Asymmetrical Positioning & Latch

Reminders:

- Babies BREAST-feed not nipple feed; therefore the goal of asymmetrical positioning and latch is to allow the baby to take in more of the breast/areola tissue between the working jaw (lower) and the palate. The top jaw does not move, so the top lip just needs to pass over the nipple tip. This should help avoid nipple pain/trauma for mom and assist baby in being more efficient at transferring milk.
- The first thing that touches a baby's lips will be reflexively grabbed (think frog catching a fly) … we don't want that to be your nipple. The nipple should be the last thing to enter a baby's mouth.
- Babies breastfeed, not the moms. Meaning, babies have an inborn natural instinct/reflex to find the breast as well as using the senses of touch, smell & vision; however because moms do not have the same natural instincts for breastfeeding, certain things done while positioning/latching can elicit other newborn reflexes that can inadvertently work against the effort to properly position/latch baby.
- Keeping the above in mind, help latch by bringing your baby to you rather than you to the baby.
- If engorged, using RPS (reverse pressure softening) prior to breastfeeding or pumping can aid in proper latch and effective milk transfer
  http://kellymom.com/bf/concerns/mother/rev_pressure_soft_cotterman/
- Hand express prior to latch to soften breast to aid latch and elicit faster milk flow for baby
  http://newborns.stanford.edu/Breastfeeding/HandExpression.html

Recommended Positions

Cross Cradle | Modified Football | Classic Football



Alternate Positioning better used when breastfeeding established


Classic Cradle | Side-lying

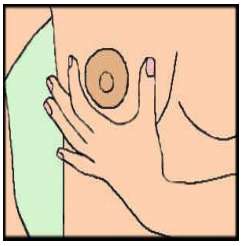
Obviously there are many other possible positions/holds; however I recommend during the newborn period (0-12 weeks) to use holds that provide the best support of the baby's body & head to promote organization and effective suck/swallow.

Steps for Asymmetrical Latch

- Mom's Positioning: Sit upright in a chair/couch or by sitting with legs criss-crossed. Use pillows for back support and a footstool if feet are not firmly touching the floor. Use pillows/ nursing pillow to provide support for mom's forearm/elbow while holding baby to her (baby's torso should be lying on the curve of a "C"-shaped pillow)

- Baby's Alignment: Place baby on their side so ear/shoulder/hip are in alignment. Then position baby to the breast so their nipple line lies between mom's breasts for the cross cradle hold or with armpit/bra-strap area for the football holds. This should result in mom's nipple being by baby's nose.

- Breast shaping/support: Do you eat your sub sandwich vertically? Probably not. To help baby obtain a "deeper" latch by taking in more breast/areola tissue, support your breast and shape it using a "U" hand position anytime baby is positioned on their side (cross cradle/modified football) or in a "C" hand position when positioned on their back (classic football). Thumb can be on the areola edge, but place fingers at least 1 finger-breadth outside edge of areola as goal is for baby's chin to be placed at edge of areola during latch.



Latching

- Bring baby in close and "plant" their chin to breast on areola's edge to stimulate the rooting reflex which should cause them to tilt head back and open mouth

- As this occurs, quickly bring baby's body/shoulders further into the breast so that top lip just passes over the nipple allowing breast/areola tissue to land on front of the tongue by hard palate and the nipple falls further back by soft palate thereby avoiding nipple compression and trauma.

  - If properly positioned and latched, chin should be pressed into breast, head slightly extended, cheeks should seal around breasts so corners of mouth are not visible (I do not suggest looking for fish lips/flanged lips), more areola visible above upper lip but cheeks/chin covering bottom edge of areola (dependent on size of areola) and nose not pressed into breast. Baby's suck should be felt as a strong tug/pull but should never be painful.
  - Always break the seal when removing the baby from the breast as the baby will reflexively grab onto the nipple if they feel the nipple being pulled out of the mouth.
  - Nipple should look its natural shape when done breastfeeding. If it looks like a screwdriver head or brand new tube of lipstick, the nipple was getting compressed most often due to suboptimal positioning/latch.

Video Resource for Asymmetrical/Sandwich Latch...bringing it all together

https://www.youtube.com/watch?v=0I-OAr7Dr48&authuser=0