

Provider Information

BF – Breastfeeding

BF-ON LATCH-ON

OUTCOME: The parent/family will understand the characteristics of effective latch.

STANDARDS:

1. Identify the cues that indicate readiness to feed, e.g., wakefulness, lip smacking, and rooting.
2. Explain that effective latch on will be more successful if the baby's mouth is open wide, and a C- or U-hold may facilitate getting as much of the areola in the infant's mouth as possible.
3. Explain the physical traits of an effective latch (e.g., both lips out covering at least part of the areola, with absence of chomping by baby and absence of prolonged pain for the mother).

A Good Latch

A good latch is important for your baby to breastfeed effectively and for your comfort. During the early days of breastfeeding, it can take time and patience for your baby to latch on well.

Rooting

When awake, your baby will move his or her head back and forth, looking and feeling for the breast with his or her mouth and lips. Keep in mind that there is no one way to start breastfeeding. As long as the baby is latched on well, how you get there is up to you. Hold your baby, wearing only a diaper, against your bare chest. Hold the baby upright with his or her head under your chin. Your baby will be comfortable in that cozy valley between your breasts. You can ask your partner or a nurse to place a blanket across your baby's back and bring your bedcovers over you both. Your skin temperature will rise to warm your baby.

Support his or her neck and shoulders with one hand and hips with the other. He or she may move in an effort to find your breast.

Your baby's head should be tilted back slightly to make it easy to suck and swallow. With his or her head back and mouth open, the tongue is naturally down and ready for the breast to go on top of it.

Allow your breast to hang naturally. When your baby feels it with his or her cheek, he or she may open his or her mouth wide and reach it up and over the nipple.

At first, your baby's nose will be lined up opposite your nipple. As his or her chin presses into your breast, his or her wide open mouth will get a large mouthful of breast for a deep latch. Keep in mind that your baby can breathe at the breast. The nostrils

flare to allow air in. Tilt your baby back, supporting your baby's head, upper back, and shoulders with the palm of your hand and pull your baby in close.

Getting your baby to latch: Tickle the baby's lips to encourage him or her to open wide.

- Pull your baby close so that the chin and lower jaw moves into your breast first.
- Watch the lower lip and aim it as far from the base of the nipple as possible, so the baby takes a large mouthful of breast.

Signs of a good latch

- The latch feels comfortable to you, without hurting or pinching. How it feels is more important than how it looks.
- Your baby's chest is against your body and he or she does not have to turn his or her head while drinking.
- You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If areola is showing, you will see more above your baby's lip and less below.
- When your baby is positioned well, his or her mouth will be filled with breast.
- The tongue is cupped under the breast, although you might not see it.
- You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.
- You see the baby's ears "wiggle" slightly.
- Your baby's lips turn out like fish lips, not in. You may not even be able to see the bottom lip.
- Your baby's chin touches your breast.

Help with latch problems

Are you in pain? Many moms report that their breasts can be tender at first until both they and their baby find comfortable breastfeeding positions and a good latch. Once you have done this, breastfeeding should be comfortable. If it hurts, your baby may be sucking on only the nipple. Gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth and try again. Also, your nipple should not look flat or compressed when it comes out of your baby's mouth. It should look round and long, or the same shape as it was before the feeding.

Are you or your baby frustrated? Take a short break and hold your baby in an upright position. Try holding him or her between your breasts skin to your skin. Talk, sing, or provide your finger for sucking for comfort. Try to breastfeed again in a little while. Or, the baby may start moving to the breast on his or her own from this position.

Does your baby have a weak suck or make only tiny suckling movements?

Break your baby's suction and try again. He or she may not have a deep enough latch to remove the milk from your breast. Talk with a lactation consultant or pediatrician if

your baby's suck feels weak or if you are not sure he or she is getting enough milk. Rarely, a health problem causes the weak suck.

Click here for a Patient Education Handout for the mother on the [Latch On during Breastfeeding](#).

Flesch 79/6th