

# Latching and Feeding Management

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 [ibconline.ca/information-sheets/latching-and-feeding](https://ibconline.ca/information-sheets/latching-and-feeding)

The following information can be used to help your baby latch on and feed well. This approach is a good starting point when learning to breastfeed and is also helpful for addressing any and all breastfeeding challenges or concerns (including nipple pain, baby not getting enough milk from the breast, and blocked ducts).

Keep your baby close by, skin-to-skin if possible, as much as practical, and watch for early feeding cues (e.g. licking lips, bobbing or pecking on your chest, bringing hands toward the mouth). Offer the breast as soon as you see these cues – in other words, feed your baby on demand, when the baby is ready. Feeding by the clock results in difficulties in the short term and long term. The earlier you put the baby to the breast once he/she is showing signs of hunger, the less likely the baby is to be frustrated or angry the baby, and thus, the more likely he/she is to take the breast calmly. Note, crying is a late sign of hunger.

## 1. Latching the baby on to the breast

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How a baby takes the breast (latches on) can affect how well the baby gets milk and whether or not you will have nipple pain.

When latching babies in any position, these basic principles should always apply.

Avoid placing baby down in a feeding position until you are completely ready to latch baby the baby. The longer baby waits while you get ready (undoing your bra, etc) the more frustrated baby may become and the less open baby's mouth will be.

If latching in a cross-cradle or football position, place the webbed area between the index finger and thumb at the base of the baby's head or on the neck. Wrap the four fingers under the baby's face like a pillow. Keep the fingers together to support the weight of baby's head.

Use the side of your forearm to maintain pressure against the baby's bottom/bum/butt. This will result in the baby's coming to the breast so that the nipple automatically is pointing to the roof of the baby's mouth.

Align baby's upper lip to the nipple, though this will occur naturally if you maintain the pressure against the baby's bottom with the *side of your forearm*. Move the baby to the breast and not the breast the breast to the baby. The nipple should not be aligned with baby's chin or between baby's lips.

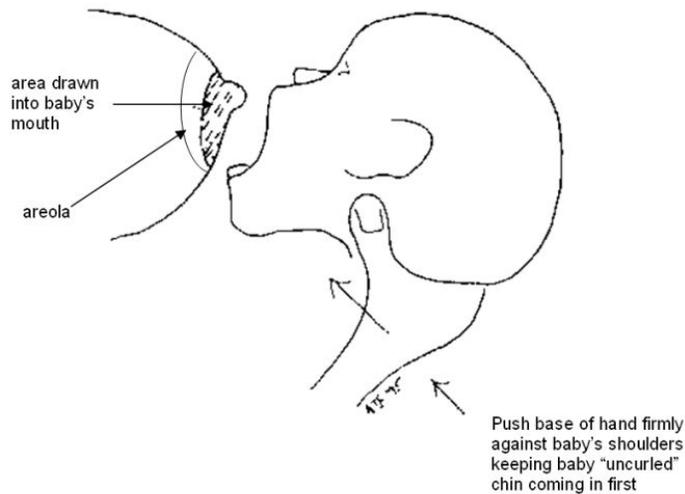
If latching in cross-cradle, tuck the baby's bottom half/bum tightly against your body with your elbow. Baby's head should be tilted back slightly so the nose is up and the chin is away from his/her chest. Again, this should occur without thinking too much about it if you maintain the pressure against the baby's bottom and have your hand under the baby's face (not on his neck or on his shoulder).

When the baby's mouth is open wide, bring the baby onto the breast by pushing between the baby's shoulder blades with your wrist and forearm. The baby's chin should press into the breast, while the nose never touches the breast. More of the areola will be covered by baby's bottom lip than the top lip.

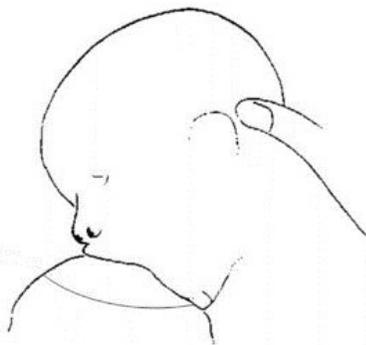
If baby is having a hard time latching or is hesitating, move mouth away slightly and then, run nipple along the baby's upper lip, from one corner to the other, until baby opens wide.

When latching you can support or shape the breast with your free hand. Be sure not to lift or move the breast towards the baby's mouth – move the baby toward your breast instead.

Hold baby close to you while breastfeeding – keep firm pressure between the baby's shoulder blades.



**WIDE MOUTH / GAPE**



Your view of baby when latched (cross-cradle position shown)

## 2. Drinking and Sucking

The baby is not getting milk just because the breast is in his/her mouth and baby is making sucking movements.

When a baby is getting milk, the sucking movements will show a longer drop and “pause” in his/her chin. This pause that is visible in the baby’s chin means baby is getting a mouthful of milk. The longer the pause, the more milk the baby got.

When the baby is sucking and not getting milk the chin moves down and up rapidly with no pausing of the chin at the maximum opening. See our video clips of babies drinking (or not).

When babies are sucking but not drinking, they either fall asleep at the breast (especially younger babies) or they pull at the breast. Some babies will do one thing at one feeding and another at another feeding. Some babies will appear to look uncomfortable or “gassy”, “fussy”, or “squirming” at the breast when sucking without drinking. Usually they are not reacting to gas, they are reacting to slower milk flow.

## 3. Breast Compressions

When the baby is sucking with only occasional drinking, use the technique of breast compression to increase the flow of milk to the baby. Start compressions before the baby gets too sleepy or fussy.

While the baby is sucking, use either hand to make a “C” shape to encircle the breast in any way that is comfortable for you.

Squeeze the breast firmly, but not so hard that it is painful.

Rather than “pumping” with your hand, keep a steady pressure as long as the baby is sucking, and relax your hand when the baby stops sucking. While you squeeze you should see the baby begin to drink. Continue compressions as long as they keep baby drinking. See the “Breast Compression” information sheet and video clips.

#### 4. Switch sides

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When the baby no longer drinks even with compressions, and *before* the baby gets too sleepy or fussy, switch sides and repeat the process. It may be useful going back and forth from one breast to the other as many times as needed as long as the baby is doing some drinking. Keeping the baby drinking by compressing and switching sides should keep the baby happy and awake. This will help the baby get as much milk as possible and make the feeding efficient.

If supplementation is needed, the best way to give it is with a lactation aid at the breast. Please add the lactation aid as recommended by your lactation consultant and depending on baby’s drinking and behaviour at the breast. See also the “Lactation Aid” information sheet.

#### 5. How to know baby is “done”

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Ideally , the baby will fall asleep or pull away from the breast while drinking and not from sucking without drinking. If you are ending the feed and trying to unlatch your baby but she/he wants to stay on and continues to suck, then it’s likely that the baby still wants more. Add compressions or switch sides to help the baby continue drinking.

If the baby is full, he/she will generally be content when off of the breast (even if put down) and may or may not go to sleep. If in doubt offer the breast again and use compressions from the beginning and switch sides as needed to keep baby drinking.

**The information presented here is general and not a substitute for personalized treatment from an International Board Certified Lactation Consultant (IBCLC) or other qualified medical professionals.**

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**Questions or concerns?** Email Dr. Jack Newman (read the page carefully, and answer the listed questions).

**Make an appointment at the Newman Breastfeeding Clinic.**