



the basic idea is the same. For a good latch-on, the baby needs to open very wide, and the mother needs to wait until he does before pulling him in close.

Opening wide is vital because in order to breastfeed effectively the baby must take the breast far back into his mouth. To release the milk, the baby must draw the breast to the back of his mouth, where the hard and soft palates meet. To do this, the baby's gums need to bypass the nipple completely and take in a large mouthful of areola. While the baby is opening wide, as the mother pulls him onto the breast chin first, she should aim the nipple to the roof of the baby's mouth. Since the baby's lower jaw does most of the work during feedings, the baby's lower jaw should connect with the breast first, as far as possible from the base of the nipple with his chin pressing into the breast.

Good latch-on is also important for the mother's comfort. Barbara Heiser suggests an easy way to explain to the mother the importance of proper latch-on. Ask the mother to put her index finger in her mouth just back to the first knuckle and then suck on it. She will feel how her tongue rubs the end of her finger. This is what happens to her nipple when the baby does not get enough of the breast in his mouth. Now ask the mother again to put her index finger in her mouth, but farther back, between the first and second joint, and suck as she did before. This time there is no rubbing. The tongue comes up under the finger, compressing it against the roof of the mouth, and does not touch the end at all. This vividly illustrates why getting the breast farther back into the baby's mouth can make the difference between sore nipples and comfortable breastfeeding.

To encourage the baby to open wide, suggest the mother lightly tickle or brush the baby's lips with her nipple.

Babies are born with a reflex that causes them to open their mouths wide when properly stimulated. To trigger this reflex, suggest the mother lightly tickle or brush her baby's lips rhythmically with her breast or nipple and wait until the baby opens his mouth. (If the mother uses too much pressure, this will not produce the same response.) For some babies this may take some time, so encourage the mother to keep tickling or brushing and be patient. Some babies respond more quickly if just their upper lip or just their bottom lip is lightly brushed or tickled. Pressing the palm of a newborn's hand will also cause him to open his mouth.

Other ways to encourage the baby to open wide are to say the word "open," have the mother open her own mouth, and gently pull down on the baby's chin as he begins to open.

The mother can teach her baby other cues to encourage him to open wide. By saying the word "open" as she tickles or brushes the baby's lips and then opening her own mouth wide, he will learn to associate the word "open" and the mother's open mouth with the desired behavior. Rewarding him with the breast will reinforce this.

If the baby doesn't open his mouth, or doesn't open wide enough, the mother can open the baby's mouth wider by gently but firmly pulling down on the baby's chin with the index finger of the hand supporting the breast as he is opening. It is important to pull down as the baby is opening because the baby's jaw muscles will be relaxed at that time. If the mother has a helper, suggest the helper pull down on the baby's chin as the mother is latching him on.

Pull the Baby in Close and Keep Him Close

If the baby goes on to the breast well, he will take a large mouthful of breast tissue and be pulled on off-center, so that his lower jaw takes in more areola than his top.

When the baby's mouth is opening wide, encourage the mother to pull him onto the breast quickly and gently, chin first, so that he takes the breast deeply into his mouth. With a good latch-on, a baby's lower jaw (which does most of the work of nursing) should be positioned as far from the base of the nipple as possible with his chin pressed into the breast. His nose may rest on the breast or be slightly away from the breast. Although the mother probably will not be able to see this herself, a helper may check to see that more of the bottom than the top of the areola is covered (Royal College of Midwives, p. 49).