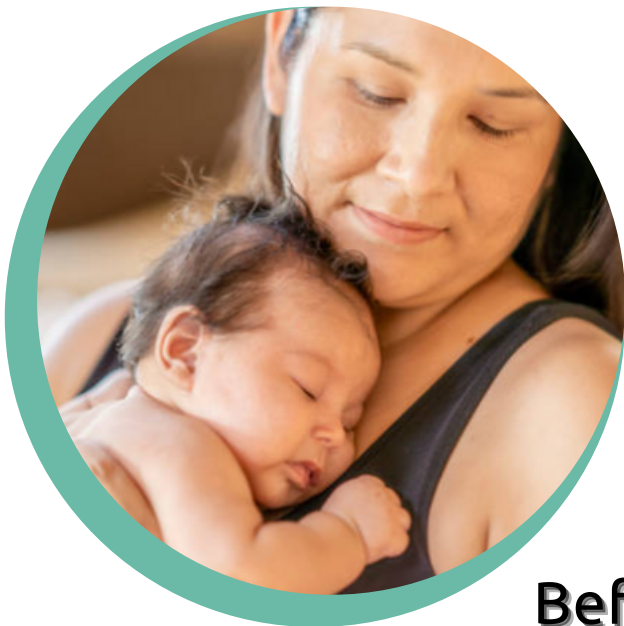


Breastfeeding is like dancing. If you are going to learn to dance you need to know where to put your body and then how to move your feet. It may feel awkward at first. It might come easily or it may be difficult. But with practice nursing your baby can become second nature. The first thing to think about when breastfeeding is how you are going to position your body and your baby's body. Once you are in a good position, it will be easier for your baby to latch.

Good positioning and latching is important for building and maintaining your milk supply. **When your baby latches deeply onto your breast, your baby is able to remove milk effectively.** When your breasts are well-drained, your body gets the message to make more milk. If you are concerned about how much milk you are making, improving positioning and latching is an important first step.



Checklist for a good, deep latch and effective suck

- Baby's chin is pressed deeply into the breast.
- Baby's mouth is wide open with both lips uncurled.
- Baby's head is tipped back slightly with the nose not touching, or lightly touching the breast. The nose should not be poking into the breast.
- No nipple pain.
- Good suction; baby doesn't fall off easily.
- Steady sucking with audible swallows.

For information on your baby's very first feeding immediately after birth, please see *The First Hours After Birth* and *Establishing Your Milk Supply*.

Before You Begin: Setting The Stage For Success



Start with a calm baby. This can be tricky sometimes. If your baby is hungry or has just woken up, she may get upset very quickly. Watch for signs that your baby is hungry. Offer your breast before she starts to cry.

Early hunger cues include:

- sucking on her hands.
- smacking her lips.
- turning her head toward your breast or the chest of the person holding her.
- fussing.

If your baby is crying and upset, it can be tempting to rush to latch her as quickly as possible. However, it is often difficult for a little baby to latch when she is frantically upset.

- Take a few seconds or minutes to calm your baby.
- Hold her upright on your chest and gently rock her.
- Place your baby in skin-to-skin contact on your chest.
- Offer the breast when your baby is calm.
- Express drops of milk so your baby can taste it.
- Express a little colostrum or milk onto a teaspoon. Give that to your baby to help calm her down.

Hold your baby skin to skin. Even if your baby is already calm, skin-to-skin contact during feedings is helpful in the early weeks. It helps your baby to know where he is and what he is supposed to do at the breast. Think of your body as your baby's "habitat" for the first several weeks. The more time your baby spends in skin-to-skin contact with you, the more opportunities your baby has to feed when he is hungry.

For more information please see *Skin-to-Skin Care*.



Sleepy babies

Your baby may be sleepy. This may be because of birth interventions, medical conditions in the baby or because your baby was born early. Use a laid-back position with skin-to-skin contact to get your baby interested in feeding. In a laid-back position, babies often latch and feed when in light sleep. Thus, it helps to spend a lot of time with your sleepy baby against you. When your baby moves into a light period of sleep and begins to stir, move her near your breast. Get into a comfortable breastfeeding position. This can encourage your baby to latch.



Getting into Position

There are many different breastfeeding positions. Some can be more helpful than others in the early stages when you and your baby are learning to breastfeed. These positions include: the cradle hold, the cross-cradle hold, the football hold, side-lying position, and more. One of the best positions for the early days and weeks (and longer!) is called the laid-back position.

The laid-back breastfeeding position is a helpful first place to start if:

- you are having difficulty getting a comfortable latch.
- your baby seems stressed while nursing.
- your baby's arms are getting in the way.
- you can't get into a comfortable position.

Get comfortable. Even little babies get heavy when you are holding them at the breast for hours each day.

- Find a bed or couch where you can lean back and be well supported. Lean back comfortably, like you might be if you were watching television. Laying flat on your back is not helpful for this position.
- Use a footstool to prop up your feet. It helps to raise your lap and take pressure off of your stomach muscles. Or better yet, put your feet up on the couch or bed with a pillow under your knees.
- Have some pillows nearby. Once your baby is comfortably latched, you can tuck pillows under your arms or elbows. Supporting your arms allows your shoulders and neck to relax.
- Support your head. You can use a pillow or the back of the couch.



Ensure full body contact.

If your baby feels completely secure, he will be able to focus on feeding. If he feels insecure, he may wave his arms around or kick his feet in an attempt to hang on to you.

- The laid-back breastfeeding position uses gravity to hold your baby close.
- This position molds his body to your body. It allows your baby to feel safe and secure, knowing that he is not going to fall.
- It is important that the whole front of your baby's body has full contact with the front of your body. This means that your baby's chin, tummy, and legs should be in contact with your body.
- Your baby can rest on you in any direction you both like, as long as his front is next to your front. Your baby could lie with his feet down towards either one of your thighs. Or he could be across your body with his feet under your other breast.
- Most babies do not like their feet dangling. It is helpful to provide your baby with somewhere to plant his feet. For example, your baby's feet could rest on your belly, legs or a pillow.
- When you are in position, your baby's cheek should rest somewhere near your bare breast.



Adjust your breast as needed.

It is important for you to have your breast in a place that allows you to rest comfortably while feeding. The following may be helpful:

- Use your upper arm to secure your breast so the nipple does not fall to the side of your body.
- Hold your breast while your baby latches.
- Release your breast once your baby has latched deeply and started sucking. You may need to move a little to get into a more comfortable position.
- Bring your baby to your breast rather than moving your breast to your baby.



Cross-cradle hold



Other Breastfeeding Positions

There are other breastfeeding positions you may want to use in the early days. Some are easier once you and your baby are experienced at nursing. Remember, if one position is not working for you, try another one.

The cross-cradle position can be useful in the early days. It gives you more control over the position of your baby and your breast. It is a common hold used when latching a premature or small baby. Once your baby is latched it can be helpful to switch your arms to the cradle position.

- Hold your baby in the opposite forearm from the breast you are using.
- Place your baby's bottom near the crook of your arm.
- Use your forearm to support your baby's back.
- Support your baby's head with your hand. Your thumb and fingers will be at the base of the neck and your palm at the upper back.
- Use your other hand, if you need to support your breast or want to use the exaggerated latch technique.
- Make sure that your baby is turned tummy to tummy with you.
- Give your baby a gentle push between the shoulder blades with the palm of your hand as he latches. This will bring your baby close. Continue to hold him close so he doesn't fall off when he sucks.
- Lean back or use pillows to take some pressure off of your arm. This helps your baby feel secure.
- Avoid holding the top of your baby's head. This can trigger your baby to pull away from the breast.

The Football or Clutch hold can be helpful if you have had a cesarean birth. It keeps your baby away from your incision. It can also be helpful if you have larger breasts. You can feed two babies at the same time in a double football hold.

Football or Clutch Hold

- Hold your baby's front against the side of your body.
- Use your forearm to support your baby's back. Your hand is at the base of your baby's head. Your baby's feet are near the back of your body.
- Use your elbow to tuck your baby in close to you.
- Ensure that your baby is far enough back that she latches with her chin first and her nose tipped away (see "Getting a Good Latch" above).
- If needed, place a cushion between your back and the back of the chair or sofa. Otherwise your baby's feet may push away. If your baby is too far to the front, your baby's chin will tuck into her chest causing a shallow latch.



Cradle hold



This position may be difficult to master in the early days and weeks but once you are experienced at breastfeeding, it will likely become a regular position for you.



- Cradle your baby in the forearm on the same side as the breast you are using. Use your opposite hand to lift or adjust your breast.
- Turn your baby toward you so that his tummy is touching your tummy.
- Continue to hold your baby close as he reaches up to latch. This will help make sure that he does not fall off the breast when he sucks. If you are sitting upright, it can be tiring to hold your baby close enough that he feels secure. (Think about how close he would be if he was laying on top of you. That's how close he needs to be against your body.)
- Lean back to take some pressure off of your arm.
- Have pillows nearby to put under your arms once your baby is latched. This can help take the strain off of your arms, shoulders and neck. A nursing pillow may be helpful to support your baby's body.



The side-lying position is helpful if you are recovering from a cesarean birth or if your bottom is sore after giving birth. It is also extremely helpful for breastfeeding in bed during the night. This position can be a little tricky to master because you have limited use of the arm you are lying on. It is worth practicing as soon as possible so you can nurse lying down. Once you get the hang of it, it makes nighttime and naptime nursing much easier.

Side-Lying

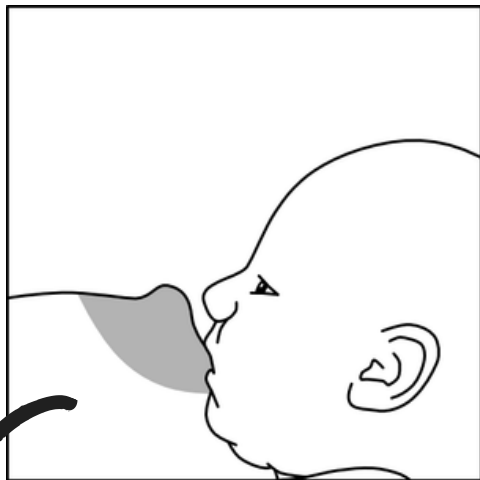


- Lie on your side with your knees bent up and a pillow under your head.
- Place your baby on his side facing you with his head on the bed.
- Make sure your baby's nose is level with your nipple. Adjust how you are lying so your nipple is as far away from the bed as your baby's mouth.
- Place your arm under your baby's head if needed to get your nipple opposite your baby's nose.
- Give your baby a gentle push between the shoulder blades with the palm of your hand, as she latches. This helps bring your baby close.
- Remember to bring your baby in chin first, with her head tipped back and her nose off the breast.
- Use one hand or temporarily prop yourself up on your elbow while latching. Propping yourself allows you to also use your lower hand to latch. Once your baby is comfortably latched you can lower yourself back down onto the bed.
- Use a pillow between your knees for comfort.
- Place a pillow under the small of your back to prevent you from rolling onto your back.



Getting a good latch

A comfortable, secure position allows your baby to use her instincts to latch deeply onto the breast. With a good latch your baby takes in a large mouthful of breast tissue. This gently stretches your nipple to the back of her mouth. When this happens, your baby is able to effectively remove the milk. A deep latch ensures that your baby gets plenty of milk and your body gets the message to keep making more. It also prevents pain and damage to your nipples.



Chin planted on the breast.

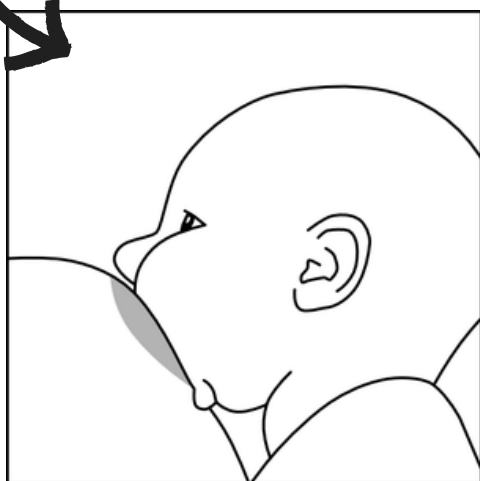
If your baby's chin is not touching your breast, your baby will often turn his head searching for your breast. When your baby's chin touches the breast, he smells your nipple. This triggers him to open his mouth wide, reaching up for a big mouthful of breast.

- It's helpful if your baby plants his chin well away from the base of the nipple.
- If you are holding your breast, your fingers need to be far enough away from your areola (dark area around the nipple). Then they will not be in your baby's way.
- The farther away your baby's lower jaw is from the base of your nipple, the more breast tissue your baby will be able to take into his mouth. This helps to get a deeper latch.



Head tipped back and nose tipping away.

- Position your baby so that her head can tip back as she approaches your breast.
- Support your baby's head with your thumb and fingers at her neck and your palm at the upper back. If you touch the top of her head, she will likely pull away.
- Allow your baby's chin to touch your breast with your nipple near her nose.
- With her head tipped back and her chin planted on your breast, your baby is able to open her mouth wide.
- With a wide open mouth she can reach up and over your nipple, taking in a large amount of your breast tissue. (Think about how you take a big bite of a burger. You start by placing the bottom of the burger on your lower jaw. Then you reach up and place your upper jaw up and over the top of the burger. This is the same motion your baby uses to get a big mouthful of breast.)
- Gently press between your baby's shoulder blades as she reaches up to latch. It is important that you not shove your baby onto your breast. Allow her to lead the way.



Once your baby is latched, her nose may touch the breast but it shouldn't be poking into it. You shouldn't feel like you have to hold your breast back so your baby can breathe. Chin in, nose tipping away, head back is the same position you take when you drink something. (Try it now, pretend to take a drink of water. See how your chin goes forward and your head tips back?)

Both cheeks touching the breast. If once latched, one cheek is not touching the breast, consider adjusting your baby so that both cheeks are touching your breast. This will help to make sure your nipple is straight and deep into your baby's mouth.





Adjust your baby as needed. Babies often creep upwards or forwards while feeding.

- If your baby's chin is tucked into his chest, he will not be able to hold onto the breast with his mouth. He will also find it hard to swallow. (Try it now. Tuck your chin into your chest and swallow. It is very difficult.)
- You may need to occasionally adjust your baby during feedings by sliding him downwards or backwards towards his feet.
- You may also need to pull your baby in gently from behind the shoulder blades. This will push your baby's chin forwards, deeper into your breast. And it will tip your baby's head back. In this position your baby can drink comfortably, just like you do.

The Nipple Tilt Technique

To get an even deeper latch, you can try using the nipple tilt technique. This is also known as the "flipple" technique.

- Hold your breast with your thumb on top and your fingers on the bottom. Place your thumb well back from the base of the nipple. This is in line with where your baby's upper lip will be once she has latched. Make sure your fingers are far away from where your baby's chin will be.
- Press in with your thumb. This will tilt your nipple away from your baby.
- Bring your baby to your breast so that her chin is touching.
- When your baby reaches up for a big mouthful of breast, release your nipple at the last moment by removing your thumb. This allows your nipple to fall deeply into your baby's mouth.
- Avoid pushing your nipple into your baby's mouth.

Drinking VS Sucking

There is a difference between "drinking" and "sucking". Babies can suck for comfort or to drink. You'll see chin movement for both. It's important to know when your baby is drinking your milk.

Swallowing is the main sign that your baby is getting milk. When there is a mouthful of milk, your baby's chin will drop with a "pause" in order to swallow. You may hear a "kah" sound as the baby breathes out after a swallow. When your baby is drinking, she has a steady suck, swallow, breathe pattern. Your baby will take short breaks between letdowns of milk. When another letdown of milk occurs, your baby will begin drinking again.

If swallowing or sucking slows down, you can gently squeeze or compress your breast with your whole hand for several seconds. This will increase milk flow and encourage your baby to keep drinking.



What if it hurts?



A deep latch prevents the nipple from being pinched by the tongue and the hard palate of your baby's mouth. A shallow latch often results in sore nipples. If your baby is not latched correctly, the end of your nipple may be creased, flattened or pinched. It may look like a new tube of lipstick, when it comes out of your baby's mouth. The end of the nipple may be blanched (white).

If you feel that your baby is not latched well, it is important to deal with it right away, even if other people tell you that the latch looks fine. Pain is your body's way of letting you know that something is wrong and needs to be changed. A painful latch is usually a shallow one. With a shallow latch your baby is not able to remove milk easily. It is not helpful to suffer through a painful latch. A good, deep latch will be comfortable for you. And your baby will get lots of milk.

- If it feels painful, you can unlatch your baby by slipping a finger in the corner of her mouth to break the suction. Then you can try latching again.
- Often the latch can be adjusted while your baby is still attached. This will prevent your baby from getting frustrated by being taken on and off the breast. And if your nipples are already damaged, this prevents you from continually experiencing the pain of the first few seconds of latching. If you are hearing a "clicking" or smacking sound, or see dimples in your baby's cheeks, try improving the latch by bringing your baby's chin deeply onto your breast. Or you could gently pull down on the baby's chin to uncurl the lower lip.

In a small percentage of babies, the tongue is restricted because of a tight frenulum, or tongue tie. Because of this the baby may not be able to pull the nipple deeply into the mouth. If the latch is still painful even after trying to improve it, you are encouraged to seek the help of an International Board Certified Lactation Consultant (IBCLC). Then, if necessary, you may want to consult with a healthcare professional who specializes in diagnosing and treating tongue ties.

For more information
see the
[The Sounds of Breastfeeding.](#)



Helpful Videos

[LLLC Newborn Nursing Video Collection](#)

