RECOMMENDATIONS FOR THE BREASTFEEDING MOTHER

Points for achieving a good latch

MOTHER'S POSTURE

- Sit comfortably with a well-supported back
- Trunk facing forwards, lap flat

BABY'S POSITION BEFORE FEED BEGINS

- Using a soft pillow can be helpful, manufactured nursing pillows are often the wrong shape and size – talk to your midwife
- Nipple points to the baby's upper lip or nostril
- · Breast may be resting on baby's cheek

BABY'S BODY

- Placed tummy to tummy at a slight diagonal, so that the baby comes up to the breast from below and baby's eyes make contact with mother's
- Keep baby close to your body

SUPPORT BREAST

- If you have large, soft breasts you may need to make it easier for baby to latch
- Firm inner breast tissue by raising breast slightly with palm placed on chest wall with fingers and thumb either side of breast pointing up; like a U

HOLD BABY'S FACE CLOSE TO BREAST

- Head tilted back slightly, supporting the shoulders so chin and lower jaw make first contact (not nose)
- While mouth wide open, guide nipple into mouth if necessary
- Let baby take the nipple so baby's tongue draws in maximum amount of breast tissue

CAUTIONS - MOTHER NEEDS TO AVOID

- pushing her breast across her body
- chasing the baby with her breast
- flapping the breast up and down
- holding breast with scissor grip
- not supporting breast
- twisting her body towards the baby instead of slightly away
- aiming nipple toward center of mouth
- pulling the baby's chin down to open mouth
- flexing baby's head when bringing to breast
- moving breast into baby's mouth instead of bringing baby to breast
- moving baby onto breast without a proper gape
- having baby's nose touch breast first and not the chin
- holding breast away from baby's nose (not necessary if the baby is well latched on, as the nose will be away from the breast anyway).