

CORRECT LATCH

OPTIMAL LATCH

The best latch occurs when the infant self-attaches to the breast within the first hour after birth. A complex and well-coordinated set of behaviors occurs that directs the baby to creep toward the nipple, open the mouth wide enough to take in the nipple and areola, and begin nursing.

LATCH TRAINING

If the baby has not self-attached, or has had other items in his or her mouth, the latch may not be optimal. In many cases, the baby is able to latch on sufficiently to obtain milk, but the latch causes soreness and pain to the mother. More serious problems occur if the baby is unable to remove the milk. The baby can be trained to latch correctly using the following technique:

1. Hold the baby tummy to tummy.
2. Hold the breast with your hands in a “U” or “C” shape, well behind the areola.
3. Bring the baby’s head towards the breast.
4. Brush the baby’s bottom lip downward with the breast tissue.
5. Watch for the mouth to open wide.
6. Quickly pull the baby onto the breast.
7. Verify that the 8 Criteria for a Good Latch (below) are met.
8. If the baby does not meet the criteria for a good latch, break the suction by putting the tip of your finger in the corner of her mouth and pulling her away from the breast.
9. Repeat the procedure for putting the baby to the breast until all criteria are met.

EIGHT CRITERIA FOR A GOOD LATCH

1. The chin is touching the breast.
2. The flow of milk will go toward the top and back of the mouth.
3. The nipple is centered in the mouth.
4. The baby’s gums will compress the sinuses beneath the areola and not the nipple tissue.
5. The lips are flanged fish-like around the breast.
6. The tongue is cupped below the nipple so that the nipple is between the roof of the baby’s mouth and his tongue.
7. The mother experiences no breast or nipple pain as the infant suckles.
8. Observe the infant’s facial movements for a pattern of Close-Open-Pause-Close-Open-Pause to insure that milk is being swallowed during the pause.

KEEP IN MIND

Retraining a sub-optimal latch of a newborn may prevent problems that cause frustration and early weaning.

A two or three day old colostrum-drinking baby is more patient with this procedure than a two week old milk-hungry infant.

Even if you missed the opportunity to self attach in the first hour after birth, it is possible to recreate that scenario when alone with your infant, skin to skin, in the first few weeks.



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