Introduction to Maternal Infant Young Children Nutrition
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Lecture - 26
Session - 6

Holding the Breast & Latching the Baby to the Breast

So, this is part 2. And here we are, we are going to discuss about how to hold the breast and how to latch the baby. So, again, we already discussed about mother's readiness, understanding of early hunger cues, and how to position the baby. So, we already discussed this. Now this is part two, again, we are going to discuss about how to hold the breast and how to latch the baby. Extremely important points, cross cradle hold or any kind of hold that you would prefer.

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So, here now I am ready to latch the baby. Here, holding given the position to the baby, this is called landing the baby, to prepare the baby to breastfeed. Now, baby is completely facing the breast not facing up, please remember this, I see it all the time. Another hand, the lower hand is around the breast, under the breast, and upper hand is here.

Now, the baby is moving too much, what you can do is to just wrap the baby, and if baby is not moving and baby is okay, you do not need to wrap really, I do not prefer that you wrap the baby while breastfeeding because I prefer skin to skin contact. So, if mother is kind of can open and keep the chest open, baby's chest will be complete touching mother's chest, that is called skin to skin.

That is really, I prefer that actually skin to skin contact. So, now here now baby's ready to breastfeed, see neck is little bit extended, neck is lit a little bit extended. And here, I am going to bring the baby so that the nare is right across the nipple.

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Now, I am going to hold the breast. Now this part is really, really important. Now in this position, before I go back to that breast again. Now remember, now here is the baby. Here is me, here is baby. Now, I want to give you one example and this example, just kind of watch it very carefully, because this example will give you the concept of why we have to hold breast in a certain way.

And understand the concept, do not understand, do not rote-learn it. if you rote-memorize it, then you will make a mistake in different holds. So, just understand the concept. And then you will know in any hold whichever way baby is coming to the breast mother will know exactly where to hold the breast to make it smaller. So, it becomes easier for baby to open the mouth.

So, you remember that I am sitting, now if I am trying to eat something, which is very big. So, for example, in my example, say I take an example of a big sandwich, three layered sandwich. And there are three breads. In between two breads, there is tomato, and another two layers, there is a cucumber and cheese and chutney and butter, and I am telling you, or somebody is giving me this big, big sandwich and they are asking me to have a big bite.

So, the way I am going to take a big bite of the sandwich, I am going to hold the sandwich, and I am going to basically press it, and then I am going to eat it. So, this remember that, here this is how we eat, just think of anything that you may have some big thing that you want to take a bite off. So, in Gujarat, we call it Dabeli any of this fast-food joint.

Now, that I want you to have any burger, but just giving an example, if you have a burger, you basically hold a burger like this, press it and then take a big bite. But while you are eating a big bite, you are kind of bending your neck forward. Remember, you will never be able to eat like this, you will have to bend your neck, sorry, backward. So, bend your neck backward, and then take a big bite and you are putting that bite on the lower lip. You are not putting that bite on the upper lip.

Why? Because when you put it on the lower lip, that is when because your lower jaw is moving, your mandible is moving. So, you will be able to take a big bite with the pressure, you will be able to take a big bite. Similarly, now here is a baby. And I am going to bring something which is very big, I want to put it in baby's mouth. So, what I am going to do, I am going to basically keep my fingers parallel to baby's lips, the baby's lips are like this.

So, I am going to put my fingers, parallel to baby's lips, and I am going to basically press it and then put it in baby's mouth, in such a way that baby's mouth is little bit backward, like this. Now, suppose in this position, I am going to put my fingers straight, but if baby is sideways, so what I am going to do, I am going to again, put my fingers parallel to baby's lips, so here are baby's lips. I am going to press it, I am going to press it.

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Now, suppose if this baby is this way. Again, the lips are verticals. So, here in this position in this position, lips are vertical, in this position lips are vertical. And that is why I am putting my fingers vertical. Either I can put it from top or I can put it from down. Now, in this position, just turn it around.

And here in this position also, baby's lips are vertical, so my fingers will be vertical too. So, either it will be from the top, or it will be from the bottom. Just this is a very important concept that I want you to learn is like whenever you are contouring your breast, your finger should be parallel to baby's lips.

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So, in this position, baby's lips, in this position, baby's lips are vertical. So, either your lips are or your fingers are from down, or they are from the top. And remember that on day 3, when milk comes in your areola, mother's breast becomes big, even in the beginning baby's mouth is really small. So, you want to control it, so it becomes easier for baby to have a low areola latch.

Remember why lower areola latch, because we always put things food on the lower jaw. So, you want to have as much areola as possible near the lower jaw, like a lower lip, so that we will be able to press harder and get more amount of milk coming in the stomach. So, here it is. Now, let us see.

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Now here, this is the breast. Now, baby's coming like this. So, lips are vertical. So, what I am going to do, I am going to, of course, here I am holding the baby lips are vertical. So, either I can hold it from top, or I can hold it from below. But I do not want to hold the top because if I hold it from top, I do not know when did baby open the mouth.

Because I want to see when baby opens a big mouth that is when I am going to put the breast in the mouth. So, here I am going to do, I am going to hold the breast from below. And this is how I am going to hold your breast. Now, this also is another very important concept to learn, is while I am bringing the baby, while I am bringing my fingers to the breast, remember there is a clock, think about the clock, think about a clock and think about nipple as the middle of the clock.

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So, you want to in this on left hand side, this is 3 o'clock, this is nine o'clock, this is 6, and this is 12. So, you want to, because your lips are parallel absolutely, baby is coming in such a way that the upper lip is at 3 o'clock and lower lip is at 9 o'clock. So, you want to keep your fingers right there where the lips are.

So, you want to keep the thumb near the upper lip, which is that 3 o'clock. So, you want to keep your tip of the finger, just a tip, do not put the whole finger. If you put whole finger, what will happen, these fingers will come in the way, you do not want the fingers to come in the way you want to just put the tip of the fingers but the 3 o'clock.

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Many times, what happens mothers do this, they put fingers at 2 o'clock and at 10 o'clock position, that is too high because if that is too high, what will happen only nipple will go in the mouth. And then nipple milk will not come, if you put only nipple, nipple does not have milk in it. baby has to have a lower areola latch.

So, if baby's coming from here, this part over here will go in baby's mouth. So, do not block that area at any cost. So, here if you have a big nipple, or a big areola I should say, then put one finger thumb at 3 o'clock position and another one tip of the finger and another one at 9 o'clock position.

But this is another point I want you to remember that when you put the fingers, tip of the fingers, do not make, do not put it too close because if you put it too close, only nipple will go in the mouth. you want to put it at least three fingers away to three fingers from this side and three fingers from this side. This is where basically this is how it is going to be.

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And remember the dip of the 6, they this is your dip. Now that dip of your U shape will come at 6 o'clock position. So, here how would you know that it is 6 o'clock because so many times, how mothers hold the breast, they hold the breast like this. So, here what happens even though fingers are at 6 o'clock and 3 o'clock position or 9 o'clock and 3 o'clock position.

What happened to you with the tip of the U is not at 6 o'clock because the hands hand is a little bit elevated. So, you tell them other two you kind of press the hand down, when she presses the hand down automatically what happens this dip comes at 6 o'clock position. So, this is really, really important remember, and just the tip of the finger, not the whole thing. And this is how you hold the breast.

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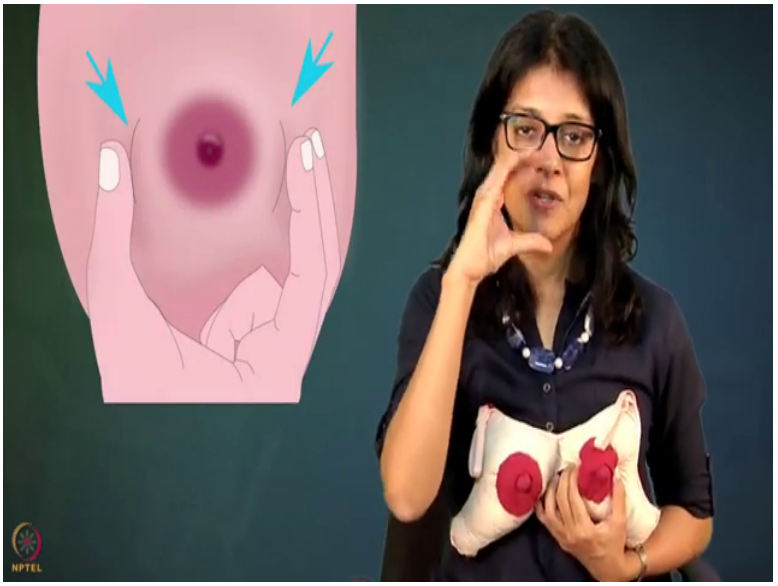

Now, once you once you put your finger about the finger at 3 o'clock and 9 o'clock position, tell her to press it just like how we press a sandwich. Because if we do not press a burger, it will not go in the mouth and remember baby does not have that big mouth. So, you want to press it, kind of press it good amount.

Suppose if the areola is very small, then what you want to do, you want to make sure that area is small, just take three fingers does not matter if the areola is small or big, just take three fingers away, and then press it hard. And then basically, it will control. As soon as it becomes small, when baby opens her mouth you immediately latch the baby. Now, baby has already kind of extended the neck backward.

So, when the here the lower lip will be somewhere near the border of the areola. And you want that whole areola near the lower lip to slide in the mouth. So, this is a really important concept that how to hold the breast exactly at 3 o'clock and 9 o'clock, we call it cupping of breast, cup, is a cupping of breast.

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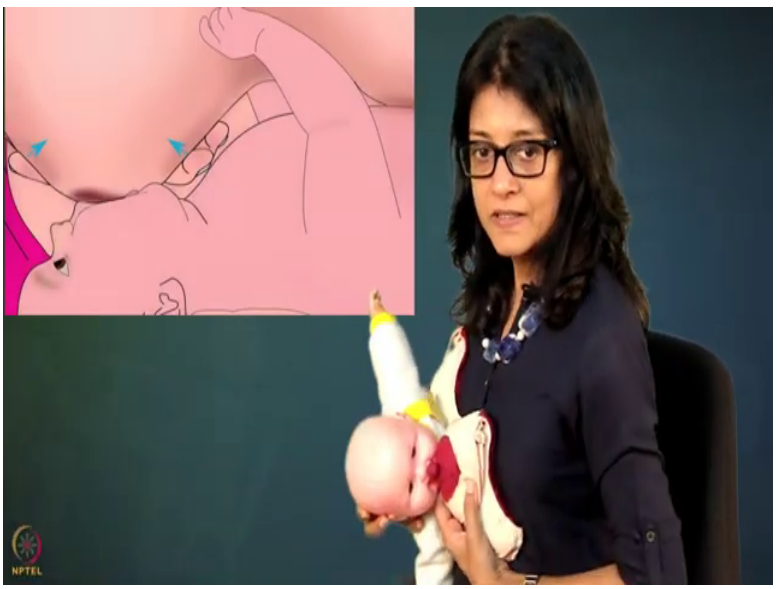

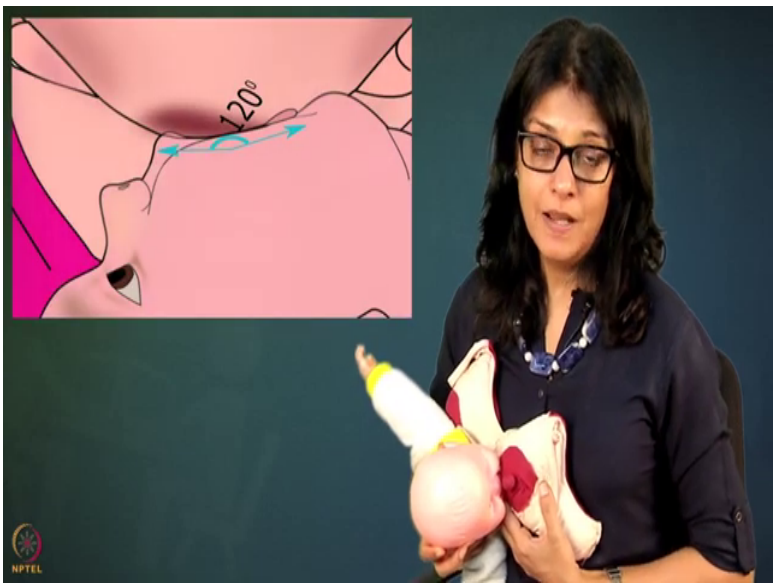

So, here now we are done with how to hold the breast. Here I am bringing the baby. So, here is the position, neck is a little bit backward, kind of nare the nose is facing the nipple. So, it is facing the nipple. There you go. So, here is the position where nare of the nipple is facing the nipple. Do you see? See the neck is extended backward.

It is not coming on straight like this. It is pulling the baby a little bit towards the other side and then extending the neck. Nipple is in front of the nare. Now, what is happening, the lower part of the areola, this part is facing baby's mouth. Now, I am going to open baby's mouth. So, how is baby going to open the mouth? The way baby is going to open the mouth is basically what you do, you kind of stimulate baby's upper lip with the nipple.

So, when you stimulate baby's upper lip with a nipple, what is going to happen, within a minute, sometime it takes about couple of minutes, but baby's going to open the big mouth, how big it should be the mouth, it should be minimum 120 degree, because if it is only a 45 degree, only nipple will go in the mouth, if it is only 90 degree not a good amount of lower areola latch will happen.

You want the lower areola latch means near the lower lip. So, you wait to be opens 120 degree, do not be in hurry. Please have patience. This is the most important part because you may have everything correct. But if you do not wait for baby to open the mouth, you will not be able to latch this baby properly and there will be breastfeeding failure. So, please understand. So, again, stimulate upper lip with the nipple.

Wait for baby to open the mouth sometime it may take time, do not give up. And if baby is not opening the mouth after 4 minutes, 5 minutes or maybe even 7 minutes, let it go, baby is it is not ready to breastfeed because baby is not hungry. When they are not hungry, when they are sleepy, they will not open the mouth.

But if they are hungry, they are ready to eat they will immediately as soon as you can stimulate upper lip, they will open the mouth sometime it may take time, some time it may take 3 minutes, 4 minutes, 5 minutes, but do not give up.

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Now baby opens the mouth you have already made it small. Now, you just immediately as soon as what you, what I want you to do. You are ready. see babies very close to me. Baby is kind of I have control, full control of baby's neck, here babies kind of neck, back of the head. And then very close, I am waiting for baby to open the mouth. As soon as baby opens her mouth immediately what I am going to do, glide it in the mouth.

As soon as it glides in the mouth, basically the latch is complete. Now, what can mother do? After the latch is done, mother has to see it because unless she sees it, unless she examines it, she won't know where the mouth is big enough or not, where is the lower lip sitting, where his upper lip sitting, what is happening with the lower lip all that she needs to see there are four points that she needs to watch and she has to examine.

That is when she know that latch is good. Now, in what happens is many times is if doctors and nurses know this technique, they will examine but you have to tell the mother what to watch because at home, she is not going to have any of these lactation consultant, see the latch all the time. So, it is important that mothers understand. So, here now latch is complete. What I am going to do? I am going to release this hand from here.

This is the possible if you have a small breast if it is a very big breast and if you remove it what happens it may slip from baby's mouth. So, if you have a small breast if it is not too heavy, you remove the hand and then with the same hand you basically what You can do with near the lower lip, you press the breast a little bit over here, you press it, because I want to see where exactly is baby's mouth. So, I am looking for a few things.

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First thing I am looking for, how big is the mouth. So, I am looking, I am examining the latch. So, I am looking, whether the mouth is 120 degree, minimum 120 degree open or not. If it is open, that point is correct. Second, what I am looking for is where is the lower lip sitting, whether it is sitting just near the nipple or whether it is sitting near the areola, whether sitting here whether sitting, where is it, where is baby's lower lip sitting.

So, here, what I am doing is basically, I am looking at the latch, and I am seeing whether the lower lip is at the border of areola or not. Now, if baby sitting at the lower, if the lower lip is sitting at the border of areola, that means, latch is good but if suppose, areola is very

small, then what will happen that the lower lip will be sitting on the breast. And where will be the upper lip?

Upper lip should be sitting just above the nipple, because if you have more upper in the going in the mouth, this area, maybe will not be able to press hard, and not able to press hard means that section of the areola baby will not be able to suck so much milk. And that is very important, because you want as much as the lower areola in the mouth and the upper lip is sitting just at the border of upper nipple, not upper areola.

It should not be the full areola going into the mouth because there is a myth among a lot of healthcare workers, they always say whole areola is to be in the mouth, the whole black part should go in the mouth. No, it should not be the full black part going in the mouth. It should be just the areola the black part which is near the lower lip, so that is your latch is done. Now, once you examine second thing, what the third thing you want to examine, you want to see what the baby has a dimple.

Now that dimple if baby has a dimple, then there are three points which could go wrong. What are the three points which are wrong probably? One is the nipple feeding. So, if babies only has nipple in the mouth, they will basically have dimples. Second point is if baby has much of upper areola in the mouth. So, more of the upper areola it goes in the mouth and not the lower areola, that is when baby will have dimple.

And the third point is if babies too far from the breast, ideally what happens when you have a good latch, the lips and the chin should not be visible. Because if the only, if the lips are visible that means mother's breast is too far. Like for example, when you are drinking from a straw when you are drinking from too far, what will happen you will be doing this, baby will get tired.

So, you do not want that, what you want you want to push mouth, baby's mouth. So, an a deep into breast that the full breast is pressing against the lip and especially the areola. So, that you cannot visualize baby's lips as well as chin, this is a third point which is extremely important in your latch. So, what are the three points very important.

Three points, first of all, baby's mouth should be 120 degree open, second point is that the lower lip should be at the border of areola or on the breast and upper lip should be just about the nipple, third point, both lips as well as chin should be embedded into the breast, it

should be deep kind of seated deeply embedded kind of pushed into the breast so that you cannot see the chest, you cannot see the lips as well as chin.

And the fourth point which WHO recommend is the upper areola should be visualized and lower areola is not visualized because it in the mouth which already mentioned. So, those are the four important points that you want to. There is one more point which generally I do not see much of a problem with who do recommend that the lower lip should be kind of turn outward.

It should not be turned inward because if it is inward, we will not be able to kind of cause suction, baby will not be able to suck breast milk as much, so that is important. But as I said, if babies landed well in if the latching is done correctly, then by and large, I do not see this problem of inward turning of lower lip. So, that is done. So, here now, mother is ready to now continue start.

I mean, she is already started latching, she started breastfeeding, but now she can relax. And just enjoy the session. So, hear now once she examining, she can remove her hand and then bring the hand like this. So, what I am doing now, with my other hand, I am just kind of again giving the support to the leg. But remember, I am not removing my fingers from the neck, or from the lower part of the head.

Because baby's neck is still not under control, baby still young, so till 1 or 2 months of age, I prefer that mother still hold the head, because many times what happens we see it that a lot of time when babies used to having nipple feeding, what they do is as soon as you put the areola in the mouth lower areola, they pull back, they pull back. So, here, you want to kind of control this neck, I would say head position, so the baby does not remove the mouth from the breast, that is important.

So, this is your latching is over, and you are kind of bringing your hand on the back of the body is finished. Now sometimes what happens is that we do see that many times we do mother's breast is very heavy, so in such situation what to do, because as soon as you remove the hand from the breast, it will slip off from baby's mouth.

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So, in that situation, what you want to do is you basically kind of bring your hand, first you check for the, for the latch, once the latch is good, then you bring the hand and in with the help of the elbow joint, you just lift up the breast a little bit, because when you do that, what will happen, it will give support to the breast and it will not slip off from baby's mouth, so you can just lift up the left, you can see the shoulder.

See, I am kind of supporting my breast, and that is what you do. Now, many times would happen. Like, nowadays, we see a lot of obese mothers and overweight mothers kind of breastfeeding, and their breast is really heavy and big.

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So, in that situation, what we do, we tell mothers to continue holding the breast in a U shape, and then what you can do, you can just put kind of pillows over here, so that she can get support. So, in my situation over here, I have a support of the handle of the chair. So, you can just basically put kind of support over the handle, and then she can continue holding it, so that mother does not feel tired.

And when this is happening, you want to make sure that many mothers can have a lot of time do this, lift their shoulders up like this, they want to kind of make sure that they a little bit uncomfortable in the beginning when they are learning, so you want to make sure that tell her to put both this kind of shoulder back like this towards the body.

Because if she is holding the baby with her shoulder relax and close to her trunk, then it would be much easier for baby, mother also to relax and enjoy the breastfeeding session. So, here it is, this is our session on how to hold the breast and how to basically attach the baby and also how to check the latch to make sure that the latch is good. So, this is the end of part 2, where we finished about holding the breast and latching the babies.

Now, in next session, what we are going to do next part, what we are going to discuss about is just the other important counselling points because there are about 45 points, so we have finished almost half of them. So, now it will be the rest of them that what are things that we want to make sure that we know mothers know so that she can have successful breastfeeding. Thank you.