

Getting a Deep Latch

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One key to breastfeeding successfully is getting a deep latch. New breastfeeding moms often expect the baby to latch primarily onto her nipple. I call this *nipple feeding*: the baby's mouth is only open a bit, as if the baby is holding his mouth to a sip from a cup. (Pretend to drink from a cup to see what I mean.) But that isn't the case for a good latch. In fact, nipple feeding hurts badly, and it quickly causes damage to the nipple.

Instead, to breastfeed well, a baby will latch onto the breast deeply, with a wide open mouth, as if the baby is holding his mouth to take a bite of a double decker sandwich. (Pretend you're about to take a bite of a big sandwich to see what I mean.) That does not mean the baby will use his gums or teeth as if he's eating a sandwich, just that the mouth will be open widely that way.

Our upper jaw (*maxilla*) is fixed; it doesn't move. When we take a bite of a thick sandwich, we tilt our head back a bit so that we can use our bottom jaw (*mandible*) well. (To see what I mean, hold your head straight up and try to bite deeply. Tilt your head forward and try to bite deeply. See how those two actions restrict your jaw movement? Then tilt your head back a

little and see how it frees up your jaw to move.) Then we scoop the sandwich into our mouths by this widening of our bottom jaw. (To see what I mean, hold up your hands like you're holding a big sandwich, and pretend to take a bite.) The key is tucking that sandwich into the bottom jaw.

When a hungry baby or a baby in search of comfort has his mom's breast touching his cheek or lower face, he will start bobbing his head, trying to find the position he wants for latching. He judges this largely by touch and smell. When a baby latches well, he tilts his head back a bit; providing neck support for the baby does not mean restricting this slight extension. He opens his mouth widely, and he tucks the breast into his lower jaw, with the nipple toward the top of his latch.

It may help, with new babies or babies with smaller mouths, for the mom to compress her breast like we do with a thick sandwich, while the baby is taking a mouthful, to encourage the baby to latch deeply. But she should keep in mind she is helping him tuck her breast into his lower jaw, not aiming to shove her nipple straight into the center of the mouth, and not aiming to stuff her breast toward the top of his



mouth. A good latch is asymmetrical: less of the underside of the areola / breast will be visible below the baby's mouth, and more of the upper part will be visible above the baby's mouth. The nipple is not in the center of a good latch.

The nipple, as the result of a deep latch, will be in the upper back of the baby's mouth, not rubbing anything, safely away from the damage that a baby who clamps on to the nipple will create. The baby will be able to stimulate the letdown of milk, suck without getting easily exhausted, and drain the breast well to encourage good milk production. The new mom who has been nipple feeding, and who now has the baby latched deeply instead, will often sigh with relief when the baby is latched deeply.



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and free support groups in Rochester, NY.

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