

## 2. Signs of good positioning

Whatever position is used, the same four key points are used to help the baby be comfortable. The baby's body needs to be:

- **In line**; with his ear, shoulder and hip in a straight line, so that his neck is not twisted or bent forward or too far back.
- **Close** to the mother's body, so the baby is brought to the breast rather than the breast taken to the baby.
- **Supported** at the head and shoulders and, if newborn, the whole body.
- **Facing** the breast with baby's nose to the nipple as he comes to the breast.

Good Positioning



Poor positioning



## Breastfeeding - Latching and Positioning of Baby



Breastfeeding is a process that takes time to master. Babies and mothers need to practice. Keep in mind that you make milk in response to your baby suckling at the breast. The more milk your baby removes from the breasts, the more milk you will make.

As soon as baby is born the next steps can help you to establish breastfeeding:

- Place baby skin-to-skin on your breast and breastfeed as soon as possible after birth. The baby's suckling reflex is strongest in the first hour after birth, making it the easiest time for mother and baby to learn how to breastfeed. Baby should stay there for at least 1 hour.
- Immediate breastfeeding causes the uterus to contract which helps easy delivery of the placenta and prevents too much bleeding.
- The colostrum (first milk) helps baby to pass meconium (first stool), it protects baby from illness and keeps blood glucose from falling.
- Ask someone with experience to help you. Ask the staff not to give your baby formula, unless it is for a medical reason.
- Ask that your baby stay with you day and night so that you can breastfeed often.
- Try to avoid giving your baby any dummies or teats so that baby gets used to latching onto your breast.

## Bringing Your Baby to the Breast.

The steps below can help you get your baby to "latch" on to the breast to start suckling. Remember that there is no one way to breastfeed.

Hold your baby, wearing only a nappy, against your bare chest. Hold the baby upright with baby's head under your chin. Your baby will be comfortable in that cosy valley between your breasts. Place a blanket

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M Gilfillan, E van Rooyen

*Your guide to breastfeeding, U.S. Department of Health and Human Services, 2011*

across your baby's back and bring your bedcovers over you both. Your skin temperature will rise to warm your baby.

### **Skin-To-Skin Contact**

- Calms mother and baby and helps them to bond with each other.
- Helps to regulate the baby's heartbeat, breathing and temperature.
- Baby cries less, causing less stress and energy use.
- Helps baby's metabolic adaptation and blood glucose stabilisation.
- Allows baby to find breast and self-attach, ensuring effective suckling.

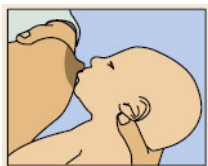
Support baby's neck and shoulders with one hand and hips with the other. Your baby may move in an effort to find your breast.

Your baby's head should be tilted back slightly to make it easy to suck and swallow. With baby's head back and mouth open, the tongue is naturally down and ready for the breast to go on top of it.

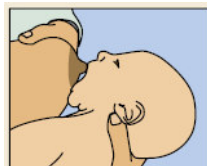
Allow your breast to hang naturally. When your baby feels it with the cheek, baby may open the mouth wide and reach it up and over the nipple.

### **Getting your baby to latch correctly**

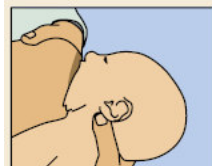
When awake, baby will move head back and forth, looking and feeling for the breast with baby's mouth and lips. At first, your baby's nose will be lined up opposite your nipple.



As baby's chin presses into your breast, baby's wide open mouth will get a large mouthful of breast for a deep latch. Keep in mind that baby can breathe at the breast.



Tilt baby back, supporting baby's head, upper back, and shoulders with the palm of your hand and pull your baby in close.



### **Signs of good or poor attachment**

#### **Good attachment**

Chin touching breast (or nearly so), mouth wide open, lower lip turned outwards.

Areola: more visible above baby's mouth than below the mouth.

Baby has nipple and most of areola in mouth



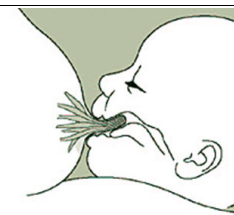
#### **Poor attachment**

Chin away from breast. Mouth not wide open.

Lower lip pointing forward, or turned in.

Areola: more visible below than above, or equal amounts.

Baby has only nipple in mouth and is unable to suck properly



### **3. Breastfeeding positions**

#### **Lying down on side position**

Helps a mother to rest. Comfortable after a caesarean section. Take care that baby's nose is on a level with mother's nipple, and that baby does not need to bend his neck to reach the breast.



#### **Cradle position**

Baby's lower arm is tucked around the mother's side. Not between the baby's chest and the mother. Take care that baby's head is not too far into the crook of the mother's arm that the breast is pulled to one side, making it difficult to stay attached.



#### **Cross arm position**

Useful for small or ill baby. Mother has good control of baby's head and body, so may be useful when learning to breastfeed. Take care that the baby's head is not held too tightly, preventing movement.



#### **Underarm position**

Useful for twins or to help to drain all areas of the breast. Gives mother a good view of the attachment. Take care that baby is not bending his neck, forcing the chin down to the chest.

