

Helping Your Baby Take the Breast

USING YOUR BABY'S HARDWIRING

Did you know that babies are born with the reflexes they need to get to the breast and feed without help? This is true of all mammal newborns, including our own. Knowing about your baby's inborn hardwiring takes the pressure off you to do everything "right." Your baby knows what to do! Just get her into position and cheer her on.

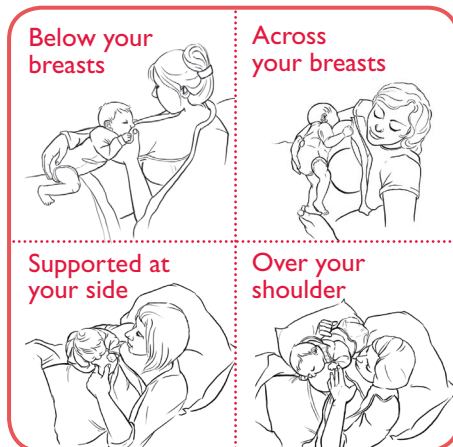
LEAN BACK

Your baby's hardwiring works best when gravity helps. To make it easier for your baby, lean back with good neck, shoulder, and back support and your hips forward. (Think about how you sit when you watch your favorite TV show.) Lay your baby tummy down between your exposed breasts. When your calm, hungry baby feels your body against her chin, torso, legs, and feet, this triggers her feeding reflexes. When her chin touches your body, her mouth opens and she begins to search for the breast.

This kind of position is sometimes called "laid-back breastfeeding." After birth, leaning back to feed can make breastfeeding easier while you're learning. Gravity keeps your baby against your body. Feedings are more relaxing because you don't have to support your baby's weight with your arms. Whatever position you use, make sure your neck, head, shoulders, and arms are well supported so you can be comfortable for a long while.

ADJUST FOR COMFORT

To find your best positions, adjust first how far you lean back. This is easy to do in a hospital bed. You can also adjust your baby's position on your body (see line drawings). Babies can go to



Just like anything new, breastfeeding takes practice. But it won't be long before it feels like second nature to you. In the meantime, here are some tips.



the breast from many angles. Your baby can lie tummy down below your breast either straight or at an angle.

After a cesarean birth, so that your baby's weight does not rest on your incision, try other angles. Lay her across your breasts or use a pillow to support her at your side. You can even bring her to breast from over your shoulder.

There is no one "right" breastfeeding position. Do what feels best to you and your baby. Because women have different body types, what works well for your friend may or may not work well for you.

OTHER POSITIONS

After you've had some practice with laid-back breastfeeding, you may want to try sitting upright to feed. If so, find a seat with good back support. Try a footstool and/or pillows to see if they make you more comfortable.

When sitting up, many mothers like to hold their baby in front. You can support your baby's back and head with your forearm near your wrist. Or, you can support your baby's back and head with your hand from the side of the unused breast. The baby can also be held along your side. Some mothers with large breasts find it is easier to cuddle their baby close in this position and enjoy having a better view of their baby's face.



“Practice learning to breastfeed on your side during your waking hours.”

Learn to breastfeed while lying on your side so you can rest and sleep while you feed. To master this position, use the photo above as a starting point. Practice during your waking hours. No one learns best when half asleep.

In all positions, check for the following:

- Your baby’s head, shoulders, and hips are in line, not twisted or turned.
- She is directly facing the breast, no head-turning needed.
- Her body is pressed against yours, with feet, bottom, and shoulders pulled in close (no gaps).
- Her head is free to tilt back a bit, and she comes to the breast chin first.

TAKING THE BREAST DEEPLY

Your breastfeeding comfort also depends on where your nipple lands in your baby’s mouth. And this depends on how deeply your baby takes the breast, or latches on.

To understand this better, use your tongue or finger to feel the roof of your mouth. Behind your teeth and the ridges you can feel the roof is hard. When your nipple presses against this hard area in your baby’s mouth, it can hurt.

But farther back in your mouth, you can feel where the roof turns from hard to soft. Some call the area near this “the comfort zone.” When your nipple reaches your baby’s comfort zone, there is no undue friction or pressure on your nipple.

In laid-back positions, gravity helps the nipple reach the comfort zone. In other positions, you need to work harder to help your baby take the breast deeply. As your baby latches:

- With your baby’s body pressed firmly against you and her nose in line with your nipple, let her head tilt back a bit (avoid pushing on the back of her head).
- Allow her chin to touch the breast then move away.
- Repeat until her mouth opens really wide, like a yawn.
- As she moves onto the breast chin first, gently press your baby’s shoulders from behind for a deeper latch.

That last gentle shove helps the nipple reach the comfort zone. Breastfeeding tends to feel better when your baby latches on off-center, so her lower jaw lands far from the nipple.



SIGNS OF DEEP BREASTFEEDING

- You feel a tugging but no pain. (In the first week or so you may feel some initial pain that eases quickly.)
- You may hear your baby swallowing.
- Both of her lips are rolled out.
- You see more of the dark area around the nipple above your baby’s upper lip than below.
- Your baby breastfeeds with a wide-open (not a narrow) mouth.

If breastfeeding hurts, seek help right away from a board-certified lactation consultant (IBCLC). The sooner you get help, the better.

SHAPING THE BREAST

If your baby has trouble taking the breast, shaping the breast may help. To do this, be sure your thumb and fingers run in the same direction as baby’s lips. (Imagine your thumb or finger as your baby’s moustache.) Keep



your fingers back, out of her way. By squeezing the breast a little, this “nipple sandwich” may be easier for her to grasp.

Where you put your hand to shape the breast varies by how the baby goes to breast. If she is lying across

the breasts, shape your thumb and fingers like a “U.” If you hold your baby along your side, shape your thumb and fingers more like a “C.” Remember, your fingers should run in the same direction as your baby’s mouth.

Breastfeeding is less work if your baby goes to the breast at breast level. Some babies do better early on if you support your breast. Others don’t need support. Do what works best.

This is general information and does not replace the advice of your healthcare provider. If you have a problem you cannot solve quickly, seek help right away.

Every baby is different, if in doubt, contact your physician or other healthcare provider.