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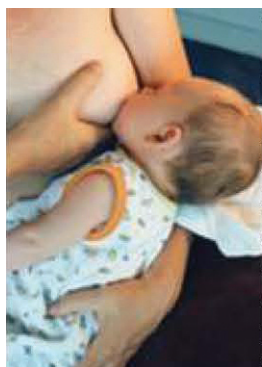
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Good Positions for Breastfeeding

Breastfeeding, one of the most natural acts in the world, takes practice. Learning how to hold and support your baby in a comfortable position for you calls for coordination—and patience. Yet finding a position that works for you and your infant is well worth the effort. After all, the two of you will spend hours breastfeeding every day. Here are some time-tested positions to try, plus tips to make breastfeeding go smoothly.

The Cradle Hold

This classic breastfeeding position requires you to cradle your baby's head in the crook of your arm. Sit in a chair that has supportive armrests or on a bed



with lots of pillows. Rest your feet on a stool, coffee table, or other raised surface to avoid leaning down toward your baby. Hold her in your lap (or on a pillow on your lap) so that she's lying on her side with her face, stomach, and knees directly facing you. Her pelvis should line up with your stomach, and her nose should line up with your nipple. Tuck her lower arm under your own.

If she's feeding on the right breast, rest her head in the crook of your right arm. Extend your forearm and hand down her back to support her neck, spine, and bottom. Secure her knees against your body, across or just below your left breast. She should lie horizontally, or at a slight angle.

Try experimenting with this position by moving your baby's head further down your arm, towards your hand. A small adjustment often makes a considerable difference to comfort.

Best for: The cradle hold often works well for full-term babies who were delivered vaginally. Some mothers say this hold makes it hard to guide their newborn's mouth to the nipple, so you may prefer to use this position once your baby has stronger neck muscles at about 1 month old. Women who have had a caesarean section may find it puts too much pressure on their abdomen.

The Cross-Over Hold

Also known as the cross-cradle hold, this position differs from the cradle hold in that you don't support your baby's head with the crook of your arm. Instead, your arms switch roles. If you're feeding from your right breast, use your left hand and arm to hold your baby. Turn her body so her chest and tummy are directly facing you. With your thumb and fingers behind her head and



below her ears, guide her mouth to your breast.

Best for: This hold may work well for small babies and for infants who have trouble latching on.

The Clutch or Rugby Ball Hold

As the name suggests, in this position you tuck your baby under your arm (on the same side that you're feeding from) like a rugby ball or handbag. First, position your baby at your side, under your arm. She should be facing you with her nose level with your nipple and her



feet pointing toward your back. Rest your arm on a pillow in your lap or right beside you, and support your baby's shoulders, neck, and head with your hand. Using a C-hold (see below), guide her to your nipple, chin first. But be careful—don't push her toward your breast so much that she resists and arches her head against your hand. Use your forearm to support her upper back.

Best for: You may want to try this hold if you've had a Caesarean section (to avoid the baby resting on your stomach). If your baby is small or has trouble latching on, the hold allows you to guide her head to your nipple. It also works well for women who have large breasts or flat nipples, and for mothers of twins.

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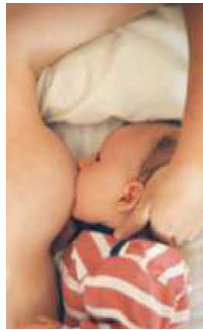
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BREASTFEEDING POSITIONS

The Reclining Position

To breastfeed while lying on your side in bed, ask your partner or helper to place several pillows behind your back for support. You can put a pillow under your head and shoulders, and one between your bent knees, too. The goal is to keep your back and hips in a straight line. With your baby facing you, draw her close and cradle her head with the hand of your bottom arm. Or, cradle her head with your top arm, tucking your bottom arm under your head, out of the way. If your baby needs to be higher and closer to your breast, place a small pillow or folded blanket under her head. She shouldn't strain to reach your nipple, and you shouldn't bend down toward her.



Best for: You may want to breastfeed lying down if you are recovering from a caesarean or difficult delivery, sitting up is uncomfortable, or you're breastfeeding in bed at night or during the day.



Baby Upright

Helpful for older babies who want to nurse sitting bolt upright because of congestion, reflux, or an ear infection. (Use pillows to prop babies too young to sit up on

their own.) Sit the baby on your lap, facing you, and bring his head to your breast.

Australian Hold

It's best to do this in the family bed. Lie in bed with the baby latched onto your breast, and her feet near your ears, and her belly opposite your chin. This position works well when the baby is little.



Upsidedown

Best for older babies with some head and neck control, and good for overactive letdown at any age. Lying flat on your back, latch the baby onto your breast, holding the baby at an angle to your body. He will be halfway on your chest, with his bottom and legs trailing into the air or onto the bed.



Troubleshooting

Problem: Baby has trouble staying latched on because of heavy or droopy breasts.

Solution: Hold your breast for him or use a fabric sling when feeding.

Problem: Baby wants to nurse only in cross-cradle position.

Solution: Latch her on with the cross-cradle, and switch to the regular cradle hold in mid-feed. (Very small babies, and babies who have trouble staying latched may need the extra support of the cross-cradle hold until they're bigger and more adept at nursing.)

Problem: Milk won't let down

Solution: Put clean, warm, damp washcloths on your nipples just before nursing to help stimulate let down.

Problem: Latching incorrectly may cause sore nipples and/or poor intake

Solution: Make sure you get as much of the areola as possible into the baby's mouth: support your breast, tickle his lips with your nipple, and guide the nipple and as much of the areola inside his mouth the instant he opens wide. Ideally, you should get all the areola in his mouth, but often that's only theoretically possible. Some women have an areola that's 5 inches wide. Instead, get as much areola in his mouth as possible, and listen for him to swallow, and then watch his diaper output.