

Holding Your Baby and Latching On

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USING YOUR BABY'S HARD-WIRING

Did you know that babies are born with the skills needed to get to the breast and feed without help? This is true of all mammal newborns, including our own. Knowing about your baby's inborn hard-wiring takes the pressure off you to do everything "right." Your baby knows what to do! Just help your baby get in position and cheer her on.

To see your baby's inborn feeding skills in action, undress your baby down to her diaper and open your shirt or take it off. Hold her upright between your breasts skin-to-skin facing you. When a calm, hungry baby is held this way:

- Her head starts bobbing from side to side.
- Then she lunges down toward the breast.


When this happens, you can help by moving your baby's bottom toward the other breast. Support her hips and neck and align her with the breast so her nose is even with your nipple. Let her head tilt back a bit and her chin touch the breast. Before you know it, your baby will be breastfeeding.

HOLDING YOUR BABY

There is no one "right" way to hold a baby during breastfeeding. Do what feels good to both you and your baby. Because women have different body types, what works well for your friend may or may not work well for you.



Find a hold that lets you relax your shoulders and arms. If you sit up to breastfeed, find a seat with good back support. Try a footstool and/or pillows to see if they make you more comfortable.



Just like any other new skill, breastfeeding takes practice. But it won't be long before it feels like second nature to you. In the meantime, here are some tips.

Many mothers like to hold their baby in front. You can support your baby's back and head with your forearm near your wrist. Or, you can support your baby's back and head with your hand from the side of the unused breast (photo on other side).

Some mothers like to breastfeed their baby at their side. This works well after a cesarean birth because it keeps baby's weight away from the incision. Some mothers with large breasts like this hold, too. It makes it easier to cuddle close and gives them a good view of their baby's face.

No matter what hold you use, check for the following:

- Your baby's head, shoulders, and hips are in line, not twisted or turned.
- She is directly facing the breast, no head-turning needed.
- Her body is pressed against yours, with feet, bottom, and shoulders pulled in close (no gaps).
- Her head is free to tilt back a bit, and she comes to the breast chin first.

Learning to breastfeed lying down is vital. It lets you rest and sleep while you feed. Use these photos as a starting point. Practice during your waking hours. No one learns best when half asleep.

LATCHING ON TO THE BREAST

Your breastfeeding comfort depends on where your nipple lands in baby's mouth. And this depends on how your baby takes the breast, or latches on.

To understand this better, use your tongue or finger to feel the roof of your mouth. Behind your teeth and the ridges, it feels hard. When your nipple is pressed against this hard area in your baby's mouth, it can hurt.



“YOUR BABY KNOWS WHAT TO DO! JUST HELP YOUR BABY GET IN POSITION AND CHEER HER ON.”

But if you go back farther in your mouth, you'll feel where the roof turns from hard to soft. Some have nicknamed this “the comfort zone.” Once your nipple reaches your baby's comfort zone, breastfeeding feels good. There is no undue friction or pressure on your nipple.

To make this happen during latch-on, as your baby goes for the breast:

- With your baby pressed firmly against you and her nose in line with your nipple, let her head tilt back a bit (avoid pushing on the back of her head).
- Allow her chin to touch the breast then move away.
- Repeat until her mouth opens wide, like a yawn.
- As she moves onto the breast chin first, gently press your baby's shoulders from behind for a deeper latch.



That last gentle push helps the nipple reach the comfort zone. Breastfeeding tends to feel better when your baby latches on off-center, so baby's lower jaw is as far from the nipple as it can be.

SIGNS OF A GOOD LATCH-ON

- You feel a tugging at the breast but no pain. (In the first week or so you may feel some pain at first that eases quickly.)
- You may hear your baby swallowing.
- Both of her lips are rolled out.
- You see more of the dark area around the nipple above your baby's upper lip than below, which means the latch is off-center as it should be.
- Your baby breastfeeds with a wide open mouth, not a narrow mouth.

If breastfeeding hurts, seek help right away from a physician or board-certified lactation consultant (IBCLC). The sooner you see someone who can help, the better.

HOLDING THE BREAST

If your baby has trouble latching on, it may help for you to shape the breast. To do this, be sure your thumb and fingers run in the same direction as her lips. (Imagine your thumb as your baby's moustache.) Keep your fingers back, out of her way. By squeezing the breast a little, this “nipple sandwich” may be easier for her to grasp.

Where you put your hand to shape the breast varies by hold. If you hold your baby in front on her side, shape your thumb and fingers like a “U.” If you hold your baby along your side, shape your thumb and fingers more like a “C.” Remember that your fingers should run in the same direction as your baby's mouth.

Breastfeeding is less work if you hold your baby at breast level. Some babies do better early on if you support your breast. Others don't need support. Do what works best.



This is general information and does not replace the advice of your healthcare provider. If you have a problem you cannot solve quickly, seek help right away.

Every baby is different, and your baby may not be average. If in doubt, contact your physician or other healthcare provider.