



Breastfeeding Guide

Positioning

- Ensure Mum is sitting in a comfortable position
- Knees may need to be higher than hips with use of a footstool to prevent back and shoulder discomfort, plenty of pillows/cushions as required to enable holding baby comfortably
- Line baby up in the 'sniff' position, with nipple just above baby's top lip.
- Tuck baby in close to Mum's body with baby's ears, shoulders and hips aligned
- Support baby's shoulders, back and bottom snug into Mum's body without twisting or stretching.

Attachment

- Support baby's shoulders to keep chin tucked in close, touching the breast, and the nose is clear
- Await a wide open gape; expressing some milk onto the nipple and moving baby's nose against the nipple may help
- As baby opens mouth wide, quickly bring baby's shoulders in closer, so the chin is leading
- If a wide gape is not achievable, try holding the breast to shape it more like a burger or sandwich, so easier to grip onto and encourage a deeper latch.
- Ensure the nipple stays pointing to the roof of baby's mouth as much as possible.
- Aim to keep the chin tucked in close, with plenty of breast between baby's lower lip and the nipple
- Always bring baby to breast (rather than breast to baby) and keep the breast in its natural position
- A deep latch will be asymmetrical with more areola by the top of baby's mouth and plenty of breast in baby's mouth - this allows the nipple to reach far back to the soft part of baby's palate
- The cheeks will be full and round and close into the breast
- Baby's top lip will be in a neutral position
- Try reclining to help maintain a deeper latch

Good Milk Transfer

- Initially baby's suckling pattern will be quick sucks to encourage milk let down
- The sucking will change to become longer and deeper with lots of swallows and some pauses
- Baby will have deep, strong and rhythmical jaw movements
- Mum will feel strong, drawing sucks (not pinching!) which should last throughout the feed
- When baby has finished he/she will release the breast and appear satisfied; the breast should feel soft and well drained.
- If baby is sucking on the nipple only, or if it is painful, or if the suckling is noisy with 'clicking' this usually means the latch is not great and it will be more difficult for baby to feed well
- If baby does not have a good latch, place a clean finger in the mouth between the cheek and the breast to gently release the suction, and re latch
- If baby becomes sleepy, wake and re latch, and try breast compressions (long squeezes of the breast)
- Ensure 1st side is drained as much as possible, and feels soft, before offering the 2nd side
- The fat content is higher toward the end of a feed, and is important for baby to feel full, gain weight and aid digestion - thus preventing excess wind and discomfort
- Good draining of the breast is important for hormonal feedback to produce more milk - 'supply and demand'
- If baby is sleepy and not drinking well with deep jaw movements and swallows, and compressions are not working - try swapping sides. This encourages more letdowns, which helps baby to take more milk. This may be necessary several times during a feed.

Breastfeeding should be enjoyable and relaxing - a precious time to bond with your baby, with the knowledge that you are giving your baby and yourself the very best chance for a healthy future.

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