

The Truth about “The Latch”

By Jessica Martin-Weber



“I’m really scared of breastfeeding.” Pregnant with her first child, my friend subconsciously rubbed her 34-week belly as I made dinner. I asked her why. She said she’d googled and learned that breastfeeding could be extremely painful, particularly if she didn’t achieve “the perfect latch.”

She went on to explain that she had read different blogs and forums about how hard it was to get a good latch, stories of women with bleeding nipples and babies who wouldn’t gain weight. She wanted to know the secret to a good latch and what would happen if it didn’t happen for her.

It’s true that many mothers experience some degree of difficulty in the early days of breastfeeding, but here she was, just weeks away from finally meeting her baby, scheduled to take a breastfeeding class and worried sick that she was facing a world of pain if she couldn’t get that elusive latch.

Earlier that same day, I’d had coffee with a good friend, an IBCLC at a local hospital. When the topic of the “perfect latch” came up, she surprised me by saying that she thought everyone made too big a deal of the latch.

“If mom isn’t in pain and the baby has plenty of soiled and wet diapers, why do we need to mess with anything? Sure, if there’s a problem like pain or a dehydrated baby, then we need to fix what we can. But so what if that bottom lip is curled in if it’s not

causing any bother?” In other words, if it’s comfortable and it’s working, it’s a good latch. There is a wide range of normal. I love this woman; she often says exactly what I’m thinking.

In general, newborn babies are ready to breastfeed and our breasts are ready to feed them. It just works, and we don’t need to mess with it – it doesn’t have to be a complicated endeavor. Yes, for some

women breastfeeding is difficult, but we shouldn’t expect trouble. More often than not, moms need support simply because it isn’t all that common in our culture to see a baby at the breast – we cover up or retreat to a restroom to feed, so plenty of women don’t ever see breastfeeding “in action” until it’s their turn to try it!

Many women look online or join a breastfeeding support group for guidance – proactively seeking examples of successful breastfeeding techniques that in other cultures she might have been exposed to from the day she was born. If a new mom doesn’t seek out or have access to that help, she may not even realize that difficulty with pain, bleeding nipples or ineffective milk transfer to her baby could be related to her latch, and there might be very simple way to “fix” it.

After I shared a few pictures of my then-newborn daughter’s latch on Facebook, I received several emails and comments from other moms stating that they had never seen what a “good latch” looked like, and had endured pain in breastfeeding because



they didn't realize something was wrong.

If you are ever experiencing pain with breastfeeding that is more than a brief moment of discomfort or lasts beyond the initial latch, please seek out help – pain is usually an indicator of a problem that can be corrected. It doesn't mean you're doing something wrong, it just means you might benefit from some help.

I talked with my friend Star Rodriguez, IBCLC of Lactastic Services and WIC peer counselor, for the following lists:

When do you need to consider latch issues and improving your nursing's latch?

When breastfeeding is painful beyond the initial latching.

When there is tissue damage to your nipples.

When there are weight gain issues for the baby.

What latch 'tips' can moms try?

Get into a comfortable position and bring your baby to your level – don't lean down to theirs.

Make sure your baby's body is facing yours, and her arms are not pushing away at you.

It is best to let the breast fall naturally if possible.

If you have large breasts OR when your milk first comes in, it may be helpful to hold your breast with your hand.

Aim your baby's nose toward the nipple; if it's necessary to encourage a wider mouth, tickle the very top of the baby's upper lip with your nipple.

Your baby's chin should touch the breast, but her nose should be unobstructed. You should not need to push your breast away from your baby's nose with a good latch.

You should be able to hear or see your baby swallowing – short sucks/swallows at first,

then longer ones as your milk starts to let down.

If you're using a nipple shield, ensure that the nipple and surrounding tissue is being pulled into the shield.

What can a mom do to try to improve a painful or ineffective latch?

If your baby isn't opening their mouth wide enough, attempt to show her what to do by opening your own mouth wide. Many babies will subconsciously mimic you.

Make a "breastwich" - hold your hand in a C-shape behind the areola to help your baby get a bigger mouthful.

Get your baby as naked as possible for the inviting feeling of skin-to-skin contact.

Hold your baby securely; a snug, close hold will help.

Pull your baby in quickly when her mouth is open wide.

It is common to experience some discomfort at latch in the first few weeks of breastfeeding. It should go away as the feeding continues. If it does not end after around 30 seconds, you may need to remove your baby from the breast

and reposition her. Break the suction by placing your little finger into the corner of your baby's mouth and trying to latch again. Some lactation consultants can show you ways to fix a latch without taking your baby off the breast, but those are easier to learn from being shown rather than told. You may need to put your baby in a different nursing hold or position.

When should a lactation consultant be called?

If repositioning doesn't work.

If you feel sudden soreness after experiencing painless nursing.

Continued on page 90



A Second Chance continued

know how lucky I am that cesareans exist? No matter the answers, I feel okay with not knowing.

One thing I do know is that in no way am I less of a woman, or less of a mother, because I birthed my son and daughter via cesarean. And while I believe that “healthy baby, healthy mother” comes first, I know that they are not the only things that matter. It turns out that it mattered to feel that my birth “experience,” not just the statistical outcome, were important to my care team, and it mattered that I felt good about myself when all was said and done. I do feel good about myself. My second cesarean turned out to be a second chance, and I have no regrets about my choice to let go.

The Latch continued

If you feel stabbing or burning pain in your breasts or when your baby latches.

If you have cracked or bleeding nipples.

If your latch is not painful, but your baby is not producing a good amount of wet and dirty diapers.

Jessica Martin-Weber is a writer, speaker and creator of TheLeakyBoob.com. In just four years, The Leaky Boob has become the world's largest online interactive breastfeeding resource, recommended to mothers by several major hospital networks and health agencies. Jessica is a mother to six fiercely independent daughters and also blogs with her husband, Jeremy, at BeyondMoi.com.

Our Lives As Dads continued

“Another tip for the guys: Your wife is always right. When she's pregnant, she's always right.”

– Brian White

(Film and TV actor and producer)

“My Life As A Dad” is filmed in the Parent Family Network Studio in the South Bay.

You can subscribe to “My Life As A Dad” on YouTube, or by visiting www.mylifeasadad.com.

I am proud of all the fathers and fathers-to-be who have shared their feelings and experiences with me and my audience on “My Life As A Dad.” It's a show created by dads, for dads. I hope you'll watch, learn and enjoy.

Robert Nickell is the founder and CEO of Daddy & Company, the creator of DaddyScrubs, and a well-known syndicated columnist for national newspapers, parenting magazines and websites. He is also the Executive Producer and host of “My Life As A Father,” and a very proud dad to children Austin, Paige, Hayden, Kennady, Lincoln, Carter, and Tessa.

Head Down continued

the hypnotherapist serves as a guide. The power is truly yours! It is inspiring to witness a mother become at peace with herself, her body and baby using only the incredible power of her own mind – a power they often don't know they possess until they come into my office.

I give moms a recording of their session to listen to every day. This repetition helps mothers maintain the calm state they achieved in hypnotherapy, and encourages a baby who does turn to stay head-down until birth.

Whether or not your baby is breech, hypnotherapy during pregnancy can help to relax your body, mind, muscles and baby. It can also help make you feel more confident and empowered about birthing and becoming a parent – no standing on your head required!

Alisha Tamburri is a clinical hypnotherapist, birth doula, HypnoFertility therapist, and childbirth educator. She has more than 30 years of experience working with expecting parents, alleviating anxieties and resolving personal and physical challenges through hypnotherapy. Alisha is a pioneer of HypnoBirthing Childbirth Education in California. She is also the proud mother of two daughters, two sons-in-law, and two grandsons.

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