

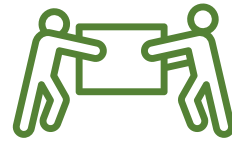
## Examining the Breastfeeding Dyad Latch and Positioning

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Institute for the Advancement  
of Breastfeeding &  
Lactation Education

## Conflicts of Interest



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- The AAFP has reviewed Comprehensive Clinical Breastfeeding Medicine Course for Physicians and Other Providers and deemed it acceptable for up to 27.25 In-Person, Live (could include online) AAFP Prescribed credit. Term of Approval is from 06/01/2021 to 06/05/2021. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This course has been assigned 27.25 (L) Continuing Education Recognition Points (CERPs) by IBLCE. Long Term Provider #CLT117-04.



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## Objectives

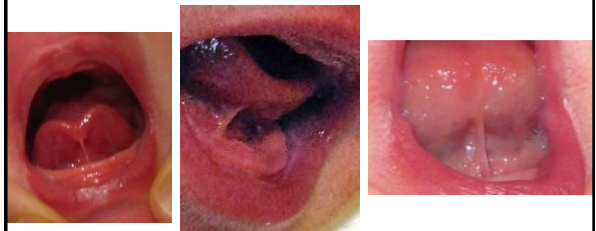
- Describe the infant exam pertaining to breastfeeding.
- Describe how to do a breast exam.
- Instruct on proper latch and positioning.
- Identify nutritive vs nonnutritive sucking.
- Explain how to collect a breastmilk culture.

## Infant Exam Pertaining to Breastfeeding

- General
  - Baby's naked wt
  - Jaundice
  - Baby's tone & hydration & alertness
- Head
  - Cephalohematoma
  - Facial asymmetry
  - Recessed chin
  - Eye movement- malalignment, nystagmus
  - Nasal congestion/mouth breathing
- Neck
  - Torticollis
  - Clavicle fracture
- Oral and oromotor
  - Observe tongue lift
  - Look and feel under tongue
  - Suck exam- "snap back", cupping, shoving, "chewing"
  - Cleft or submucosal cleft palate



## Tongue Placement



**PART 1 - ANATOMY/FUNCTIONAL EVALUATION**

**1. Lip posture at rest**

( ) closed (0) ( ) half-open (1) ( ) open (1)

**2. Tongue posture during crying**

( ) middle (0) ( ) lateral (0) ( ) middle with lateral deviation (2) ( ) none (2)

**3. Shape of the tongue apex when elevated during crying**

( ) round or square (0) ( ) V-shaped (2) ( ) heart-shaped (2)

Anatomy-functional evaluation table score (0=0, 1=2 and 2=3). Best result=0. Worst result=9. When the score of items 1, 2 and 3 of the anatomy-functional evaluation is equal or greater than 4, the interference effect because of the presence of a tongue tie is considered.

**Part 1 Martinelli Tool**  
Best = 0  
Worst = 12

**4. Lingual Frenulum**

( ) visible ( ) not visible ( ) visible with maneuver\*

\*If the frenulum is not visible, go to PART 4 (Reinforce the sucking and initiate latching evaluations)

**4.1. Frenulum thickness**

( ) thin (0) ( ) thick (2)

**4.2. Frenulum attachment to the tongue**

( ) attached (0) ( ) between middle and apex (2) ( ) apex (0)

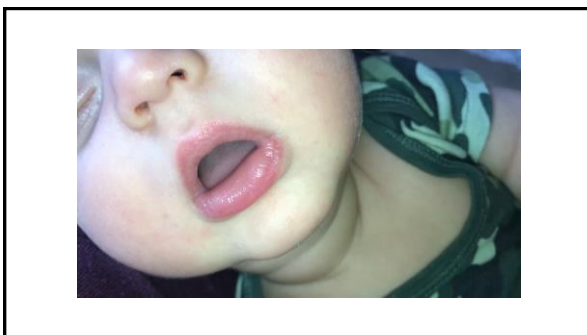
**4.3. Frenulum attachment to the floor of the mouth**

( ) middle from the (0) ( ) none from the (0)

**Part 1 Martinelli Tool**  
Best = 0  
Worst = 12

Look and feel under the tongue


**Suck Exam:**  
"snap back", cupping, shoving, "chewing", submucosal cleft palate



**Exam of Lactating Parent**

- Nipple/areolar exam
  - Nipple lesions
  - Inverted/flat/protruberant nipples
  - Color (vasospasm)
- Breast shape/contour/size
- Breast fullness
- NAC/breast tenderness
- Breast masses/induration/edema
- Lymphadenopathy

Shape Matters More Than Size



### Importance Of Positioning

- Deep Latch
- Maternal Comfort
- Effective Milk Transfer



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Good Positioning??

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Sitting in Lap Facing Mom; Mom is using a C-Hold



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### Semi-Reclined (laid back) Positioning



Global Health Media

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### Positioning Tips for Optimal Latch

- Firm, Secure Hold
- Proper Alignment
- Maternal Comfort and Support
- Mouth Wide Open
- Nose to Breast

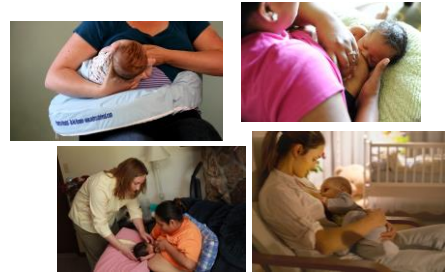
### Firm Secure Hold



### Proper Alignment



### Maternal Comfort and Support



### Mouth Open Wide



### Nose to Breast



## Asymmetric Latch



Handout available at IABLE website: "Helping your baby latch well"

## What is a Feeding?

- The baby latches on and nurses
  - Transfer of milk
- Easy to fool everyone
  - Some infants sleep at the breast
- Proof is in the weight gain



## Teach Parents to Understand a Feeding Nutritive vs Non-nutritive Feeding

- **Nutritive feeding** transfers milk
  - Swallows are seen/heard
  - Slower (~1 suck per second), rhythmic
  - Wider jaw excursions
- **Non-nutritive**
  - Faster
  - Smaller jaw excursions
  - NO swallowing



**Best Feedings Include Swallows!!**

## Awake and Effective Infant at the Breast



## Sleepy Infant at the Breast



## Young Infant at the Breast





#### Step 4- Watch for Signs of Satiation



© TABLE 31

#### Sit with Parents to Teach Nutritive and Non-Nutritive Sucking

- Watch the infant feed on the first breast, and point out swallows
- As the infant relaxes, and there have been NO swallows for 3-4 minutes, switch infant to the other breast. No need to wait for the infant to unlatch on their own
- Point out swallows on the second side
- Once swallows are done for 3-4 minutes on the second side, OK to take infant off the breast
- If infant is still hungry, start the process over on the first, then the second breast
- Nursing on both sides twice is called Switch Nursing

© TABLE 32

Thoughts on Latch?



© TABLE 33

Thoughts on Latch?



© TABLE 34

Thoughts on Latch?



© TABLE 35

Thoughts on Latch?



© TABLE 36

Thoughts on Latch?



Thoughts on Latch?



### Collecting a Breastmilk Culture

- Wearing gloves, clean nipple/areolar region
  - Alcohol or sterile saline
- Keeping gloved fingers out of collection field
  - Express 1-3 tsp of milk into sterile container
- Clean off alcohol
- Send specimen for a body fluid culture
  - Wound culture won't identify coag neg staph



### Conclusions

- An organized approach to infant exam including the head, neck, tone, and oromotor skills helps to identify underlying problems that contribute to breastfeeding difficulties.
- A nipple/areolar and breast exam is warranted in cases of low milk production, breast pain or other breast symptoms.
- Latch and positioning are key to comfortable, atraumatic, and effective feeding at the breast.
- Parents greatly benefit from instruction on non-nutritive vs nutritive sucking.
- A breastmilk culture should be collected and processed as a body fluid, not a wound.