

## Latching your baby on

We'll talk here about several different ways that many mothers find helpful. The principles are the same. The target is for you and your baby to find what suits you.

### Where your baby lies (sometimes called positioning)

Find a way that you both like - as long as your baby is close and facing you, is supported by you in whatever way you are both comfortable. Having your baby's head and neck in a straight line makes it easier for your baby to latch on. He might also find it easier if his chin is not too close to his chest - a rule of thumb is to try to avoid any positions that you, as an adult, would find it difficult to drink from a glass.

### How your baby latches on (sometimes called attachment)

Your baby needs to take a big mouthful of breast (your nipple is only one third of what is in his mouth). His chin will be into your breast and his nose will be out of your breast. He'll look as though he has big full cheeks and you'll see his lower jaw working. You probably won't be able to see his lips but his lower lip will be rolled back and there will be a wide angle between his lips.

### What do you expect?

You feel a drawing sensation within your breast

You see that your baby's chin is indenting your breast and his nose is out  
When you look at your baby's mouth on your nipple, he looks to be off-centre. You'll see more of the darker area around his top lip than his lower lip (see the centre page photo in "Off to the Best Start" leaflet, DH)

You see that your baby starts off suckling with quick little sucks to get your milk flowing, then settles into deeper rhythmic sucks with pauses every now and again

Your baby starts to relax, his fingers unfurl and sometimes his toes wriggle with pleasure

You may feel "letdowns" (tingling or warm sensations in your breast) as your milk comes through

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### Your baby's suckling rhythm

You'll notice that after those quick little sucks your baby settles into a slower deeper rhythm using his lower jaw. You'll see him "suck, swallow, suck, swallow" and every now and again he'll pause before starting again. As you breast becomes softer, the milk is even more creamy so he has to change his suckling pattern to cope. He'll go "suck, suck, suck, suck, swallow" using a lighter, more fluttery suck - he's now on pudding. If you leave him there until he brings himself off then he'll get lots of breastmilk.

### What you can see when things are not quite right

Your baby's nose is tucked into your breast

His lips look pursed

No change in his suckling pattern

He has hollow cheeks when he is sucking

Your baby doesn't relax and instead is fractious and uptight

Your nipple looks squashed at the end of a feed

### What you can feel when things are not quite right

PAIN

You are not enjoying breastfeeding

### How can you help your baby?

Hold your baby in such a way that he can make his way to your breast. The rest is up to him. Think of it this way - mothers don't breastfeed, babies do the breastfeeding! It can help a lot of babies if you line him up with his nose against your nipple.

### So how does he do it?

Your baby needs to use the reflexes that he was born with - rooting, gaping and so on. He has to open his mouth wide - now he's off centre to your nipple. It looks a long way from there and the temptation can be to help him but he can tilt his head back and stretch to reach. His chin will come into your breast first, then his lower jaw will scoop up most of the breast, that is what rolls his lower lip back, then he'll put his top lip over your nipple. It will look off-centre (or asymmetrical as its called in some books). Allow him to do this by staying out of his way. For instance as he needs to be able to tilt his head back, try to leave his head free to move rather than restricting it.

This is a basic information sheet although GBSN hopes that it answers some of your questions. If you have further questions you may like to phone a Breastfeeding Counsellor. A list of their phone numbers may be found in the pink leaflet that you brought home from hospital "where to find support when breastfeeding". National Breastfeeding Helpline numbers are on the website. For convenience your baby may be referred to as "he". Written by Elizabeth Mayo, 2009.

My baby won't/can't open his mouth - what can I do?

You'll see when he cries just how wide he can open his mouth. However you may find that if you wait until he is crying to feed him, you both get tense. On the other hand, if you watch him to see when he gives you feeding cues as he's coming out of a sleep (sniffing, licking his lips, moving his tongue around - long before he starts to actually cry), gently sliding him to your breast (without disturbing him to change his nappy) is when you may get the widest open mouth. This is because that "quiet alert state" as he rouses is when his suck and swallow is most co-ordinated.

Another good way that many mothers love and find very gentle is to snuggle down with your baby. Skin to skin is great if you can do this otherwise just take off as many clothes as possible. Then find a comfy position for both of you and give him time to see what happens. Your baby may relax and settle into a deep sleep. You wait about an hour or so when he'll start to rouse and then use his instincts to find his own way to your breast. This can be very relaxing for both of you and you don't have to worry about how you're holding your baby because often they prefer not to be held at all.

You may like to have a look at [www.biologicalnurturing.com](http://www.biologicalnurturing.com) or borrow the Mandy and Matt video which is held by some groups which looks at co-bathing.