



LATCH ON

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Your breastfeeding comfort depends on where your nipple lands in baby's mouth. And that depends on how 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, it feels hard. When your nipple is pressed against this hard area in your baby's mouth, it can hurt.

But if you go back farther in your mouth, you'll feel where the roof turns from hard to soft. Some have nicknamed this "the comfort zone." Once your nipple reaches your baby's comfort zone, breastfeeding feels good.

There is no undue friction or pressure on your nipple.



Figure 1 & 2

When your baby lunges toward the breast, support her body and:

- Adjust her body so it is facing yours (not turned or twisted), with feet, hips, and shoulders in a straight line, and pressed firmly against you with no gaps.
- Align your baby so that her nose is in line with your nipple.
- Let her head tilt back a bit. (Avoid pushing on the back of your baby's head.)
- Supporting the breast will make latching on and feeding easier in the early days. The hand is held in a C shape with the thumb on top of the breast and fingers underneath. Be sure the fingers are back away from the areola (the dark part of the breast around the nipple) so baby will be able to fully latch on. (*Figures 1.2.3*)
- Slightly lift the breast and lightly touch or tickle the baby's lower lip with the nipple. (*Figure 1*)
- Baby's mouth will open wide and his head will turn (if necessary) toward the nipple. This is the rooting reflex. (*Figure 2*)
- When baby's mouth is open wide (like a yawn) quickly pull baby in with his chin and nose touching the breast.
- As your baby lunges for the breast, give a gentle but firm push from behind her shoulders.
- Baby will probably have no trouble breathing since his nostrils are flared. If his nose is obstructed by the breast, pull his hips in closer to tilt the nose away from the breast or lift up on the breast a bit to clear the airway. Baby will then begin to suck.
- That last gentle shove helps the nipple reach the comfort zone. (*Figure 4*)
It tends to feel better when your baby latches on off-centre, so her lower jaw is as far from the nipple as it can be. This lets the nipple roll back into the comfort zone.
- If there is more than the slightest discomfort, or baby did not get latched onto an inch or so of the areola, gently insert a finger into the corner of the baby's mouth (*Figure 5*) or pull down gently on his chin to break the suction and try the entire process again. Be sure to pull baby in quickly when his mouth is open wide,



Figure 3

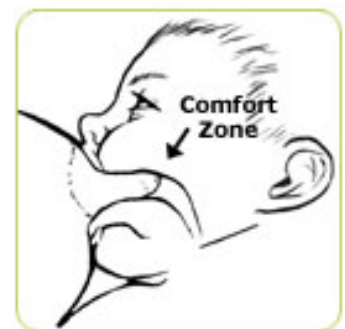


Figure 4



Figure 5



LATCH ON - Continued

SIGNS OF A GOOD LATCH-ON

- You feel a tugging at the breast but no pain. (In the first week or so, you may feel some pain at first that eases quickly.)
- You hear your baby swallowing.
- Both of her lips are rolled out. Baby's lips need to be flanged out. Check both upper and lower lips and if the lips are tucked gently in pull them out. The baby may need to be latched on again.
- Gently pull down on baby's lower lip to be sure tongue is cupped around the breast. You may need someone else to help you with this.
- You see more of the dark area around the nipple above your baby's upper lip than below, which means the latch, is off-centre as it should be.
- Your baby breastfeeds with a wide open mouth, not a narrow mouth.

When these things are confirmed and nursing is comfortable, the baby is properly positioned and latched on correctly.

Breastfeed until the baby's done. When she comes off the breast, burp her or change her diaper. Then, offer the other breast. Babies take one breast at some feedings and both breasts at other feedings.

If breastfeeding hurts, seek help right away from a board-certified lactation consultant (IBCLC). Nipple pain can almost always be fixed. The sooner you see someone who can help the better.

*This is general information and does not replace the advice of your physician or healthcare provider.
If you have a problem you cannot solve quickly, seek help right away.
Every baby is different, and your baby may not be average.
If in doubt, contact your physician or other healthcare provider.*