



Ensuring Proper Latch On While Breastfeeding

Sometimes, making sure your breast-fed baby to "latch on" properly takes a little practice. Trying different breastfeeding holds can help. Read on for information about positioning your baby to make latching on easier, along with other tips.

Breastfeeding positions: getting lined up

Whichever nursing position (/English/ages-stages/baby/breastfeeding/Pages/Positioning-Your-Baby-For-Breastfeeding.aspx) you use, check that you and your baby are lined up the right way. You should be able to draw a straight line that connects your baby's ear, shoulder and hip on either side of their body.



Once you and your baby are in proper position, the next step is to guide them toward the breast so that they can latch on properly and nurse. Latching on effectively is crucial to breastfeeding successfully because it prevents sore nipples, ensures sufficient milk supply, and stimulates plentiful milk production.

In most cases (other than in the reclining position), you'll need to support your breast, at least in the early days of breastfeeding. This will help your baby attach properly. This is especially true as milk production increases your breasts' size and weight.

Using the C-hold to breastfeed your baby

Using your free hand, place four fingers under your breast and your thumb on top to present the nipple to your baby. (Your lactation specialist or nurse may refer to this as a *C-hold*, since your hand makes the shape of a letter C.) Make sure your fingers are well behind the areola (the darker-colored area around the nipple) so it doesn't get in the way of your baby's latching on to the breast. You can provide gentle compression of the breast with your fingers to make it easier for your baby to latch.

With the breast supported, stroke your baby's lower lip with your nipple or bring their chin in to touch the breast closely. This causes your baby to open their mouth. (If their mouth stays closed, stroke their lip again, press gently down on their chin with your index finger and open your own mouth, too, since they might imitate you.)

Once your baby opens wide—not just a little, but as though they're giving a big yawn—quickly draw them closer and place their open mouth fully on your breast. This guiding movement should be quick but gentle. Remember that you should bring your baby to your breast, not push your breast into their mouth. If your baby's head is pushed into the breast so hard that they cannot breathe, they may become agitated or frightened. They may arch their back and refuse to feed. Do not push on the baby's head, but keep your hand supporting their upper back and neck in place.

What does a good breastfeeding latch look like?

If your baby is in proper nursing position, their jaws will come together on your areola and their lips will seal over your breast. Their chin should be touching your breast, and their nose will be close to your breast. (They will be able to breathe, but if you are concerned about their breathing, try lifting your breast or changing the angle of his body slightly, pulling their bottom in more closely to your body.) Helping them latch on in a slightly asymmetric fashion, so that a bit more of the areola is in their mouth on the lower-lip side and a bit less on the upper-lip side, will position the nipple so it points toward the roof of the baby's mouth.

How do you fix a painful breastfeeding latch?

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You may feel slight discomfort when your baby first latches on and perhaps even for the first few sucks. But once they begin to suckle steadily you should not feel pain. *Pain beyond the first minute or so of nursing is a sign of improper latching on and should be immediately corrected. You can practice more, or get help from your pediatrician, family physician, nurse or lactation specialist. When pain persists throughout nursing, detach the baby by inserting your finger in the corner of their mouth to break the suction and relatch them. Make sure that their mouth is wide open before latching.*

Helping your baby open wider to latch

The key to successful latching on involves your baby taking enough of the breast into the mouth. When this happens, the nipple is drawn to the back of the baby's mouth and his gums and tongue are compressing the areola, covering about an inch or two of the areola from the base of the nipple. When your baby is latched well, suckling begins with movements of their jaw and tongue to move the milk from the breast through the tiny holes in your nipple. To achieve this, your baby's mouth must truly be open wide as they latch on. Many early nursing mistakes occur when the mother hasn't waited until her baby's jaws are about as wide as they can be before she pulls the baby to the breast. As a result, the baby sucks on the nipple only, a position that limits the amount of milk received and soon makes the nipple sore.

To help your baby take in a large mouthful, use your C-hold to gently compress your breast; this makes the areola narrower and the nipple stick out more so it is easier to grasp. You can think of giving your baby a "sandwich" of breast, aligning your C-hold to match the direction they would take a bite of a sandwich in whichever position you are using. Be sure to guide them to the sandwich chin-first. As they latch on, their tongue should stick out a bit, cover their lower gum and partially envelop the breast. Their lips should turn outward like a fish and press against your breast.

The latching learning curve

Many new parents assume that infants are born knowing instinctively how to attach themselves to the breast—that if you present your breast the right way, they will know what to do. Certainly some babies are capable of self-attachment, with good technique. This is most likely to happen in the first hour after birth but can be repeated later on.

(Researchers have studied infants who are able to maneuver themselves from the mother's lower abdomen, where they were placed immediately after delivery, up to the nipple, where they self-attach and start suckling. This has been called the "breast crawl.")

Most newborns do easily learn to latch on to the breast and soon begin the deep, regular suckling and rhythmic swallowing that signal successful nursing. But not all babies know instinctively how to latch on. You may need to teach your baby until they experience enough successful feedings to associate their feeding behaviors with the satiation of their hunger.

Try, try again

If your baby doesn't manage to latch on properly the first time, gently detach them by sliding your finger into their mouth and pressing down on your breast to break the suction. You'll know your baby didn't latch on properly if you see indentations in their cheeks when they suckle, hear clicking noises or notice their lips curled inward. They may also move their head frequently or not do any swallowing.

Incorrect latching may also cause pain for you. Don't try to just pull him off your breast, since this could cause nipple pain. Keep practicing this latch-on technique until you and your newborn have mastered it, and don't hesitate to ask the hospital nurses and lactation specialists for help.

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