

Latch and Positioning for Optimal Milk Removal and Comfort

Babies instinctively know how to latch when properly positioned to support *self attachment*.

Mother's Posture

- However most comfortable – get yourself situated first, feet up, leaning back, relaxed, so you can hold baby fairly upright and support baby's posture – abdomen to abdomen, to ease self attachment (NOT leaning forward and stuffing breast in baby's mouth.)



Mother's Hand

- Can start lower on baby's back, and allow baby time to lead the way (baby will likely “bob” to breast)
- After baby shifts to one side, mother's hand (heel of the palm opposite the breast in use) should be supporting the *base of the skull/between the shoulder blades*
- NOT touching the back of the head
- Don't worry – your baby won't fall out of your arms – babies are strong!
- Imagine making a “cradle” for your baby's neck, with your thumb and forefinger.



Baby's Lower Body

- Baby on pillow may be helpful, or may not be, depending on your anatomy. If a pillow raises baby so high that she is above natural fall of your nipples, than it might be easier without. Play around with options – there is no one right way! It can help to think of baby coming from under the breast on which she is about to feed - so her lower jaw is anchored well below the base of the nipple and covers much more of the areola after latch than her upper jaw covers.
- is **snugged in close** to mom's body – you can best accomplish this by focusing on dropping **your elbow**, which should be behind baby's bottom, so that it is close in to your belly or side (depending on the position in which you are holding baby.)
- There should be **no** space between the baby's chest and mom's chest/breast so that baby's head can tilt back. This is easiest to accomplish if baby is under the opposite breast aligned slightly vertically/diagonally, rather than flat on her back or side.
- Mother may need to shift baby's bottom toward the unused breast, so that the nose is lined up with the nipple.



The Baby's Head

- The chin should be leading
- The nose slightly tilted back (THIS IS IMPORTANT! If there is pressure on the back of the head, the chin drops to the chest which is opposite scenario than desirable.)



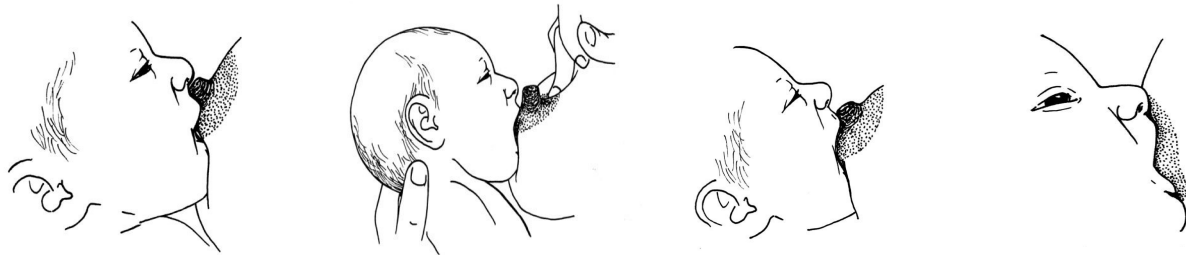
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Preparing for Latch

- Baby's nose should be aligned with the NATURAL position of your nipple, on an UNSUPPORTED breast.
- It is not necessary to support the breast, but if you feel you must, be sure your fingers are WELL away from the areola - for most breasts, you can be sure by *feeling your rib cage* with your fingers.
- Your thumb, however, can be *very close to the nipple* – even touching it, so that by pressing in slightly with your thumb on the areola, the nipple will tilt to point up baby's nose!, exposing the underside of your breast to the baby's lower jaw.
- Bury baby's chin deep in the breast by bringing your elbow in toward your side and putting firm but gentle pressure between the baby's shoulder blades with the heel of your palm. When baby feels the weight of the breast on her chin, she will instinctively OPEN wide.

The Latch

- WAIT for the wide open mouth. Baby should be so close to the breast, with the chin *firmly anchored well onto the areola, far from the base of the nipple*, that all it takes to self attach once baby opens wide is postural support between the shoulder blades, a drop of the elbow, and a gentle “nudge” between the shoulder blades with the heel of the palm to bring baby just a tad closer as she opens wide.
- The nipple might fold or flip past the top lip as baby closes her mouth – this is *correct!* Think of the nipple as an “afterthought” – you are almost “withholding” it until the last second to ensure that a large amount of the “underside” of the breast (wherever bottom jaw is aligned) is taken into the mouth.



- Do not pull the bottom of the breast out of baby's mouth in an effort to get the nipple in, or move baby's mouth around to get it close to the nipple – keep the nose aligned to the nipple and bring baby close and let baby lead the latch. ANCHOR that bottom jaw well below the nipple.
- Baby's mouth should cover *more of the areola with the bottom jaw than with the top jaw* - this is why this latch is called *asymmetric*. When baby is asymmetrically attached, this facilitates the tongue coming out to cover the bottom gums, and a deep, comfortable attachment that will do no damage and will ease milk removal and comfort for both mom and baby.

Mother should AVOID

- pushing her breast across her body
- chasing the baby with her breast
- holding breast with scissor grip
- aligning nipple with baby's mouth
- hunching over baby
- aiming nipple to center of baby's mouth
- pulling baby's chin down to open mouth
- flexing baby's head (chin to chest) when bringing to breast
- moving breast into baby's mouth instead of bringing baby to breast
- latching without a proper gape
- starting baby too far away, so that by the time baby gets to breast, mouth is closed
- having baby's nose touch breast first and not the chin
- pushing breast away from baby's nose for airway