This handout describes 4 positions for breastfeeding: laid-back, cross-cradle, football hold, and side-lying.

Breastfeeding is the healthiest way to feed your baby. It is also a skill that takes time and practice.

The key to good breastfeeding is deep attachment (“latch”) of your baby’s mouth to your breast. Finding the breastfeeding position that works best for you and your baby may take effort from you, your baby, and your helper. Your nurses are ready and happy to help you, too!

**Tips for Any Position**

- Start with a calm baby. If your baby is crying, calm them down by holding them upright, rocking them gently, or giving them your clean finger to suck on.

- “Tune in” to your baby. Put down your phone, have both hands free, and sit or lie so that you feel comfortable.

- Gently touch your nipple tip to your baby’s lips. Doing this encourages your baby to lift and turn their head toward your breast. It also helps your baby’s mouth to open wide.

- Aim the tip of your nipple to the roof of your baby’s mouth.

- Make sure your baby’s mouth goes around some of your breast, not just your nipple.
• If your baby is not opening their mouth wide, try to express a drop or two of milk. This tells your baby you are ready to breastfeed. To express drops of milk:
  - With your hand scooped under your breast, place your finger and thumb in a “U” shape on the edge of your areola (the dark area around your nipple). See drawing at left.
  - While pressing your fingers and hand into your breast, move your fingers toward your thumb and hold for a few seconds. Do this motion several times to start milk dripping or flowing. Then rotate your thumb and finger to a “C” position. Repeat.

• For best latch, while your baby is sucking:
  - The tip of their nose should be close to or touching your breast
  - Their chin should be pressed in deep
  - Their lips should be rolled out

• Many mothers need to use their hand to support and shape their breast to keep it “sandwiched” while their baby is attaching and feeding. See drawing at left.

• Sucking is usually rhythmic. Your baby will pause for a short time and then have more bursts of sucking.

• When your baby is done, they will stop sucking and usually let go of your breast.

• When your baby is latched onto your breast correctly, you will probably feel a strong pulling. If you feel any discomfort, it should lessen after the first few sucks.

• If you still feel strong discomfort after 30 seconds, your baby is probably not latched correctly. If this happens, it is best to stop and help your baby get a better latch. If you need to try again, break suction by sliding your index finger into the side of your baby’s mouth.
Common Positions for Breastfeeding

Here are 4 common positions for successful breastfeeding. Note that some positions require a helper in the beginning. Wait until you have someone to help you before you try those positions.

Laid-back Position

The laid-back position can help you feel more comfortable with your baby. It also helps your baby’s natural breastfeeding instincts to become active. In this position, you can watch and help your baby as needed.

To use the laid-back position:

- Find a bed or couch where you can lean back and be well supported. Do not lie flat, but just easily lean back.
- Make sure your head and shoulders are well-supported. Use a pillow, the bed, or a chair with a high back.
- When you put your baby on your chest, give support with one or both arms. Your baby’s body should be nested into yours. Make sure that the whole front of their body is against your front.
- Let your baby’s cheek rest somewhere near your bare breast. Watch for signs of being ready to feed. You may see your baby’s:
  - Mouth or tongue move
  - Hands move to the mouth
  - Head bob around, looking for your nipple
- Help your baby as much as you like. You’re a team!
- You may or may not need to hold your breast.
- Relax and enjoy each other.

Cross-cradle Position

The cross-cradle position can be helpful if you are having a hard time with latching. It lets you support, prepare, and compress your breast so it will fit better into your baby’s mouth. This position also allows you to support and control your baby’s head.

Most mothers find that cross-cradle works well for either breast, but here we will describe it for your left breast. It is best to have
someone to help with pillows and your baby. Your helper can also tend to your baby while you get settled.

Follow these steps in the order they are written, from start to finish:

- Sit up as straight as you can in bed or in a chair. Take the time to make sure you are comfortable and relaxed. If needed, sit on a pillow or use some extra back support.
- Place 1 or 2 pillows on your lap. You may need 2 pillows since your baby needs to be at the same level as your breasts.
- If you are sitting in a chair, make sure your feet touch the floor and your knees are bent at right angles. This provides a stable place for your baby to lie. Having a footstool or a box under your feet can help.
- Scoop up your left breast with your left hand. Position your hand under your breast, with your left thumb pointing up along the outer edge of your areola.
- Curve your index finger around the inner edge of your areola. This forms a “U” shape with your hand (see drawing at left). This will help you shape your breast to fit in your baby’s mouth.
- If you hold pressure for a moment, you may see some milk. Your baby will smell and taste it. This helps your baby focus on feeding.
- Have your helper stand by your right shoulder. Your helper can place your baby (without blankets) on the pillow(s) on your lap. Make sure your baby is side-lying, with your baby’s nose right across from your left nipple.
- Place your right hand on your baby’s upper back. Do not put your right arm all the way under your baby. Your right thumb and fingers will hold near your baby’s ears and your hand will support their neck (see drawing below).
• Hold your baby so that their nose is tipped up just a bit. This is sometimes called a “sniffing” position. Your baby’s arms can be free to “hug” your breast, one on either side. Let your baby’s body stretch out on the pillow.

• Your right arm supports from behind. This lets you hold your baby close, skin-to-skin.

• Do not be in a hurry to get a latch. Breathe and relax.

• Hold your baby’s head so that their mouth is just close enough to tickle their upper lip with your nipple (see drawing at left). This often makes babies open their mouth wide as they search for the breast. This searching, with tongue down and mouth wide, is called *rooting*. Your hand stays in the “U” position.

• Compress your breast by moving your finger and thumb together as you did to express the drops of milk. This is called “sandwiching” the breast.

• During rooting, when your baby’s mouth is open the widest and their tongue is forward, use your right hand to quickly pull your baby forward. Press on your baby’s back with your hand. This will bring your baby’s body toward you (see drawing at left).

• Help your baby lead with their chin. Keep your baby’s body uncurl in the slight “sniffing” position. Most times, your baby will take in a big mouthful of breast.

• It might take several tries for your baby to latch on well. If you need to try again, break suction by sliding your index finger into the side of your baby’s mouth.

• You will know your baby is latched on when you feel a strong rhythmic pulling. If you are not sure your baby is latched on well, try letting their head come away from your breast just a little bit. A baby who is latched on well will not let your nipple slip out.

• When you have a good latch:
  - Your baby’s chin is pressed into your breast.
  - Your baby’s lips are curled out.
  - The tip of your baby’s nose is touching your breast.
  - More than just your nipple is in your baby’s mouth.
Football Position

Football position is another position that can be helpful if you are having a hard time with latching and other positions are not working. Follow the steps given in the order they are written, from start to finish.

The football hold gives you more control of your breast and your baby’s body. It can also work well if you are feeding twins.

Football position works best when you are sitting up very straight. This way, a helper can easily see what is happening.

Again, we will explain the position using your left breast as an example. It is best for your helper to stand by your left side.

- Sit up straight in a chair. Place 1 or 2 pillows between your body and your elbow on your left side. Football position is uncomfortable if your baby is too low.

- Scoop up your left breast with your right hand. As your fingers hold your left breast, place your thumb on the upper edge of your areola. Your fingers should be parallel to (in the same line as) your baby’s lips.

- With your hand in this position, try to express drops of milk by pressing your finger and thumb in toward your chest, then together behind the areola.

- If you hold that pressure for a moment, you will probably see some colostrum or milk. Your baby will smell and taste that milk. It will help your baby focus on feeding.

- Have your helper pass you your baby. Place your baby on the pillow(s) with their feet toward the back of the chair and their head in your left hand.

- Make sure your baby’s body is turned toward your breast and firmly supported on the pillow. Your right thumb, still holding your left breast, should be across from your baby’s nose. Your index finger should be across from your baby’s chin.

- Do not try to hold your baby on your arm. Instead, slide your left hand down to hold the base of their neck, with your thumb and fingers grasping close to their ears (see drawing at left).
Your baby’s nose should tipped up just a bit in this hold. This is sometimes called a “sniffing” position.

Your baby’s arms can be free to “hug” your breast, one on either side.

Do not be in a hurry to get a latch. Breathe and relax.

Hold your baby’s head so that their mouth is just close enough to tickle their upper lip with your nipple. This often makes babies open wide as they search for the breast. This searching, with tongue down and mouth wide, is called rooting.

Compress your breast by moving your finger and thumb together as you did to express the drops of milk. This is called “sandwiching” the breast (see drawing at upper left).

During rooting, when your baby’s mouth is open the widest, aim your nipple toward the roof of their mouth (see drawing at upper left).

Use your left hand to bring your baby’s shoulders and face in close. This will cause your baby’s chin to land on the underside of your breast (see drawing at lower left).

Quickly finish moving their mouth onto your breast.

Your baby’s top lip should come up beyond your nipple and curl onto your areola.

It might take several tries before your baby gets hold of your breast. You will know your baby is latched on when you feel a strong rhythmic pulling.

For a good latch, make sure that:
- Your baby’s chin is pressed into your breast.
- Your baby’s lips are curled out.
- The tip of your baby’s nose is close to your breast.
- More than just your nipple is in your baby’s mouth.

If you are not sure your baby is latched on well, try letting their head come away from your breast just a little bit. A baby who is latched on well will not let your nipple slip out.
Side-lying Position

*Side-lying* position can be helpful for moms who need to lie down for a feeding. At first, you will need a helper for this position. This is because you will have less control of your baby’s head and less control of your breast. In the hospital, you can ask your nurse help you with this position.

This is usually not the best position to try if latching is a problem. Later, when your baby has learned to latch and breastfeeding is going well, side-lying position is great for night feedings or resting during feedings. Do **not** sleep when your baby is at your breast.

Here we will describe the position for your **left** breast. You will need 3 pillows and a helper.

- Lie down flat on your left side with a pillow under your head. Turn so far onto your left side that your left breast is on the bed.
- Have your helper place a pillow firmly behind your mid-to-low back.
- Bring your right leg forward a little and bend your knee. Have your helper place a pillow under your knee.
- Curl your left arm up and place your hand by your face or under the pillow.
- Now your helper can place your unwrapped baby on their right side on the bed in front of you. You and your baby should be tummy-to-tummy.
- You can place your right hand behind your baby’s shoulders or their bottom. Pull your baby in close. This helps your baby be in the “sniffing position.” You may need your helper to “sandwich” your breast while you wait for your baby to latch.
- When your baby is rooting and their mouth is open the widest, quickly guide your baby forward and onto your breast. Help your baby get a big mouthful of breast. It may take several tries to get a good latch.
- When you have a good latch:
  - Your baby’s chin is pressed into your breast.
  - Your baby’s lips are curled out.
  - The tip of your baby’s nose is close to your breast.
  - More than just your nipple is in your baby’s mouth.
Once your baby is latched, you may want to place a small rolled blanket or thick towel behind your baby for support (see drawing below).

A rolled blanket supports the baby’s back in the side-lying position.

**Practice Makes It Easier**

Working on the latch in the first week or so is worth the effort. A good latch can keep you from having nipple damage. And, a baby who is latched well gets more milk from your breast.

After some practice sucking in one of these positions, your baby will probably need less and less help latching. Soon, you will put your baby close to your breast and the latch will happen without any help!

Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.
Questions?
Your questions are important. If you have questions about breastfeeding, call UWMC Lactation Services: 206.598.4628.