NURSING CHECKLIST

A SIMPLE GUIDE FOR TROUBLESHOOTING WHILE BREASTFEEDING

GETTING STARTED

Ask yourself…

i. Did the baby get uninterrupted skin-to-skin contact before nursing session?
ii. Is the timing right for the baby?

iii. If the baby is crying, what could help soothe baby?
Singing, expressing a bit of milk onto a finger for them to suckle for a moment, rocking, stepping outside etc. It is much easier to latch a calm baby, than it is to latch a frustrated or frantic baby.
iv. If the baby appears to be asleep, is the baby really asleep or has the baby shut down? Are baby's hands and face relaxed? Were they showing hunger signs before falling asleep?
v. Were feeding cues observed before nursing? Beginning to wake up, mouthing, rooting for the breast, chewing hands etc.?

THE LATCH

Ask yourself…

i. Was baby's nose brought to the nipple?
ii. Did baby offer a wide gape? (145° or more.)
iii. Was baby quickly brought to the breast after offering a wide gape?
iv. As baby latched, did they tilt their head?
v. Is baby positioned so the bottom of the nipple enters and touches the tongue and bottom lip first? (As if taking a large bite out of a hamburger)
vi. Does the mother feel a gentle pulling or tugging, without any pain? If any pain is felt, break the seal/suction and begin again, with baby's nose at the nipple.
vii. Do the baby's top and bottom lip flange out, creating a seal? If the lips are puckered, break the seal/suction and begin again, with baby's nose at the nipple.
viii. Are the nose and chin close to the breast?
ix. Are the cheeks round and smooth? If there is a dimple in the cheeks from the latch and suction, break the seal/suction and begin again, with baby's nose at the nipple.

Information based on the film Latch 1,2,3

x. Is there a drawing or rocker motion in the jaw? A wiggling of the ears is a good sign of this. A piston (or up and down) motion will not lead to a good transfer of milk.? If you notice a piston motion break the seal/suction and begin again, with baby's nose at the nipple.

xi. Do you hear the baby actively swallowing? It is okay is the baby offers more than one suckle before swallowing, but they should swallow often.

CHECK THE POSITION

Ask yourself…

i. Is the mother in a comfortable position while nursing?

ii. Is the mother holding the baby comfortably, applying no pressure to the back of baby's head?

iii. Is baby tummy-to-tummy with the mother?

iv. Is the baby turning their head to breastfeed? If baby's head is turned, break the seal/suction, reposition so mom and baby are tummy-to-tummy, and begin again, with baby's nose at the nipple.

ENDING THE SESSION

Ask yourself…

i. Does the baby end the nursing session with relaxed hands and face? If not, baby is likely still hungry, but may simply be taking a break. Babies may take up to a half an hour break while nursing. Consider switching breasts if baby is ending the session but still has clenched hands.

ii. Did the nursing session last 10-20 minutes? A longer session could indicate a low supply, or a low milk transfer. A good latch and massaging the breast can greatly improve milk transfer.

iii. How is the shape of the mother's nipple? If the nipple appears misshapen, check baby's latch. It is okay, if the nipple seems larger after a nursing session, due to suction, but the shape should remain normal.

iv. How often is the mother nursing the baby?

Information based on the film Latch 1,2,3