
Positioning and Attachment of Baby to the Breast

Fact sheet for Health Care Professionals

Breastfeeding

Breastfeeding can be a learned skill for mothers and babies and may take time and patience. Positioning and attachment of the baby to the breast is really important and is fundamental in ensuring the breastfeeding experience is positive for breastfeeding mothers, babies and their families. Some mothers benefit from much support and assistance to get their breastfeeding journey established while other mothers need minimal support.

It is the role of the health care professional to assess the needs of each individual mother and then to motivate, encourage, educate, and empower mothers to correctly and safely position and attach their baby to the breast. If positioning and attachment is well supported the challenges of reduced milk supply and soreness are significantly reduced. Achieving an optimal attachment at the breast is usually the only treatment needed for many breastfeeding challenges. 'Thorough antenatal breastfeeding education and correction of positioning and attachment in the first week after birth would assist in the prevention of nipple damage and subsequent infection' (Kent *et al*, 2015, p. 12262)

Principles of correct positioning and attachment to the breast

- All mothers should be offered assistance by the health care professional to position and attach her baby to the breast for baby's first feed and other feeds if needed
- Mothers should offer a breastfeed when the baby is demonstrating early feeding cues, these include baby starting to wake, eyelids fluttering before opening, moving his head from side to side, rooting, licking and opening and closing his mouth, and putting the thumb or fingers in his mouth. Crying is a late feeding cue
- There are lots of different positions that mothers use to breastfeed their babies, these include laid back breastfeeding or biological nurturing, cross cradle hold, cradle hold, rugby or football hold and side lying position
- There are very few rules to adhere to before the breastfeed but it is important that mother and baby are positioned comfortably and safely, and that baby attaches deeply as this can affect mother's comfort and how well baby feeds at the breast

The following are useful links to breastfeeding videos on positioning and attachment: <http://breastfeedingtoday-llli.org/position-to-breastfeed>;
<https://www.breastfeeding.ie>

Mother' Position

- Mother relaxes and gets comfortable
- Her back, neck, arms and feet are well supported

Baby's Position

- The baby is positioned in close alignment to his mother, and baby's hips and feet are supported
- Mother holds her baby close, supported and facing the breast
- She supports the baby's neck, back and shoulder which will allow the baby to be free to tilt his head back easily.

Attachment

- Think 'nose to nipple' it helps if baby gets to the breast when the nipple is between his upper lip and nose – the baby feels the nipple and smells the breastmilk
- Sometimes it helps if mother 'shapes' her breast
- The baby's chin touches the breast first, he then tilts his head back and opens his mouth wide to attach on to the breast
- The baby should come closely onto the breast so that mother's nipple and areola are deep in the baby's mouth ideally at the junction of the hard and soft palate or the comfort zone with his nose free to breathe
- Baby then snuggles up close and begins to breastfeed
- The deeper the attachment the more comfort for the mother and the better the baby feeds
- A correct attachment to the breast is the secret to successful breastfeeding

One easy way to assist mothers is the following 3 basic concepts

- Open (a wide open mouth)
- Angle (nose to nipple, head slightly tilted back; chin first; shoulders, hips, legs and feet pulled in close)
- Oomph (a gentle push on baby's shoulders at latch to move the nipple into the comfort zone)

(Mohrbacher and Kendall-Tackett, 2010 p.9)



- Nose to nipple
- Chin touching breast



- Aim nipple towards the palate
- Baby's mouth is wide open
- Always bring baby to breast



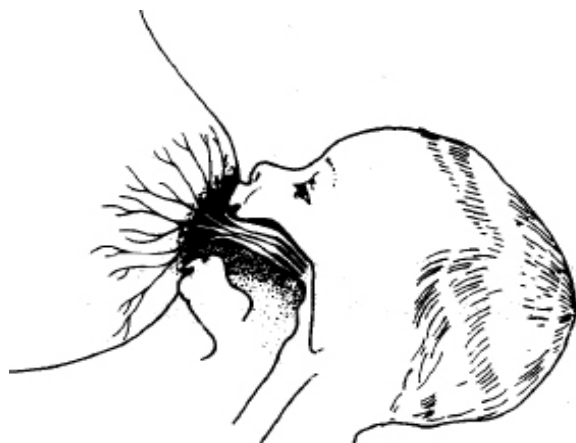
- Lower lip turned out
- Top lip should encompass nearly all of the areola
- More areola visible above rather than below the baby's mouth

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Signs that the baby is positioned and attached correctly onto the breast include

- Baby has a big wide mouthful of breast in his mouth, with his chin touching the breast leaving his nose free to breathe
- His cheeks are full and rounded, the cheeks should not dimple when baby is feeding
- His jaw is moving and his little ears may twitch as he feeds
- The baby starts to feed with short quick sucks, then changes to long deep sucks with pauses to breathe
- After the first few days of life, as breastmilk volume increases, audible gulping or swallowing may be heard when the baby feeds. Smacking or clicking sounds should not be heard
- The baby feeds calmly and does not fuss or come on and off the breast
- The baby finishes feeding and seems satisfied
- The mother will feel comfortable during a feed and her nipples should not be sore, pinched or blanched after the feeds

Good Attachment



Poor Attachment



(WHO/CHR/93.5. UNICEF /Nut/93.3: 1993, p.16)

The Mechanics of Sucking

The baby commences a breastfeed by taking the nipple, areola and underlying breast tissue deeply into his mouth to the junction of the hard and soft palate. The nipple elongates 2-3 times its resting length, its base is held between the upper gum and tongue. The anterior part of the tongue rises at the tongue tip, and the posterior section of the tongue drops creating a negative pressure in the oral cavity. A strong vacuum is then created which enables milk removal by the baby. The tongue finally forms a groove and a wave like peristalsis channels milk to the back of the oral cavity stimulating receptors that initiate swallowing.

Breastfeeding Positions

There are lots of different positions that mothers use to breastfeed their babies, these include laid back breastfeeding or biological nurturing, cross cradle hold, cradle hold, rugby or football hold and side lying position. Assisting a mother to find a breastfeeding position that is comfortable is part of the role of the health care professional. A one size fits all approach to positioning and attachment of baby to the breast is not realistic as each mother is unique in terms of her height, breast size and arm length. There is no one absolute position for every mother and her baby.

Laid Back Breastfeeding or Biological Nurturing



Laid Back Breastfeeding or Biological Nurturing is a 'mother centred approach to breastfeeding' and having her baby close or in the natural 'habitat' (Colson, 2012). In laid back breastfeeding the mother leans back and the baby is placed on top so that every part of the baby is facing, touching and closely applied to the mother's body curvature. The six components of laid back breastfeeding include mother posture, baby positions, neonatal state, maternal hormonal state, primitive neonatal reflexes and innate maternal breastfeeding behaviours and these constantly interrelate during the feed (Colson, 2012).

Laid back breastfeeding involves a number of actions. The mother lies comfortably leaning back or semi reclined but well supported for comfort. The baby lies longitudinally or obliquely on top of his mother. The baby moves searchingly towards the breast often self attaching but the mother can also help as they are a team. Gravity enables mother and baby to keep together causing their bodies to brush against each other and this interaction also releases innate mother baby feeding behaviours. This position allows both comfort and freedom for the breastfeeding dyad.

<http://www.biologicalnurturing.com/index.html>

Cross Cradle Hold Breastfeeding Position



The cross cradle hold is a position that may work well for small babies and is often taught at breastfeeding preparation classes and in the hospital after the birth of the baby. The baby faces the mother and she supports his neck, back and shoulders. The baby is held with the arm opposite the breast he is going to feed from and when ready to feed the baby will tilt his head back and his mouth will open wide. This head extension allows the receding lower jaw of the baby to fit comfortably against the breast. The baby comes closely onto the breast so that mother's breast is deep in the baby's mouth ideally at the junction of the hard and soft palate or the comfort zone with his nose free to breathe. The baby then snuggles up close and begins to breastfeed. Some mothers start breastfeeding in the cross cradle position and once baby is positioned and attached well onto the breast, mother changes to the cradle hold position.

Remember Open, Angle and Oomph

Cradle Hold Breastfeeding Position



The cradle hold position is the position where the baby faces the mother and she supports his neck, back and shoulders. The baby is held in the arm nearest the breast he is going to feed from. When the baby is ready to feed he will tilt his head back, the mouth will open wide and this head extension allows the receding lower jaw of the baby to fit comfortably against the breast. The baby comes closely onto the breast so that mother's breast is deep in the baby's mouth ideally at the junction of the hard and soft palate or the comfort zone with his nose free to breathe. The baby then snuggles up close and begins to breastfeed. Some mothers may find this position challenging initially when baby is small and may prefer to begin the breastfeed in the cross cradle position and when baby is positioned and attached comfortably to the breast, change to the cradle hold.

Remember Open, Angle and Oomph

Rugby or Football Hold Breastfeeding Position



The Rugby or Football Hold Breastfeeding Position can be a helpful position when breastfeeding a premature baby and can also be a good position when breastfeeding twins at the breast together. The baby is positioned at the side of the mother supported on a pillow. The mother with her hand and wrist support the baby's neck, back and shoulders and her fingers rest behind the baby's ears. The baby comes closely onto the breast so that mother's breast is deep in the baby's mouth ideally at the junction of the hard and soft palate or the comfort zone with his nose free to breathe. The baby then snuggles up close and begins to breastfeed.

Remember Open, Angle and Oomph

Sidelying Breastfeeding Position



The sidelying breastfeeding position is a position that mothers may find restful however they may find it a little challenging to learn initially. The mother lies on her side with her neck and back supported and comfortable. The baby lies close to the mother with her arm, opposite the breast baby is going to feed from, supporting the baby and ensuring safety. The baby's nose is near the nipple allowing the baby to feel the nipple and smell the breastmilk. The baby then comes closely onto the breast so that mother's breast is deep in the baby's mouth ideally at the junction of the hard and soft palate or the comfort zone with his nose free to breathe. The baby then snuggles up close and begins to breastfeed.

Breastfeeding Support

It is important for mothers to receive good support when breastfeeding. There is a wide range of breastfeeding support available in Ireland offered by Public Health Nurses, voluntary groups such as La Leche League, Cuidiu, Friends of Breastfeeding (social support), hospital clinics and International Board Certified Lactation Consultant (IBCLCs). The breastfeeding supporter if necessary can help identify issues and make a plan with parents for improving breastfeeding in conjunction with the health care team. Links to nationwide support include:

Nationwide database of hospital, public health and voluntary breastfeeding support:

<https://www.breastfeeding.ie/Support-search/>

To find International Board Certified Lactation Consultants (IBCLC):

<http://www.alcireland.ie/find-a-consultant/>

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