

ASSESSING A BREASTFEEDING FACTSHEET

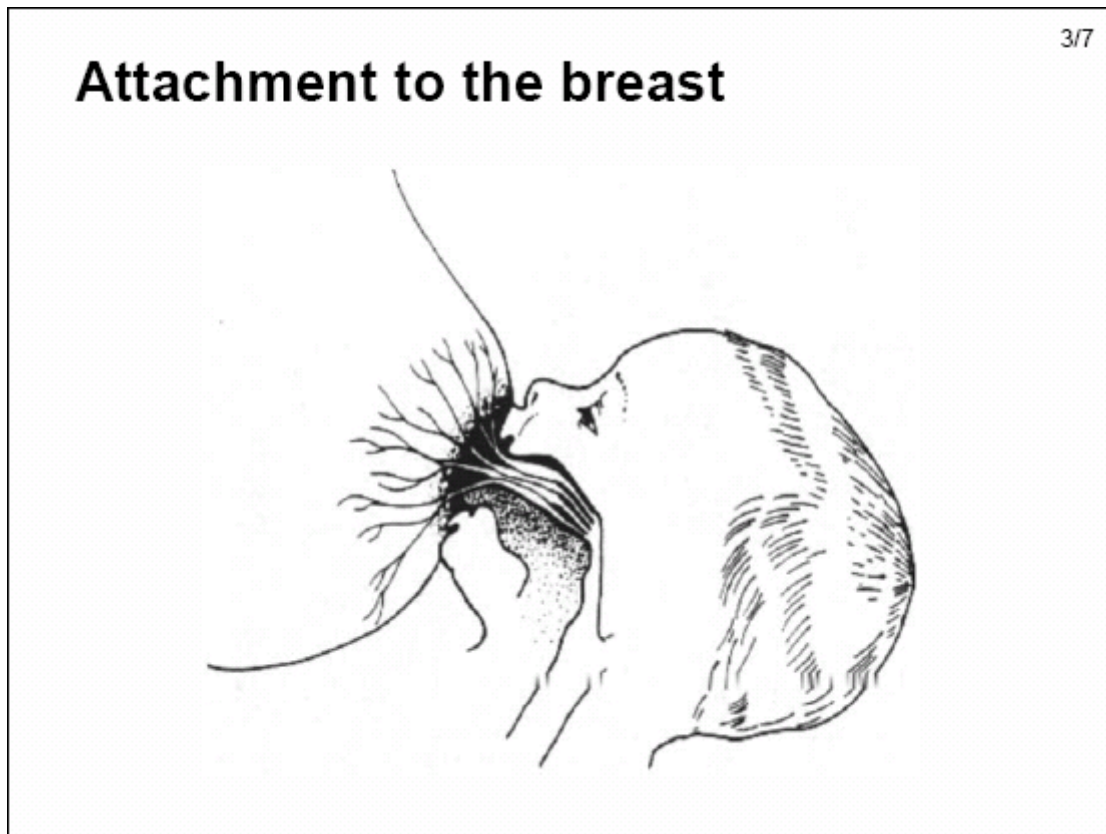
POSITIONING & ALIGNMENT TO BREAST

To establish and maintain a good latch position it is important that:

- ◆ the mother is relaxed and comfortable.
- ◆ **Baby Alignment:** the head is straight, ear, shoulder and hips in a line. The whole body should be facing mother if the "cradle, transitional or football" holds are utilized.
- ◆ **Legs tucked around:** clears nose
- ◆ **Do not lift breast:** bring baby to the natural position of the breast.
- ◆ **Breastfeeding:** babies breastfeed - not nipple feed - ensure baby achieves a deep latch of the breast - and latched for swallowing relative to lactation.
- ◆ **Breast Shaping:** this may be helpful if achieving a latch has been awkward for mother. If shaping to gain adequate latch the thumb or finger should "end up" a "moustache" for the baby! Release any pressure on the breast as soon as a latch has been achieved - remember not to lift the breast unless the mother is prepared to hold the breast throughout the full feed.
- ◆ **Firm / Full Breast:** difficulty latching may occur especially if baby has not latched prior to fullness occurring.
- ◆ **Transitional Hold:** this may assist a mother to latch her baby - changing to "cradle hold" once latch is achieved and baby is feeding well.
- ◆ **Large Breast:** face cloth (or similar) underneath could be helpful in the careful positioning of the infant. Mothers need to be able to "see what she is doing". Breast support may be necessary because breast weight can drag nipple from latch.
- ◆ **Tender Nipples:** seek help if this persists beyond the first few days of breastfeeding.
- ◆ **Long Nipples:** observe full feed to ensure baby is effectively breastfeeding and transferring an adequate intake.
- ◆ **Different Nipples:** different organs, different breasts.
- ◆ **Milk Removal Different:** breast to bottle.

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CORRECT ATTACHMENT TO BREAST



This diagram shows how a baby takes the breast into his mouth to suckle.

Notice these points:

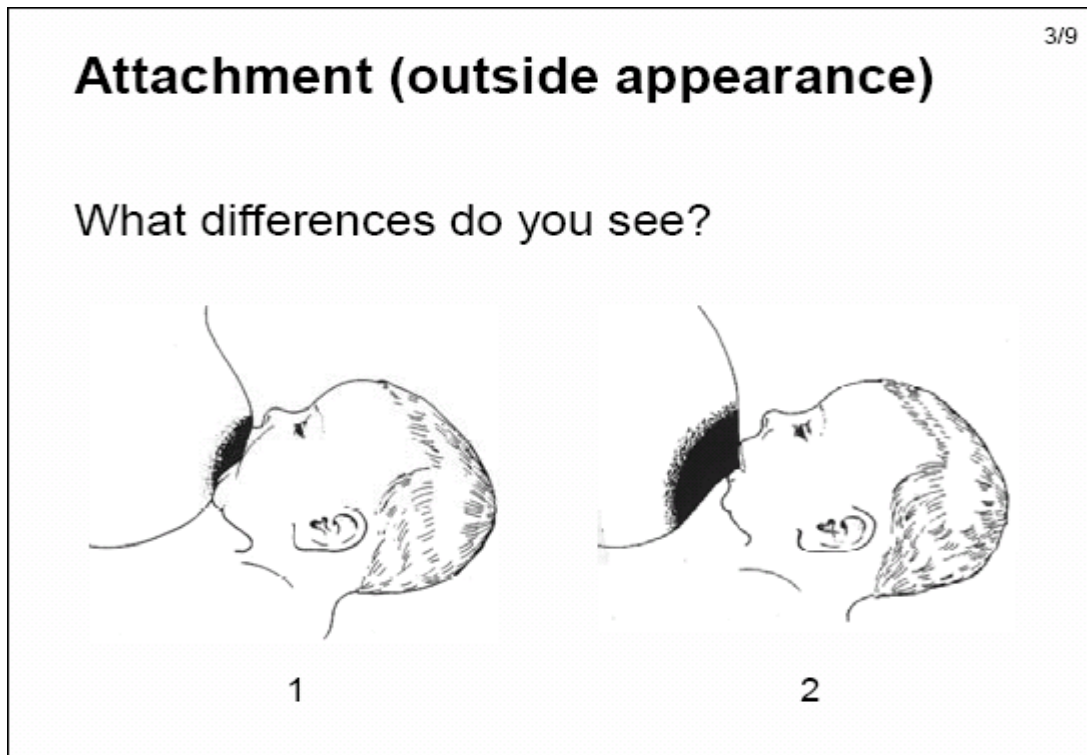
- ◆ The baby has taken much of the areola and the underlying tissues into their mouth.
- ◆ The larger ducts are included in these underlying tissues.
- ◆ The baby has stretched the breast tissue out to form a long 'teat'.
- ◆ The nipple forms only about one-third of the 'teat'.
- ◆ The baby is suckling from the breast, not the nipple.

Notice the position of the baby's tongue:

- ◆ The baby's tongue is forward, over their lower gums, and beneath the larger ducts.
- ◆ The tongue is cupped round the 'teat' of breast tissue. You cannot see that in this drawing, though you may see it when you observe a baby.
- ◆ The tongue presses milk out of the larger ducts into the baby's mouth. If a baby takes the breast into his mouth in this way, we say that they are well attached to the breast. The baby can remove breast milk easily and we say that they are suckling effectively.
- ◆ When a baby suckles effectively, their mouth and tongue do not rub the skin of the breast and nipple.

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GOOD & POOR ATTACHMENT TO THE BREAST



This picture shows the same two babies from the outside.

- ◆ In picture 1 you can see more of the areola above his top lip and less below his bottom lip. This shows that he is reaching with his tongue under the larger ducts to press out the milk. In picture 2 you can see the same amount of areola above his top lip and below his bottom lip, which shows that he is not reaching the larger ducts.
- ◆ In picture 1 his mouth is wide open. In picture 2 his mouth is not wide open and points forward.
- ◆ In picture 1 his lower lip is turned outwards. In picture 2 his lower lip is not turned outwards.
- ◆ In picture 1 the baby's chin touches the breast. In picture 2 his chin does not touch the breast.

These are some of the signs that you can see from the outside which tell you that a baby is well attached to the breast.

Seeing a lot of areola is not a reliable sign of *poor* attachment. Some mothers have a very large areola, and you can see a lot even if the baby is well attached. It is more reliable to compare how much areola you see above the baby's top lip and below his bottom lip.

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RESULTS OF POOR ATTACHMENT

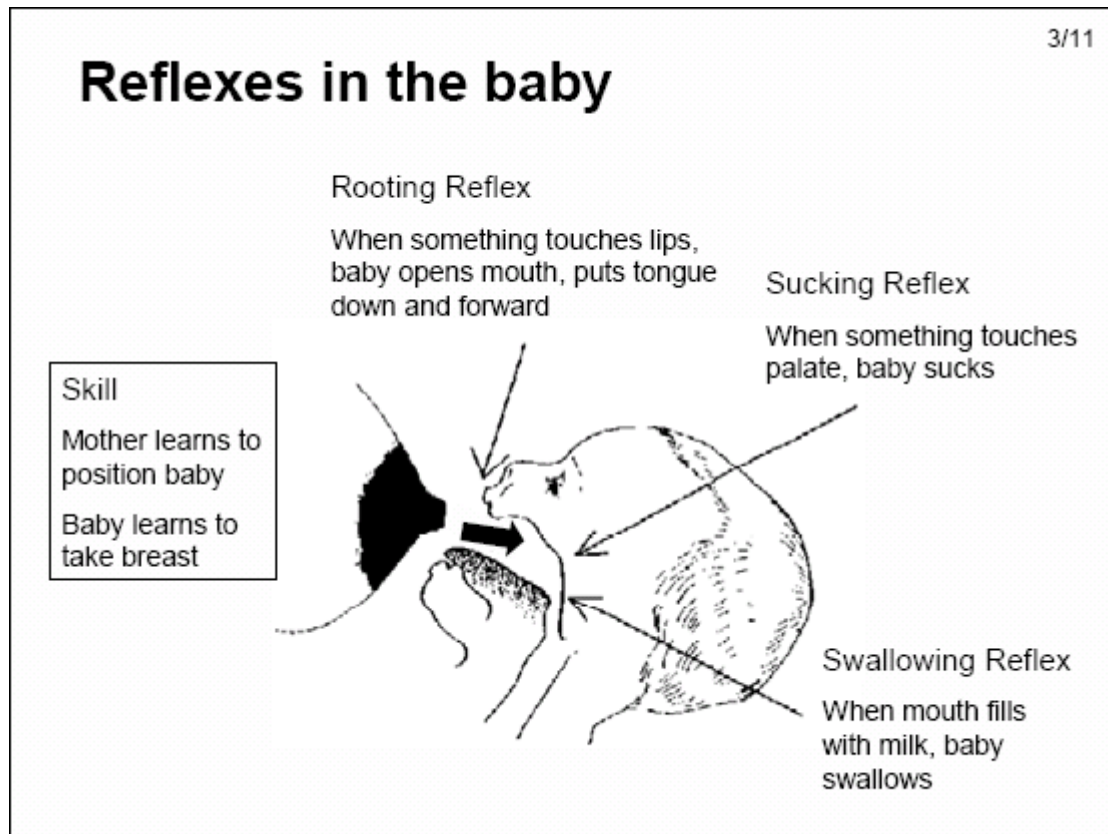
- ◆ Painful nipples
- ◆ Damaged nipples
- ◆ Engorgement
- ◆ Baby unsatisfied and cries a lot
- ◆ Baby feeds frequently and for a long time
- ◆ Decreased milk production
- ◆ Baby fails to gain weight

If a baby is poorly attached, and he 'nipple sucks', it is painful for his mother. Poor attachment is the most important cause of sore nipples.

- ◆ As the baby sucks hard to try to get milk they pull the nipple in and out. This makes the nipple skin rub against his mouth. If a baby continues to suck in this way, they can damage the nipple skin and cause cracks (also known as fissures).
- ◆ As the baby does not remove breast milk effectively the breasts may become engorged.
- ◆ Because the baby does not get enough breast milk, they may be unsatisfied and cry a lot. The baby may want to feed often or for a very long time at each feed.
- ◆ Eventually if breast milk is not removed the breasts may make less milk.
- ◆ A baby may fail to gain weight and the mother may feel she is a breastfeeding failure.
- ◆ To prevent this happening all mothers need skilled help to position and attach their babies.
- ◆ Also babies should not be given feeding bottles. If a baby feeds from a bottle before breastfeeding is established, they may have difficulty suckling effectively. Even babies who start bottle feeds after a few weeks may also begin to suckle ineffectively.

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BREASTFEEDING REFLEXES



There are three main reflexes – the rooting reflex, the sucking reflex, and the swallowing reflex.

- ◆ When something touches a baby's lips or cheek, they open their mouth and may turn their head to find it. The baby puts its tongue down and forward. This is the 'rooting' reflex. It should normally be the breast that they are 'rooting' for.
- ◆ When something touches a baby's palate, they start to suck it. This is the sucking reflex.
- ◆ When the baby's mouth fills with milk, they swallow. This is the swallowing reflex.

All these reflexes happen automatically without the baby having to learn to do them. Notice in the drawing that the baby is not coming straight towards the breast. They are coming up to it from below the nipple. This helps them to attach well because:

- ◆ The nipple is aiming towards the baby's palate, so it can stimulate its sucking reflex.
- ◆ The baby's lower lip is aiming well below the nipple so they can get their tongue under the larger ducts.

Reference: Infant & Young Child Feeding Counselling: An Integrated Course Session 3 - How Breastfeeding Works.