks, then, once milk lets down, there is a slower pattern of bursts of sucking and short pauses. In the early days, he may suck 5 times without swallowing. After day 5, it’s typically suck, swallow, suck, swallow.
- Listen: You should not hear lip smacking, or clicking, or “kissy noises”. These aren’t possible if mom’s nipple is far enough back in baby’s mouth.
- Feel: Mom may have some nipple pain when baby first latches on. If it hurts for more than one minute, call a lactation consultant to check in.



Preparing to Latch:
Opening Wide



External View
of Latch



Internal View
of Latch

Switching Sides

Breastfeed till he falls asleep, or lets go of the nipple, or pauses more often than he sucks. Your breast will have softened. He needs to nurse *at least* 10 minutes on the first side.

Then, if he has not already let go, break suction, and take baby off your nipple.

Give the baby an opportunity to burp; change his diaper if need be, then switch sides to finish the feeding. On the second side, let him feed for as long as desired.

For the next feeding, start on the opposite side to where you started this feeding. This ensures good milk production in both breasts.