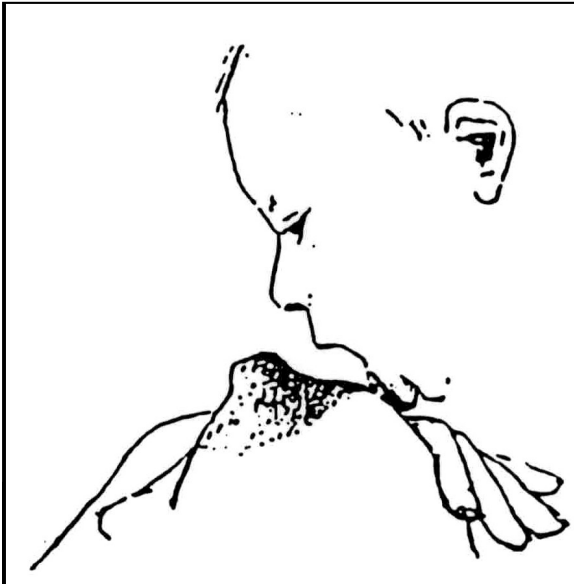


# Your View of Latch-On, Baby at Left Breast

(this is just one of several effective approaches)

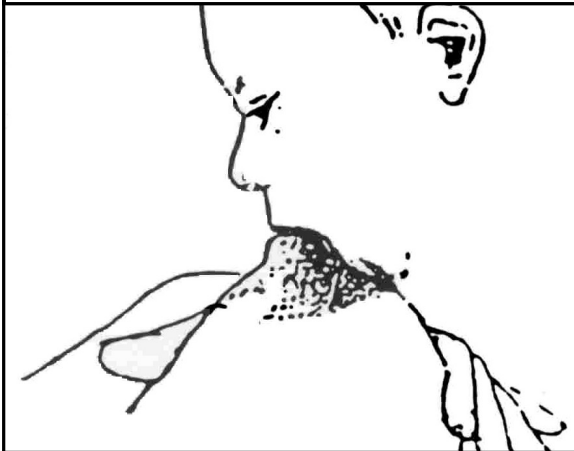


Baby's nose is near your left nipple. You support his back and shoulders with your right arm, your right hand cradling his neck, so that his front is held snugly against your torso, and his head is free to fall back as if he is sniffing. If you use a pillow, it should support your arm, not your baby. Remember, baby's front against yours – no gaps.

Hold your left breast with your left hand. Your thumb points toward the ceiling on the outer (left) side of your breast, your fingers point toward the ceiling on the inner (right) side of your breast. This shapes your breast in a U, not a C - it is a sideways "sandwich" for your sideways baby. If you're small-breasted, your hand is on your ribcage much more than on your breast, to make sure your lower jaw fingers stay well out of his way.

Baby's chin and lower lip touch your breast, well away from your nipple. It's as if the baby's lower lip is about to climb a mountainside, with the nipple at the peak. The nipple is aimed slightly away from the baby.

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When baby gapes wide, you stroke his lower lip toward his chin, using the inner part of your breast to pry his mouth open a bit further. This also buys a little extra time and helps ensure that his lower lip is folded back toward his chin. At the end of this motion, his upper lip will go "over the mountain top", and you will snug his back and shoulders extra close, as if to say, "Now".

You need to be careful that you don't start this motion with his lower lip close to your nipple, or he will overshoot the mountaintop and end up with his upper lip well past your nipple, his lower lip right at the base of the nipple, and his chin tucked so that he can hang on.

He should end with his lower lip still far from your nipple, his upper lip just past it, and his head still in "sniff position."

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Here, the baby has been snugged close at the end of the latch. You can't see his mouth because his cheek is against your breast. If you could see it (don't peek), you'd see that the angle at the corner of his mouth is about 140 degrees - much more than the 90 degrees typical of a "cliff hanging" baby who isn't on the breast far enough.

The baby's nose is probably not touching your breast. This picture shows the baby looking straight into the breast; more likely, he'd have his head tilted slightly back.

Notice that there's more areola (ah-REE-oh-lah), or dark skin around the nipple, showing beyond his upper lip than beyond his (invisible) lower lip. He's off-center, so that his working jaw is stroking your breast, not chewing on your nipple.

Don't relax your left hand until after he starts the long, slow (1 per second) jaw motions of active nursing.

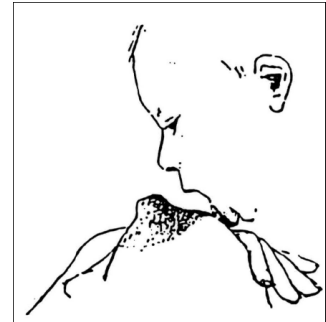
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## Thoughts On Positioning

Babies don't nurse like little round suction cups. They use their lower jaw and tongue to stroke milk from the breast. When researchers put lipstick on nursing babies' lips, nose, and chin, they usually found a heavy chin print on the breast and a faint nose print, and the mark from the lower lip was much farther from the nipple base than the mark from the upper lip. Since the milk is in your breast, not your nipple, it makes sense that the lower jaw - the working jaw - needs to be far beyond your nipple, firmly planted on the breast.

If your baby's lower jaw starts out close to your nipple, he will end up chewing on your nipple rather than milking your breast. So instead of "centering your nipple in your baby's mouth" try to "have your baby's lower lip as far as possible from your nipple". We have seen so much bottlefeeding, with baby in the crook of mother's arm, that we may move both breast and baby off to the side. The baby tucks his chin to nurse, his nose burrows into the breast, and his lower jaw swings away from the breast instead of toward it, just catching the nipple. Ouch! Instead, start with his nose near your nipple, so he lifts his chin just a bit to latch on.

Mother's view, left breast



Nose near nipple, breast tilted away from baby, fingers well back.

While you and your baby are learning, try supporting your baby with the arm opposite the side on which you're nursing (left breast, right arm). Put your right hand behind your baby's neck and shoulders, and hold his body snugly against your torso, as you would lift and hug a sack of groceries to support it. Have your baby on his side, his whole body facing you, your elbow hugging his body close. Support your left breast with your left hand by putting your four fingers flat on your ribcage. Now rotate your hand so that your breast rests in the "U" between your index finger and thumb. If you're smallbreasted, that's all the support you need. If you're large-breasted, bring one or more fingers out onto your breast, but keep your fingers off your areola (the dark skin around your nipple). Remember, nose to nipple.

The "U" shape makes a sideways sandwich shape for your sideways baby. When he begins to reach and lick and open wide, roll your breast onto his tongue so that your nipple is the last part to enter his mouth. Just as his upper lip comes over your nipple, hug his body even closer to you, rather than putting your breast in his mouth. This way, you aren't hunched over.

He should be so close that his cheeks touch your breast and hide his mouth. His nose will probably be free of your breast or resting lightly on it. If he's a bit too close, he'll adjust his position himself.

Also check to see that his whole front is pasted to your torso, or slide his body just a bit more toward the opposite breast. Once he's nursing well, with the deep, slow (about 1 per second) jaw motions of active swallowing, you can switch arms, holding him in the cradle hold that you'll soon be using start-to-finish.

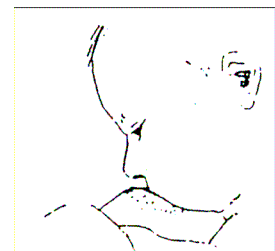
If you need to support your breast, you can use the opposite hand. Settle back and get comfortable. If your nipples become anything worse than "supersensitive" in the early days, get help! Nursing should be a pleasure for both of you. Why settle for less?

Mother's view, left breast



Breast strokes lower lip toward chin, upper lip passes nipple tip.

Mother's view, left breast



Baby's shoulders are snugged close. Cheek touches breast, hides mouth.

## *A Three Course Meal and a Dance*

The whole time you are lactating, you'll be making milk twenty-four hours a day. It collects in the tiny ducts throughout your breast and makes you feel more and more full as time passes between feedings. You produce milk fastest when your breast is emptiest, most slowly when your breast feels full. That's why it doesn't make sense to "wait for your breast to fill" before nursing again. The ducts in our breasts make pretty small storage tanks, but they connect to many powerful factories. Feeding *more* often puts those factories into high gear and produces more milk. Feeding *less* often sends a strong signal to cut back on overall production.

Your between-feedings "seeped" milk is a rather lowfat milk. When your baby nurses, she first drinks this "soup course". But the action of her nursing begins to draw down a higher and higher fat milk. Most of what she gets from that breast is a medium-fat "main course," but near the end, when she isn't swallowing very often, she gets the highest fat milk of all - like the small, high-fat dessert after your own meal. If she nurses again soon after, the fat tends to be mixed all through the milk. As the time between nursings gets longer, the difference between low fat and high fat milk becomes greater and greater.

If you follow the old, rigid advice to wait a certain length of time and then nurse on both sides, taking her off Side One in order to give her Side Two, you'll be giving your baby two "soup courses" and may leave her too full for "dessert". She'll be full - but not necessarily happy. All that lower fat milk without enough high-fat milk can upset her intestines, making her gassy and colicky. And all that pent-up milk can feel to your baby like nursing on a fire hose. *Is your baby fussy and irritable, squirming and pulling off the breast? Before you blame your milk supply or diet, ask yourself if you've been making a point of nursing on both sides each time, or of spacing out feedings.*

It makes more sense to do what every other mammal does: nurse whenever the baby likes, and let a happily nursing baby stay where she is. If she wants the other side too, fine. If she doesn't, it will keep. Breastfeeding isn't meant to be formal or complicated; you can nurse your baby as casually and willingly as you kiss her.

Like any other loving relationship, breastfeeding works best when it has the fewest rules attached to it. Most mothers find that they really begin to enjoy nursing when they stop *thinking* about it - when they no longer know or care how often the baby nurses, or when the last nursing was, or how long it lasted. Breastfeeding is like dancing. Once you both learn the basic steps, you become partners in your own special style, and the rules lose their importance. If your baby likes to nurse on one side each time or if she wants both sides, if she prefers several quick snacks each hour, if you want to keep her quiet while you're on the phone, if one arm gets tired and you want to switch, if she wants to nurse again right away, if *you* need for her to nurse, or if... well, you get the picture. If it's working for you and your baby, it's right. Invent your own steps and enjoy your "dinner dance"!

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## ***"He Can't Be Hungry. He Just Ate!"***

**How many times** did you eat or drink something today? Coffee break? Water fountain? Gum? Snack? TV nibblies? Most adults have an urge to eat about every 90 minutes while they're awake!

**Why** do you eat or drink? Hunger? Thirst? Comfort? For social reasons? Just because?

**Are you trying to gain weight?** If you had to double your weight in 6 months, how would you do it? Would you drink water? Chew sugarless gum between meals? Eat large meals at long intervals? Or would you do lots and lots of snacking, day and night?

**When it comes to food, babies are people, too.** They're people plus, because they are trying to double their weight in about half a year, with a stomach that starts out no bigger than a marble. Of course they eat and eat and eat, especially in the early weeks. If your newborn is gaining about half a pound a week, he's doing well. If not, check with a breastfeeding specialist. Remember, if milk doesn't go in often, pounds can't go on fast. Here are some basics:

**Pacifiers are sugarless gum for babies** - an imitation of what a baby really needs. You already have two of the real thing!

**Think nursing first** whenever your baby seems unsettled - even if he just ate. He can always say no. If someone always analyzed our reasons before allowing us food, we'd go crazy! We don't want to have to demand our food, and neither do our babies. What would you think of a hostess who withheld the cheese dip, saying, "You can't be hungry; you just ate"? Why withhold food from a fast-growing baby? Nursing freely and frequently is actually easier than taking time out for big meals at long interval - easier on your breasts and his stomach, too.

**Let your baby finish the first breast first** rather than shifting him automatically after a set time. Each breast provides a changing "soup to dessert" menu. Would you like to have more soup put in front of you just when you were settling in with dessert? If Side 1 wasn't enough, he can go on to Side 2, and maybe even back again. If Side 1 was all he wanted, fine.

**Let your baby, not the clock, tell you when he's full.** Imagine a dinner at which the maître d' bustles over and tells you your time is up!

**Nighttime is especially valuable nursing time.** Don't be too eager for your baby to sleep through the night. Keep him conveniently close at night - in your bed if you like - and know that you're helping him grow those brains and bones.

**If your baby seems to nurse constantly and isn't gaining well,** get help from someone who understands breastfeeding. A few simple changes are usually all it takes. And then you can forget about "feeding", and just enjoy nursing. Let your baby lead the way, and the pounds will take care of themselves.

## ***How Babies Eat***

After the first few days, once your milk supply increases, you may begin to notice things about the way your baby eats. Here are some of the patterns and some of the reasons:

**My baby takes some chattery little sucks first, and then takes long, slow sucks.** Bring a glass of water to your mouth. Make some chattery jaw motions at the rim, then start swallowing. You can make those first motions as fast as you like, but once you start swallowing, you just can't go faster than about one suck per second. The same with your baby. Those early, quick sucks get everything arranged in his mouth and alert your breast to release the milk. Once your milk is flowing, your baby can't suck nearly as fast. That change in the rhythm shows that your baby is taking milk. With each swallow, you'll hear a whispered "kuh" sound – more of a glug for some babies, very quiet for others. Most babies swallow with every suck or two during this phase. Active feeding is a slower rhythm than "priming the pump".

**My baby doesn't take more than a dozen or so long sucks before he pauses.** Try eating a big meal without ever putting down your fork to rest. Unpleasant for you, unpleasant for a baby. And he's still new to sucking, swallowing, and breathing all together. It makes sense for him to take pauses. But you'll notice he doesn't let go!

**My baby often wants to eat again just 10 minutes or so after he's finished.** In the early days, his hunger is driven partly by a hormone called (get ready) *cholecystokinin*, or CCK. A high level tells him he's full, a low level tells him he's hungry. After roughly 20 minutes of sucking, his level of CCK tells him he's full... but it drops again after another 10 or 20 minutes, so he thinks he's hungry again. He may go through this loop several times, in what's known as "cluster feeding," before dropping into a solid, longer sleep. Perhaps this system allows him to fill his whole digestive system so that he can afford to take a longer sleep without risking excess hunger. Your milk is fully digested in about 90 minutes, so you can see why he might want to tank up several times before taking a serious break. And you can see why fooling him with a pacifier can interfere with his weight gain. Remember, it was sucking, not swallowing, that made him feel full.

**My baby wants to eat a lot more often than I was told to expect.** Right now, your baby is growing faster than he ever will again. That's why weight charts are so steep at first and taper off later. His system is less mature than it will ever be again. That's why he has so many poopy diapers right now compared to a few months from now. And he's less efficient at eating than he will ever be again. That's why he needs more help getting and staying latched than he'll need in a few weeks. Put those three reasons together, and you have a whole lot of eating going on. Follow his lead, and you'll have a happier, better-growing baby. Why deny a child food and his greatest comfort, at the time when he's growing his absolute fastest and learning about love?

*see other side*

**My baby cries when I take him off the first side in order to give him the second side.** Name any other mammal that takes a baby off one nipple in order to make him take another! This is just one of those silly rules from the years when no one understood breastfeeding. If your baby is nursing happily on Side A, let him be. Side B will be there when he needs it – maybe right away, maybe the next time he eats.

**How do I know when my baby's finished?** He may just drop off by himself, relaxed and loose-limbed. But it doesn't really matter. Think dog, or horse, or gorilla. If a gorilla Mama can't reach that banana with the baby attached, she just takes him off. She doesn't worry about whether or not he's full. If he fusses, she puts him back on after she gets the banana. Dogs don't think about milk; they nurse because it feels good and keeps the puppies from yapping. A mare may walk right away from a nursing foal to reach a better patch of grass. The foal has to trot along and re-attach when mama stops moving.

In the same way, you don't have to glue yourself to the couch until you're absolutely sure your baby is totally full, so long as you're willing to nurse him again when he asks. He may have been having dessert in a happy haze of occasional swallows but be willing to go to sleep if you take him off. Or he may want to nurse again in 5 minutes because he just wasn't finished. You won't hurt him either way. The problem in the past was that we didn't allow babies back to the breast for 2 or 3 or even 4 hours. Nursing works for other mammals because they don't stick to rules. Forget the rules and enjoy your baby.

**I never know if my baby's hungry, or if something else is bothering him.** Be a good hostess: offer the snack tray. If your guest refuses, then you can think about other issues. If nothing seems to suit, offer the snack tray again. You'll never do harm by offering your breast to a baby. If he doesn't want it at that moment, he'll Just Say No.

**Is something in my diet bothering my baby?** Probably not. Most babies do fine with beans, broccoli, chocolate, caffeine (after the first month), spices, and other foods you've heard bad things about. It's more likely that your milk is too fast or too much for him to handle. Call your breastfeeding helper for simple ways to smooth out this common problem, or order "The effects of an over-active let-down, LC Series Unit 13" from La Leche League International (1-847-519-0035, cost \$3 plus s&h). If there *is* a food in your diet that's a problem, it's most likely to be dairy, with soy perhaps running second.

**My baby isn't happy unless he's attached to me.** Some babies simply love to nurse. They're gaining fine, but they need lots and lots of time at breast. They're nursing for food, for security, for love, for entertainment, and they won't do it forever. But other babies nurse for hours on end because they're not getting milk very well, and their weight gain shows it. Or they nurse a great deal because of some intestinal distress. Your breastfeeding helper can help you sort out problem from personality. To find a breastfeeding helper near you, contact the International Lactation Consultant Association, [www.ilca.org](http://www.ilca.org), or La Leche League International, [www.lalecheleague.org](http://www.lalecheleague.org).

## *How We Make Milk*

Bottle-feeding mothers don't explode. That's because we stop making milk if milk isn't taken out. If a woman breastfed or pumped only once a day, she'd have a tiny trickle of milk. If she breastfed five times a day, she'd have a lot more. If she breastfed ten times a day, she'd have still more. The more often milk is removed, the more milk we make.

Okay, let's face the inevitable analogy. Picture a cow. The cow that's milked three times a day gives more milk each day than the one that's milked only twice a day. (Farmers limit milkings to twice a day to limit labor costs, not to maximize production.) And the baby who breastfeeds only a few times a day isn't going to generate a very large supply. More frequent breastfeeding puts our breasts into higher production.

Now imagine the cow hooked up to a milking machine *all day long*. But imagine that it's a really terrible milking machine, and takes out only small amounts of milk, or only at a very slow rate. Cows don't explode any more than bottle-feeding mothers do. This cow would end up making only small amounts of milk, even though milk is always being removed. Milk has to be removed *efficiently* for good production.

What about the baby who is at breast a lot but doesn't breastfeed effectively? Like the inefficient milking machine, he can spend all day "breastfeeding" and still not empty the breast... or fill his stomach. And if he doesn't take out enough milk, we don't make enough milk. Poorly feeding babies result in poor milk supplies.

We make milk fastest when our breasts feel emptiest. We make milk most slowly when our breasts feel fullest. So what happens if we "wait for our breasts to fill" before breastfeeding? By increasing the time between nursings, we drop the number of chances per day for milk to be removed. Less milk. And making our breasts get fuller and fuller just means production gets slower and slower. Less milk. Taking milk out **often** and taking it out **effectively** are what signal us to make more milk.

What about early mornings, when we feel the fullest and baby guzzles the most? A lot of milk has collected - that's what the baby is drinking - but our *rate* of production is pretty low. Later in the day, when the baby seems to feed all the time and we feel as if there's no milk there? There isn't a lot of stored milk, so the baby goes through it quickly, but our *rate* of production is probably at its highest point of the day.

Some mothers are discouraged to find that if they pump more often, at first they get less at each session. True, but where they might have gotten, say, 2 oz every 4 hours, which is 12 oz in 24 hours, they're now getting, say, 1 ½ oz every 2 hours, or 18 oz in 24 hours. The twenty-four hour total is greater, and that's what counts.

Breastfeeding **often** and breastfeeding **well**. The key to a good milk supply.

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## *Scheduling Feedings*

You're important, not only to yourself but to others. You have important things to do. Many of those things are scheduled. You're picking your mother up at the airport Tuesday at 3:00. You have a doctor's appointment Thursday at 10:00. Your workday has a definite beginning and end. So has your partner's. That means it works best to have the day's major events scheduled.

Now imagine that, on top of all that, you also need to schedule your bathroom breaks. You need to train yourself to use the bathroom every 2 ½ hours. No running to the bathroom between times, no skipping a bathroom break because you don't feel the need. Every 2 ½ hours. On the dot.

What? No time among the important events in your day for that kind of rigid scheduling of a trivial event? Of course not. Our day runs most smoothly when it's organized around the major events, with minor events fitting in on a fluid basis, not when it's organized around the *minor* events.

Our culture has come to think of breastfeeding a baby as a major event, and there are plenty of books that tell us we need to schedule this major event in order to have our lives run smoothly, in order for the baby not to take over our lives, in order to make time for everything else. Ah, but what if feeding a baby is a *minor* event? If it is, aren't we allowing it much more control over our lives if we elevate it to "must-be-scheduled" status?

At first, nursing a baby is time-consuming and all-consuming. You feel as if your whole day revolves around Feeding The Baby, and it sounds good to think that you could schedule this major event and somehow get some control over it. Scheduling sounds like a sanity-saver.

But once you learn how to position a baby easily for breastfeeding, once the baby learns how to latch on quickly, once the early weeks are past, feeding just isn't a major event. You can nurse while you cook, in bed, while you watch TV, or eat, or write, or walk. If your baby is given the chance to snack as he sees the need, he's never really hungry, and you can "top him off" because *you* want to do something rather than because he asked, stretching the next nursing interval as a result. Or you can stall him for a bit while you finish an activity. Or you can take a quick break from that activity, nurse for just a couple minutes, and leave him full enough to wait a bit longer. This kind of freewheeling approach of frequent, short, flexible nursings leaves your day free to structure itself around other more serious activities. When feeding the baby is an incidental activity, like kissing him, everyone's day usually runs more smoothly, including the baby's... and yours.