



NCCU CLINICAL GUIDELINES
SECTION: 7

BREAST FEEDING

Section: 7 Breast feeding
Positioning and attachment
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Neonatology Clinical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia
Authorisation & review by
Neonatal Coordinating Group

POSITIONING AND ATTACHMENT

Positioning relates to the way in which the infant is held in relation to the mother's body whilst breastfeeding.

Attachment refers to whether the infant has enough areola and breast tissue in the mouth. There needs to be sufficient breast tissue in the infant's mouth in order for effective sucking and milk transfer to take place. This initiates effective sucking and swallowing. After the feed, the mother's nipple should look as it did before – not compressed, elongated or misshapen.

Assisting mothers to consistently achieve correct positioning and attachment of their infant at the breast results in greater success at breastfeeding. Positioning at the breast is a learned skill acquired from instruction and/or observation of correct technique. Mothers should be shown positioning and attachment using a "hands off" approach so that they develop confidence and skill in their ability to independently position and attach the infant.

OUR AIM IS TO MAXIMISE BREASTFEEDING OUTCOMES BY PROMOTING CONSISTENCY IN CARE AND INFORMATION FOR MOTHERS WHO INTEND TO BREASTFEED THEIR INFANTS, BOTH PRETERM AND TERM.

All staff should complete BFHI eLearning packages: Module 1 – 4

[Baby Friendly Health Initiative \(BFHI\) Educational Tools](#)

RECOMMENDED POSITIONS FOR THE MOTHER

- Assist the mother to find a feeding position she finds comfortable. This position should support her back and shoulders i.e. straight back, relaxed shoulders.
- Ensure the mother's feet are supported i.e. her lap is flat. A footstool may be beneficial, particularly for shorter women.
- Facilitate privacy. Position chair away from the room and/or use privacy screens if required by the mother.
- Ask the mother if she has a preference for which breast she would like to begin with.

POSITION OF THE INFANT

- Preterm infants should be breastfed in a position that gives support to the head and neck such as, across the lap (transitional hold), or the underarm (football) hold. As the head of the preterm infant is heavy in relation to the musculature of the neck, the base of the head needs

to be supported. Undirected head movements can easily collapse the airway resulting in apnoea and bradycardia.

- Consider the use of a thin, firm pillow to help support the positioning of the infant at the breast and/or protect a tender abdomen post LUSCS. Check with the mother to determine if the pillow is required.
- If the mother's breasts are full, the mother needs to express in order to offer her infant a softer breast with a smaller amount of available milk. This aids attachment to the breast and can help reduce the fast flow with the initial milk ejection of her milk. As the infant learns to breast feed, more milk can be left in the breast.
- To help the infant attach to the breast, the mother can shape her breast using her thumb and fingers ('C' hold). See 'The Key to Successful Breastfeeding' pamphlet.

CORRECT ATTACHMENT WILL USUALLY TAKE MORE THAN ONE ATTEMPT

STEPS TO FOLLOW FOR CORRECT POSITIONING AND ATTACHMENT

Ensure mother has:

- Viewed the 'Follow Me Mum' video
- Reviewed 'The Key to Successful Breastfeeding' pamphlet

SIGNS OF CORRECT POSITIONING AND ATTACHMENT

1. Lips widely flanged and sealed around the breast.
2. Infant's chest in close contact with mother's chest.
3. Head is slightly extended, with the chin pressed into the breast.
4. The nose is free without the mother holding back her breast.
5. Absence of clicking sounds.
6. Absence of dimpling in infants cheeks.
7. Movement of whole jaw with muscular movement visible around ears.
8. Once infant is attached and sucking effectively there is **no nipple pain or trauma**.

SIGNS OF POOR ATTACHMENT

[See O&G Clinical Guidelines Section B:8.2 Breast Feeding Challenges.](#)

RECOMMENDED FURTHER READING

- J. Riordan, K. Wambach. Breastfeeding and Human Lactation 4th Edition 2009
- R. Mannel, P.J. Martens, M. Walker (Eds). Core Curriculum for Lactation Consultant Practice. 3rd Edition 2012
- W. Brodribb (Ed). Breastfeeding Management, 4th Edition 2012.
- R. Lawrence, R. Lawrence. Breastfeeding: A Guide for the Medical Profession 7th Edition, 2010