Putting your baby to the breast

The best way for a mother and baby to learn to breastfeed is to let the baby follow his natural instincts. This is called ‘baby-led attachment’ and can be done straight after birth or any time later.

- Sit comfortably, leaning back a little, with your back well-supported.
- Start when your baby is awake and calm, and remove his clothes except for his nappy. Take off your bra and top. You could wear something loose over your shoulders for warmth and/or privacy.
- Place your baby skin-to-skin on your chest. Talk to him, look into his eyes and gently stroke him.
- Gently support your baby behind his shoulders and under his bottom, but allow him to move freely when he wants. He may ‘bob’ his head on your chest and then move across to one breast.
- When his chin contacts the breast, he may attach by himself. Don’t be in a hurry. Let your baby take his time to attach when he is ready. Enjoy your baby!

Some hospital staff may teach a more structured approach to attaching your baby. You can use this method after baby-led attachment.

- Find a comfortable position sitting in bed or on a chair, with your back well supported.
- Hold your baby close, with his whole body turned towards you. His shoulders and neck should be supported, but his head should be free to tilt back slightly.
- Your baby’s lower arm should be out of the way; either around your waist or tucked at his side. His body should be flexed around yours, with chest and hips held in close, and neck slightly extended. He should be at the same level as your breast.
- While attaching, use your thumb on one side of the nipple and fingers on the other to tilt the nipple towards the baby’s nose, making the breast tissue easier to latch onto.
- Instead of aiming your nipple at his mouth, start attachment with the nipple just above his mouth, towards his nose. Your baby needs to get a good mouthful of the breast tissue, rather than only the nipple.
- Encourage your baby to open his mouth wide, by stroking his lower lip with your breast rather than just the nipple.
- When your baby opens his mouth wide, bring him to the breast. Place his lower lip well down on the areola (the darker skin around the nipple), then roll the baby on, aiming the top lip just above the nipple. Try to get the breast tissue against the tongue and not so much against the roof of the mouth. If your areola is large, more of it should be visible above the top lip than below the lower lip.
- Check that your baby’s chin is well against the breast; this will also leave the nose clear. If not, bring his body in closer to yours.
• Your baby’s mouth should be wide open against the breast, creating a seal.
• He is well attached if he sucks rhythmically and there are no clicking noises.

• If he is not well attached, or it still hurts after 30 seconds or so, take him off the breast by placing a clean finger between his gums and gently pulling down to break the suction. Withdraw your nipple when you feel it released.

New mothers often feel awkward when putting their baby to the breast for the first few times. With practice, you and your baby will learn to breastfeed well. The nursing staff will be able to help you put your baby to the breast. Do not be afraid to ask for help.

BREASTFEEDING SHOULD NOT HURT. IF IT DOES, ASK FOR HELP. TAKING CARE WITH THE POSITIONING OF YOUR BABY AT THE BREAST IN THE EARLY DAYS IS THE BEST PREVENTION OF SORE AND DAMAGED NIPPLES.

For more information contact your Child Health Centre or the Australian Breastfeeding Association (ABA).

Breastfeeding Helpline
1800 mum 2 mum
1800 686 268

The ABA Breastfeeding Helpline is available 7 days a week and is staffed by trained volunteer breastfeeding counsellors.

If you need help making phone calls in English, ring the Translating and Interpreting Service (TIS) on 131 450.

Email counselling and more information is available at www.breastfeeding.asn.au