

## POSITIONING & ATTACHMENT

“Chest to Chest & Chin to Breast”

### BREASTFEEDING POSITIONING

We suggest the following positions to feed you baby as they are comfortable, settling and the biological norm.

1. Semi-Recumbent “Laid Back” If sitting to feed, this position is preferable over sitting upright as:
  - Your breasts will empty more effectively
  - You will be more comfortable
  - Your baby will be more supported and comfortable
  - You don't have to crane your neck to look at your baby's attachment



Things to remember when you're sitting to improve your comfort and support:

- Have a pillow in the small of your back to support your spine
- If your bottom or tail bone are sore, place a pillow at the front of your seat so that there is space between the pillow and the back of the seat. This will enable your sore bottom or tailbone to drop down into the gap, hence reducing the pressure on the sore area
- Have your feet up on a stool, ottoman or seat. The closer your baby is to your breast to start with, the less your arms, back and neck will have to do! **DO NOT LEAN FORWARDS TOWARDS YOUR BABY TO FEED** - your back will become agonisingly sore if you do!

### Seated Breastfeeding Holds

- Cradle Hold *(image courtesy of baby centre)*

This classic breastfeeding position required you to cradle your baby's head with the crook of your elbow.

- Hold baby in your lap so that they're lying on their side with their face, stomach and knees directly facing you. Tuck their lower arm under your own
- If they're feeding on the right breast, rest their head in the crook of your right elbow
- Extend your forearm and hand down their back to support their neck, spine and bottom. Secure their knees against your body - across or just below your left breast

Best for:

- Full-term babies who have been delivered vaginally
- Some mothers say this hold makes it hard to guide their newborn's mouth to the nipple, so you may prefer to use this position once your baby has stronger neck muscles at about 1 month old.
- Women who have had a cesarean section may find that this position puts too much pressure on their wound. If it is comfortable for you however, go for it!



- Cross Over Hold (AKA Cross-Cradle Hold) *(Image courtesy of baby centre)*

- If you're feeding from your right breast, use your left hand and arm to hold your baby
- Rotate their body so that their chest and tummy are directly facing you.
- With your thumb and fingers behind their head and below their ears, guide their mouth to your breast

Best for:

- Small babies
- Infants who have trouble latching on



- **Clutch / Football Hold** (*Image courtesy of baby centre*)

As the name suggests, in this position tuck your baby under your arm (on the same side that you're feeding from) like a football or a handbag.

- First, position your baby at your side, under your arm. They should be facing you with their nose level with your nipple and their feet pointing behind you.
- Rest your arm on a pillow right beside you or on you lap and support your baby's shoulders, neck and head with your hand. Using a C-hold, guide baby to your nipple, chin first.



Best for:

- Caesarean section
- Small or premature babies
- Baby is having difficulty latching on
- Women with large breasts or flat nipples
- Mothers of twins

## 2. Side Lying (*Image courtesy of baby centre*)

Place pillows in the following locations to provide optimal support while in this position:

- Behind your back
- Under your head and shoulders
- Between your knees

With your baby facing you:

- Draw them close and cradle their head with your bottom hand, OR cradle their head with your top hand, tucking your bottom arm under your head, out of the way
- If baby needs to be higher or closer to your breast, place a small pillow or folded blanket under them

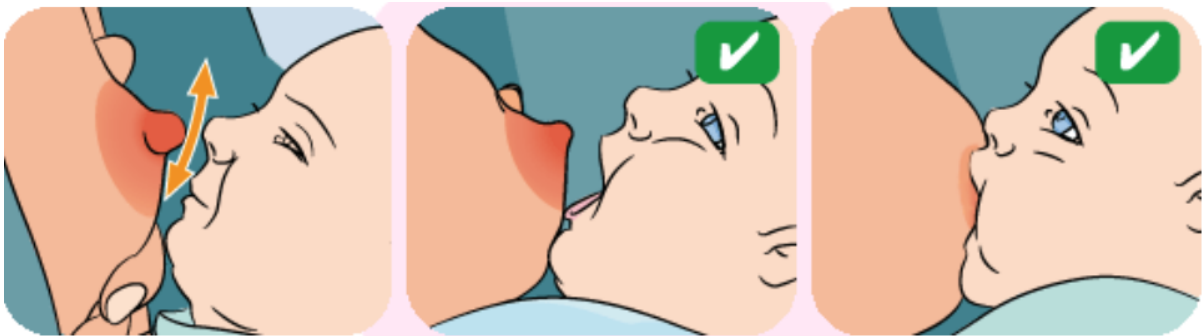


Best for:

- Recovery after caesarean
- Sore or swollen perineum - when sitting it too painful
- Night time feeds

### BREASTFEEDING ATTACHMENT

1. Start with your nipple facing your baby's top lip / nose
2. Wait patiently until your baby opens their mouth WIDE then, supporting your baby behind their shoulders, bring your baby to the breast. Your nipple should be aimed at the top of your baby's mouth



3. Your baby's bottom lip should be at the base of the areola. Their bottom lip should be turned out like a fish and not turned in and under. With this in mind, you should be able to see more of the areola above the baby's mouth
4. Baby leads with the chin to the breast
5. Baby's cheeks should be puffed out or rounded and not sucked in



How to know if baby is feeding well?

- GOOD = slow rhythmical open / close pattern at the jaw - in time with suck / swallow reflex
- BAD = fast, continuous suckign pattern without pauses

### BREASTFEEDING SHOULD NOT BE PAINFUL!

If discomfort extends after initial attachment and commencing of suckling, gently remove baby from breast by gentle inserting a finger from the side to slide baby off the nipple and try attaching again



## BREASTFEEDING PILLOWS

Breastfeeding pillows are a wonderful tool for you to use to improve your comfort levels and support under your baby especially when they are little.

Our tips for breastfeeding pillows:

- Use breastfeeding pillow when baby is young or premature
- Have your feet up on something FIRST then if you need to fill the gap between your legs and breast, place a pillow on your lap to lift your baby up to the breast. This will significantly reduce the strain on your arm/s, neck and back.

