



## **HOW TO BREASTFEED YOUR BABY**

### **BABY'S FIRST FEEDING**

Plan to breastfeed your baby as soon as possible after birth, ideally within the first hour, when your baby's natural sucking reflex is strongest. Immediately after birth babies are in a quiet alert state, and most are ready and eager to nurse during this time. (Within a couple of hours they become sleepy, and it is more difficult to interest them in the breast.) Some babies may just nuzzle and lick the nipple instead of actually latching on. If your baby doesn't seem interested and is unsuccessful at latching on during this time, don't become discouraged. The closeness and warmth of the direct skin-to-skin contact will be comforting to both you and your newborn. Try again within the next half-hour or so. Remember, breastfeeding is a learning process for both you and your baby--it may take several attempts before your baby latches on well.

Once your baby is latched-on properly, let him nurse until he becomes drowsy or pulls off on his own, then offer him the other breast. During these first attempts, he may suck for only a few minutes at each breast. If you are continuing to have difficulty getting your baby to latch on, there is nothing like hands-on assistance from an experienced health care provider. Don't hesitate to ask for help while you are in the hospital. Even if you are not having difficulty, ask a lactation specialist to observe your technique while you are breastfeeding. She will be able to confirm that everything is going well, or she can identify potential problems. She can tell you if your baby isn't positioned or latched-on correctly, or sucking properly--so you won't immediately end up with nipple soreness. If an improper technique is corrected right away, it will save you from becoming discouraged enough to give up on breastfeeding altogether. While in the hospital take the opportunity to ask questions and build your confidence before you go home with your baby and are on your own. It is also a good idea to ask the hospital staff for the name of an experienced lactation specialist if you do need help once you are at home.

### **POSITIONING AND LATCH-ON**

Proper positioning and latch-on are probably the most important aspects of a successful breastfeeding relationship. Once you have mastered positioning your baby correctly, and your baby has learned how to latch on properly, you're on your way. Just remember that some babies take longer than others to learn the skill of latching-on. It's a matter of trial and error and plenty of practice. Eventually, like riding a bicycle, you will both know when it 'feels right.' It is important that you are relaxed and comfortable, and that your baby is in the mood for nursing. If your baby seems frantic or upset when he attempts to latch on your breast, calm and comfort him before trying again. If you are still having difficulty upon leaving the hospital, contact a lactation specialist to arrange for an immediate home visit.

## **PROPER LATCH-ON.**

Your baby is correctly latched onto the breast when he takes the nipple and a large portion of the areola in his mouth. As your baby opens wide and draws your breast into his mouth, he elongates the breast tissue as the nipple is positioned far back in your baby's mouth--away from the friction of the tongue and gums. His lips are tightly sealed and flanged outward over your breast creating suction, and the tip of his nose and chin are both gently touching your breast. The movement of his lower jaw compresses the milk sinuses under the areola sending milk out through the tiny holes in the nipple and depositing it in the back of your baby's mouth. You know your baby is latched-on properly if it does not hurt as your baby takes long drawing sucks and he can be heard swallowing.

## **IMPROPER LATCH-ON.**

When your baby does not draw enough of the areola into his mouth and ends up sucking only on the nipple, he is not latched on properly. Your baby's tongue or gums will continually rub the sensitive skin of the nipple while sucking, and sore nipples will result. In addition, improper latch-on makes it extremely difficult for your baby to extract enough milk from your breast to get the nourishment he needs.

## **BREASTFEEDING POSITIONS**

The best position for nursing your baby is the one in which you are most comfortable and relaxed. In the early days of nursing, one position may be more successful for you than another, but as you progress you may find other positions work well, too. It's best to try each position and determine which one works for you and your baby. Just keep in mind that you don't have to use the same position each time you breastfeed. Once you are in position and comfortable, remove your baby's coverings so that he can be skin-to-skin with you. If it is chilly, a loose blanket can be placed over your baby for warmth. In the early days close skin-to-skin contact helps your baby feel more secure.

## **CRADLE HOLD.**

In this position the baby's head is held in the crook of your arm as you 'cradle' the infant. This classic breastfeeding position is the one most experienced nursing mothers find the easiest to use. Here are some tips for good positioning in the cradle hold.

- Sit upright using pillows for support. Put pillows behind your back and shoulders, under the elbow of the arm you are using to hold your baby, and place one or two pillows on your lap to bring your baby level with your nipple and to support your baby's weight.
- Support your baby's head in the crook of your arm with his face, chest, belly, and knees facing you and his head slightly elevated. You can place his lower arm around your waist.
- Support his back with your forearm and cup his buttocks or thigh with your hand. His head should be aligned with his body, not thrown back or tucked down.

- With your free hand hold your breast in the form of a letter 'C,' thumb on top and fingers underneath, about an inch and a half back from the areola. Gently compress the breast so that it will fit into your baby's open mouth.
- Tickle your baby's lips with your nipple until he opens his mouth wide, as in a yawn.
- When your baby opens wide and drops his lower jaw, quickly pull him towards your breast and insert as much of your nipple and areola into his mouth as possible.
- Make sure you bring your baby towards you. Leaning towards your baby may cause neck and back strain and ineffective latch-on.
- Your baby is latched-on well if his lips are flanged outward over your breast creating a good seal, and he has an inch to an inch-and-a-half of breast tissue in his mouth. The tip of his nose and chin should both be gently touching your breast. His lower jaw will do most of the work extracting the milk from your breast.
- You should feel comfortable as your baby takes long drawing sucks and he can be heard swallowing.
- If your baby's sucking is painful, the position is incorrect. Release your baby from your breast and try again.
- To release your baby from your breast, insert your finger into his mouth and between his gums to break the suction.

### **CROSS-OVER HOLD.**

During the early days of nursing, the cross-over hold may be a more successful position for some new mothers. This position makes it easier for the new mother to guide the baby's head to the breast with her hand, when the newborn's muscular coordination isn't quite developed enough to allow him to latch on without guidance. In the cross-over position, instead of holding your baby's head in the crook of your arm as in the cradle hold, you use the opposite arm to support the length of his back with his buttocks at your elbow, while the back of his neck and head rest on your hand. Here are some tips for good positioning in the cross-over hold:

- Sit upright using pillows for support. Put pillows behind your back and shoulders and place one or two pillows on your lap to bring your baby level with your nipple and to support your baby's weight.
- Support your baby's body with the arm opposite the breast you are offering. The palm of your hand should be positioned between his shoulder blades while supporting the back of his neck.
- Position your baby on his side so that his chest and abdomen are against your body and his nose is facing your breast.
- With your free hand hold your breast in the form of a letter 'C,' thumb on top and fingers underneath, about an inch and a half back from the areola. Gently compress the breast so that it will fit into your baby's open mouth.
- Tickle your baby's lips with your nipple until he opens his mouth wide, as in a yawn. When your baby opens wide and drops his lower jaw, quickly bring his head and shoulders in toward your breast and insert as much of your nipple and areola into his mouth as possible.
- As you bring him towards you, tip his head slightly back so that his chin reaches the breast first. It's important for him to get a good grasp of the underside as well as the top of the breast.

- Make sure you bring your baby's head and shoulders towards you. Leaning towards your baby may cause neck and back strain and ineffective latch-on.
- Your baby is latched-on well if his lips are flanged outward over your breast creating a good seal, and he has an inch to an inch-and-a-half of breast tissue in his mouth. The tip of his nose and chin should both be gently touching your breast. His lower jaw will do most of the work extracting the milk from your breast.
- You should feel comfortable as your baby takes long drawing sucks and he can be heard swallowing.
- If your baby's sucking is painful, the position is incorrect. Release your baby from your breast and try again.
- To release your baby from your breast, insert your finger into his mouth and between his gums to break the suction.

### **SIDE-LYING POSITION.**

In this position you and your baby are lying side-by-side facing each other and the baby is pulled in close with his head at nipple level. Use pillows between your knees and along your back for extra support and comfort. Support your baby's back with your arm or place a rolled-up blanket behind his back. This position is recommended after a cesarean delivery, as it keeps pressure off the abdomen. It is also great for nighttime nursing and a good way to get some rest during the day.

### **CLUTCH HOLD.**

In the clutch hold position you are sitting upright and your baby is tucked under your arm like a clutch handbag. Your baby's legs are behind you, and his face is looking up at you. Use pillows under your arm and under your baby so that he's at nipple level. Support your baby's head and shoulders with your hand and forearm and use the opposite arm to support the breast. This position, like the cross-over hold, gives you better control over your baby's head and may be preferred in the early days of nursing or after a cesarean delivery.

### **OFFERING BOTH BREASTS**

Offer your baby both breasts at each feeding. Once your baby is latched on and positioned well, there is no reason to set a time limit for feedings. Let him nurse from the first breast until he comes off on his own, either by pulling off or becoming drowsy. Then burp your baby and offer him the second breast. He may nurse longer, shorter, or not at all at the other breast. Just keep in mind, once your mature milk comes in, it is more important that he breastfeed well on one breast--ensuring that he is getting a sufficient amount of hindmilk--than insisting he take the other if he is not interested. Begin the next feeding session with the breast offered last. Making a notation on the Nursing Wheel of the Nursing-N-Track System will help you remember which breast to offer at the next feeding. Eventually, you will be able to tell on your own, since the breast taken last or not at all will feel fuller than the other breast.

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### **Health Information Provided by Women's Health Specialists**

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