

Information for breastfeeding families

Positioning & Latch-on: Mother-led Latching



The way you hold your baby and the latch-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 mothers 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 wherever needed to support your arms and relax your shoulders.

Positioning your baby

With any position you choose to hold your baby, turn your baby completely "tummy to tummy," so your baby's mouth is directly in front of the breast and there is no need for the baby's head to turn to the side to reach the nipple.

Position your baby nose to your nipple so baby has to "reach up" slightly to grasp the nipple. The chin should touch the breast first, then grasp the nipple.



Place your baby's lower arm around your waist. This will draw your baby close to you. Look for a straight line from your baby's ears, to shoulders, to hips. The head should not be tucked into the chest or tipped backwards. Your baby's legs should curl around your waist.

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.

Using a C-hold, place your baby facing you with baby's mouth at nipple height. Baby's hips should be flexed with legs and feet tucked under your arm.



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.



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 the 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 baby to the breast. If your baby doesn't open wide, tickle the philtrum and wait for a WIDE (like a yawn) mouth and the tongue to come forward. There should be a "big mouthful" of the areola in the mouth. Bring the baby to the breast, not the breast to the baby!

Check your latch-on

Your baby's **chin** should touch the breast and the nose should be free.

Worried that your baby can't breathe while at the breast? Don't! If babies truly can't breathe, they 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. If necessary, pull the baby's hips in closer to you. This should free up the nose.

The angle of your baby's lips at the breast is 140 degrees or greater.



Most of the areola is in your baby's mouth and both upper and lower lips are 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 feel pain, reattach your baby. But **first** try to tuck your baby in closer and slide baby down an inch or two to see if that will help.

If you need to remove your baby from the breast, slip your finger between lips and gums to break the suction

Lactation Education Resources 2019. www.LactationTraining.com
This handout may be freely duplicated. Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information.