

## 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 bottle-feeding, 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 small-breasted, 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.

Mother's view, left breast



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

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



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