



Tips for Latching

- Set up a comfortable nursing "station" in the space most convenient to you. Have your pillow, breast pump, and any feeding devices used ready for use. Stock the space with snacks and bring a drink with you each nursing session.
- Baby should be alert prior to feeding. If baby is sleepy, undress and nurse skin-to-skin. Keep lighting soft to encourage baby to open eyes. Changing the diaper and placing him in an upright position may help to alert the baby more easily.
- Hand express or pump for 1-2 minutes until milk is dripping prior to attempting latch. If using a nursing pillow, most women need to place it at the bra-line for proper positioning.
- Allow baby to "practice" sucking on your finger for a few seconds prior to latching to help coordinate the sucking motion. Gently circle the finger around the mouth to elicit the rooting reflex. Wait for baby to open WIDE. This may take up to a minute.
- If nursing in cross-cradle hold, place hand in U-shape, underneath the breast, with thumb and forefinger at the outside edge of the areola. Compress the areola if needed to help it fit further back into your baby's mouth. See a great example of this technique at <http://globalhealthmedia.org/videos/breastfeeding/> Watch the video for mothers entitled "Attaching Your Baby at the Breast."
- Visualize placing the nipple far back on the baby's tongue, with chin touching breast.
- Support the baby's head and your breast during the entire feeding, if baby tends to pull to tip of the nipple, latch becomes uncomfortable when unsupported, or if baby has trouble maintaining latch.
- Listen and look for swallowing. Swallowing will be more frequent at the beginning of feeding and slow toward the end of feeding. When baby will no longer swallow, even when compressing your breasts, offer second side or end feeding.
- If the latch doesn't become comfortable after a minute or so, try to adjust the lips to flange out, by gently pulling down on the chin. If latch is still uncomfortable, break the seal by placing your finger in the corner of baby's mouth and sliding it to the tip of your nipple, then push the nipple in. This technique should comfortably break the suction and allow baby to un-latch. If baby tends to compress or "pinch" nipples during the feedings, take him/her off after the first let-down and manually roll your nipple between the fingertips until it resumes its normal shape, then re-latch baby with a wider latch.
- Compress the breast for the last few minutes of the feeding to increase intake of the nutritious hind milk. Breast compression keeps the milk flowing and may increase the amount of milk baby consumes. This is especially helpful for early or small babies, and any baby who has an uncoordinated or weak suck. Breast compression during pumping increases volume and studies suggest that it increases overall production as well. Watch a great video of breast compression while pumping at <http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>