

# 5 Steps to Positioning and Latching Your Baby

A patient of mine said the FUNNIEST thing to me the other day. She was explaining to her husband that getting their baby to latch was a process. She then asked, "What do you think, baby and nipple are just magnets that automatically connect?" IF ONLY.

The preference of breastfeeding positions may vary between each nursing duo. However, the fundamentals are the same! Latching can be a learning process. Here are my 5 steps to latching a baby, plus a little extra!



## Belly to Belly

When you are positioning your baby to nurse, you want the baby's belly to be up against your belly or breast (depending what nursing position you are using). Their hips and shoulders should be in line. Meaning the baby's head, shoulders, hips, and knees should be facing you. Not just their head. If their body is turning away, that means their head will be pulling that way too. This adds distance between your breast and baby's mouth, which can lead to a shallow latch.



## Baby's Weight Supported

The way you support your baby's weight will be dependent on the position you choose to breastfeed in. Bottom line, your baby should feel completely supported. You can use the semi reclined or laid back position to support their weight on top of you. Or use your elbow, forearm, and hand in the cradle, cross cradle, or football position. Nursing supports are also a great tool to help support your baby in a good position. I like to compare not feeling supported and nursing to waking up after the first few seconds of your dream when you fall and jerk awake. We DON'T want your baby to do that with your nipple in their mouth!



## Support at the Back of the Ears

Your baby will need your assistance to keep their head supported. However, you do not want to hold the back of their head. Their head needs to be able to tilt back in order for them to open their mouth as wide as possible. Instead, hold your baby at the nape of their neck or behind their ears. This way, they are supported but still able to maneuver their head as needed to latch.

### Activity time!

Tuck your chin into your chest and try to open your mouth. How much can you open it? Now tilt your head back and open your mouth. How much more could you open it? It is the same for your baby. We don't want your baby's chin tucked, because then their jaws range of motion is limited and won't be able to open as wide.



## Hands Free

When nursing, your baby's hands should be free and placed on each side of your breast, like they are hugging it! If their hands are placed between their body and your breast, it adds distance between their mouth and your nipple. Making it difficult to get a nice, deep latch. Not to mention, they will use their hands to add stimulation while nursing. Those pushes, kicks, squeezes, and twiddling actually help promote your milk ejection reflex ("let down")!



## Nipple to Nose

Now that your baby is nice and close to your breast with little distance between them and you, your nipple should be very close to their face. At this point, it's a good idea to try to align your nipple with their philtrum. What is that you ask? That is the space between your upper lip and nose. When your baby feels and smells your nipple they will instinctively try to open wide and latch. Aligning the nipple to the nose, allows for a great angle for your nipple to enter along the roof of their mouth (hard and soft palate), where your nipple will travel during their nursing session.

## Extra! Extra!

Sometimes it can be helpful in assisting a baby in getting that upwards angle of your nipple. By applying pressure above your areola, the tip of your nipple will point a bit upwards. Even exposing a bit more of the bottom of your areola, which is where the bottom of your baby's mouth should sit. Your baby's mouth should actually form an off centered bulls eye around your nipple.



## Ready, Set, LATCH!

As your baby opens wide, using your hand that is supporting their head behind the ears, you can pull them in closer. With their nose in line with your nipple, their chin should be the first part to come in contact with your breast (right about at the bottom of your areola). The nipple enters into their mouth and they latch and suck. If for whatever reason the latch is painful, insert your finger at the corner of their mouth to break suction. Then attempt to latch again.

Breastfeeding should NOT be painful. If you are practicing all of these steps to latching, and still experiencing pain – PLEASE reach out for support from a lactation provider. They can assist with any latching difficulties.