The Maryland Department of Health and Mental Hygiene
Hospital Breastfeeding Policy
Maternity Staff Training Program

Objectives
- Demonstrate three positions mothers may use to breastfeed
- List at least three signs of an effective latch
- Identify two signs of milk transfer

Overview
- Initiation of breastfeeding in a healthy, full-term infant
- Positioning for comfortable breastfeeding
- Breastfeeding Assessment
  - Positioning and attachment
- Common problems – when to help

Crawling to Breast
- Babies of non-medicated mothers, placed skin-to-skin on their mothers, move toward the breast, and latch
- Infants of medicated mothers, or who did not have skin-to-skin contact and breastfeeding immediately after birth, had greater difficulty with and shorter durations of breastfeeding

Skin-to-Skin
- Babies who had early skin-to-skin contact
  - Interacted more with their mothers
  - Stayed warmer
  - Cried less
  - Were more likely to be breastfed
  - Were more likely to breastfeed for longer durations

Breastfeeding in Delivery Room
- Perinatal caregivers are responsible for assisting with first feed at breast
  - Mother and baby highly aroused and receptive
  - Biological nursing position
  - Ideal timing
  - RN support ongoing
  - Encourage
  - Demonstrate
  - Consider safety
Getting Comfortable

- Facilitate mother’s comfort
  - Comfortable seat or position
  - Use pillows, towels, blanket, stool
- Infant positioning
  - Tummy-to-tummy or chest-to-chest
  - Ear, shoulder, and hip in a line
- Water/snack for mother

Feeding Readiness Cues

Crying and Sleepy Babies

Basic Positioning

- Hand position to support infant’s head
- Hand position to support infant’s body
- Hand position to support mother’s breast
  - Sandwich hold
  - “C” hold
  - “U” hold
  - Infant’s position

Common Positions

- Laid back – biological nurturing
- Football – mother holds baby’s shoulders and body in hand and arm with baby’s body pressed against mother’s body, same side as breast
- Cross cradle – mother holds baby’s shoulders and body in opposite hand and arm at breast, with baby’s body pressed against the mother’s body
- Cradle – baby’s head and body on mother’s arm with her hand towards baby’s buttocks, same side as breast
- Side lying – both lying down in bed, baby’s body in alignment, entirely against mother

Laid Back Position

- Encourages mother’s and baby’s natural breastfeeding instincts
- Gives mother more rest
- Less discomfort on perineum, on mother’s back, and with latch
- Baby may be more in sync with the mother
- Helpful for
  - Large, flaccid breasts
  - Post-spinal headache
  - Overactive milk supply
Side Lying Position
- Allows mother to get more rest
- Less discomfort on perineum
- Less strain on mother's back

Football Hold
- Good visibility of latch
- Good for preterm, small, and low tone babies
- Good for mothers who delivered by Cesarean section
- Good for mothers with very large breasts

Cross Cradle Position
- Mother can guide head to nipple easily
- Helpful for new mothers and small babies

Cradle Hold
- Most recognized hold
- More difficult than other holds to guide newborn to nipple
- Awkward for mothers with large breasts
- Eventually becomes easier

Poor Positioning

Better Positioning
Steps For an Optimal Latch
- Position infant at the level of the breast
- Nose opposite nipple
- Mouth open wide, like a yawn
- Move baby forward at shoulders; allow head to tilt back slightly
- Hug the baby's buttocks in close

Wide Gape
Wait for the mouth to open wide!

Asymmetrical Latch

Latch to the Breast
- Chin touches breast first
- Wait for wide gape, with tongue down
- Bring baby quickly to the breast
- Nose slightly off the breast
- Lips flanged on breast
- Cheeks round
- Deep tug at breast
- Milk transfer

Shallow Latch

Signs of Effective Latch
- Wide-angled mouth opening
- Chin deep into breast, head tilted back
- Much of areola taken into mouth
- Lips flanged
- Tongue visible under areola
Look
- The baby's body is facing the mother's body
- The baby's lips are flanged out over the areola
- At least 1" to 1 1/2" of areola is drawn into the mouth
- The lips are open at a 120° angle
- The tongue covers the lower gum
- A complete seal is formed by the mouth
- The mandible moves in a rhythmic unit
- Anterior to posterior peristaltic motion

Listen
- No clicking or smack sounds heard
  - Clicks: may be caused by tongue against roof of mouth
  - Smacks: lip-to-breast seal is not intact
- Swallowing is audible (may be difficult to identify before infant is 18 hours of age)

Feel
- Mother should feel a strong tug
  - Not a pinch
- Rhythmic suck is felt
- Uterine cramping and increased lochia
- Thirsty and sleepy

Signs of Milk Transfer
- Swallowing by infant
- Mother's breast is firmer before feeding and softer after feeding
- Infant's output increases
- Minimal infant weight loss
- Evidence of milk in baby's mouth
- Pre-feeding and post-feeding weights

Breastfeeding Should Not Hurt
- Baby's position and latch at the breast is the key to mom's comfort
- Pain is a red flag to try something different and call for help
- Nipples should not be cracked or blistered
- Mother may have slight tenderness initially
- Mother's comfort typically increases as feeding duration increases

Potential Problems from a Poor Latch
- Early weaning
- Sore, cracked, bleeding, blistered nipples
- Poor milk transfer
- Engorgement
- Decreased milk supply
- Poor infant weight gain
- Lengthy feeding
- Feeling of inadequacy
Latch Score

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<th>0</th>
<th>1</th>
<th>2</th>
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<td>TOO sleepy or reluctant</td>
<td>Repeated attempts for assisted latch or handy nipple in mouth stimulate to suck</td>
<td>Gross breast lisp</td>
<td>Revised latching</td>
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<td>A few with stimulation</td>
<td>Continuous and intermittent</td>
<td>Continuous and frequent</td>
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<td>Flatt</td>
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<td>Travelled</td>
<td>Glimpse</td>
<td>Non-Tender</td>
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<tr>
<td>HOLD</td>
<td>Full assist</td>
<td>Minimal assist</td>
<td>No assist</td>
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When to Call the Lactation Consultant

- Latch score less than 7
- Nipple trauma or pain throughout feed
- Infant weight loss greater than 7% birth weight
- Inadequate output
- Abnormal infant oral anatomy
- Infant medical concern or admission to nursery
- Unable to get infant to latch after repeat attempts and repositioning
- History of unsuccessful breastfeeding
- History of breast surgery

Success in the First Few Days

- Skin-to-skin
- Delay first bath
- Avoid artificial smells
- Avoid separation
- Frequent feedings (8-12 times/day)
- Breast massage and hand expression
- Delay visitors

Conclusion

- Seek the most comfortable and effective nursing positions
- Facilitate effective latch through good positioning
- Focus on asymmetrical latch
- Assess infant for swallowing during feed, and urine and stool output

References

- www.humanlactation.com/breastfeeding/dale.jsp