

## Assessment of Latch

### Given:

- Mother comfortable – sitting in a chair if possible
- Baby skin to skin and positioned towards mother
- Modified cradle or football
- If supporting breast, mothers fingers are well back from the areola

### Baby:

- Chest to chest
- Neck slightly extended, chin is not flexed toward baby's chest
- Mother supports back and neck but the head is not pushed into the breast

### To Latch:

- Nipple aligned with baby's nose
- Stroke mouth with underside of breast/nipple
- Wait for wide mouth ('yawn')
- Nipple aimed high in baby's mouth
- Lower lip is well under breast
- Baby brought in close to mother

### Appearance:

- Mouth appears "full" of breast tissue: no dimpling of cheeks
- Lower lip is well under breast: areola may be visible above the upper lip
- Chin is very close to breast
- Baby begins sucking (sleeping at the breast may indicate poor latch)
- Changes from fast to slower deeper sucking
- Visible movement ear/temple

### Further Assessment:

- Mother has discomfort but no significant pain
- After initial latch feeding is comfortable
- Nipple is not distorted when baby releases breast (no creasing or flattening of the nipple)
- Nipples are intact; no blisters, cracks
- Baby removes self from breast; no time limits
- Audible swallowing