



# The Importance of Latch

## Nipple pain, engorgement, excessive weight loss, and jaundice

New mothers/parents sometimes run into problems with breastfeeding. Sometimes a single problem develops, but often a “cluster” of problems occur that all have the same cause. These four issues (nipple pain, engorgement, excessive weight loss and jaundice) are often seen together and are often the result of poor latch. You can likely avoid this by following these simple steps:

### Keep your newborn with you at all times

This allows you to respond to your baby quickly at any time that he seems to want to feed. Your baby needs to see, feel, and smell you. Studies show that babies are calmer, sleep better, and cry less when they are in constant contact with mom.

### Feed early and often

His first feeding should occur sometime during the first hour after birth and he should not be removed from skin-to-skin contact on your tummy until that first feeding is complete. For subsequent feedings, look for early feeding cues: licking and smacking his lips, sticking his tongue out, putting his fist in his mouth, turning his head to the side and opening his mouth (rooting reflex). Newborns normally feed 8 or more times each 24 hours. They don't follow a schedule. Night feedings are important at this stage.

### Use good positioning and check for a good latch

Your baby receives the most milk when he is well attached.

Some tenderness and sensitivity is normal at first, but pain is not. If breastfeeding hurts, the baby is not attached properly. Look for the following:

#### Positioning

Position your baby at breast height, using pillows to support his weight. Roll your baby “belly to belly” directly facing the breast. Line up your baby's nose with your nipple so he has to reach “up” to get the nipple.

**OR** Lay back and place your baby on top of you in any position that seems comfortable and natural.

Let your baby locate the breast (may take a few minutes) and latch himself.

### Offer the breast

Use a “sandwich hold” supporting the breast behind the areola and squeezing the breast gently to make it into an oval that fits in the baby's mouth. Keep your thumb near your baby's nose and the rest of your fingers on the opposite side of your breast. Stroke your nipple from your baby's nose to chin rolling out lower lip as you stroke down. Bring baby to the breast, not the breast to baby.

### Check the latch

Your baby's lips are flanged (rolled out), mouth open to 140o There should be no pain, no edged or creased nipple at the end of the feeding. Your baby's chin is touching your breast; his nose is free, with an asymmetrical latch (More breast tissue from the bottom of your areola is in the baby's mouth than from the top of the areola).

### Assess milk transfer

Wide jaw movements. Consistent sucking. Audible swallowing (after milk comes in).

