

	EPARATION Is baby interested? Even if still sleepy: wiggles, hand goes to mouth, mouth moves Clothing out of the way? Yours and baby's Are you comfortable? Sit straight with well supported back.	
	Foot stool? Back support? Arm rest? If lap pillow is used, it should support your arm, not the baby	×
	SITIONING	
ш	Baby is pasted to you, stomach to stomach, with shoulders & hips in a straight line	
	Your hand cups the base of baby's head, while your arm keeps baby's body tucked in close to your tummy	
	Line up baby's NOSE with your nipple, not mouth Baby's weight supported mainly by your torso and arm, not	
	your lap Baby's head tilted slightly back	
STABILIZE YOUR BREAST		
	Grasp your breast with your free hand. Place fingers flat on	
	ribcage, index finger in the crease under your breast If you have larger breasts, you may need to move your fingers onto the breast itself, if so: make sure your thumb	
	and fingers are well away from the areola "Sandwich" the breast by compressing it slightly (think about making a smaller area for the baby to grab onto)	
	Thumb and fingers well away from areola	
STIMULATE WIDE MOUTH		
	Stroke nipple downwards over the baby's mouth, from nose to chin	
	Wait for wide "AHH" mouth, tongue on floor of mouth (this is	
	often for a spilt second – so if you don't catch it the first time, touch the upper lip again to elicit another one)	
	time, touch the upper lip again to elicit another one)	
	TCH-ON	
	When the mouth is wide, move the baby in very quickly.  Move the body and head together	
	Chin and lower jaw touch the breast first (not nose)	
	Roll upper lip and jaw onto breast as you Bring baby's body extra close	



## **COMFORTABLE?**

- ☐ It is sometimes painful for the first few seconds, if it does not subside quickly assess the latch. Is it too superficial? Does it look like the baby is nipple feeding & not breastfeeding? If so:
- ☐ Take baby off (slide finger into corner of mouth between baby's gums) and start over.

### SIGNS OF A GOOD LATCH

- ☐ The corner of baby's mouth should be at a wide angle
- ☐ Chin is well in against the breast
- ☐ Lower lip, if you can see it, is rolled back toward chin
- ☐ Lower lip is farther from the nipple than the upper lip is

### **EFFECTIVE NURSING?**

- ☐ Short, chopping jaw motions to start the milk, then
- ☐ Slow, deep, steady jaw motions, about 1 per second
- ☐ Jaw hesitation, or "hic" sound when baby swallows, usually with every 1-3 jaw strokes
- Occasional rests or return to short sucks, followed by more deep, steady sucks
- ☐ Offer other side if baby still awake after all deep suckling has stopped



# Breastfeeding Positions



In this position, the breast is held by the arm on the same side (the left breast is held by the left hand). This position works well when first learning to breastfeed or if your baby is small. It gives you good control of the baby's head and helps your baby to latch on.

# Breastfeeding Positions



## FOOTBALL POSITION

This position also works well when you are learning to breastfeed or if your baby is small. This is also a good position if you have large breasts, if you have flat or sore nipples, or if you have had a caesarean birth and can't place the baby on your stomach.

