Positioning and Latching

Getting Started

- Wash your hands before you breastfeed your baby whenever possible. Always wash with soap and water after using the toilet and after changing a diaper.
- Position yourself comfortably with pillows. Sitting positions are often easiest at first. Be sure to sit with your back straight. Do not recline or slouch when latching your baby.
- Position your baby at the breast. Pillows can provide support. When learning to breastfeed the cross cradle and football positions are the easiest.

Cross Cradle Position



Positioning

- Position baby on his side, tummy to tummy, face to breast.
- Use a pillow to raise baby and support your arm. Your baby's mouth should be level with your nipple. Your baby should not have to reach for the breast.
- If you are going to latch your baby onto your left breast, place your right arm along your baby's back. Support your baby's shoulders and neck with your right hand and wrist. Do not put your hand on the back of his head as this may cause him to pull away from the breast.
- Baby's ear, shoulder, and hip should be in a straight line. Your baby should not have to turn his head in order to breastfeed.
- Baby's legs will be curved around your body.

Latching

The following instructions are for breastfeeding your baby on the left breast.

- Position baby so that his nose is near your left nipple.
- Hold your left breast with your left hand.
- Place your thumb on top of your breast and your fingers under the breast behind the areola.
- Slide your left hand down and around the breast to make a U shape. Your thumb and first finger should point toward the ceiling.
- Be sure that your baby is positioned on his side with his buttocks tucked tightly into your body.
- When coming on to the breast your baby's head should be tilted slightly back. Baby's chin should reach the breast first. Your nipple should point to the roof of baby's mouth.

- Touch your nipple to baby's top lip.
- Wait until his mouth opens wide, like a yawn. Be patient.
- When baby opens his mouth wide, use your right hand to move baby onto the breast. It usually takes practice to get the timing right.
- Place your nipple asymmetrically in baby's mouth so that more areola is covered by baby's lower lip than upper lip. Do not try to center your nipple in baby's mouth.
- Once latched, baby's chin should press into your breast. Your baby's nose should not indent your breast. You should not be able to see baby's mouth because his cheek is against your breast. If you could see it, his lower lip should be flanged outward.

Mother's view:







Diagrams are from Wiessinger, D.

Football Position



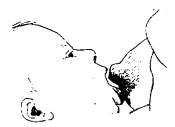
Positioning

- Place a pillow behind your back.
- Position your baby on his back on another pillow with his feet pointing toward the back of the chair.
- Place your arm that is closest to the baby under your baby's body. Use your hand and forearm to support your baby at the shoulders and neck.
- Use a pillow to support your arm.
- Your baby should be positioned beneath your breast with your nipple pointing at baby's nose.
- When you are ready to latch your baby, you will move your baby toward the breast from underneath.

Latching

The following instructions are for breastfeeding your baby on the left breast.

- Position your baby so that he is lying on his back with his head well under your left breast. Your left hand and forearm should support the base of your baby's head and shoulders.
- Hold your left breast with your right hand.
- Place your thumb on top of your breast and your fingers under the breast behind the areola. This is called the C-hold. If you are small breasted your hand will be on your ribcage more than on your breast. It is important to keep your fingers well out of baby's way.
- Touch your nipple to baby's top lip.
- Wait until his mouth opens wide, like a yawn. Be patient.
- When baby opens his mouth wide, use your left hand to move baby onto the breast. It usually takes practice to get the timing right. If you bring baby to the breast too soon or wait too long his mouth will be partially closed. Your baby needs to have a large mouthful of breast.
- Place your nipple asymmetrically in baby's mouth so that more areola is covered by baby's lower lip than upper lip. Do not try to center your nipple in baby's mouth.
- When your baby is positioned and latched correctly his head should be tilted slightly backward. You should be looking at your baby's forehead and not the top of his head. Your baby's nose should not indent your breast.



Check List For A Good Latch

A good latch looks right.

Baby's mouth should be wide open with top and bottom lips rolled out.

The nipple and part of the areola should be in the baby's mouth.

Your baby's jaw should be pressing into the underside of your breast.

Deep jaw movements should be seen (by a helper) and your baby's ears may wiggle.

If baby's nose seems to buried in your breast try the following:

Cross cradle position - Pull baby's bottom in closer to your body.

Football position - Move baby's body toward the back of the chair.

Do not use your finger to push breast tissue out of the way of your baby's nostrils. Pushing breast tissue away in this manner can interfere with the latch.

If baby's cheeks are dimpled or his lips look like he is sucking on a straw take your baby off the breast and try again.

A good latch feels right.

You will feel a tugging sensation when your baby first draws your nipple far into his mouth. Some deep breaths will help you relax if you feel tightness in your body. As your baby settles into sucking you should feel comfortable.

Breastfeeding should not hurt! If you feel nipple pain after the first few sucks remove your baby from the breast and try again. Repositioning and relatching the baby can often resolve the problem. Some mothers notice tingling sensations in the breast and nipple as the milk begins to be released.

A good latch sounds right.

Listen for baby's swallowing. A swallow can sound like a "ca" or like a gulp. Both sounds indicate that your baby is drinking.

Babies suck and swallow in a rhythmical manner and have rest periods between sucking bursts. A swallow should occur after every one or two sucks.

Just because your baby is at the breast does not mean that your baby is receiving milk. Counting baby's wet and soiled diapers can help you determine if your baby is getting enough milk. Checking baby's weight on the same baby scale to see if it is increasing is also helpful.

If your latch is not right take your baby off the breast.

- Put your finger in the corner of your baby's mouth between the gums or push down on the middle of baby's chin.
- When the suction is broken or your baby is sucking on your finger move your baby away from your breast.
- Reposition and latch your baby.

If you are having difficulty positioning or latching your baby be sure to get help from a qualified health care provider who will watch you breastfeed your baby.

References

Lauwers, Judith and Debbie Shinskie. 2000. <u>Counseling the Nursing Mother – A Lactation Consultant's Guide</u>. Third ed. Boston: Jones and Bartlett Publishers, 221-227, 233-240.

Mohrbacher, Nancy and Julie Stock. 1997. <u>The Breastfeeding Answer Book</u>. Revised ed. Illinois: La Leche League International. 45-76.

Newman, Jack and Teresa Pitman. 2000. <u>Dr. Jack Newman's Guide To Breastfeeding</u>. Toronto: Harper Collins Publishers. 43-58.

Riordan, Jan and Kathleen Auerbach. 1998. <u>Breastfeeding and Human Lactation</u>. Second ed. Boston: Jones and Bartlett Publishers. 279-287, 301-303.

Wiessenger, Diane. www.wiessinger.baka.com