

BREASTFEEDING PROTOCOL: Positioning and Latching



BABY-FRIENDLY
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The Breastfeeding Protocols are based on the City of Toronto’s Breastfeeding Protocols for Health Care Providers (2013) and are co-owned by the City of Toronto, Toronto Public Health Division (TPH) and the Toronto East Health Network, Baby-Friendly Initiative (BFI) Strategy for Ontario. Revised Protocols are being released as they are completed, and they are available at <https://breastfeedingresourcesontario.ca/resource/breastfeeding-protocols-health-care-providers>. All revised Protocols, as well as the complete set of 2013 Protocols, are available at www.toronto.ca/wp-content/uploads/2017/11/9102-tph-breastfeeding-protocols-1-to-21-complete-manual-2013.pdf.

Funding for this project was received from the Government of Ontario. For more details on the revision process and terminology, please see the *Introduction to Breastfeeding Protocols for Health Care Providers*.

Process

The process of revising and updating the Protocol followed a clear methodology based on *Evidence-Informed Decision Making in Public Health* www.nccmt.ca, developed by the National Collaborating Centre for Methods and Tools (NCCMT) and is described in the full Introduction, linked above. Every effort has been made to ensure the highest level of evidence is reflected.

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Use of this Protocol

The BFI Strategy for Ontario and TPH encourage individuals and organizations to use this Protocol to support evidence-informed clinical practice. This Protocol may be copied or printed for the purpose of educating health care practitioners, provided the authors are acknowledged and content is not altered, nor used or reproduced for commercial gains.

Disclaimer

This Protocol is a guideline. Every breastfeeding dyad and their circumstances must be assessed on an individual basis. In doing so, health care providers use their own professional judgement along with the evidence in assessing the care and support that the family needs. At times, consultation with another breastfeeding expert or advice from a medical practitioner, (physician, midwife, or nurse-practitioner), will be required.

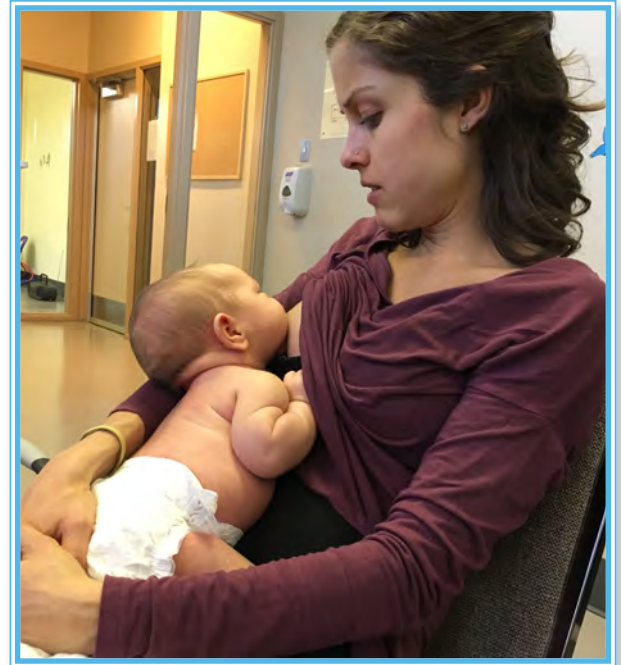
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Table of Contents

<u>Key Messages</u>	1
<u>Principles of Positioning</u>	1
• Biological Nurturing (laid-back or semi-reclined position)	2
• Benefits of Biological Nurturing	3
<u>Techniques to Support Effective Latching</u>	3
• Principles of Achieving an Effective Latch	5
• Signs of an Effective Latch	5
• Infant-led Latching	6
• Other Latching Techniques	7
- Nipple tilting	7
- Breast sandwich	8
- Dancer hand-hold, for special circumstances	9
• Practices to Prevent or Troubleshoot Latching Challenges	10
• How to Unlatch an Infant	11
<u>Other Breastfeeding Positions</u>	11
• Cross-cradle	12
• Cradle	13
• Football	14
• Side-lying	15
<u>Breastfeeding Multiples</u>	16
• V-hold	17
• Double football	17
• Combination cradle/football	18
• Criss-cross or double cradle	18
• Parallel	18
<u>Key Resources</u>	19
<u>References</u>	20

Key Messages

1. Any position that is comfortable for the mother and infant and allows for effective breast milk transfer is an acceptable position. When positioning is comfortable, and the infant is well aligned with the breast, a deep and effective latch is more likely.
2. Effective positioning and latching are essential for successful breastfeeding and can:
 - Help the infant to suck effectively.
 - Ensure effective breast milk transfer to assist with optimal growth of the infant.
 - Stimulate, build, and maintain a mother's breast milk production.
 - Help prevent many breastfeeding problems such as sore nipples, mastitis, low breast milk supply, and poor infant weight gain.
3. Baby-led latching is a natural and intuitive approach for an infant to find the breast and latch or self-attach.
4. Breastfeeding positions can vary and change depending on an infant's size, gestational age and abilities, maternal body shape, breast size and shape, recent procedures, and mother's preference.



Principles of Positioning

- Mother is in a relaxed and comfortable position that does not cause pain (e.g., from an episiotomy or caesarean birth).
- Mother and infant are well supported. Supports may be used to help a mother find a comfortable position while breastfeeding. A pillow, rolled blanket, or rolled towel may help to support a mother's arm.
- Mother holds her infant unwaddled, tucked in close “tummy-to-mommy” with shoulders and hips aligned and well supported. Some practitioners suggest an infant is well aligned if an imaginary line can be drawn from the infant's ear, to shoulder, to hip.
- The infant's head and neck are slightly extended which means slightly tilted back, sometimes called a sniffing position.
- During latching, the infant's head is slightly extended with the lower lip or chin touching the breast. This will allow for a deep latch.
- Teach the mother to pay attention to the amount of areola in her infant's mouth. Sometimes the natural relaxation that happens with feeding leads to the areola slipping out.
- Encourage the mother to notice any tension in her shoulders and then relax them.
- There is a strong interaction between head and neck position and feeding function. A slightly extended position positively affects respiratory mechanisms, oral motor control, and swallowing. Head and body alignment work together to achieve a position that enables breast milk transfer (Walker, 2014).

Biological Nurturing (laid-back or semi-reclined position)

Biological Nurturing is a mother-centred approach to breastfeeding initiation. It promotes maternal postures that help an infant's instinctive behaviours and primitive neonatal reflexes. Primitive neonatal reflexes refers to more than 50 unconditioned reflex responses, as well as spontaneous behaviours to environmental stimuli. Spontaneous behaviors or reflexes include stepping, crawling, rooting, sucking, swallowing, hand-to-mouth movements, and movements of the head, cheek, tongue, and lips (Colson et al., 2008).

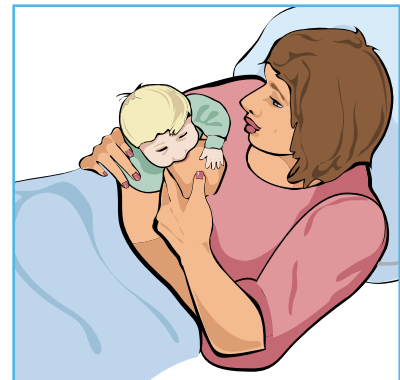
Biological Nurturing supports positive baby-led breastfeeding behaviours in infants which allows them to actively participate in latching. This position can be used at any time during breastfeeding and works well with baby-led latching (Colson, 2010).

This approach suggests that the mother:

- Lean back, somewhat semi-reclined, finding an angle that feels right for her.
- Is relaxed and supported.
- Dress her infant lightly or practice safe skin-to-skin with both infant shoulders touching the mother and the infant chest expanded.
- Place infant tummy down and in full contact with her semi-reclined body.
- Cuddle or nest her infant with her arms.
- Let gravity support the infant; there is no need to apply pressure along the infant's back or neck to keep the infant in place (Colson, 2015).
- Latch the infant anywhere along the 360° circle of the breast. See the illustrations for ideas.



Across breasts



Supported at mother's side



Over the shoulder



Below breasts

Illustrations adapted with permission from NancyMohrbacher.com

See a video at www.biologicalnurturing.com/video/bn3clip.html. In the video, notice:

- How comfortable the mother is.
- The infant is in a light stage of sleep.
- How the mother follows the infant's cues.

Benefits of Biological Nurturing	Considerations
<ul style="list-style-type: none"> • Allows for self-attachment (baby-led latching). • Infants may latch on more quickly and with ease (Colson, 2010). • Provides good support for the infant and relaxation for the mother (Riordan, 2016). • Works well for term and late preterm infants (Walker, 2014). • May be an effective position for infants with tongue tie, since gravity assists in moving the tongue down and forward (Walker, 2014). 	<ul style="list-style-type: none"> • May or may not work for some women with extremely large breasts (Riordan, 2016).

Techniques to Support Effective Latching

- Affirm what works for the mother and infant. When something is not working, offer alternative suggestions.
- Assess positioning and latching multiple times before hospital discharge and when any breastfeeding challenges occur.
- The Breastfeeding Committee for Canada (BCC) recommends that most teaching and breastfeeding support be done in a hands-off manner. This allows a mother to latch her infant independently, which can improve maternal self-confidence (BCC, 2017).

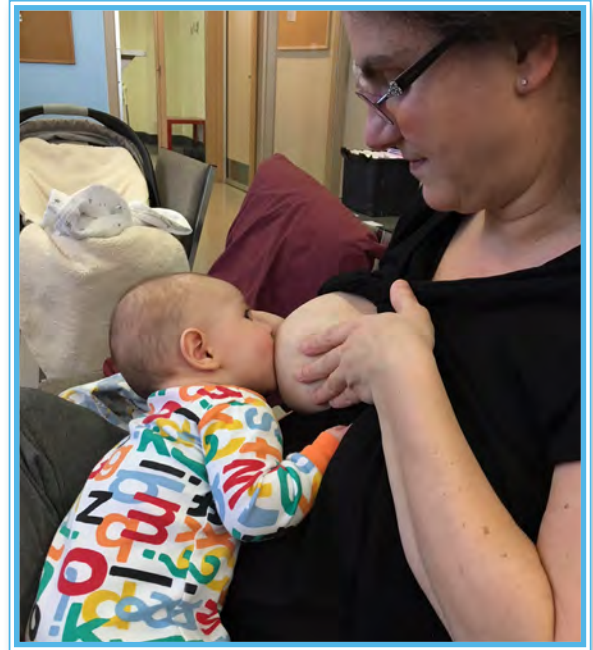
Principles of Achieving an Effective Latch	Rationale
<ul style="list-style-type: none"> • Mother is relaxed and infant is in a quiet alert state. Both are positioned comfortably. 	<ul style="list-style-type: none"> • Promotes and optimizes infant feeding behaviours.
<ul style="list-style-type: none"> • Mother holds infant tucked in close tummy-to-mommy, and preferably skin-to-skin. 	<ul style="list-style-type: none"> • Safe skin-to-skin contact has many benefits for both mothers and newborns which include the promotion of mother-infant attachment and initiation of early breastfeeding (Lau et al., 2017). See <i>Initiation of Breastfeeding Protocol</i>.

Principles of Achieving an Effective Latch	Rationale
<ul style="list-style-type: none"> • Infant is well supported with mother’s hand behind the shoulders, supporting the neck, not the head. The infant’s hands can remain free to explore the mother’s breasts and assist with latching. 	<ul style="list-style-type: none"> • Provides positional and core stability needed to facilitate the infant’s instinctive behaviours and ability to self-attach. • Allows the infant’s head to extend freely into a sniffing position. • Pushing on the back of the infant’s head may block the infant nose and make it difficult to breathe. Pushing on the head may result in the infant arching away from the breast, biting the nipple, or coming off the breast. Pushing the head can also disturb the placement of the tongue when latching, encouraging it to elevate rather than cupping and moving down and forward (Walker, 2014).
<ul style="list-style-type: none"> • Infant’s nose approaches the nipple (nose-to-nipple as a landmark). Infant can lick, search, and peck for the nipple. 	<ul style="list-style-type: none"> • Stabilized on mother’s body, healthy infants will lift their head, and use their mouth to search for the nipple. • Aligning the infant’s nose to the mother’s nipple allows for a deeper asymmetrical latch.
<ul style="list-style-type: none"> • With head in a slightly extended position, infants may touch the breast with their chin, tongue, and cheek. This triggers a wide open mouth. 	<ul style="list-style-type: none"> • The touch of the infant’s face (cheeks, lips, or chin) on the breast, will, encourage the infant to search, move, and centre his mouth on the nipple. The infant will open the lower jaw wide. Place the bottom lip and chin well below the nipple. This will appear asymmetrical, meaning it appears that more breast is in the infant’s lower jaw than the upper jaw. Latching like this helps the infant to draw in a large mouthful of breast and nipple (Glover, 2018). This allows the nipple to be drawn further back in the infant’s mouth where it will be more comfortable for the mother.
<ul style="list-style-type: none"> • Mother may need to shape her breast while latching. 	<ul style="list-style-type: none"> • May make it easier for the infant’s lower jaw to take in more breast tissue and allow for a deeper latch. See <i>Other Latching Techniques</i>, page 7.

See an animated latching video on many of these principles at www.youtube.com/watch?v=Rydwll7jx4.

Signs of an Effective Latch

- Infant's mouth is opened wide.
- Infant's lips are curled out.
- More areola may be visible above the infant's upper lip than below.
- Infant's head is slightly extended. When the head is back, the nose is free (not buried into the breast). The infant's chin is pressed into the breast.
- During suckling:
 - The infant's cheeks remain full and rounded, not dimpling or indrawn.
 - Mother feels a tugging sensation when infant suckles, with no pain. There may be some initial discomfort from suckling but not after a letdown. If pain persists, reassess the latch.
 - Active sucking and swallowing of breast milk may be heard (audible swallowing or "kah" sounds). Seeing a suck-pause-swallow pattern generally indicates breast milk transfer. Breast softening and increased infant contentment following a feed, along with adequate diaper output, are signs of effective breast milk transfer. See Protocol called *Signs of Effective Breastfeeding*.
 - Infant is comfortable, managing the flow of breast milk, and maintains the latch.
 - Infant relaxes during the breastfeed and does not get tense or agitated.
- When the infant comes off the breast, the colour and shape of mother's nipple remains unchanged. Sometimes the nipple may be elongated, but not pinched or compressed.
- After a feed, the mother's breast is softer than before the feed.



See these helpful videos:

- www.healthyfamiliesbc.ca/home/articles/video-latching-your-baby.
- <https://globalhealthmedia.org/videos/breastfeeding/> See: *Attaching Your Baby at the Breast*.

This LATCH acronym helps to highlight what to look for in an effective latch.

L

LIPS FLANGED OUT

(Wide, gaping mouth to accommodate areola and nipple)

A

ASYMMETRIC LATCH

(More areola visible above the baby's top lip)

T

TUMMY-TO- MOMMY

(Baby's ears, shoulders, and hips in alignment)

C

CHIN TOUCHING BREAST

(Nose free in the sniffing position)

H

HAVE A LISTEN & WATCH

(Active suckling and swallowing indicating milk transfer)

Adapted with permission from Baby-Friendly Council of Newfoundland and Labrador.

Infant-led Latching

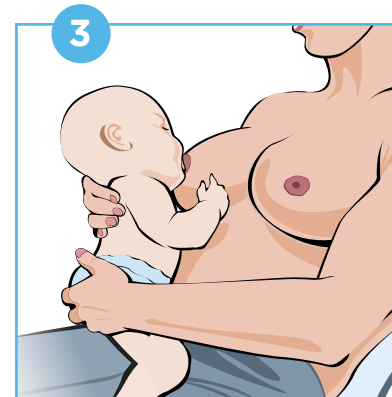
Achieving an optimal latch is best when led by the infant. Baby-led latching is a natural and intuitive way for the infant to find the breast. It can be used anytime in a laid-back or semi-reclined position and is helpful when the infant is learning to breastfeed, is not breastfeeding well, or when the mother's nipples are sore.

- Mother sits comfortably and leans back.
- Infant is held safely, skin-to-skin on mother's upper chest. A common method is to put the infant between the mother's breasts, so that the infant's shoulders and hips are stable, and the infant's head can tilt back slightly into a sniffing position.



- Infant will start moving his head up and down looking for mother's breast. This may look like bobbing or pecking.
- Infant will seek the breast and try moving towards the breast, sometimes making crawling motions.
- Mother supports the infant's shoulders, neck and buttocks, assisting him while he moves towards her breast.

- Infant will find mother's nipple.
- Infant will push his chin into mother's breast, reach up with a wide open mouth and latch onto her breast.
- Once infant is attached, mother and infant can adjust to each other to find a comfortable position.
- Mother can bring the infant's bottom close to mother's body and support the infant's back and shoulders.



Other Latching Techniques

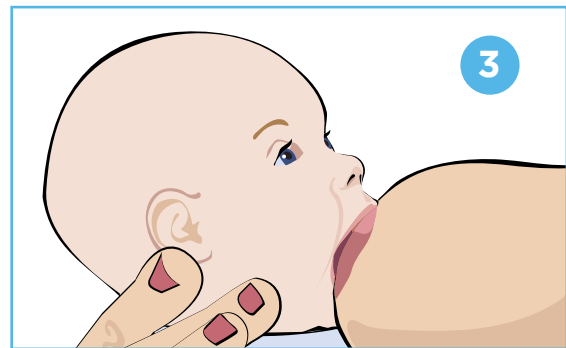
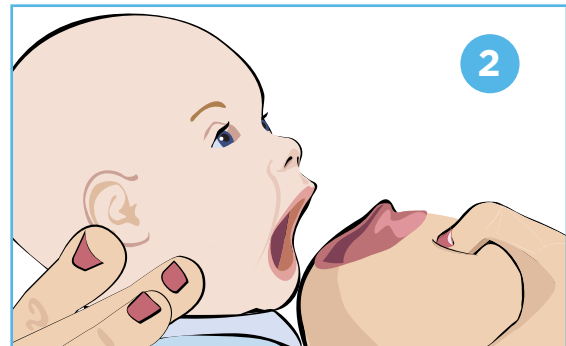
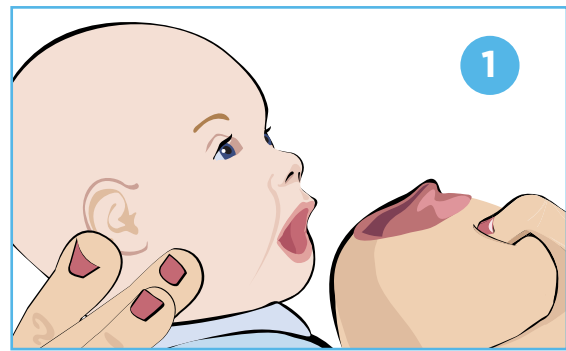
Breast-shaping techniques may be used to assist the infant in getting a bigger mouthful of the breast, so the nipple can extend farther back into the infant's mouth. Nipple tilting and breast sandwich are two breast-shaping techniques that some practitioners use to help mothers and infants (Mohrbacher, 2010).

Nipple tilting

This technique was originally described by Rebecca Glover. Some call it the flipple. Using nipple tilting can make it easier for the infant's lower jaw to create a deeper latch.

To do nipple tilting:

- Infant is aligned and well supported.
- Mother presses on her breast near the nipple with a thumb or finger. Her thumb (or finger), the nipple, and the infant's upper lip are in alignment.
- The thumb or finger causes the nipple to point up and away from the infant. This rounds out the areola providing more surface area for the infant to latch.
- The mother brings the infant's lower jaw or chin into contact with the skin. Once in skin contact, the infant's mouth reflexively opens wide. The mother then rolls the rounded side of her areola into the infant's open mouth to create a deep latch. The mother then watches for swallowing (Mohrbacher, 2010).

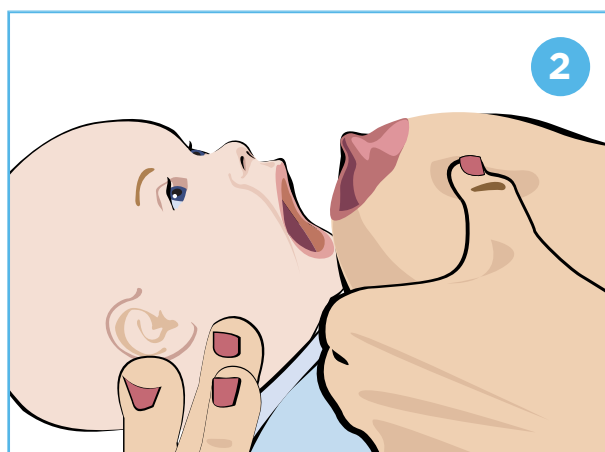


Breast sandwich

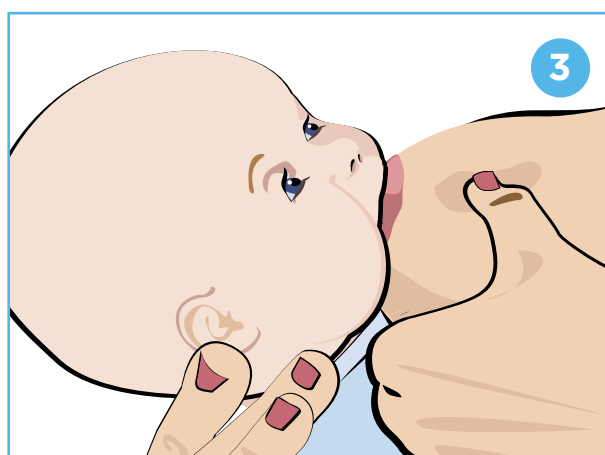
- Mother may support and shape her breast to get more breast tissue into the infant's mouth by gently squeezing or compressing her breast from top to bottom or side-to-side.
- With her fingers on one side, thumb on the other, away from the areola, she can shape her breast. The fingers will be parallel to the infant's lower lips, forming a "breast sandwich" (Wiessinger, 1998).



- Infant is aligned and well supported in a tummy-to-mommy position.
- Infant's head is slightly extended.
- Mother is encouraged to touch her breast to her infant's mouth, and then wait for the mouth to open wide. Or, a mother may support the infant until the chin touches the breast and the infant's mouth opens wide (like a yawn).



- To latch, the mother brings her infant close to her breast by gently pulling the infant's shoulders, upper back and buttocks closer. Encourage the mother to avoid leaning over or pushing her infant's head.
- Supporting the infant's upper back and neck can help keep the infant's neck in slight extension.
- Once the infant is latched, mother and infant can reposition themselves so they are both comfortable. Ensure the mother's shoulders are relaxed.



Dancer hand-hold, for special circumstances

This position may be used if the infant is able to achieve but not maintain a latch, for example, for infants with low muscle tone or weak muscle development.

- The infant is held in an upright sitting position facing the mother's breast.
- The mother first supports her breast in a variation of a "U" hold. She cups her breast with her palm and three fingers.
- She supports the infant's chin in the area of her hand between her thumb and index finger.
- She gently supports her infant's cheek on one side with her index finger and her thumb on the other cheek.
- To avoid triggering a rooting reflex, the mother uses gentle, steady, and equal pressure in her infant's cheeks. This provides steady support to the infant's jaws and chin to help maintain the latch (Lauwers & Swisher, 2011).



Practices That May Create Challenges	Practices to Prevent or Troubleshoot Latching Challenges
<p>Mother lifts the breast when latching.</p> <ul style="list-style-type: none"> • When the breast is released, there is a risk that the weight of the breast will pull some of the breast out of the infant’s mouth. • Can cause a shallow latch, resulting in poor breast milk transfer and nipple pain. 	<ul style="list-style-type: none"> • Keep infant and mother’s breast at the same level. • Bring infant to where mother’s breast naturally falls. “Breastfeed at the angle that you dangle” (K. Venter, personal communication). • For larger breasts, a rolled up towel may be placed under the breast for support (Walker, 2014), or mothers may use their hand to support the weight of the breast. Different positions may also be tried.
<p>Mother holds her breast firmly or indents it with her thumb or fingers throughout a feed. This is commonly seen with the intention to help an infant breathe better.</p> <ul style="list-style-type: none"> • May contribute to blocked ducts. 	<ul style="list-style-type: none"> • Reposition infant to ensure head is slightly extended back, with the nose free, and chin pressed into the breast. • Hold and shape breast gently. • Hold breast less firmly after latching to ensure mother is not compressing ducts or blocking breast milk flow.
<p>Infant slips off the breast or makes clicking noises.</p>	<ul style="list-style-type: none"> • Ensure a deep latch, use a breast-shaping technique (see <i>Biological Nurturing</i>, page 2, <i>Nipple tilting</i>, page 7, or <i>Breast sandwich</i>, page 8). • Assess breast milk transfer and mother’s breast milk supply. • Oral assessment may be required to rule out any concerns regarding infant’s oral anatomy e.g., tongue tie.

How to Unlatch an Infant

Often infants will come off the breast on their own and do not need to be unlatched.

If the mother wishes to remove the latched-on infant, the mother can break the suction as follows:

- Gently insert a clean finger into the corner of her infant's mouth and between the gums (see illustration).
- Mother's may optionally gently pull down on the infant's chin to unlatch.
- Either way, allow the nipple to gently come out of the infant's mouth. Simply pulling the nipple out of the infant's mouth while latched can cause nipple damage and is best to avoid.



Other Breastfeeding Positions

There are many breastfeeding positions a mother may use. Whatever position a mother prefers (e.g., laid-back, sitting up or lying down), her infant should be well-supported allowing for a deep latch and ease of swallowing. Along with Biological Nurturing or laid-back position (see page 2), the most commonly taught positions are:

- Cross-cradle.
- Cradle.
- Football.
- Side-lying.

Cross-cradle Position

(May be used for either breast. This description is for the left breast.)

Refer to *Principles of Positioning* on page 1.

- Mother's right arm holds infant along his spine.
- Mother's right hand supports infant's shoulders and neck. Her forearm supports the infant's back and bottom.
- Mother can hold her breast with her left hand. See *Other Latching Techniques*, page 7.
- Mother observes signs of an effective latch. See page 5.
- Once infant is latched, mother may shift to a different position (e.g., cradle position).



Benefits

- Infant is tucked close to the mother. This helps the infant to achieve a large mouth on the breast and a comfortable latch.
- Provides good head and neck control. This makes it easier to bring the infant to the breast (Riordan, 2016).
- Works well for mothers and infants learning to breastfeed.
- Works for infants who are term, preterm, and small or have low muscle tone.
- Works well for infants who have a weak rooting reflex or suck.

Considerations

- Mother's arms may tire from infant's weight.
- Mother can hold her infant using a pillow or blanket to support her arms; paying attention to her wrist and elbow support.
- Some mothers may be less familiar with this hold.

Cradle Position

(May be used for either breast. This description is for the left breast.)

Refer to *Principles of Positioning* on page 2.

- Mother holds infant in her left arm, with the infant's head near her elbow. Mother's left hand holds the infant's bottom.
- Mother may support her left breast with her right hand.
- Mother observes signs of an effective latch. See page 5.



Benefits

- Works when mother is comfortable breastfeeding and infant is latching well.
- Mother may feel comfortable and confident holding the infant in this way. This is a common position and may seem familiar.

Considerations

- When learning to breastfeed, this position may be more challenging.
- Mother may feel she has minimal control over her infant's head.
- May have difficulty achieving a deep latch.
- Generally avoid this position with early or late preterm infants as these infants often have low muscle tone. In addition, positions that place the late preterm infant's neck and body in excessive flexion makes them prone to positional apnea due to airway obstruction. This increases the risk of bradycardia and oxygen desaturation (Walker, 2014).

Football Position

Mother places infant at her side and scoops him up with her forearm, tucking him at her side.

- Infant is lying on his back, looking up at his mother, or turned to varying degrees, looking at her side.
- Infant's legs and feet are facing towards the back of the chair.
- Position infant back far enough so the infant's head can extend into a sniffing position. This allows room between the infant's chin and chest and helps achieve a deeper latch (Riordan, 2016).
- Mother's hand will be behind infant's shoulder and neck, supporting the infant's upper back.
- Mother's other hand can support the breast.
- Latch infant.



Benefits

- May be comfortable for mothers after a caesarean birth.
- Works well when learning to breastfeed and if the infant has difficulty maintaining a latch.
- Works well if infant is preterm or small, has low muscle tone, weak rooting reflex or suck.
- May help mothers with larger breasts.
- May help mothers with sore nipples.
- Is an option for feeding twins at the same time. *Breastfeeding Multiples*, page 16.

Considerations

- Pillows can be used behind the mothers back and beside her to support her arm and infant.
- Many mothers place the infant's head too far forward for the infant to latch in a sniffing position.
- May be more challenging as infant grows.
- May be difficult for some mothers to see the infant's mouth to latch.
- Watch if the weight of a large breast is resting on an infant's chest and causing any distress.

Side-lying Position

Mother lies on her side with a pillow under her head. Optionally, she may like pillows behind her back so that she can lean back for support.

- Infant is side-lying with the entire body facing the mother.
- The infant can be supported in this position:
 - By the mother's top hand on the infant's back.
 - By the mother's lower arm.
 - With a rolled towel, or an infant blanket placed behind the infant's shoulders.
- The infant's body is positioned far enough away from the breast so the head needs to slightly extend to latch. This encourages the infant to reach up to the nipple.
- When the infant's mouth opens wide, the mother brings the infant closer during latching. Once latched the chin will burrow into the breast.
- Mother's other hand may optionally support her breast.
- For more on latching, see *Principles of Achieving an Effective Latch* above.



Mother may feed on one breast and then change both her and her infant's position, to breastfeed from the other breast. However, mothers may try to breastfeed from both breasts while lying on one side by breastfeeding from the lower breast first, then rolling over further to breastfeed from the upper breast. Empower the mother to explore what works for her.

Benefits

- Helpful for a tired mother, allowing mother and infant to rest together during feeds.
- Works if sitting is too painful.
- Works for post caesarean birth or if mother has large breasts.
- Easy position to learn.

Considerations

- May be difficult for some mothers to see the latch.
- A pillow may be placed between her legs for comfort, especially after a caesarean birth.

Breastfeeding Multiples

Support and education about breastfeeding improves the duration of any breastfeeding for healthy term infants and their mothers. Evidence is lacking about interventions that are effective to support women with twins or higher order multiples (Whitford, et. al., 2017).

Each of the multiples has the same needs as any healthy, full term, single birth. The mother's role is more complex because, in addition to caring for herself, she must meet the needs of two or more infants.

It is important to remember that mothers of multiples may need extra help and support with early feedings as they can feel overwhelmed caring for more than one infant. The following strategies may be helpful to teach the mother:

- During the hospital stay, consider learning to breastfeed one infant at a time to ensure each infant learns how to latch effectively.
- Once the mother is comfortable latching and feeding the infants individually, it is possible to learn to breastfeed two at one time. In some cases mothers prefer to start one infant feeding and then start the other.
- Assess each infant breastfeeding. It is not unusual for one or more of the infant's to breastfeed poorly (Riordan, 2016).
- Encourage the mother to experiment with different chairs, sofas, and infant feeding positions to maximize comfort.



Photo: Bill Ivy, Nursing Moms Project

Tips for breastfeeding multiples:

- Mothers can adopt a breast rotation pattern that fits everyone's needs. Mothers may choose to:
 - Alternate breasts for each feeding.
 - Rotate infants and breasts every 24 hours.
 - Assign breasts to each infant (Walker, 2014).
- Mothers of odd number sets (e.g., triplets) may have to alternate infants and breasts more frequently than every 24 hours (Riordan, 2016).
- Most twins feed well from one breast and the mother's breast milk production is sufficient for each infant. However, if one infant is having difficulty, it may be helpful to have the more effective feeding multiple assist in stimulating the letdown. This may assist the weaker multiple to move his mouth correctly to swallow breast milk (Gromada, 2007).
- Ongoing assessment may be important for late preterm multiples, as feeding difficulties resulting in hypoglycemia or hyperbilirubinemia are more common among these infants (Riordan, 2016).

Breastfeeding Positions for Multiples

V-hold position (variation of laid-back breastfeeding position)

- Mother leans back in a semi-sitting or reclining position.
- Mother positions the infants with their heads at her breasts and their knees in her lap.

This position may work well for:

- Night-time feedings.
- Anytime to encourage baby-led latching.



Double football position (also see *football position* on page 14)

- Place each infant at mother's side with their faces towards mother's breasts, and their feet towards her back.
- Position the infant with the more effective latch first.
- After the first infant has latched, hold the infant in place. Pillows may be used to help support the infant.
- Repeat latching for the other infant. Their bodies are supported along their spine by their mother's arm. Support for the mother's arms with pillows is often helpful.

This position works well if:

- Mother has had a caesarean birth as it avoids pressure on the incision (Gromada, 2007).



Combination cradle/football position

- Mother positions one of her infants in the cradle position facing her. The infant's head is in the bend of her arm with their body across the mother's chest.
- Mother positions the second infant in the football position facing her other breast, with her infant's body tucked under her arm.

This position works well if:

- One or both infants have difficulty latching on.



Criss-cross or double-cradle position

- Mother positions her infants lying on their side in the cradle position with the first infant pressed up against her body.
- The other infant is pressed up against the first infant. Their bodies will criss-cross.
- The infants' heads will be in the mother's forearms with their heads slightly extended back.

This position works well if:

- Mother is comfortable with breastfeeding.
- Infants are latching well and are alert and awake during much of the feed.



Parallel position

- Mother holds her first infant in the cradle position with the head supported by her forearm and their body across her lap.
- Position the other infant so that the body is parallel to their sibling and their head is supported by her other hand and arm.

This position works well if:

- One or both infants have difficulty latching on.



Key Resources

The following key resources may assist you or your clients with positioning and latching.

Baby-Friendly Newfoundland & Labrador

- The Physician's Toolkit Breastfeeding Quick Reference Guide (2014)
- The Physician's Toolkit Breastfeeding Reference Manual (2014)
- Baby-Friendly videos and other resources.
www.babyfriendlynl.ca/breastfeeding-information/resources

Best Start by Health Nexus

Breastfeeding and infant feeding resources.

www.beststart.org

BFI Strategy for Ontario

Provides hospitals and community health organizations with training, tools, guidance, and educational resources to help achieve BFI designation and adopt best practices that meet BFI requirements.

www.tehn.ca/bfistrategy

BFI Strategy for Ontario and Toronto Public Health

Breastfeeding Protocols for Health Care Providers.

www.breastfeedingresourcesontario.ca/resource/breastfeeding-protocols-health-care-providers-tph

Breastfeeding Resources Ontario

Quality evidence-informed resources that support the Baby-Friendly Initiative (BFI) such as videos, written resources, and links in one centralized source.

www.breastfeedingresourcesontario.ca

Global Health Media

Breastfeeding and Small Baby videos in multiple languages.

<https://globalhealthmedia.org/videos/>

International Breastfeeding Centre

Information, videos, and to ask a breastfeeding question.

<http://ibconline.ca>

Rebecca Glover Breastfeeding Education Materials

Follow Me Mum: The Key to Successful Breastfeeding and other resources.

www.rebeccaglover.com.au

La Leche League

- La Leche League Canada. Find breastfeeding information sheets, and find a group.
www.lllc.ca
- La Leche League International. Find breastfeeding information.
www.llli.org

Nancy Mohrbacher Breastfeeding Resources

www.nancymohrbacher.com and

<https://breastfeedingusa.org/content/article/some-ins-and-outs-laid-back-breastfeeding>

Registered Nurses Association of Ontario

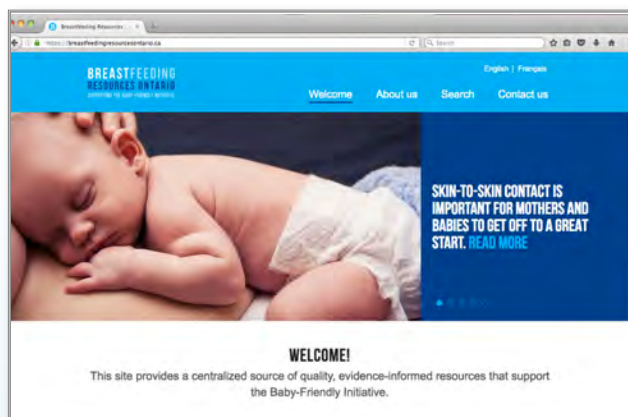
Breastfeeding Best Practice Guidelines for Nurses (2018)

Mother/Infant Self-Reflection Guide for Nurses and Clinical Case Studies

<http://rnao.ca>

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A centralized source of high quality, evidence-informed, reliable resources that align with the Baby-Friendly Initiative (BFI).

Visit: www.breastfeedingresourcesontario.ca