

Position and Latch for Breastfeeding

It is best for your baby's first feeding to happen right after birth. That is when babies are usually awake and ready to discover your breast. It is easiest to position your baby at your breast without blankets. Your body will keep your baby warm.

When you lift your breast toward your baby and let your nipple touch your baby's face, you will probably notice that the nipple stands out a bit. Your breast is getting ready for the feeding. The nurse or midwife will show you how to wait for your baby to open his mouth wide before bringing him to your breast. Many babies will then take hold and suck for several minutes.

When your baby is latched onto your breast correctly, you will probably feel a strong pulling and any discomfort should improve after the first few sucks. If strong discomfort continues after the first 30 seconds, your baby is probably latched incorrectly. See the next few pages for help in getting a better latch.

Your baby's body should be rolled in close to you with his tummy touching yours and the tip of his nose touching your breast. This will not interfere with his breathing.

You should see your baby's lips rolled out and you should be able to tell that more than just the nipple is in your baby's mouth. Sucking usually feels rhythmic, with short pauses and sucking in bursts. When your baby is done, he will stop sucking and take his mouth off your breast.

Sometimes positioning your baby for breastfeeding takes more effort from you, your baby, and your helper. Some babies need more time to learn to latch to the breast and suck properly.

Though breastfeeding is natural, it is not always easy. We have chosen to show you two positions first – cross-cradle and football. They can be most helpful if you are having difficulty with the latch. We will cover the third position – side-lying – last. It will be most helpful to read and follow the steps in the order they are written, from start to finish.

Cross-cradle position

This position allows you to support, prepare, and compress your breast so it will fit better into your baby's mouth. This position also allows you to have control of your baby's head. It is best to have a helper with you to assist with pillows and your baby.

Most mothers find that cross-cradle works well for both breasts, but for our example we will describe it for your **left** breast.

After you are sitting upright, place a pillow on your lap. You may need to use two pillows to position your baby high enough so that your baby and your breasts are at the same level.

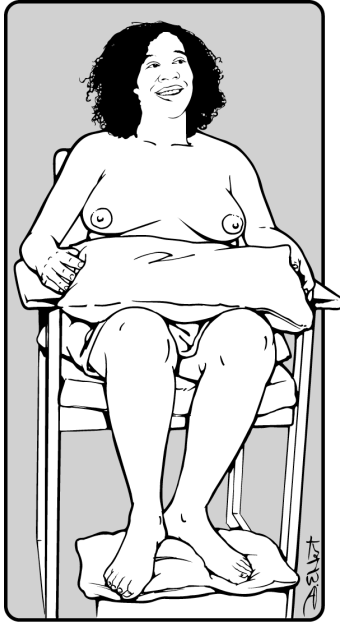


Figure 1.

- For both positions, it is best to sit up as straight as you can in bed or in a chair. It is worth taking some time to make sure you are as comfortable and relaxed as possible.
- Sit on an extra pillow or use some extra back support if needed.
- Your helper can tend to the baby while you get settled.
- Your feet should touch the floor and your knees should be bent at a right angle so you can put a pillow on your lap. Many women find a footstool or a box for their feet helps make this position most comfortable.

Figure 1: Mother sitting up.

Figure 2.

- Scoop up your left breast with your left hand.
- Position your hand under your breast with your left thumb pointing upward on the outside border of your areola (the dark area surrounding your nipple).
- Your index finger should be curved to the inner border of your areola opposite your thumb.
- It is important to form this “U” shape with your hand position. It will help you shape your breast to fit in your baby's mouth.
- Keeping your hand in this position, try to express a drop or two of milk by pressing your finger and thumb inward toward your chest, then together behind the areola.
- If you hold that pressure for a moment, you will probably see some colostrum or milk. Your baby will smell and taste that milk and it will help her focus on feeding.

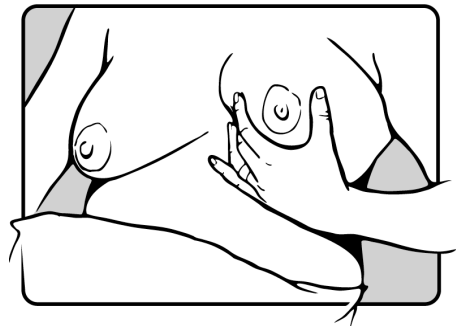


Figure 2: U-position, hand at breast.

Figure 3.

- Next, have your helper stand by your right shoulder.
- Your helper can place your baby (without blankets) on the pillow(s) on your lap. Your baby should be turned on his side with his nose directly across from your left nipple.
- Place your right hand on your baby's upper back with your right thumb and fingers grasping near his ears.
- Your right arm should not be under your baby. It is your hand that supports his neck.
- Hold your baby so that his nose is tipped up just a bit. This is sometimes called a "sniffing" position. Your baby's arms can be free to "hug" your breast, one on either side. Let your baby's body stretch out on the pillow.
- Your right arm should support your baby from behind so you can pull him in close, skin-to-skin.



Figure 3: Front view, preparing to feed.

Figure 4.

- Do not be in a hurry to get your baby to latch on.
- Hold her head away a little bit so that her mouth is just close enough to tickle her upper lip with your nipple. This should cause her to open wide to search for your breast.
- This searching, with tongue down and mouth wide, is called rooting. Your hand should still be in the "U" position.
- Compress your breast by moving your finger and thumb together as you did to express the drops of milk. Sometimes this is called "sandwiching" the breast.
- During the widest phase of your baby's rooting, when her mouth is wide open and her tongue is forward, use your right hand to quickly pull your baby forward. Press on her back, and bring her body toward you.
- Lead with her chin and keep the baby's body uncurled in the slight "sniffing" position. She should get a big mouthful of breast.
- Sometimes it takes several tries for your baby to latch on well. If you need to try again, you should break suction by sliding your index finger into the side of your baby's mouth.

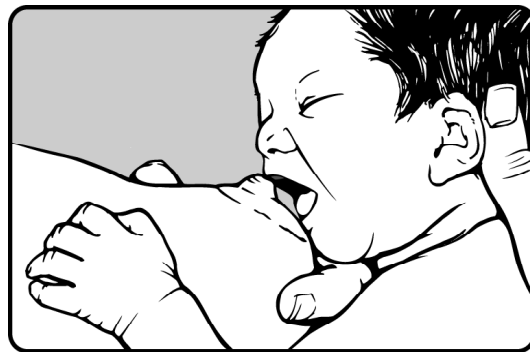
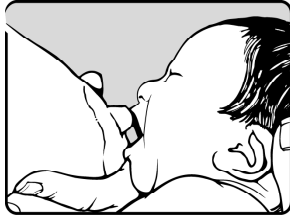


Figure 4: Sandwiching the breast, waiting for rooting.



Figure 5.

- You will know he is on when you feel a strong rhythmic pulling.
- Make sure that his lips are curled out, the tip of his nose is touching your breast, and more than just the nipple is in his mouth.



- If you are not sure he is well latched-on, try letting his head come away from your breast, just slightly. A well latched-on baby will not let your nipple slip out.

Figure 5: Looking down on proper cross-cradle hold.

Football position

This position can be helpful if other positions aren't working. With football hold, a helper can easily see what's happening. This position also gives you control of your breast and your baby's body. It works best if you are able to sit up quite straight. Again, we will explain the position using your **left** breast as an example. Your helper should stand by your left side.

Figure 6.

- Sit up as shown in Figure 1. Move the pillow(s) from the center of your lap to the left against your side. Football position is uncomfortable if your baby is too low, so it is usually helpful to use two pillows.
- Scoop up your left breast with your right hand. Your fingers should be under your left breast and your thumb should be on the upper border of your areola (the dark area surrounding your nipple).
- Make sure that your thumb is across from your baby's nose and your index finger is across from her chin.
- Keeping your hand in this position, try to express a drop or two of milk by pressing your finger and thumb inward toward your chest, then together behind the areola.
- If you hold that pressure for a moment, you will probably see some colostrum or milk. Your baby will smell and taste that milk and it will help her focus on feeding.
- Have your helper pass you your baby and place her on the pillow with her feet toward the back of the chair and her head in your left hand.
- Make sure her body is turned toward your breast and supported on the pillow.
- Do not try to hold your baby on your arm. Instead, slide your left hand down to hold the base of her neck with your thumb and fingers grasping close to her ears.
- Hold your baby so that her nose is tipped up just a bit. This is sometimes called a "sniffing" position.
- Your baby's arms can be free to "hug" your breast, one on either side.



Figure 6: Mother with baby in football hold.

Figure 7.

- Do not be in a hurry to get your baby to latch on. Hold his head away a little bit so that his mouth is just close enough to tickle his upper lip with your nipple. This should cause him to open wide to search for your breast.
- This searching, with tongue down and mouth wide, is called rooting.
- Compress your breast by moving your finger and thumb together as you did to express the drops of milk. Sometimes this is called “sandwiching” the breast.

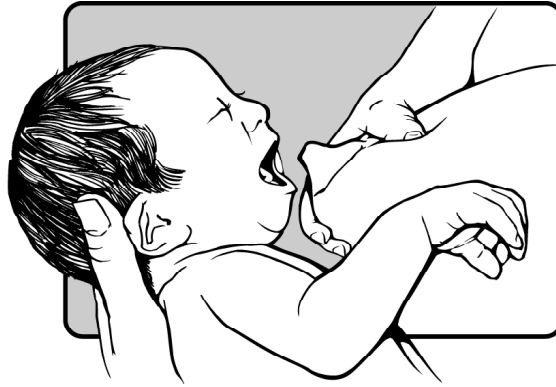


Figure 7: “Sandwiching” breast while baby rooting.

Figure 8.

- During rooting, when your baby’s mouth is at its widest position, aim your nipple toward the roof of her mouth.
- Use your left hand to bring your baby’s shoulders in close so her chin lands on the underside of your breast.
- Her top lip should come up beyond your nipple and curl onto your areola.
- Sometimes it takes several tries until your baby gets hold of your breast. You will know she is on when you feel a strong rhythmic pulling.
- Make sure that her chin indents your breast, her lips are curled out, the tip of her nose is close to your breast, and more than just the nipple is in her mouth.
- If you are not sure she is well latched-on, try letting her head come away from your breast, just slightly. A well latched-on baby will not let your nipple slip out.



Figure 8: Feeding in football position.

Side-lying position

This position can be helpful for moms who need to lie down for a feeding. It is a position that, in the early days, requires a helper. This is usually not the first choice for position when latching is a problem. In the hospital, it may be best to have the nurse help you with this position. Mothers have less control of the baby's head and less control of their breast. Later, when your baby has learned to latch and breastfeeding is going smoothly, side-lying position is great for night feedings or napping during feedings. For our example, we will describe the position for your **left** breast. We will use terms you have read in the previous pages. You will need a helper and three pillows.

Figure 9.

- Lie down flat on your left side with a pillow under your head. You should be so far onto your left side that your left breast is on the bed.
- Have your helper place a pillow firmly behind your mid-to-low back.
- Bring your right leg forward a little and bend your knee and have your helper place a pillow under it.
- Curl your left arm up and place your hand by your face or under the pillow.
- Now your helper should place your unwrapped baby on his right side so that you and your baby are “tummy-to-tummy.”
- You can place your right hand behind your baby's shoulders, allowing him to be in the “sniffing position.” Most women need a helper to “sandwich” the breast while waiting for the wide latch we have described before.
- When your baby is rooting most widely, quickly guide your baby forward and onto your breast. He should get a big mouthful of breast. It may take several approaches to achieve a good latch with more than just the nipple in his mouth, lips curled out, and nose touching breast.
- Once latched, it is often helpful to place a rolled baby blanket behind your baby for support.

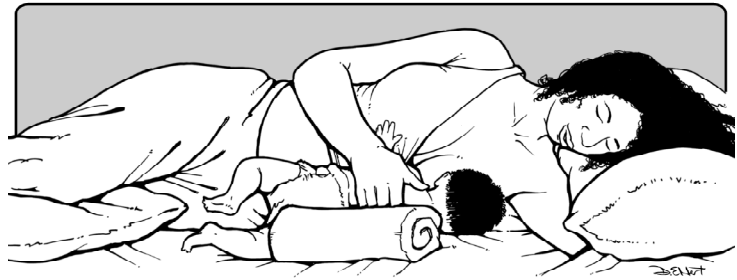


Figure 9: Feeding in the side-lying position.

Hints for any position

- Baby's mouth should take more than just the nipple.
- Remember to keep your breast "sandwiched" while baby is attempting latch and throughout the whole feeding.
- Hold baby's head in "sniffing position" so baby's chin is not pushed down toward her chest.
- Encourage wide rooting by expressing drops of colostrum or milk near mouth and nose.
- Be quick when pulling baby toward breast.
- The tip of baby's nose should be close to your breast while sucking and her chin should press in deep.

Practice makes it easier

- Often the first few sucks can be uncomfortable, but then it feels better as your baby adjusts to a correct sucking pattern. Pain that continues with sucking usually means your baby's mouth is incorrectly positioned and you should break suction with your finger and begin again.
- Working on the latch in the first week or so is worth the effort. A good latch can prevent nipple damage. A baby who is latched properly gets more milk from your breast.
- After some practice sucking in a correct position, your baby will probably need less and less help latching. Soon, you will put the baby close and he will just do it!