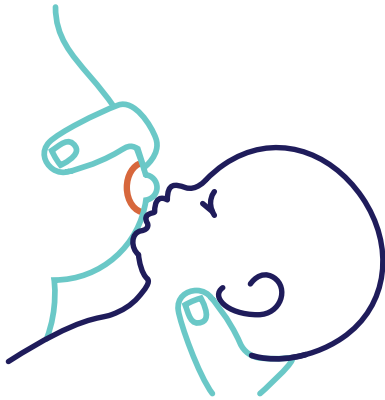


GETTING YOUR BABY TO LATCH

If your baby is still having problems latching on, try these tips:



Tickle the baby's lips to encourage him or her to open wide.



Pull your baby close so that the chin and lower jaw moves into your breast first.



Watch the lower lip and aim it as far from base of nipple as possible, so the baby takes a large mouthful of breast.

SOME BABIES LATCH ON RIGHT AWAY, AND FOR SOME IT TAKES MORE TIME.

“When my son was born four years ago, we had a very difficult time breastfeeding because he wasn't latching correctly. He seemed almost lazy and disinterested in eating. In the first two weeks, he lost quite a bit of weight and appeared gaunt and fussy. Naturally, I was nearly frantic with worry. Luckily, I connected with an amazing lactation consultant. She put me on a rigorous, week-long regimen, which consisted of nursing, then bottle feeding breastmilk, then pumping every three hours. I was completely dedicated to the regimen, and when I met with her a week later, she was stunned by the results. My son had gained an entire pound, and she said he had developed a perfect latch. She called us the miracle mom and miracle baby! I was so proud of us. My determination paid off, and I enjoyed breastfeeding for seven months. — *Jill, Bridgewater, Massachusetts*



SIGNS OF A GOOD LATCH

- The latch feels comfortable to you and does not hurt or pinch. How it feels is more important than how it looks.
 - Your baby's chest rests against your body. She does not have to turn her head while nursing.
 - You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If areola is showing, you will see more above your baby's lip and less below.
 - When your baby is positioned well, his mouth will be filled with breast.
 - Your baby's tongue is cupped under the breast, although you might not see it.
 - You hear or see your baby swallow.
- Some babies swallow so quietly that a pause in their breathing may be the only sign of swallowing.
- You see your baby's ears "wiggle" slightly.
 - Your baby's lips turn outward like fish lips, not inward.
 - Your baby's chin touches your breast.

HELP WITH LATCH PROBLEMS

ARE YOU IN PAIN?

Many moms say their breasts feel tender when they first start breastfeeding. A mother and her baby need time to find comfortable breastfeeding positions and a good latch. If breastfeeding hurts, your baby may be sucking on only the nipple. Gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth. Then try again to get your baby to latch on. To find out whether your baby is sucking only on your nipple, check what your nipple looks like when it comes out of your baby's mouth. Your nipple should not look flat or compressed. It should look round and long or the same shape it was before the feeding.

ARE YOU OR YOUR BABY FRUSTRATED?

Take a short break and hold your baby in an upright position. Try holding your baby between your breasts with your skin touching his or her skin (called skin-to-skin). Talk or sing to your baby, or give your baby one of your fingers to suck on for comfort. Try to breastfeed again in a little while.

DOES YOUR BABY HAVE A WEAK SUCK OR MAKE ONLY TINY SUCKLING MOVEMENTS?

Your baby may not have a deep enough latch to suck the milk from your breast. Gently break your baby's suction and try again. Talk with a lactation consultant or pediatrician if you are not sure whether your baby is getting enough milk. But

don't worry. A weak suck is rarely caused by a health problem.

COULD YOUR BABY BE TONGUE-TIED?

Babies with a tight or short lingual frenulum (the piece of tissue attaching the tongue to the floor of the mouth) are described as "tongue-tied." The medical term is ankyloglossia. Babies who are tongue-tied often find it hard to nurse. They may be unable to extend their tongue past their lower gum line or properly cup the breast during a feed. This can cause slow weight gain in the baby and nipple pain in the mother. If you think your baby may be tongue-tied, talk to your doctor.

A GOOD LATCH

A good latch is important for your baby to breastfeed effectively and for your comfort. During the early days of breastfeeding, it can take time and patience for your baby to latch on well.

BREASTFEEDING HOLDS

Some moms find that the following positions are helpful ways to get comfortable and support their babies while breastfeeding. You also can use

pillows under your arms, elbows, neck, or back to give you added comfort and support. Keep trying different positions until you are comfortable. What works

for one feeding may not work for the next feeding.



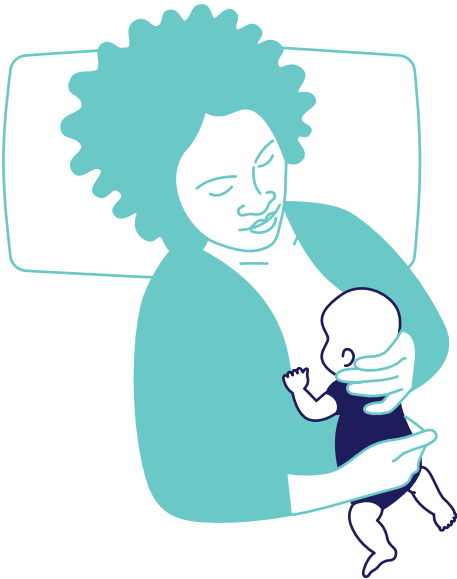
CLUTCH OR "FOOTBALL" HOLD: useful if you have had a C-section, or if you have large breasts, flat or inverted nipples, or a strong let-down reflex. This hold is also helpful for babies who like to be in a more upright position when they feed. Hold your baby at your side with the baby lying on his or her back and with his or her head at the level of your nipple. Support your baby's head by placing the palm of your hand at the base of his or her head.



CROSS-CRADLE OR TRANSITIONAL HOLD: useful for premature babies or babies with a weak suck because this hold gives extra head support and may help the baby stay latched. Hold your baby along the area opposite from the breast you are using. Support your baby's head at the base of his or her neck with the palm of your hand.



CRADLE HOLD: an easy, common hold that is comfortable for most mothers and babies. Hold your baby with his or her head on your forearm and his or her body facing yours.



LAI-D-BACK HOLD (STRADDLE HOLD): a more relaxed, baby-led approach. Lie back on a pillow. Lay your baby against your body with your baby's head just above and between your breasts. Gravity and an instinct to nurse will guide your baby to your breast. As your baby searches for your breast, support your baby's head and shoulders but don't force the latch.



SIDE-LYING POSITION: useful if you have had a C-section, but also allows you to rest while the baby breastfeeds. Lie on your side with your baby facing you. Pull your baby close so your baby faces your body.

TIPS FOR MAKING IT WORK

LEARN YOUR BABY'S HUNGER SIGNS.

When babies are hungry, they are more alert and active. They may put their hands or fists to their mouths, make sucking motions with their mouth, or turn their heads looking for the breast. If anything touches their cheek, such as a hand, they may turn toward the hand, ready to eat. This sign of hunger is called rooting. Offer your breast when your baby shows rooting signs. Crying can be a late sign of hunger, and it may be harder for the baby to latch if he is upset. Over time, you will be able to learn your baby's cues for when to start feeding.

FOLLOW YOUR BABY'S LEAD.

Make sure you and your baby are comfortable, and follow your baby's lead after she is latched on well to your breast. Some babies will feed from (or "take") both breasts, one after the other, at each feeding. Other babies take only one

breast at each feeding. Help your baby finish the first breast as long as she is still sucking and swallowing. Your baby will let go of your breast when she is finished. Offer her the other breast if she seems to want more.

KEEP YOUR BABY CLOSE TO YOU.

Remember that your baby is not used to this new world and needs to be held close and comforted. Skin-to-skin contact between you and baby will soothe his crying and also will help keep your baby's heart and breathing rates stable. A soft carrier, such as a wrap, can help you "wear" your baby.

AVOID NIPPLE CONFUSION.

Avoid using pacifiers and bottles for the first few weeks after birth unless your doctor has told you to use them because of a medical reason. If you need to use supplements, work with an IBCLC. She

can show you ways that are supportive of breastfeeding. These include feeding your baby with a syringe, a small, flexible cup, or a tiny tube taped beside your nipple. Try to give your baby expressed milk first. However, unless your baby is unable to feed well, it's best to feed at the breast.

MAKE SURE YOUR BABY SLEEPS SAFELY AND CLOSE BY.

Have your baby sleep in a crib or bassinet in your bedroom so that you can breastfeed more easily at night. Research has found that when a baby shares a bedroom with his parents, the baby has a lower risk of SIDS.

If your baby falls asleep at the breast during most feedings, talk to your baby's doctor about having the baby's weight checked. Also, see a lactation consultant to make sure your baby is latching on well.

VITAMIN D

Babies need 400 International Units (IU) of vitamin D each day. Ask your baby's doctor about supplements in drop form. Learn more about vitamin D and your baby's needs on [page 30](#).

MAKING PLENTY OF MILK

Your breasts will easily make and supply milk for your baby's needs. The more often your baby breastfeeds, the more milk your breasts will make. Babies try

to double their weight in a few short months, and their tummies are small, so they need many feedings to grow and be healthy.

Most mothers can make plenty of milk for their baby. If you think you have a low milk supply, talk to a lactation consultant. See [page 7](#) for other types of health professionals who can help you.