



IABLE
Institute for the Advancement
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Lactation Education

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Latching Well Step-by-Step

A baby who does not latch well often has difficulty transferring milk and gaining weight. A poor latch may also cause nipple pain.

Watch your baby for feeding cues, such as licking, smacking or sucking her fist. Do not wait for your baby to start crying before you put the baby to your breast.

If your baby does not show feeding cues, and 2-3 hours have passed since the start of your baby's last daytime feed, stimulate your baby by undressing him and gently stroking his lips. You may also want to hold your baby (dressed only in a diaper) on your bare chest with baby's cheeks against your skin. This is known as "skin-to-skin" contact and may help to organize your baby so that your baby starts to root, or look for the breast.

During the night, wake your baby every three to four hours if baby has not regained his or her birth weight or if baby is being treated for jaundice.

If you are sitting in a chair, position your baby's head at the level of your breasts so that his face looks at your breast and his body hugs your body. You may put a pillow on your lap to help support the baby's body. You may also tuck a small pillow or rolled-up towel underneath your breast for breast support.

While your baby is learning how to latch correctly, you may hold your baby across your front (cradle hold), or underneath your arm (clutch or football hold). Support your baby's spine with your arm. Your baby's neck and shoulders should rest in the palm of your hand. Try to keep your hand off the back of your baby's head.

Support your breast with your other hand, so you are compressing your breast parallel to your baby's mouth – shaping your breast like a sandwich for your baby. Make sure your fingers are well away from your nipple and areola so your baby can latch deeply.

Baby's nose should start out even with your nipple. **Tickle your baby's nose** with your nipple so that he or she opens **VERY WIDE**, and **gently move baby to the breast** so that baby's chin makes the first contact. Baby's nose should not be pressed into the breast.

As your baby suckles, his tongue extends and cups your breast tissue, covering his lower gum.

In the first few days (until your colostrum changes into milk), your baby will suckle numerous times, then pause briefly and swallow.

As your breasts become heavier with more milk volume, your baby will suck quickly at the start of a feeding to initiate a milk let-down, or flow of milk. When your milk lets down, your baby's sucking pattern will slow down slightly and change to a "suck/swallow" pattern. As your milk flow slows down, your baby may return to "several sucks and a swallow" pattern. However, with another let-down your baby may change again to a "suck/swallow" pattern.

If your baby's latch feels pinchy or painful after several seconds, break the latch with your finger inserted into the corner of your baby's mouth, lift baby off your breast and start over. Suckling may feel like a tugging or pulling, but a correct latch should not pinch or hurt.

After your baby has been feeding for a while, your baby may let go of the breast or fall asleep. This is a good time to burp the baby, which allows your baby to get rid of any air she may have swallowed. It may also help to wake a newborn in order to latch again. A burp does not indicate how much milk your baby has received. Hearing swallows is reassuring to know that your baby is drinking milk. While plenty of wet diapers and stools indicate that your baby is drinking breastmilk well, regular weight checks as recommended by your pediatric provider will ensure proper infant growth.

Some babies actually latch best when we let them self-attach from a skin-to-skin position. What does this mean? Recline back on your bed or in a recliner. Let your baby lie on your bare chest in a diaper. Use one of your arms to support baby's spine, with your hand supporting baby's neck and shoulders (your thumb should be near one ear and your fingers should be near the other ear). With time, your baby will start bobbing his or her head, looking for the breast. Allow baby to scoot down to a breast, continuing to provide support to baby's spine and neck. Give baby room to nuzzle the breast and nipple and extend their head back to open wide. Baby may adjust a bit to find just the right latch.

Pointers

- Have patience. You cannot feed a baby who isn't ready or willing to be fed.
- Be flexible. Sometimes more stroking of baby's lips or just changing positions will make a difference so that baby is more receptive to feeding. You may also try dribbling breast milk over your nipple to help baby latch.
- Try to avoid pacifiers if your baby is not gaining well. Anytime your baby wants to suck, offer the breast rather than a pacifier.
- Avoid bottles in the early days unless your baby must be supplemented due to infant weight loss or painful latch.
- A good latch is not noisy. Clicking, smacking, dimpling of the cheeks are signs that the latch is not ideal. Start over! The only sounds should be breathing and swallowing, which can be loud right when the milk lets down.
- Limit frustration for you and the baby. If a latch does not occur after numerous tries, feed your baby some pumped milk, and put the baby back to breast after she has quieted down. If the baby will not latch, finish the feeding and start anew next time.
- For infants who refuse to latch, try taking a bath with your baby. Warm up the bathroom, and lie in shallow comfortable water with the baby on your chest. Let the baby nuzzle and lick. A very relaxed baby in a skin-to-skin position will often use her natural feeding reflexes to find the breast to latch on and nurse effectively.
- Get help! Asking for help from an experienced lactation specialist can prevent many problems and help make latch easier and more comfortable.