

Latching Well Step by Step

Watch your baby for cues, such as licking, smacking or sucking their fist. Do not wait for your baby to start crying before you put baby to your breast.

If your baby does not show these cues, and 2 to 3 hours have passed since the start of your baby's last daytime feed, start to stimulate your baby by undressing your baby and gently stroking his or her lips.

You may also try skin to skin contact. Hold your baby (dressed only in a diaper) on your bare chest with baby's cheeks against your skin. This may help to organize your baby and encourage your baby to root, or look for the breast. Make sure that your baby's nose is not "buried" in your breast as your baby becomes interested and seeks your breast.

During the night, wake your baby every three to four hours if baby has not regained his or her birth weight, or, if your baby is being treated for jaundice.

If you are sitting in a chair, position your baby's head at the level of your breasts so that their face looks at your breast and their body hugs your body. You may put a pillow on your lap to help support baby's body. You may also tuck the pillow underneath your breast to help support your breast.

While your baby is learning how to latch correctly, you may hold your baby across your front (cradle hold), or underneath your arm (clutch or football hold). Support your baby's spine with your arm. Your baby's neck and shoulders should rest in the palm of your hand. Try and keep your hand off the back of your baby's head. Support your breast with your other hand, so you can compress your breast to shape your breast like a sandwich for your baby. Make sure your fingers are well away from your nipple and areola so your baby can latch deeply.

Baby's nose should start out even with your nipple.

Gently move your baby to your breast so that your baby's chin makes the first contact. Baby's nose should not be pressed into the breast. (*Bring baby to breast, not breast to baby.*) As your baby suckles, his or her tongue will cup your breast tissue and covers his or her lower gum.

In the first few days (until your colostrum changes into milk), your baby will suckle numerous times, then pause briefly and swallow. As your milk comes in, your baby will suck quickly at the start of a feeding to pull down your milk. When your milk lets down, your baby will slow down slightly and change to a "suck/swallow" pattern. Your baby may even appear to gulp. As your milk flow slows down, your baby may return to "several sucks and a swallow" pattern. However, with another let down your baby may change again to a "suck/swallow" pattern. (See Really Good Drinking on Dr. Newman's [website](https://www.breastfeedinginc.ca/videos/good-drinking/): <https://www.breastfeedinginc.ca/videos/good-drinking/>)

If your nipples feel pinched or painful after several seconds of suckling, break your baby's latch. Insert your finger into the corner of your baby's mouth, lift baby off your breast, and start over. Suckling may feel like a tugging or pulling, but a correct latch does not pinch or hurt.

After your baby has been feeding for a while, your baby may let go of the breast or fall asleep. You may gently



burp your baby. This may help your baby to get rid of any air he or she may have swallowed. It may also wake your baby so you can attempt to latch again. A burp does not indicate how much milk your baby has received. Hearing your baby swallow, and plenty of wets and stools will help you know whether your baby is removing milk. Please see our information on **Milk Supply and Weight Gain**.

Note: Some babies actually do best when we let them self-attach. What does this mean? Recline back on your bed or in a recliner. Let baby lie on your bare chest in a diaper. Use one of your arms to support baby's spine, with your hand supporting baby's neck and shoulders (your thumb should be near one ear and your fingers should be near the other ear). With time your baby will start bobbing his or her head, looking for the breast. Allow baby to scoot to a breast as you continue to provide support to baby's spine and neck. Give baby room to nuzzle the breast and nipple and extend their head back to open wide. Baby may adjust a bit to find just the right latch. Please see our information on **Positioning Your Baby**.

Tip:

- **Be patient.** You cannot feed a baby who isn't ready or willing to be fed.
- **Be flexible.** Sometimes more stroking of baby's lips or just changing positions will make a difference so that baby is more receptive to feeding. You may also try dribbling breast milk over your nipple to help baby latch.
- **Try to avoid pacifiers if your baby is not gaining well.** Avoid bottles in the early days unless your baby must be supplemented because of weight loss, or you are unable to get a comfortable latch.
- **Judge each latch in the early days.** If a latch feels worse than the one before, break your baby's suction and start over. Believe it or not, it is less frustrating to try ten times to get a good latch than it is to nurse when a latch is poor and nipples are sore.
- **A good latch is not noisy.** Clicking, smacking, and dimpling of your baby's cheeks are signs that the latch is not right. Start over! You will hear your baby breathing and swallowing; these sounds may be more noticeable when your milk lets down.
- **Limit both mom and baby's frustration levels.** If a latch does not occur after numerous tries, feed your baby some pumped milk, and then put your baby back to breast after he or she has quieted down. If your baby will not latch, finish feeding the pumped milk, and start anew next time.
- **Try getting into the bathtub with your baby.** Keep the bathroom warm and lie in fairly shallow water with baby on your chest. Let baby nuzzle and lick.
- **Get help from an IBCLC!** Working with someone who has helped many babies latch can be a lifesaver, prevent many problems, and make breastfeeding seem so easy.

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