

# INTRODUCTION TO POSITIONING AND LATCH-ON

## Part 1: Latching-on

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### Objectives (part 1)

- Explain the role of optimal Positioning and Latching-on (PLO) for preventing/solving most of the breastfeeding difficulties.
- Describe the basic principles of optimal Latching-on.
- List the keywords for optimal Latching-on.
- Demonstrate with a balloon different approaches to latch.

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### PLAN (OVERVIEW)

#### Part 1:

- Introduction
- I. Importance of Positioning and Latching-on
- II. Basic principles for Latching-on

#### Part 2:

- III. Basic principles for Positioning
- Conclusion

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### Resources



'Supporting Sucking Skills'  
Catherine Watson Genna,  
2<sup>nd</sup> Ed. (2013)



'BF and Human Lactation'  
Jan Riordan & K. Wambach  
5<sup>th</sup> Edition (2016)



'The BF Atlas'  
Wilson-Clay & Hoover,  
4<sup>th</sup> Edition (2008)  
and CD from 2<sup>nd</sup> edition

Source of pictures:  
see next slide

'WHO/UNICEF'  
20-hour course

 **ibc** International Breastfeeding Centre  
<http://www.nbci.ca/>

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### Origin of the illustrations

- 1, 2, 6, 13, 17, 18, 19, 49: Helping mothers to breastfeed, F. Savage King, AMRF, 1992
- 3, 4, 14, 21A, 24, 37, 38, 40, 42, 54, 55, 60, 62, 64, 65, 66, 69, 72, 73, 76, 77, 79, 81, 83, 85, 88, 90, 91, 95: The New Breastfeeding: Getting Breastfeeding Right for You, Mary Renfrew, Chloe Fisher, Suzanne Arms, 2000.
- 5: The anatomy of infant sucking, Michael W. Woolridge, Midwifery, (2), 1986.
- 7, 12, 32: *Action Pour l'Allaitement* (France), diaporama.
- 8, 15, 16, 23, 25, 27, 28, 29, 39, 41, 50, 51, 52, 53, 67, 68, 70, 71, 78, 82, 89: The Breastfeeding Atlas (Slide Viewer II), Kay Hoover, Barbara Wilson-Clay, 2<sup>nd</sup> Edition, Lactnews Press, 2003.
- 9, 48, 57, 58, 61, 63, 74: Breastfeeding: A Parent's Guide, Amy Spangler, 7<sup>th</sup> Edition, Revised 2000.
- 10, 93: Breastfeeding Calender, IBFAN, 2000.
- 11: Excerpt from poster, Medela.
- 20: BFF (adapted from 21B).
- 21B: Anne J. Barnes, 1995, [www.ibfrc.com](http://www.ibfrc.com) (2001).
- 22, 35, 75 (modified), 84, 86: Successful Breastfeeding, Royal College of Midwives, Second Edition, 1991.
- 26: BFF (adapted from Chloe Fisher, drawing seen in Oxford BF Clinic).
- 30, 56, 80 (modified): Anonymous Australian hand-out.
- 31, 33: Breastfeeding: A happy time for you and your baby, Medela booklet, 1999.
- 34: The Womanly Art of Breastfeeding, La Leche League International, Sixth Revised Edition, 1997.
- 36, 59: *Guide de l'Allaitement*, Pascale Walter, Syros, 1995, APA.
- 43, 44, 45, 46, 47, 94: BFF
- 87: Picture from Oxford BF Clinic.
- 92: "Brush Down" attachment technique, Rebecca Glover, Check, RACGP, 1999.
- 96: Modified from 63 and 80.

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### PLAN PART 1

- Introduction
- I. Importance of Positioning and Latching-on
- II. Basic principles for Latching-on

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## An empty promise?

“ Without **skilled support** available to mothers, efforts to promote breastfeeding offer **little more than empty promises.** ”

Jane Heinig, Journal of Human Lactation, 1999



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## Definitions

- **Positioning:** the mother's posture and its relation with her baby's body.
- **Latch-On:** how the baby goes on to the breast; relation between the mother's breast and the baby's mouth. Synonymous: attachment.
  - Latching-on (attaching a baby to...)
  - Latched-on (attached to the breast)

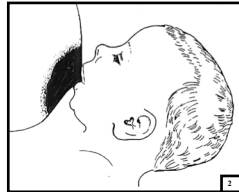
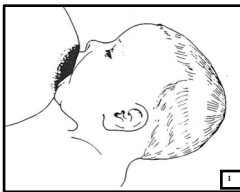
*N-B: 'PLO' = unofficial abbreviation*

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### Latch:

~~Good~~ Deep / ~~Poor~~ Shallow



- Consequences for the mother? The baby?
- Consequences for the lactation process?

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### Positioning:

~~Good~~ Comfortable / ~~Poor~~ Uncomfortable



- Consequences for the mother? The baby?
- Consequences for the lactation process?

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## PLAN PART 1

- Introduction
- I. **Importance of Positioning and Latch-on**
- II. Basic principles for Latching-on

### I. Importance of Positioning and Latch-on

1. **Clinical Implication of Optimal PLO**
2. **Clinical Implication of Sub-Optimal PLO**

## I.1. Clinical Implications of Optimal PLO



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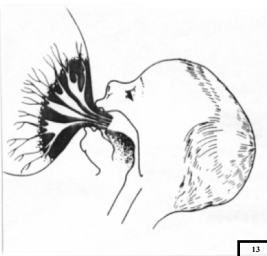
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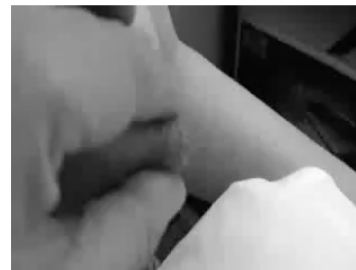
## I.2. Clinical Implications of Sub-Optimal PLO



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## 'Nipple' Feeding or 'Breast' Feeding?



J. Newman: 'Squeezing nipple' demonstration (shallow latch)  
<http://www.nbci.ca/>

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## Inflamed on Nipple Face ('Raspberry Nipple'): Stage I Damage



<http://guides.bestfatburnersupplements.com/rasperry-ketones-clinical-studies/>

The Breastfeeding Atlas Fig. 146

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## Pinched Nipple After a Feed



The Breastfeeding Atlas Fig. 146

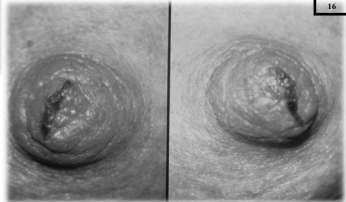
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## Prolonged Pinching → Stripes (Stage II Damage)



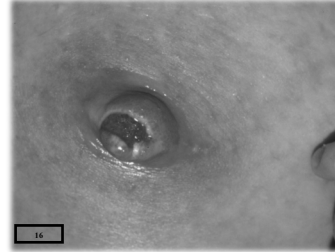
Scabs from positional stripes



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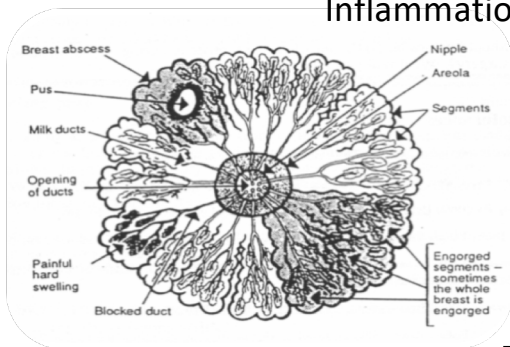
## Partial Thickness Wound (Stage III Damage)



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## Milk Stasis & Inflammation



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'Overcoming the challenges' DVD From bump to breastfeeding (Best Beginnings, UK)

<https://www.bestbeginnings.org.uk/watch-from-bump-to-breastfeeding-online>

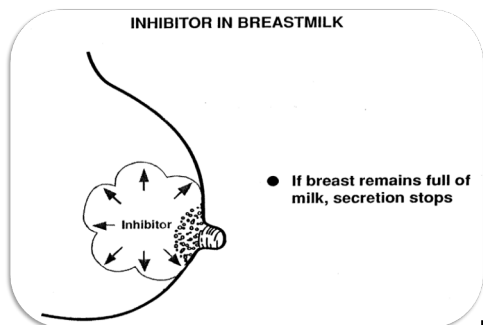


'Jennifer & Abby's story' DVD Visual Guide to Breastfeeding, Dr Jack Newman

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## Milk Stasis & Milk Production



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## PLAN PART 1

- Introduction
- I. Importance of Positioning and Latch-on
- II. **Basic Principles for Latching-on**



## II. Basic Principles for Latching-on

1. Anatomical & Physiological Requirements
2. The Optimal latch-on: 'Centred' or 'Off-Centred'?
3. Key-points for Practice

## II.1. Requirements

During the Oral **Preparatory** phase

- Structures involved:
  - Lips
  - Tongue/mandible (lower jaw)
  - Cheeks
  - Hard palate
- Movement: rooting, attachment, **suckling**, with medial portion of the tongue forming a groove for channeling the milk posteriorly (towards the valleculae).

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## II.1. Requirements (cont.)

During the Oral **Transitory** phase

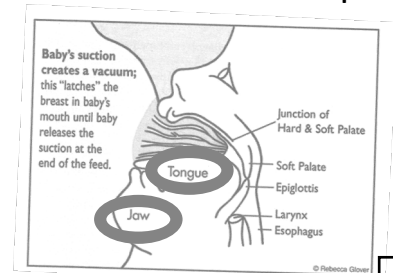
- Structures involved:
  - Tongue/mandible (lower jaw)
- Movement: wavelike mechanical movements and pressure changes created by the tongue propel the bolus to the back of the oral cavity (into the valleculae = vallecular space).

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## II.1. Requirements (cont.)

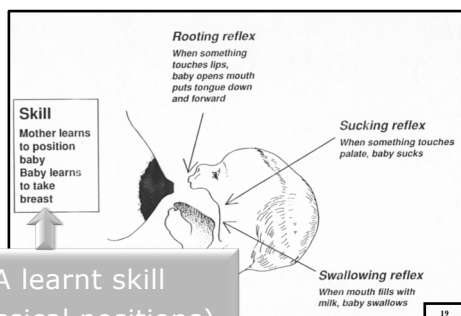
Which are the two **main active components**?



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## II.1. Requirements (end)



PLO: A learnt skill (in classical positions)

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## II. Basic Principles for Latching-on

1. Anatomical & Physiological Requirements
2. The Optimal Latch-on: 'Centred' or 'Off-centred'?
3. Key-points for Practice

## II.2. Optimal Latch: 'Centred' or 'Off-Centred'?

Three ways for a baby to latch: which one is the optimal one?

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28 **A** **B** **C** 31

### A

'Off-Centred' from 'up':  
Nose first,  
upper lip far from the nipple

Photos by Evelyne Ruf

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### B

'Centred':  
Straight approach  
Both lips at equal distance  
from the nipple

Photos by Evelyne Ruf

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### C

'Off-Centred' from 'down':  
Chin first  
Lower lip far from the nipple

Photos by Evelyne Ruf

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## Which latch gave which result?

Photos by Evelyne Ruf

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## Deep Latch = 'Off-Centred' from 'Down'

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Photos by Evelyne Ruf

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You can help mothers and babies to attach better!

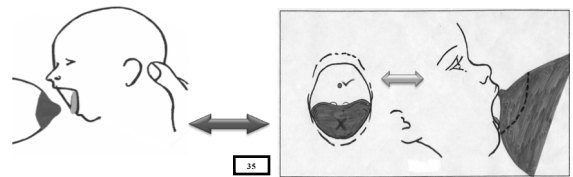


Photo by Evelyne Ruf

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Why do mothers often use the worst latch?



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© 2013, Strohmann

Because of the advice: 'Put all the areola in your baby's mouth!'

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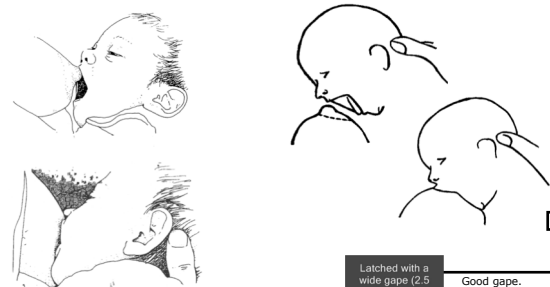
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## II. Basic Principles for Latching-on

1. Anatomical & Physiological Requirements
2. The Optimal Latch-on: 'Centred' or 'Off-centred'?
3. Key-points for Practice

First key-point:  
wait for the widest open mouth



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Latched with a wide gape (2.5 day-old)

Good gape. (BF Atlas, ch.5)

21A

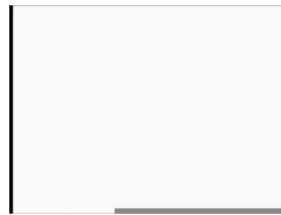
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Second key-point:  
Bring Baby with the Chin First



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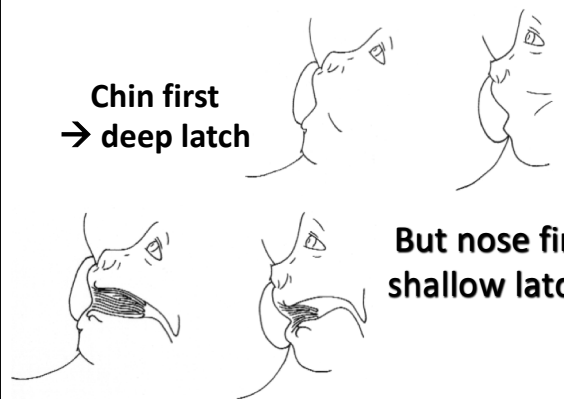


UNICEF UK (from DVD 'From pregnancy to BF', SBFC & BFF)

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Chin first  
→ deep latch




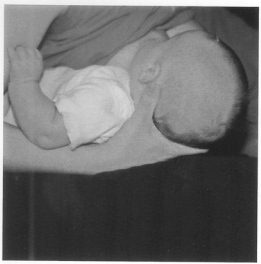
But nose first:  
shallow latch...

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**For 'Chin First':  
leave the head free to tilt back**



The Breastfeeding Atlas

**Fig. 97** Avoid hand on head flexing head forward

**Fig. 98** Improved hand position lessens risk of flexing head

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**Receding Chin:  
Needs More Head Extension**

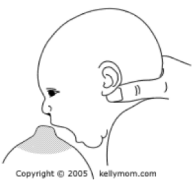



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**Third key-point: aim the lower lip as far as possible from the nipple**

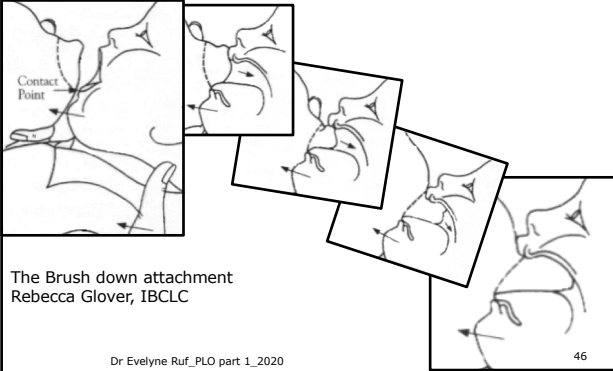
- To reinforce the off-centered latch & give full opportunity for the tongue.



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**Steps for a deep latch**



The Brush down attachment  
Rebecca Glover, IBCLC

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**Key-point for latch**

- Wide-opened mouth**
- Bring baby with chin first**
- Aim lower lip as far as possible from the base of the nipple.**

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**Ex-File from Ex-MCH  
Sharjah Lactation Clinic**

Assessment of First Year

Breastfeeding Assessment			
General appearance	RIGHT	LEFT	
HEALTHY			
WEAK			
TOPICAL			

BREASTFEEDING OBSERVATION

POSITION (define breast(s) level)			
Observed	Cluster	R L	Cluster
1. Mother comfortable	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Under arm	R L
3. Baby Body close to mother's body (especially legs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Support	R L
5. Breast(s) in front of nipple(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Chin	
<b>LATCHING (ATTACHMENT)</b>			
7. Good latch before birth	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Mouth	
9. Brought to the breast	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. With chin first	middle none first
11. Contact established	lower lip first	lower and upper lip equal	upper lip first
<b>DURING THE FEED</b>			
12. Milk ejection reflex	Apparent (visual)	13. Not observed	Observed
14. Deep slow movements (over 30-45°C/min)	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. These movements only (over-quiet)	
16. Effectiveness	Suction normal	17. Checks dimpling	Checking normal
18. Effectiveness	Swallowing normal	19. Swallowing with gagging	Swallowing normal
19. Effectiveness	Reflexes in control	20. Attached but not suckling	On and off repeatedly
<b>AFTER THE FEED</b>			
21. Condition of nipple	R Shape Color	L Shape Color	
22. Mother's state			

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## Breastfeeding Observation

BREASTFEEDING OBSERVATION			
<b>POSITION</b> (before beginning feed)			
Observed:	Cradle R L	Cross-cradle R L	Under-arm R L
	Lying down R L	Laid-back R L	
1. Mother comfortable	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Baby: Body close to mother's body (especially legs)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Positioned in front of nipple with:	Nose	Mouth	Chin
<b>LATCH-ON (ATTACHMENT)</b>			
4. Good gape before latch	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Brought to the breast	<input type="checkbox"/> Yes <input type="checkbox"/> No (breast to baby)	with chin first	middle nose first
6. Contact point/nipple:	lower lip far	lower and upper lip equal	upper lip far
<b>DURING THE FEED</b>			
7. Milk ejection reflex:	Apparent (when: )	Not observed	Overactive
	Deep slow movements ( <i>open-PAUSE-close</i> )	Flutter sucking only ( <i>open-close</i> )	
8. Effectiveness:	Suction: normal weak	Cheeks dimpling	Clicking sound
	Swallowing: normal uncoordinated	Clenching with gum/jaws	
	Refusing to attach	Attached but not sucking	On and off repeatedly
<b>AFTER THE FEED</b>			
9. Condition of nipple:	R Shape: Color:	L Shape: Colour:	
10. Mother/infant emotional state:			

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## Latch-on (attachment)

LATCH-ON (ATTACHMENT)			
4. Good gape before latch	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Brought to the breast	<input type="checkbox"/> Yes <input type="checkbox"/> No (breast to baby)	with chin first	middle nose first
6. Contact point/nipple:	lower lip far	lower and upper lip equal	upper lip far

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END OF PART 1