

Positioning and attachment

In the early weeks, it is common for breastfeeding women to experience some nipple pain that ceases after the initial attachment. Severe nipple pain, pain that continues beyond the initial attachment or any signs of nipple damage all require investigation. Nipple pain is a commonly reported reason for early breastfeeding cessation. The most common cause of nipple pain is suboptimal positioning and attachment. Hence, supporting women to establish good positioning and attachment is important to help women reach their breastfeeding goals.

Resources

Breastfeeding Management in Australia, Brodribb, W. (ed) 2019, 5th ed. Australian Breastfeeding Association, Victoria.

Breastfeeding: breast and nipple care booklet, Australian Breastfeeding Association



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Steps to getting good positioning and attachment

1. Recognising and responding to an infant's early feeding cues can make it easier for an infant to attach and feed well. Early feeding cues include:
 - sticking their tongue in and out
 - turning their head from side to side with their mouth open
 - bringing their hands near their mouth.
2. When the infant is ready to feed, women can be encouraged to adopt a breastfeeding position that works best for them and their baby. Whatever position is chosen, it is important for the infant to be held in close so that their chest and tummy are touching their mother's body. Semi-reclined postures with the infant placed prone with their chin, torso, hips and legs in contact with the mother, are particularly helpful for obtaining a good attachment. In these positions, there is no gap between the mother and infant and gravity assists them to maintain close contact. This helps to elicit the infant's primitive feeding responses and allows most infants to self-attach.
3. It is important for women to allow their breast to fall naturally, not to lift or shape it, and to bring their baby to their breast and not their breast to their baby. Some women with large breasts may find it helpful to place a rolled up hand-towel underneath their breast so that it sits up more.
4. The infant's hands circle their mother's breast rather than being placed between the infant's and mother's bodies.
5. Ensure none of the mother's clothing gets in the way of the infant's face as this can interfere with the infant's sucking reflexes.
6. When the infant's chin and lower lip contact the breast, this stimulates mouth-opening and sucking reflexes.
7. The infant's spine should be aligned, with the neck moderately extended without lateral flexion or rotation.

It can take some time for mothers and their babies to learn what works best for them. It is particularly important during this learning phase for babies to maintain a positive association with breastfeeding and to not be forced onto the breast.