

Information for breastfeeding families

Positioning & 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 any time the baby needs additional assistance, is too sleepy to latch spontaneously or you have sore nipples.

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.



Look for a straight line from the baby's ear to the shoulder to the hips. His head should not be tipped back or on his chest.

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 positions 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".



The Cradle hold is great for after the baby is nursing easily and the latch-on is easy. It is the most common position and you will often see this in pictures of breastfeeding mothers. Please wait to use this position until your baby latches easily.



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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 is in you will notice swallowing with every suck.

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.

Check your latch-on

Your baby's *chin* should touch the breast, his 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 to breathe. 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 his 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.



Most of the areola is in your baby's mouth and 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.

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.



The Importance of the Latch-on

Sore nipples, engorgement, excessive weight loss and jaundice

New mothers sometimes run into problems with breastfeeding. Sometimes a single problem develops, but often a “cluster” of problems occur that all have the same cause. These four issues: sore nipples, engorgement, excessive weight loss and jaundice, are often seen together and are often the result of poor latch-on. You can likely avoid this by following these simple steps:

✓ ***Keep your newborn with you at all times.***

This allows you to respond to your baby quickly at any time that he seems to want to feed. Your baby needs to see, feel and smell you. Studies show that babies are calmer, sleep better and cry less when they are in constant contact with mom.

✓ ***Feed early and often.***

His first feeding should occur sometime during the first hour after birth and he should not be removed from skin-to-skin contact on your tummy until that first feeding is complete. For subsequent feedings, look for early feeding cues: licking and smacking his lips, sticking his tongue out, putting his fist in his mouth, turning his head to the side and opening his mouth (rooting reflex). Newborns normally feed 8-12+ times or more each 24 hours. Night feedings are an important at this stage.

✓ ***Use good positioning and check for a good latch-on.***

Your baby only gets milk when he is well attached. Some tenderness and sensitivity is normal at first, but pain is not. If breastfeeding hurts, the baby is not attached properly. Look for the following:
Positioning - Position your baby at breast height, using pillows to support his weight. Roll your baby “belly to belly” directly facing the breast. Line up your baby’s nose with your nipple so he has to reach “up” to get the nipple.

OR

Lay back and place your baby on top of you in any position that seems comfortable and natural. Let your baby locate the breast (may take a few minutes) and latch-on himself.

✓ ***Offer the breast***

Use a “sandwich hold” supporting the breast behind the areola and squeezing the breast gently to make it into an oval that fits in the baby’s mouth. Keep your thumb near your baby’s nose the rest of your fingers on the opposite side of your breast.

Stroke your nipple from your baby’s nose to chin rolling out lower lip as you stroke down. Bring baby to the breast, not the breast to baby

✓ ***Check the latch-on***

Your baby’s lips are flanged (rolled out), mouth open to 140°

There should be no pain, no wedged or creased nipple at the end of the feeding

Your baby’s chin is touching your breast; his nose is free, with an asymmetrical latch-on (More breast tissue from the bottom of your areola is in the baby’s mouth than from the top of the areola)



✓ ***Assess milk transfer***

Wide jaw movements

Consistent sucking

Audible swallowing (after milk comes in)

If you need assistance, ask before a little problem becomes a whole cluster!