

The Importance of the Latch-on



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:

1. 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.

2. 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 important at this stage.

3. 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

Lean back (but not completely flat on your back), find a comfortable position and place your baby face down near your breast. Baby’s head should be higher than his bottom and his feet should be able to touch your hands or legs. You can support the baby’s back with your arm, but allow the baby to move his head freely. When he is ready he will find the breast with little help from you. There is a nice video of this “Laid Back Breastfeeding” at

<http://www.biologicalnurturing.com/video/bn3clip.html>



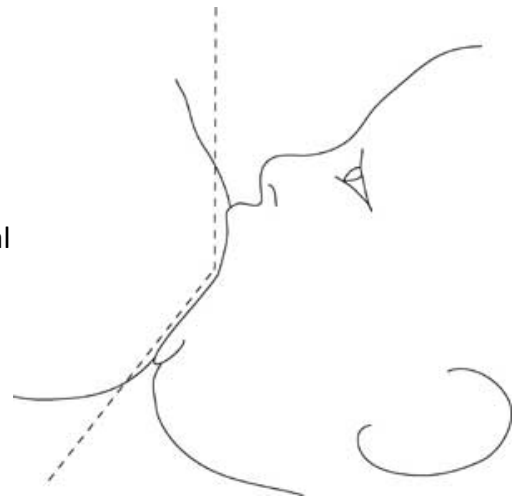
- Offer the breast

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 the baby.



4. 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)



Picture: mouth open to 140°

5. 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!

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 physician for any questions you may have regarding your medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this program.

Handout provided for you by www.yunfuxuexiao.net. Source: Lactation Education Resources