

When Baby Won't Latch: Strategies to Help Breastfeeding

When you are breastfeeding your baby, it's important to get a good latch. It takes practice, both for you and your baby.

But you can do it. Getting your baby to latch on properly will ensure he is getting enough breastmilk while at the same time protecting your nipples.

There are several reasons why babies may not be latching properly including: being premature, medications given to mom during labor and delivery, Down Syndrome, health conditions like infection, congenital heart defects or jaundice. Or conditions like a tongue-tie or a cleft lip.

Even if your baby does not have these conditions, she could still have a poor latch.

So, it's important to recognize when your baby is not latching on properly and correct it.

The signs of a poor latch include: sleepiness – your baby may not wake up to signal her own feedings; your baby latches onto your breast and lets go over and over; he pushes the breast away or refuses to latch; he falls asleep within 2-3 minutes of latching on, he does not suck continuously for a full feed.

You may also experience symptoms of a poor latch that make it difficult to breastfeed your baby like pain lasting the duration of a feed, sore or bruised nipples, red, scraped or cracked nipples, misshapen nipples after feeding and lack of feeling that the breasts are empty after feeding.

Another cause of a poor latch could be your breast may be too full of milk or engorged.

When your breasts are engorged, your milk ducts press against your nipples. The areola gets too hard or too flat for the baby to get a deep latch.

You can relieve the engorgement by manually expressing enough milk to soften your breast.

Another way to help your baby latch when your breasts are engorged is a technique called Reverse Pressure Softening.

In reverse pressure softening, gentle pressure softens a 1 to 2 inch area of the areola surrounding the base of the nipple, temporarily moving some swelling slightly backward and upward in the breast.

It's best to practice this technique immediately before each attempt to latch, for as many feedings as needed.

Breastfeeding is natural but it can still be frustrating when you and your baby are just starting out.

Here are some steps you can take to help your baby latch on properly.

Wake your baby every 2-3 hours to breastfeed if she is not signaling for food.

Be patient. Give your baby enough time to master the technique. You are both learning.

When breastfeeding is established, keep track of your baby's urine and stools to make sure she is going regularly. This will help you know she's getting enough breastmilk.

We expect them to have four to five dirty diapers a day. We know, then, that they're getting enough milk. Is the baby crying too often? Are you sure you are nursing long enough? And then whether or not the baby's gaining weight. Weight gain is the most important in the first two weeks.

You may want to use a device designed to help with breastfeeding such as a nipple shield or a feeding tube.

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A nipple shield is a thin piece of silicone or latex that covers the areola and nipple. It can help your baby's latch or protect damaged nipples, but you should meet with a lactation consultant prior to using these as they are often used incorrectly or when they are not needed.

A feeding tube is taped to your breast or your finger and helps your baby get your previously pumped milk from a container while nursing.

Skin to skin contact during breastfeeding can trigger your baby's instinct to latch on and helps you and your baby bond.

If your baby is still not latching on, talk to your pediatrician or lactation consultant and schedule an appointment.

Your pediatrician and lactation consultant can coach and guide you through breastfeeding.

Breastfeeding can be challenging, but remember it takes time to figure out what works best for you and your baby. Be patient and don't give up on your worst day. It's worth it.