

Description

Effective Attachment for Pain-free Breastfeeding

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Introduction

While breastfeeding/chestfeeding is natural, it doesn't always come naturally. Consistent information and support helps to get feeding off to the best start. Although there can occasionally be more complex challenges present, effective positioning and attachment of the baby is an important step for optimal and comfortable breastfeeding.

Close and connected

For mums and birthing people who want to breast or chestfeed, skin-to-skin contact at birth helps to facilitate the baby's first feed.[1] Skin-to-skin isn't just desired, but necessary for all babies, helping the newborn to regulate their temperature, heart rate, respiratory rate and blood sugar levels, stimulate their feeding behavior and digestion, and lower their stress and pain levels.[1,2] Skin-to-skin also boosts prolactin and oxytocin levels, reduces stress, helps reduce the development of the Baby Blues and improves parent-infant bonding.[3] On the mother's chest, an undisturbed baby will go through nine instinctive stages which help establish breastfeeding, including the incredible breast crawl where the baby will independently find and attach themselves to the breast without any assistance.[4,5]

Comfort and nourishment

During skin-to-skin many babies will begin to display feeding cues on their own, including sucking, licking, bobbing and rooting. Recognising and responding to these early cues supports loving relationships and positive feeding experiences. It is helpful to avoid waiting for the baby to begin to cry (a late hunger cue), at which point the baby needs to be soothed first before feeding.[3]

To enable effective attachment, holding the baby close, keeping their body in-line, supporting the baby's shoulders, rather than the neck or the back of the head is recommended. This gives the baby room to tip their head back as they're attaching, which is the ideal drinking position. Start with the baby lined up nose-to-nipple, and then wait for them to open into a wide, gaping yawn. Apply the baby's chin to the breast first, then move the baby toward the breast with nipple angled up to the roof of the baby's mouth, ending up at the junction between the soft and hard palate.[3]

If the baby is attached well, the chin will be deeply embedded into the breast tissue, the head will be slightly tipped back, the nose will be free and the mouth will be open wide. More of the areola will be covered by the bottom lip rather than the top (known as an 'asymmetrical latch'). The cheeks should look rounded when the baby is sucking, rather than hollowed, and ideally you will see pauses in the baby's chin as her mouth fills with milk, followed by swallowing (i.e. deep, nutritive sucking versus faster, shallower comfort sucking).[1]

The **C.H.I.N** acronym developed by UNICEF[3] might help you to remember the points above:

CLOSE: Baby tucked in close to the body.

HEAD FREE: when the baby attaches, she needs to be able to tilt her head back slightly so that her chin can lead.

IN-LINE: The baby's head and neck need to be in alignment so that he's not twisted.

NOSE-TO-NIPPLE: Lining the baby up in this position encourages her to open her mouth wide, so that the nipple can slide in under the top lip and rest at the junction between the hard and soft palate.[3]

The majority of breastfeeding challenges can be resolved simply by improving attachment and positioning.[4] Breastfeeding is quite remarkable in the way that mere millimetres can be the difference between a comfortable versus a painful experience. However, if the latch is still painful even after ensuring that there's good positioning and attachment, it may help to seek further specialist help. Feeding that is continually painful is never normal, and there's no need for the nipples to 'toughen up' in the first few days after the delivery.[2] **TPM**

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