

# **Protocol #2**

## **Positioning and Latching**



## Protocol #2: Positioning and Latching

*Babies of all ages have the ability to find the breast all by themselves, and to latch on by themselves, just as puppies and kittens do. We don't make our babies learn to latch; we allow them to learn by supporting their innate capacities to self-attach (adapted from Christina Smillie, 2005).*

### Suggestions

#### Encourage the mother to:

- Understand that positioning and latching are interactive and reciprocal; both mother and baby respond to each other, sometimes called the breastfeeding conversation (Genna, 2008).
- Understand it is not prescriptive; there are many ways to breastfeed.
- Understand that positioning and latching are unique for each breastfeeding dyad.
- Understand that both the mother and baby bring many competencies, instincts and behaviours to the positioning and latching process.
- Understand that for a mother breastfeeding may be a learned behaviour, but for her baby, breastfeeding is instinctive (Genna, 2008).
- Understand that positional or core stability promotes oral stability.
- Understand that it is a dynamic process, continually changing as the baby grows and develops physically and emotionally.
- When in doubt, try cuddling the baby skin-to-skin.

### Positioning

There are many possible positions for mothers and babies to try. These may vary depending on many factors that include baby size and capacity, maternal body size and shape, breast size and shape and preference. Encourage the mother to understand the principles or checkpoints for effective positioning and latching so that she can try a variety of breastfeeding positions.

### Checkpoints for Positioning

For any position encourage the mother to check that:

- She is relaxed and comfortable with good posture and correct body alignment.
- Her back and arms are well supported.
- Baby's shoulders and trunk are supported.
- Baby's head is at the level of the breast.
- Baby's ear, shoulder, and hip are in a straight line.
- Baby's chest is facing the mother's chest (not for football hold).
- Baby's body is in full contact with the mother's.
- Baby's nose approaches the mother's nipple, and the baby's chin touches the breast.

The positions that are typically described should not preclude other possibilities.

### Biological Nurturing (Semi-Reclined Positions)

Laid-back Nursing, an approach described by Suzanne Colson, suggests that the mother:

- Lean back in a semi-reclined position, finding an angle that feels right for her.
- Feels completely relaxed and supported.
- Place baby tummy down and in full contact with mother's semi-reclined body.
- Cuddle or 'nest' her baby, rather than restrain him.
- Let gravity support the baby.
- Trigger the baby's innate reflexes and feeding behaviours.

### Cross-Cradle Position

This position may work well:

- When learning to breastfeed.
- If baby has difficulty maintaining a latch.
- If baby is premature or small.
- If baby has low muscle tone.
- If baby has a weak rooting reflex or weak suck.
- If the baby is late preterm (Walker, 2011).



### Important points for effective positioning when using the cross-cradle position:

- Mother sits with a straight back, with her shoulders relaxed and arms at her side. A pillow may be helpful during the early days to support the mother's back and arms or if the baby is small.
- Mother's feet are usually flat on the floor so that her legs are relaxed. A footstool or large book under her feet may help. Her lap is flat or her knees slightly higher than her hips.
- Mother places baby in front, turned completely on its side so that the baby's face, chest, and knees are all facing the mother. The baby's chest is in full frontal contact with the mother's torso/abdomen. A pillow may be helpful during the early days to support the mother's arm when raising a small baby to breast level.
- Mother supports the baby's neck and shoulders with

her hand on the opposite side of the breast where the baby is breastfeeding so the head is able to tilt back slightly; her forearm supporting the baby's back and buttocks (i.e., right hand/forearm when breastfeeding on the left breast).

- Mother may support the breast where the baby is breastfeeding in a relaxed "C" or "U" hold using the same hand (i.e., left hand supports the left breast) (see diagram of "C" or "U" hold in *Latching*).
- Baby's nose approaches the nipple. Baby's chin touches the breast first. When baby's mouth opens wide mother brings the baby close to her breast by pulling the baby's shoulders and buttocks closer, instead of leaning over or pushing the nipple into the baby's mouth.
- Once the baby is latched, the mother may wish to shift to find a more comfortable hold. She may move her hands to support her baby on her wrist or forearm on the same side as the breast where the baby is breastfeeding. Cross-cradle is also known as a *transitional hold*.

### Cradle Position

This position may work well:

- When the mother is comfortable with breastfeeding and the baby is latching well.

Mothers may transition the baby into this position after latching in the cross-cradle position.





### **Important points for effective positioning when using the cradle position:**

- Mother sits with her back extended and supported, preferably in a chair, with her shoulders relaxed and arms at her side. Pillows may help to support a small baby, or support mother's back and arms, particularly in the early days.
- Mother's feet are usually flat on the floor so that her legs are relaxed. A footstool or large book under her feet may help. Her lap is flat or her knees slightly higher than her hips.
- Mother places baby in front, turned completely on its side so that baby's face, chest, and knees are all facing the mother. The baby's chest is in full frontal contact with the mother's torso/abdomen. A pillow may be helpful during the early days to support the mother's arm when raising a small baby to breast level.
- Mother supports the baby's body and head along her arm so that the baby's head is tilted back slightly. She uses the arm on the same side as the breast to be breastfed on; her forearm supports the baby's back and her hand supports the buttocks (i.e., left arm and hand when breastfeeding on the left breast).
- Mother may support the breast where the baby is breastfeeding in a relaxed "C" or "U" hold using the opposite hand (i.e., right hand supports the left breast) (see diagram of "C" or "U" hold in *Latching*).
- Baby's nose approaches the nipple. Baby's chin touches the breast first. When baby's mouth opens wide mother brings the baby close to her breast by pushing the baby's buttocks, instead of leaning over or pushing her nipple into the baby's mouth.
- Mothers should avoid using the cradle hold with late pre term infants. These babies often have low muscle tone. In addition, positions that place the baby's neck and body in excessive flexion can cause late pre term infants to be prone to positional apnea due to airway obstruction, increasing the risk of bradycardia and oxygen desaturation (Walker, 2010).

### **Football Position**

This position may work well:

- When learning to breastfeed.
  - If baby has difficulty maintaining a latch.
  - If baby is premature or small.
  - If baby has low muscle tone.
- If baby has a weak rooting reflex or a weak suck.
  - If mother has long or heavy breasts.
  - If mother has flat or sore nipples.
  - If mother had a caesarean birth.



### **Important points for effective positioning when using the football position:**

- Mother sits relaxed with a straight back, with her shoulders relaxed and arms at her side. Pillows may help to support her back and arms. A firm pillow may be placed at her side to support the arm holding the baby.
- Mother's feet are usually flat on the floor so that her legs are relaxed. A footstool or large book under her feet may help. Her lap is flat or knees slightly higher than her hips.
- Mother places baby at her side. Baby is lying either completely on its back or turned slightly towards the breast. Baby is tucked close to mother's side and is directly under the breast. Baby's buttocks rest near mother's elbow with its hips against the back of the chair or bed frame, if sitting up in bed.
- Mother supports the baby's neck and upper back with her hand on the same side as the breast to be breastfed on; her forearm supports the baby's upper back (i.e., left hand/forearm when breastfeeding on the left).

side). Baby's head is able to tilt back slightly in the instinctive position.

- Mother may support the breast where the baby is breastfeeding in a relaxed C or "U" hold using the opposite hand (i.e., right hand supports the left breast) (see diagram of "C" or "U" hold in Latching).
- Baby's nose approaches the nipple. Baby's chin presses into the breast. When baby's mouth opens wide the mother brings the baby close to her breast by pulling the baby's buttocks closer, instead of leaning over or pushing her nipple into the baby's mouth.

### Side-Lying Position

This position may work well if:

- Mother finds it too painful to sit.
- Mother wants to rest when breastfeeding (e.g., night feedings).
- Mother had a caesarean birth.
- Mother has long or heavy breasts.



### Important points for effective positioning when using the side-lying position:

- Mother lies on her side with a pillow under her head and pillows behind her back so that she can lean back for support. A pillow may be placed between her legs for comfort, especially after a caesarean birth.
- Mother positions baby on the bed parallel to and facing her body. Baby is turned completely onto its side so that its face, chest, and knees are all facing and touching the mother. Baby is oriented slightly below the level of the breast so that the head is able to tilt slightly upward to latch. The baby can be

supported in this position by the mother's arm, a rolled towel, or a baby blanket can be placed behind the baby's shoulders.

- Mother supports the baby's head, back, and buttocks with her arm on the same side as the breast to be breastfed on (i.e., right arm when breastfeeding on the right side). The baby's head can either rest directly on the bed, or on the mother's upper arm. Once breastfeeding is well established and the baby is able to maintain a latch, the mother may remove her arm from under the baby and place it under her own head for more comfort.
- Baby's nose approaches the nipple. Baby's chin presses into the breast. When baby's mouth opens wide, mother pulls the baby close to her breast by pushing baby's buttocks, instead of leaning over or pushing her nipple into the baby's mouth.
- Mother usually rolls over to breastfeed from the other breast. However, she may try to breastfeed from both breasts while lying on one side by breastfeeding from the lower breast first, then pushing it under her torso to breastfeed from the upper breast.
- Mother may wish to support her breast on a small pillow or blanket if she is having difficulty seeing the baby latch. Another approach is for mother to elevate herself on her elbow to see the baby latch. Once the baby is latched, she can readjust to a more comfortable position for breastfeeding.

Mothers may use more than one position during a single breastfeeding (e.g., a mother who prefers to use her right hand can use the football hold for the right breast and then breastfeed from the left breast using cross-cradle hold) (Lauwers et al., 2011).

(For a discussion of several further suggestions see Genna (2008), Walker (2011)).

## Latching

**1. Checkpoints for Latching** – Encourage the mother to check that:

- Both baby and mother are calm.
- Baby is either in a quiet, alert state, or sleeping lightly.
- Baby is supported with head higher than tummy.
- Baby's nose approaches the nipple.

- Baby is able to touch the breast with its chin, tongue, and cheek.
- Baby is supported with shoulders and pelvic girdle stable to facilitate the cascade of behaviours that will support the baby's inherent capacity to self-attach. See **Baby-Led Latching** in *General Principles*.
- Baby can “search and peck” for the nipple until it latches.
- Mother can settle into a more comfortable position for breastfeeding after a successful latch is achieved.

## 2. Baby-Led Latching

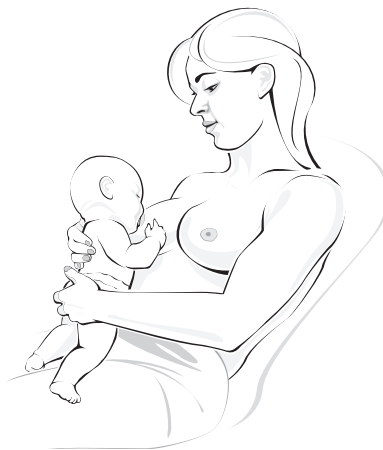
Baby-led latching is a natural and simple way for the baby to get to the breast. It may be helpful when the baby is learning to breastfeed, when baby is not breastfeeding well, when the mother's nipples are sore, or any time.



- Begin when the baby is calm.
- Mother finds a comfortable position, feeling relaxed, supported and leaning back a little.
- Hold the baby skin-to-skin on mother's upper chest, between her breasts, so that the baby's shoulders and hips are stable and head can tilt back slightly.
- Wait, watch, and wonder.



- Baby will start moving his head up and down looking for mother's breast. This may look like bobbing or pecking.
- Baby will seek the breast, first with his hands and mouth, licking, smelling, nuzzling and nestling; then trying to move towards the breast, sometimes crawling and stepping. Mother may help the baby to move to the nipple.
- Mother supports the baby's shoulders, neck and buttocks, assisting him while he moves towards her breast.



- Baby will find mother's nipple.
- Baby will push his chin into mother's breast, reach up with an open mouth and latch onto her breast.
- It may help to bring baby's buttocks close to mother's body and give support to the baby's back and shoulders.
- Once baby is attached, mother and baby can shift to settle into a more comfortable position.

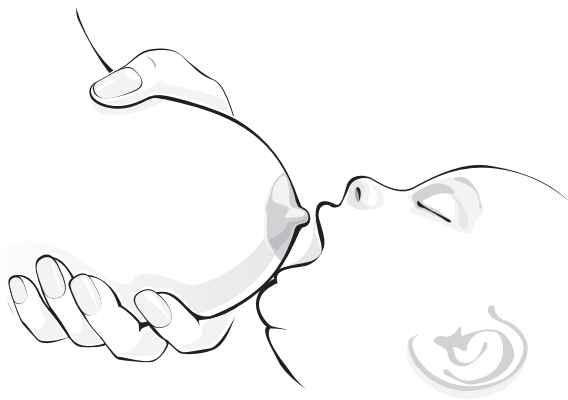
### 3. Techniques to support latching

Mother may wish to shape her breast to make it easier for the baby's lower jaw to take in more of the breast tissue. She may shape or "sandwich" the breast in a relaxed **"C" or "U" hold**, oriented to match the direction of the baby's mouth (Genna, 2008). (see following diagram)

Once breastfeeding is well established and the baby is able to maintain a latch, she may wish to release the breast.



- Mother may support her breast in a relaxed "C" or "U" hold. Her thumb is on top and 4 fingers are below the breast, well away from the areola, shaping the breast in the same direction as the baby's mouth. She should avoid holding her breast too tightly.



- With the baby's head tilted slightly back and nose facing the nipple, mother may brush baby's lower lip with the nipple, and support the baby until the chin touches the breast and the baby's mouth opens wide (like a yawn).



- Mother then quickly brings the baby to the breast by pulling the baby in close to her body. Once the baby is latched, mother and baby can reposition themselves to find a more comfortable position for breastfeeding.

Mother may also tilt or "flip" the nipple up towards the roof of the baby's mouth. This technique is sometimes called **"the Flipple"**, originally described by Kathleen Glover. Mother rolls the underside of the breast with a twist of the wrist to present more of the underside of the breast to the baby. As the baby opens its mouth wide, the mother presses on the breast just above the nipple with a finger running parallel to the baby's upper lip. This will tilt or lift the nipple up and help roll more of the breast into the baby's mouth, supporting a deeper latch (Mohrbacher, 2010; Glover & Weissinger in Genna, 2008).

### 4. Signs of a good latch:

- Baby's mouth is opened wide.
- Baby's lips are curled out and cover more of the area below the nipple (may be less for a small or premature baby).
- Baby's lower lip covers more of the areola than the upper lip.
- Baby's chin is pressed into the breast.
- Tip of baby's nose approaches the breast.
- Baby's head is tilted back slightly in the instinctive feeding position.
- Baby's cheeks appear to be full and rounded (not dimpling in).
- Baby's mouth does not slip off the breast.
- Baby is supported in the chest-to-chest position

(except for football hold) and baby's neck is not turned.

- Mother feels a strong tugging sensation, with no pain.
- Breastfeeding is pain-free.
- Baby shows signs of sucking and swallowing breast milk, e.g., movement of ear or temple.
- Swallowing is audible.
- Baby is comfortable managing the flow of breast milk.

## 5. Interrupting the Latch

If the mother decides to take her baby off the breast before the baby is finished, suggest that she break the suction first by trying one of these methods:

- Press down on her breast near the baby's mouth.
- Gently insert a finger into the corner of the baby's mouth.
- Gently pull down on the baby's chin.
- Bring the baby in closer to the breast so that the nose is covered briefly with breast tissue; this may be more effective for an older baby.

## General Principles

Health care providers can support positioning and latching by encouraging mothers and babies to be left together to relax and connect, facilitating "right-brain" intuitive behaviours.

Wherever possible, support is offered "*hands off*" (BFI Appendix 5.1, BCC, 2011). Support is offered to encourage and provide anticipatory guidance. Prescriptive teaching and labelling may limit possibilities and trigger left-brain behaviours. Teaching specific positioning and attachment skills may inadvertently decrease breastfeeding satisfaction and duration (Henderson, 2003 in Mohrbacher, 2010).

"If it's not broken, don't fix it". It is important for the health care provider to affirm what works for the mother and baby, and offer suggestions for alternatives when something is not working.

**Baby-led Latching** is an intuitive approach to how babies can learn to latch. It draws on concepts from neurobehavioural literature. There is reciprocity in the mother-baby interaction, with each responding to the other's cues and the mother following the baby's

lead. The baby picks up cues from the mother, such as odours, touch, and eye contact, as well as feeling their own internal cues of hunger and thirst. These elicit the baby's cascade of searching behaviours. As the baby searches for the nipple, the mother supports the baby in a calm state and in a flexed and relaxed position until the baby attaches and begins to suck.

- The mother supports the baby in a vertical, upright, chest-to-chest position in firm frontal contact with her body. This provides the positional or core stability needed to facilitate the baby's normal neonatal neurobehavioural and neuroendocrine responses (Smillie, Genna, 2008). Babies feel most secure supported in the ventral (chest-to-chest) position. The baby's reflexes support the cascade of behaviours that facilitate his inherent capacity to self-attach to the breast:

- Getting to the breast – Stepping and crawling motions
- Finding the breast – Searching and rooting
- Attaching – Rooting and opening the mouth
- Sucking – Stimulated by the presence of the nipple on the palate.

- A calm, attentive state promotes and optimizes baby feeding behaviours.
- Baby-led latching is not prescriptive, but rather is supportive of the baby's inherent capacity to self-attach, with the mother and baby adjusting to each other until they find a comfortable position (Smillie, 2005).
- Optimal positioning and latching will help the baby to suck effectively. These are essential for successful breastfeeding. It is recommended that positioning and latching be assessed before discharge from hospital and when any breastfeeding problems occur.
- Both mother and baby need to be in a comfortable and well supported position.
- Newborns until 3–4 months of age are reliant on positional stability for smooth, calm execution of the complex sequence required for attachment and the suck-swallow-breathe cycle (Smillie in Genna, 2008).

**Biological Nurturing**, based on the work of Suzanne Colson, promotes maternal postures that facilitate instinctive behaviours and primitive neonatal reflexes that support positive breastfeeding behaviours. The mother leans back in a semi-



reclined position so that she is completely comfortable, feels supported and relaxed, and “nests” the baby on her chest in close apposition with the maternal contour. Colson calls this “body brushing”. This appears to release primitive neonatal reflex-like movements that facilitate breastfeeding; this may even occur when the baby is lightly dressed. In addition, the mother’s posture facilitates release of oxytocin, promoting milk release and stress modulation (Colson, 2010) (see also *How the Breast Works* regarding oxytocin and *Protocol #1: The Initiation of Breastfeeding*).

- Effective positioning and latching will help prevent many breastfeeding problems such as sore nipples, mastitis, low breast milk supply, and poor weight gain of the baby.
- Some babies are able to latch and suck well immediately after birth, while others need more help and practice. It is important for mothers and babies to learn effective positioning and latching in the first few weeks after birth, when breastfeeding is being established, for ongoing breastfeeding success.
- It is important that the baby’s head be tilted slightly back so that the chin touches the breast first. If the chin tilts forward towards the breast, the baby will approach the nipple at a narrow angle, which will result in a shallower, less comfortable, and less effective latch (Wiessinger, 1998).

**Instinctive Feeding Position** – Baby is stable, head lifted and tilted back, and approaches the breast with the chin and mouth leading. Baby is able to attach in a deep latch, creating a seal that facilitates sucking and transfer of breast milk.

**Asymmetric Latch** – Describes a “deep latch” where the baby is in the instinctive feeding position, taking in more of the tissue of the lower aspect of the breast. This can help the baby manage the flow of breast

milk. Colson has observed that babies fed in the Biological Nurturing laid-back position may latch more centred on the breast, but are able to self-adjust and manage the flow of breast milk (Colson, 2008).

**Terminology** – The terms “latching” and “attachment” both appear in reference and resource materials and may be used interchangeably. The term “attachment” tends to be used in Australian and European materials.

- The mother’s hand should not be on the back of the baby’s head, as this often causes the baby to arch away from the breast (Lauwers & Swisher, 2011).
- Some mothers seek specific directions. The four most common positions or holds are described in Genna.
- Breastfeeding is an ever-changing landscape. As the baby grows, the position that the baby and mother find most comfortable for breastfeeding will often change or may need to be reassessed if difficulties arise.
- Some mothers and babies may establish positions that successfully support breast milk transfer but may not reflect any of the positions described here or in any other text. There is no need to intervene or change something that is working for that mother and baby. Remember, “If it’s not broken, don’t fix it.”
- The Baby-Friendly Initiative recommends that most teaching and breastfeeding support should be done in a *hands-off* manner. Since the goal is for mothers to be able to latch their babies independently, it is important for staff to request permission before touching the mother or baby and to take a hands-off approach as much as possible. A *hands-on* approach is only used after asking permission and when additional help is deemed necessary (BFI Step 5, BCC, 2011).

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