



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 areola



Incorrect Latch-on
Mouth does not cover
areola

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
- Your baby is at least 1 month old

Cross-Cradle 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

Football/Clutch Position



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