

Latches and Positioning

http://www.pedsalex.com/breastfeeding.php

☐ General Tips

- Bring baby to breast, not breast to baby
- Support your breast: when holding your breast, align your thumb with your baby's nose
- For cradle and cross-cradle hold, mother and baby should be belly-to-belly
- Wait for baby to open wide before bringing baby to breast
- Baby's lips should always be flanged like a fish
- If latch is painful, place your finger inside baby's mouth to break latch, and try again
- It's called *breastfeeding*, not *nipple-feeding*. Ensure your baby has a deep latch onto the areola and is not hanging onto the nipple tip

☐ Correct Latch





☐ Incorrect Latch



Incorrect Latch-on Lower lip is tucked in Mouth does not cover aerola



Incorrect Latch-on Mouth does not cover aerola

☐ Result of an Incorrect Latch

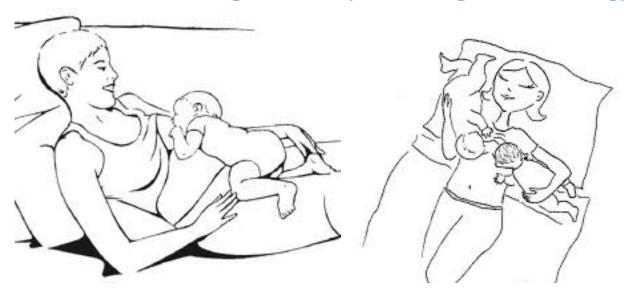


Symptoms of Mastitis



The main symptoms of mastitis are: breast pain, swelling, redness, fever, enlargement, changed nipple sensation, discharge, itching, tenderness, and/or a breast lump.

☐ Laid-Back Nursing Position (aka Biological Nurturing)



☐ Cradle Position



Works best if:

- You are comfortable with breastfeeding
- You baby is at least 1 month old

☐ Cross-Cradle Position



☐ Football/Clutch Position



Works best if:

- You are learning to breastfeed
- You have a small baby
- You have large breasts
- You have flat or sore nipples
- You had a caesarean birth

Works best if:

- · You are learning to breastfeed
- Your baby is having trouble latching
- You have a small baby

☐ Side-lying Position



Works best if:

- It's too painful to sit
- You had a caesarean birth
- You want to rest when you breastfeed
- You have large breasts