

# SUPPORTING EFFECTIVE BREASTFEEDING

These brief education refresher sheets are designed for staff as a teaching aid during the coronavirus outbreak. Staff may include return to practice midwives or health visitors, students who have been fast-tracked to practice or health care assistants who have been redeployed into postnatal care within hospital or community settings. This information is an interim measure to help staff provide support and does not replace training. The links and information provided can be used by staff and shared with parents.

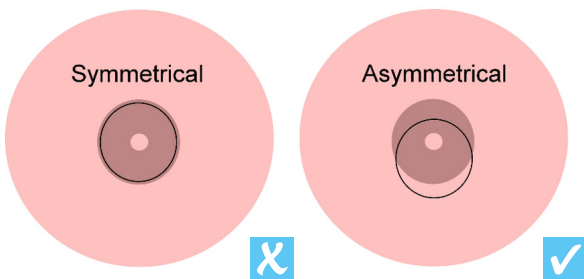
## HOW A BABY BREASTFEEDS

Breastfeeding is a dynamic activity where a mother and baby work together to enable an effective feed.

**Attachment** is a term used to describe how the baby takes the breast into his mouth. During attachment, a baby needs to take a large mouthful of breast tissue into his mouth so that the nipple comes to rest at the back of his mouth at the junction of the hard and soft palate.

When attaching, the baby needs to approach the breast with his mouth wide open, his head free to tilt back and his chin leading so that he can draw in as much breast tissue as possible below the nipple into his mouth. This is known as asymmetrical attachment and it is important as it ensures the nipple reaches far enough into the back of the mouth as opposed to hitting the hard palate which will result in pinching.

See diagram of asymmetrical attachment below:



## HOW A MOTHER CAN HELP

**Positioning** is the term used to describe how a mother holds her baby to enable him to attach effectively. There are many positions that a mother can adopt (sitting up, lying down, laying back) and it is important to support her to use positions that feel comfortable for her and her baby. Providing options for how she might hold her baby is more useful than a prescriptive approach. Depending on where she is feeding or whether it is a day or night time feed, she may choose to use different positions.

There are some key principles in relation to how a mother holds her baby that should be considered regardless of the position. These principles ensure that the baby is allowed to act on his instinct and have ease of access to his mother's breast.

The CHIN acronym is an easy way to remember the principles (see CHIN principles, page 2).

## ASSESSING SUCCESSFUL BREASTFEEDING

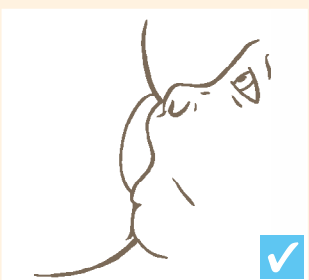
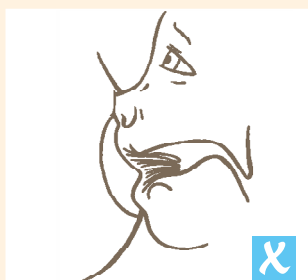
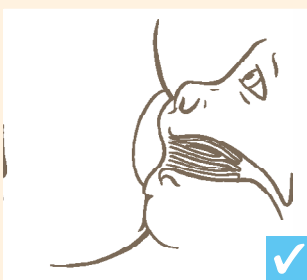
The Unicef UK Baby Friendly Initiative has produced a [breastfeeding assessment form](#) which can be used with the mother to make a formal assessment of breastfeeding. If unsure of anything please refer to a more experienced colleague.

## EFFECTIVE ATTACHMENT

Effective attachment is the key to successful breastfeeding as it enables baby to get enough milk and helps to protect mother's milk supply. When baby effectively attaches, you may see more areola above his top lip, which shows that he has not approached the breast centrally (see image above). Baby should have a wide-open mouth, round and full cheeks and more areola above his top lip. Mum should hear swallowing and should not be in pain.

INTERNAL VIEW

EXTERNAL VIEW



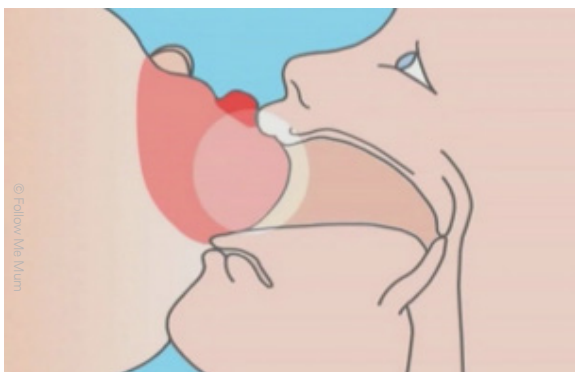
## USEFUL RESOURCES

For additional information on supporting effective breastfeeding, see the following resources:

- Global Health Media Attaching your Baby at the Breast (video): [globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/](https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/)
- Off to the Best Start leaflet: [unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/off-to-the-best-start/](https://unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/off-to-the-best-start/)
- Unicef UK Baby Friendly Initiative attachment graphic: [unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/positioning-and-attachment-video/](https://unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/positioning-and-attachment-video/)

## EFFECTIVE ATTACHMENT

The diagram below shows effective attachment and use of the CHIN principles (see right).



## CHIN PRINCIPLES

- **C**lose: baby needs to be close to his mother so he can scoop enough breast into his mouth. Ensure both mother and baby's clothing and hands are not in the way.
- **H**ead free: when attaching to the breast, the baby will tilt his head back to allow his chin to lead as he comes onto the breast. Even a finger on the back of the baby's head will prevent this important movement.
- **I**n line: the baby's head and body should be in alignment so that he does not have to twist his neck, which would make feeding and swallowing difficult.
- **N**ose to nipple: with mother's nipple resting below baby's nose, he will begin to root. As he tilts his head back, the nipple will slip under his top lip upwards and backwards to rest between the hard and soft palate.

Note: nose to nipple is the starting point for effective attachment.

See image on the left for additional detail.

\*CHIN principles reference: Lyn Harland

## SUPPORTING MOTHER AND BABY WITH EFFECTIVE BREASTFEEDING

### To support mother and baby whilst breastfeeding:

- Encourage the mother to hold and cuddle her baby as much as possible (preferably in skin-to-skin contact) to help calm them both and make feeding easier.
- Ensure that she is comfortable and relaxed and can find a position that suits her best.
- Ensure CHIN principles are in place and that the baby has free access to the breast.
- Stress the importance of the mother keeping her baby calm by talking, stroking or rocking her baby.
- Point out the baby's instinctive cues (rooting, searching, head bobbing, gaping) and encourage the mother to recognise her baby's individual cues and movements.
- Show the mother how to hand express a little milk to tempt her baby to feed.
- Tease the baby to open his mouth by gently rubbing the nipple above his top lip.
- Wait for a wide-open mouth and ensure his head is free to tilt. The baby's chin will lead and the nipples should slip under his top lip (it might be useful to include the partner here so they can help with future feeds).
- When the baby is feeding, **check the mother's comfort** and point out simple signs like wide-open mouth, full cheeks and more areola visible above his top lip. Watch and listen to hear the baby swallowing.
- Be patient and don't rush the process. If appropriate and baby is reluctant to feed, leave the mother and baby together in skin-to-skin contact and return later.

If a **mother is in pain** or you find the baby is unsettled or struggling to attach, seek help from an experienced colleague.