Positioning and Latch

In the early weeks of breastfeeding, good positioning and latch at the breast are particularly important since both mother and infant are learning. Many newborns need help getting onto the breast since they are attempting to coordinate sucking, swallowing and breathing. Good positioning and latch may help prevent sore nipples and better stimulate the mother’s milk supply. Persistent sore nipples, frequent mastitis and slow infant weight gain can potentially be the result of poor positioning and latch.

After an initial adjustment period of about 6 weeks, mothers and infants typically fall into a natural routine in which they no longer need to think about positioning and latch.

Good positioning and latch are demonstrated when
- The infant’s mouth is directly in front of or slightly below the nipple, with his chin pressed into the breast and his nose lightly resting on it
- A large mouthful of breast tissue is in the infant’s mouth such that the infant’s lower jaw is as far away from the nipple as possible
- The infant’s tongue is cupped under the breast, with lips flanged out and relaxed
- The infant does not have to turn his head to latch onto the breast; the infant’s head should be straight, in line with his body, not arched or turned sideways,
- The infant’s shoulders, hips and knees are facing the mother if the cradle hold, side-lying or cross-cradle hold is used (in the football hold, the infant’s body should be well-supported at breast height at his mother’s side)

Note that biological nurturing is a new neurobehavioral approach to positioning and latch in which mothers are in a laid-back position and they place their baby on top of them so that every part of the baby’s body is touching their body. This posture offers numerous advantages to both mother and infant, including comfort and freedom in positioning rather than a focus on “correct” positioning. To learn more, go to www.midwiferytoday.com/articles/BiologicalNurturing.asp.

General Recommendations

In general, the breastfeeding mother needs to be well supported and comfortable while nursing so that she can hold her baby close to her breast and relax without straining her muscles. Mothers should be encouraged to bring the baby to the breast, not the breast to the baby. The mother may need to experiment with different positions to find the most comfortable position(s) since arm lengths and height of the breasts vary from woman to woman.

Sitting Up to Breastfeed
- Pillows, cushions, rolled up blankets, or other props, such as a Boppy® Pillow, can be used to support the mother’s arms and/or the infant’s weight.
- A stool or low table may be used to support the mother’s feet if her feet do not reach the floor.

Side-lying to Breastfeed
- The mother can use a pillow under her head for comfort and several pillows or cushions can be used to raise her body more as needed.
- The infant’s body should be facing the mother’s so that he does not have to strain his
head or neck to breastfeed; straining may make swallowing more difficult.

- The infant’s head can rest on the bed or on the mother’s arm, whatever is most comfortable for the pair.

**When Gulping and Choking Are a Problem**
Due to forceful let-down or low muscle tone, gulping and choking may be a problem for some infants. In such cases, the infant can be positioned so that his neck and throat are higher than the mother’s nipple. To achieve this,

- A pillow can be placed under the infant and the mother can lean back so that her breast is angled upward OR
- The mother can lean back in a rocking chair with her feet on a pillow, stool, or low table and her knees drawn up OR
- The mother can lie on her side with a folded bath towel under the baby so that his face is angled slightly downward toward her nipple

**Common Breastfeeding Positions***

<table>
<thead>
<tr>
<th>Position</th>
<th>Technique</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Cradle Hold</td>
<td>- The mother sits up</td>
<td>This is the most commonly used nursing position.</td>
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<tr>
<td></td>
<td>- The infant’s head rests on the mother’s forearm</td>
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<tr>
<td></td>
<td>- The infant is side-lying, facing the mother and pulled in close to her</td>
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<tr>
<td>Side-lying</td>
<td>- The mother and infant lie on their sides facing each other, with the</td>
<td>This position may be more difficult for some mothers at first. There is less control over how the baby latches on. Large-breasted women may find this position more comfortable than small-breasted women.</td>
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<tr>
<td></td>
<td>infant’s knees pulled in close</td>
<td></td>
</tr>
<tr>
<td>Football or Clutch Hold</td>
<td>- The mother sits up</td>
<td>This position often works well for large-breasted women because they can better view the latch-on process and control the infant’s head and other movements. It also may help avoid putting pressure on an incision secondary to C-section.</td>
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<tr>
<td></td>
<td>- The infant’s head faces the breast with his body tucked under the</td>
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<td></td>
<td>mother’s arm at her side</td>
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<td></td>
<td>- The infant’s bottom rests on a pillow near his mother’s elbow</td>
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<tr>
<td>Cross-Cradle or Transitional Hold</td>
<td>- The mother’s palm is placed on the infant’s upper back with her thumb behind one ear and index finger and other fingers on her infant’s neck for support</td>
<td>This position is effective for infants having a difficult time latching on and for premies and babies with low muscle tone, a weak rooting reflex, or a weak suck. The extra head support may help such infants to stay on the breast.</td>
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<td>- The mother’s hand should not be on the back of the infant’s head (may</td>
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<td></td>
<td>cause infant to arch and pull away)</td>
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* See note on page 1 of this handout about biological nurturing laid-back positioning.

Latch-on: Providing Mothers with Guidance

1. A mother should start with her infant turned toward her body, close to her with the infant’s nose to her nipple. She should not put pressure on the back of the infant’s head.
2. The mother should move the baby back an inch or two and allow the infant’s head to tilt back. Mother’s should watch for the infant’s mouth to open wide.
3. When the infant’s mouth is open wide, the mother should bring the infant closer to her. Her nipple will be in the top half of the baby’s mouth.
4. The infant should be able to look up at his mother. This eye-to-eye contact is at a distance that the infant can see best.
5. Correctly positioned, the infant’s chin is against the breast, the lips sealed at the breast, and the nose close to the breast. There is more of the darker areola showing near the nose than the chin.

Sources:
Health Education Associates, Inc. Breastfeeding Latch-on 1, 2, 3... Health Education Associates. East Sandwich, MA.