

BRINGING YOUR BABY TO BREAST: POSITIONING AND LATCH

Getting Started: Self-attached Breastfeeding

New babies have a stepping-crawling reflex that can help them seek out the breast. Give your new baby many chances to self-attach in the first few days. Right after birth is a good time to start. Keep your baby on your chest skin-to-skin. Babies often nurse about 10 to 12 (or more) times in 24 hours when they are using the self-attached way to latch.

Choose A Time When Your Baby Is Ready To Feed. Watch For These Signs of Readiness:

- Rooting (turning the head with searching movements of the mouth)
- Increased alertness (especially rapid eye movement, the wiggling of the eyes under closed eyelids)
- Bringing a hand toward the mouth
- Sucking on a fist or finger
- Mouthing motions of the lips and tongue
- Crying is a late feeding cue. If the baby is crying, calm the baby and attempt to feed

Sit in a Posture Where You Feel Comfortable, Securely But Gently Holding the Baby

- Cross cradle (your baby is held in front of you, one hand is on the base of the baby's neck and the body is supported with that same arm)
- Football/clutch hold (the baby is held next to you with your hand on the base of the neck, baby's legs toward your back)
- Cradle/Madonna hold (baby is rested on your forearm, not in the crook of your arm, your forearm is brought closer to bring the baby to breast)
- Side lying (you are lying on your side, the baby is in front of you on his/her side, the arm that is higher is the one that helps bring the baby to breast).

Getting A Good Latch

- Loosen your baby's blanket so she can move her arms. Breastfeeding will work better for both of you if her arms are free to move and touch your breast.
- Start with his nose opposite your nipple.
- Be patient and wait until she opens her mouth very wide
- Move him to your breast, don't move your breast to him. His chin should reach your breast first
- The nose and chin should be close to the breast but not pushed into the breast. More of the top of the areola will be showing and less of the bottom
- The baby's lips should make a seal around the breast and his mouth will look a little bit like a fish with the lips rolled outward and visible. You can help adjust his lips by pulling gently on the skin by his nose and chin in order to help the lips make a seal.

What if it Hurts?

Pain is a sign that you need help. You may have heard that it's supposed to hurt in the early, weeks and that the initial latch may be painful—this is not the case. If there is any pain with breastfeeding, be sure to ask for help. Break the seal by inserting a finger into the corner of the baby's mouth. You will feel the release of the suction and then move the baby back away from the nipple. Get the baby back into position and try latching again.



EGE OF NURSE-MIDWIVES

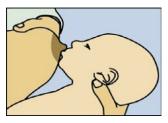


Figure 1. Tickle baby's lips to encourage him to open wide.

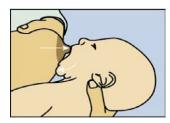


Figure 2. Point nipple to roof of baby's mouth and when open wide, pull him onto the breast, chin and lower jaw first.

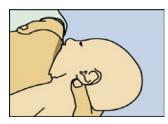


Figure 3. Watch the lower lip and aim it as far from base of nipple as possible, so the baby's tongue draws lots of breast into the mouth.

Illustrations reprinted with permission from National Women's Health Information Center.

FOR MORE INFORMATION

WomensHealth.gov

This web site from the US Dept of Health and Human Resources has several pages of resources for breastfeeding. The breastfeeding guide is available in Spanish and English www.4woman.gov/topics.cfm

La Leche League

The La Leche League web site has lactation support information in several languages, connections for local La Leche groups and information on breastfeeding and the law www.lalecheleague.org/

United States Breastfeeding Committee

Links to many reliable breastfeeding resources http://usbreastfeeding.org/

This page may be reproduced for noncommercial use by health care professionals to share with clients. Any other reproduction is subject to JMWH approval. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JMWH suggests that you consult your health care provider.