

Introduction to Maternal Infant Young Children Nutrition
Prof. Rupal Dalal
Department of Biological Science
Health and Nutrition
Indian Institute of Technology, Bombay

Lecture - 25
Session - 6

Mother's Preparation & Baby's Positioning

Hello, everyone. So today we are going to start with session number 6, one of my favourites session. It is going to be on actual technicality, art of breastfeeding. We all know, everybody knows that breastfeeding is important. Everybody knows, actually. And it is not that mothers do not try, they do try.

And I have this experience in U.S., I have this experience in India, with educated mothers, with the mothers coming from underprivileged background, they all want to breastfeed their children by and large. But the problem arises when they try to breastfeed, and when they are unsuccessful, when they kind of develop nipple pain, breast pain, breast abscess, baby is not latching, baby is crying, mothers they do try.

And when they feel that they are not being able to breastfeed, that is when thing starts kind of falling apart. And that is what kind of I experienced too in my own experience. And also, when I started working in slums of Mumbai. Of course, as a paediatrician, I was not taught about breastfeeding at all, even in U.S. And initially, like I would to kind of teach mothers, whatever that I knew, and also reading a lot of books and guidelines.

And somehow, kind of children were not gaining as much weight. And working in with these poor mothers, it was very important for me to make them understand proper technicality of breastfeeding, so that we could do catch up growth because not his babies were born small. In India, as I mentioned, our average birth weight is 2.7, which is much lower than the world average of 3.2, 3.3, kgs, and girls and boys respectively.

So, we did kind of worked on different techniques of breastfeeding. As I mentioned, initially, what we were doing, we were using the cradle hold, and somehow, I felt a lot of kind of problems with that cradle hold. And, of course, we were using this amazing software, which we had created with the help of one of the very famous software company.

So, what we were doing whatever we were telling mothers, we were documenting on that software, and we realized that some advices when we gave, it was working, some of the

advices we gave, it was not working. And I have to tell you this one particular experience that I had almost 4 to 5 years in my learning, I had this one baby come to me about 2 weeks old girl child.

And I met this mother, in fact, she lived in my building, and she looked kind of very tired, and she looked sad. And she had this little baby in her hand. So, I told her that how is it going with you breastfeeding? I had never met her before. This was the first time that I met her. And she said that, “Ma’am, I am not able to breastfeed her, she cries a lot. She just does not latch on to the breast. And I am basically starting formula.”

So, I say, “No, before you start formula, why did not you come home and I can help you.” And in fact, within just 30 minutes, she came home with her little baby 2 weeks old baby, full term baby born beautifully 3-kilogram weight, weight birth. And she came and we were showing her the cradle hold, the traditional hold that we generally use.

(Refer Slide Time: 04:08)



Cradle hold is basically, you just basically put the baby on the same side that you want to breastfeed from. And this is cradle hold and traditionally most the people use this cradle hold. So, I told her I said why do not you hold the baby this way exactly how it is written everywhere. And when she was trying to breastfeed, baby refused to latch, refuse to latch we tried half an hour, I told her exactly C shape hold, do this do that.

And baby refused to latch. And then we were almost in tears actually, working on this for 5 years. And then when she tried to, then I told mother I said that look what we can do, you

hold the baby and I will try to direct breast in the mouth. I will try to hold the breast and I will basically kind of contour it in a way so it becomes easier for baby to latch on.

(Refer Slide Time: 04:08)



So, while she was holding it, so normally we were told the C shape, just by intuition or just by the sixth sense, when baby opened about, immediately instead of doing a C shape I just held up because I was looking from top, and I held the breast from top and I pressed it, as soon as I did that baby kind of latched on, beautifully.

And I was like, for a second, I thought that I made a mistake, because normally I tell mothers no, no do C shape, C shape hold. And here, I as soon as baby opened the mouth, I did the U shaped, from the top. And I immediately went on the internet because it was like an 'aha moment'. And I went through so many kind of YouTube videos.

And nobody showed U shape, everybody was doing traditional hold and this and that, but I came across one video where one of the nurse, in fact, she was a neurobiologist from Stanford University, and she was showing mothers kind of cross cradle hold with holding the breast in the U shape, not from the top, but from the bottom.

And it just I said it occurred to me that what was happening was that when baby was opening the mouth, what basically had to do is to put my fingers parallel to baby's lips, so it could contour and it was easy for baby to latch on, and baby immediately kept quiet started sucking and that is how basically this different holding of breast and also way to hold the baby also kind of we learnt over period of time.

And that is when we started seeing good results. And since then, our weight gain has been remarkable, almost 1.1 to 1.2. In fact, sometime we see 1.5 to 1.6 kg weight gain per month, so this was my little story that how we came, we started kind of improvising this cross cradle technique.

Cross cradle means you hold the baby from the opposite end, opposite hand, and you latch the baby on. So that is what I am going to explain. And again, over a period of time, we know, we figured out what points were very, very important for mothers to understand. And once we taught techniques, as well as those counselling points, we started seeing results.

So today, my first part is going to be basically just 45 points of counselling, which is one of the most important aspect of this to tie off this session and of course, the whole course. So, if you can really understand the technicality of cross cradle hold in 45 points, 90 percent of your problems will be solved, 90 percent of the time. So, do kind of listen to this very carefully, watch it.

And then practically, you can just buy a doll and make her breast model at home and you can, practice it on, of course, the model. But also kind of help any mothers in your family who are just delivered or teach any pregnant mothers, when the baby's born, you practice on mother and the baby, because more you practice on the live baby and the mother more efficient you will become.

So, let us start with the first point. Of course, this is part one, and we are going to talk about, I will be including part 1, part 2, part 3, it is basically a continuous process, and I will make it as elaborate as possible and also as simple as possible. So, let us start with cross cradle hold and 45 points of counselling.

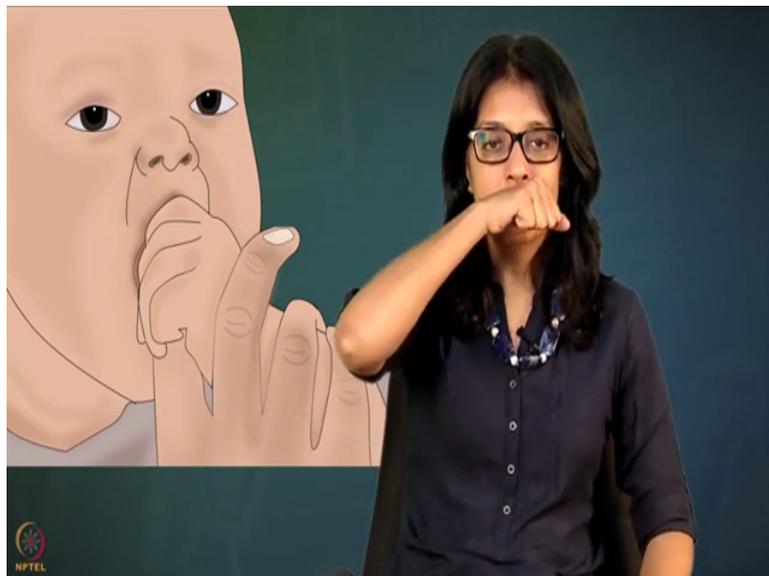
Now, first thing that we want to remember, we are always we have this thing in our mind that when is baby ready to breastfeed. And most of the time mothers feel that, oh, when baby cries, that is when baby's ready to breastfeed. One point you want to remember, by the time baby cries, it is already too late. So, please do not wait for baby to cry. You, what you can do is to understand those early hunger cues so early hunger cues.

(Refer Slide Time: 09:32)



So, what are those early hunger cues in newborn babies or babies who are small, 2 months, under 2 months of age is basically they will first thing they will do is they will open their eyes, they will kind of squirm, so they will kind of squirm and they will start looking around, they will start looking for a breast, so they will open their mouth and then move around like this, so that is important.

(Refer Slide Time: 09:46)



Second or third point would be basically, what they do is that in mid hunger queue, they put their hand in the mouth, so they will put their hand to mouth. And they will basically kind of salivate and they will become a little bit more kind of squirmy, so they move a lot.

(Refer Slide Time: 10:05)



Third stage, they become very irritable. They become, it is a late cue, and they become very irritable. They start crying and they are very, very, it is very difficult to console them. So, when do you want to breastfeed? You want to breastfeed when they are in early hunger cues. So, in early hunger cues again, they will start squirming.

They will open their mouth and they will start looking for breast. So, that is what is the most important early hunger cues that you want to understand. So, here, now you have a baby, who is small, and suppose baby does not wake up, say within 2 hours or so. Now, again, if the baby's small, and you want to have a catch-up growth, then I do recommend that you should basically wake up the baby after 2 hours gap in the daytime.

So, the way you wake up the baby is basically you remove pretty much all those blankets, you remove cap, you remove mittens, you remove socks, because when the baby's wrapped too many times, they are too comfortable. And sometimes they just do not want to wake up. So, once you remove all that extra clothing, baby does get kind of uncomfortable, and then they wake up.

Second thing, what you want to do, suppose if they are not waking up, even if you remove all the clothes, just with onesie, you can keep it onesie on if it is cold, obviously, you can put one more layer, but do not put too many blankets around the baby, when you are waking up the baby.

(Refer Slide Time: 11:38)





Secondly, what you want to do is to basically make up, make the baby sit. So, what you can do you use make the baby sit on the lap, put your fingers on the jaw, so there is an angle of the jaw, so here is the angle, so you basically put the jaw, put a hand around the jaw, it should not be on the neck, it should be on the jaw. And then and your wrist is basically resting on the chest.

So, the whole body, basically the body is resting on your palm, and the other hand is just basically behind the back of the baby. So, and then you just kind of tilt the baby a little bit forward, when you tilt the baby a little bit forward, what happens is stomach get pressed, so you are in this position. So, this is a perfect position to wake up the baby.

Now, I like this position a lot, even for burping the baby because in U.S. also, in our unit, we used to burp the baby, even small babies we used to burp the baby like this. So, remember to kind of make the baby sit. You see how baby is kind of bend forward a little bit.

(Refer Slide Time: 12:42)





You do not need to pat the baby or you do not need to move your hand, just kind of support a back like this. And in front, it should be like this. Do not hold it too close. Just, it should be just kind of near ears. So, I am holding it near the ears, not on the neck. You do not want to put your fingers on the neck because what happens is in the neck you have arteries, so you do not want to press your neck, baby's neck, that it will cause problems.

So, just on the on the jaw, on the mandible, this is a bone called mandible. So, you want to touch near the mandible. So, now if babies hungry, baby will immediately wake up. The first thing baby does when you put them in a sitting position, they open the eyes, so they open their eyes wide, wide open, and then you kind of stimulate it. And that is when baby kind of is ready to breastfeed.

Make sure that you do not put the baby on the breast, when baby is sleepy, if baby is sleepy, they will just go back to sleep. So, if baby's not waking up, just put the baby back. And again, you can try and within a half an hour or so. Now at night, I do recommend the baby should be breastfeed for at least 3 to 4 times.

Now at night if baby's not waking up after 3 hours, then I would wake up the baby at around say at the end of 3 hours, because you do not want to go too long. Because then again, I see that babies do not put on a good amount of weight. So, that is one important point that I want to discuss. So, now mother's preparation.

(Refer Slide Time: 14:20)



Now, what is Mother's preparation? So, before basically kind of holding the baby or touching the baby, what mother needs to do is to wash her hands. Really, really important because kind of mother has touched so many surfaces, mother has probably change the diaper, mother has done so many other things.

You want to make sure that she has cleaned hands before she touches the baby. So, even before she picks up the baby, unless, I mean remember I talked about the early hunger cue. So that mother, this is just the thought process that mother's going through. So, this was a thought process that I mentioned that she should know when to start feeding the baby.

So, if she feels this is a time to feed the baby to wake up the baby or baby squirming the first thing she does is wash her hands so before she touches the baby, tell her to wash your hands with soap and water, a little warm water, she has access to warm water that would be great if she does not have access to warm water then it is fine too.

So, use soap and water, wash your hands, and then tell her to drink one glass of water, so that is about 8 ounces, 240, 250 ml of water. Now, this water has to be clean, so if you have access to filter water of course that is the most preferable one but if you do not have filter water, what you can do is to just kind of tell mother to boil water.

And then just keep it at a room temperature and then so boiled in kind of room temperature water that she should have it immediately before breastfeeding. Now, why this is important because as that mothers get very busy and when she has a small baby, she has to feed every hour and a half two hours, then she may have to do some work at home, she may have other children.

Lot of time what happens she forgets to take care of herself and here in this situation when she is probably getting 750 to 850 ml of milk and sometime if babies catching up then they she will get even 1 to 1 and a half litre of milk. So, if the latch is good the weight gain is so good that definitely mother gets more than 1 litre of milk. And if you have twins then she will probably get 1 and a half litres of milk.

So, in that scenario even with singleton baby I do recommend mother should sit down relax and drink some water because she drinks her water what is going to do is she it is going to relax her, plus it will hydrate her because as I mentioned they get so kind of worked up that they forget to drink water, they forget to eat their food, mothers they get mad really, new mothers even worse.

So, just make sure that you mentioned to her counsel her, relax, drink water, one glass of water, take a deep breath, think about good things because it oxytocin release. This is a hormone which releases your milk from breast, it releases milk. So, that for release of it is called let-down reflex. For that let-down reflex, you need a hormone called oxytocin. Oxytocin is also called love hormone.

And you need to have that relaxation. That is when Mother will feel loved; she will have this kind of motherly feeling. And immediately she will relax and the milk will come out. So, for that also, I recommend just tell her to relax, think of some good things, think of, if she wants you to listen to some light music if she has access to or do not be on phone, keep that TV away, not all those a lot of activity surrounding her.

So, there we are, now she drank water. Now, what she has to do, she has to basically pick up the baby. So, if she suppose baby's sleeping on the bed. Of course, I do recommend that if mother can sleep on the floor with the baby. That would be great because last time when the baby's sleeping on the bed, there is a risk of rolling down.

So I personally do recommend that when the baby's small, it is better to kind of be on the floor, on the bed much better. So now she is sitting down. She has a baby next to her. So, first thing that obviously baby is right there. So, she does not need to walk and get the baby. But if baby say in the crib or say in the jhula, she will have to bring the baby.

She will have to kind of put the baby next to her while she is preparing to breastfeed. But remember, she has to touch the baby only while after washing her hands and drinking some water. So, now you are I have got the baby out of jhula, and I am ready to breastfeed on my bed. So, I am going to put the baby in front of me, and I am going to prepare myself. The way I am going to prepare myself is first I am going to find a comfortable position to sit.

So, if it is a bed, then I can sit on the bed, I have to make sure that I have a pillow behind my back, if I do not have a pillow, at least I need to have a wall or board of bed, where I can rest. Pillow will be great because that will kind of give me comfort on my back. Say for example, I am a mother. So, and then mother, another thing, what I want to do is I want to kind of relax, kind of fold my legs, if I am sitting on the chair, then I can put my legs down.

But I want to make sure there is a support on my, under my feet, because the feet needs to be supported. If it is dangling in the air, it would be very uncomfortable for the mother. So, make sure that we have our support under the feet. So, here I am ready to breastfeed. Here,

I am sitting down with my legs folded with back supported, back straight very important that you keep your back straight, it should not be drooping down, it should not be very kind of stressed, just relax, and then just prepare yourself.

(Refer Slide Time: 20:19)



Now, next point would be to open clothes. So, one thing which is very, very crucial, most of the mothers that we see, they have this habit of wearing bra and shirt, which are basically not front open. Lot of time, they were a kurti, but then they just lift up the kurti and lift up the bra. So, what happens like, for example, I am going to show you on this breast model.

(Refer Slide Time: 20:46)



So here is the breast model and what is happening is mother is kind of lifting up the bra. So, now that tight bra is sitting on the breast, it is basically kind of denting on the breast, what is happening when you have something which is pressing on the breast. So, here we have basically kind of milk is formed in the alveoli over here and then make is kind of flowing out or kind of getting collected in the collecting duct.

So, when you have something pressing on the collecting duct, duct means like a canal, where the milk is coming out. And if something is pressing on the duct, what will happen the milk will form but it is not flowing out. So, now the milk will continue to form in that kind of round cells, I mean, I am not going to use too many of these medical terms because I know many of you are not medical doctors or nurses.

So, again, when the milk is forming and that milk flow does not have a proper kind of a way to come out then milk will continue to form and then it will become bigger and bigger and that area will become inflamed, it will become red because that milk is not flowing out it just collecting in one space. Now, what will happen mother will kind of feel the swelling in the breast.

And then if suppose that swelling is not relieved, then what will happen, eventually the infection is set in, once the infection sets in, then they develop breast abscess and once a breast abscess develops then obviously, she has to go to surgeon, surgeon will kind of cut the abscess, remove pus from it and it becomes so painful and many times then mothers stop breastfeeding on that side. So, this is another very important point.

And our 45 points we have created this is so that to prevent any complications in the future. So, this is another important point is to tell mothers that not to press anything on the breast, it should not be many tight clothing, it should not be any tight bra if she wants to breastfeed tell her to buy clothes, which has buttons till the navel and she has to remove each and every button.

And then basically make sure that she does not wear bra if possible. But if she even wear bra, if she wears bra, then she can just remove the button and keep it completely open. At least still while she is breastfeeding, at that for say 30 minutes, 40 minutes when she is breastfeeding. Tell her to just remove, it is much easier to do that, then she will not develop any of this complication.

(Refer Slide Time: 23:31)





So, now she is prepared, she is removed her breasts, she is opened her breast, nothing is pressing on the breast. Now, she is going to take the baby. So, here it is, that here she is going to take the baby, and then she is going to, kind of remove all the clothes and just keep one onsie, or just one pair of cloth.

If it is cold and of course, second layer is fine, cap is also okay, but I prefer that while mother is latching the baby at least well, she is learning how to latch, remove the cap because it will be much easier for her to kind of hold a baby and learn how to latch the baby or how to position the baby. So, that is really important.

So again, remove all the blankets, remove cap, and then wake up the baby by putting the baby in a sitting position, kind of hold it little bit forward. And then now she is ready. So, now what she is going to do, so here is the baby. I am going to, firstly thing I am going to

do. Now, remember that baby does not have neck control in first two months of age, so she will have to continue holding the head, so that she baby does not have a wobbly neck.

So, here is what she is going to do, she is going to basically hold the baby from the back. And then here, she is going to support with her elbow joint, and immediately hold it like this. Now, I am going to discuss this. This is called positioning of the baby, because mother is now ready to breastfeed. So, mother's preparation is done.

Now, what she is doing, she is now positioning the baby because this is very important aspect because here now what are we doing, we are landing the baby to be ready to breastfed. So, this is called landing the baby, also called positioning of the baby. So, now this is the cross-cradle hold.

(Refer Slide Time: 25:39)





In cross-cradle hold what happens, suppose I am going to breastfeed from left side, that means this hand is going to be open. But I am going to hold the baby with the opposite hand. This is called cross cradle. So, the hand which is crossed to the breast that I am going to breastfeed from, I am holding the baby from that side.

That is why it is called cross cradle. So now firstly, what I am going to do, I am going to put this baby's legs under my armpit, it should be really kind of embedded, make sure that it is held tight, because normally what happens if it is not held tight, what happens baby keeps slipping. When baby keeps slipping, then it becomes very difficult for baby to latch on just by mouth.

So, to have a good latch, latch means mouth hold, is like holding the breast with the mouth. so for that to have a good holding of breast by baby's mouth, you want to have a perfect position, if there is a perfect position, it will be very easy for mother to latch the baby, it will be very easy for baby to get the milk transfer.

So, first thing you want to do is you lift the legs up under the armpit, and you basically what you can do is to put baby's hip a little bit on elbow joint. So, this is what you want to do is put the elbow joint just at the angle of the elbow, so here this is ready and make sure that both the legs are held properly.

Now, look at the position of the baby. Now, position of the baby's absolutely horizontal. You see this is absolutely horizontal, lot of time when I see mothers, they do this. Now, this is not horizontal, this is diagonal. So, you do not want to diagonal baby, you want to have absolutely horizontal position. Here, what am I doing now look at this.

(Refer Slide Time: 27:26)





Now, there are four important points of positioning. Remember that it is WHO for positioning point, one is that baby should be in a straight line. So, do you see baby is completely straight line. What do you mean straight line? Straight line means the neck, I mean the ears, so here is the ears, here is the ears then your shoulder and your hip, they all are in the straight line.

(Refer Slide Time: 27:50)





So here in this position, suppose this is a straight baby this is a straight baby. So here in straight baby what is happening, ears, shoulder joint and your hip joint is in the straight line.

(Refer Slide Time: 28:05)





So, exactly when I put this baby like this, so same thing, ears, shoulder joint, the shoulder joint and your hip joint on the straight line. So, this is what I mean by straight line. Many times, what happens babies are put like this. Now imagine you are eating food. And if you putting your head sideways and you are eating, you will not be able to swallow, you will not be able to eat but when you see many mothers, they breastfeed the baby like this.

So, the shoulders are on the side. So, the position is like this. Ears is in front, shoulders on side, and the hip is on the side. And this is how so many mothers breastfeed. So, if you now look at any mother, immediately, you should look at it, whether it is in a straight line or not. So, this is how many mothers breastfeed, it is so common, and that is why so many mothers, they cannot even, babies cannot even breastfeed, it is like, we cannot eat like this sideways, we have to keep our body straight.

(Refer Slide Time: 29:06)





Similarly, same thing happens to you make sure that baby is in straight line. So, here baby is in straight line now. Now, if I bend it backward, there you go, this is this straight line of baby's body. One more time, ears, shoulder joint, and your hip joint straight line. Now, what is happening, so now baby's in a straight line. Now there should be full body support.

Imagine, when you eating, imagine that you eating adults are eating and you are hanging in the air, you will not be able to swallow, you will not be able to eat, it is going to very scary situation where you do not have support. What support do we have? We have gravity support. So, when you have a gravity support, basically you sit, you can sit properly, and you can eat well.

Similarly, here, baby is against the gravity means if you do not hold the baby, baby will immediately fall.

(Refer Slide Time: 30:08)



So, in this position, you want to make sure that you hold the baby full body support is extremely important. So, what you can do full body support, look, the legs are supported, the hip is supported, and back is supported with my hand and the neck, neck, just back part of the head is supported also. So, this is important that keep the body full body support is extremely important. So, that is your second point.

(Refer Slide Time: 30:37)



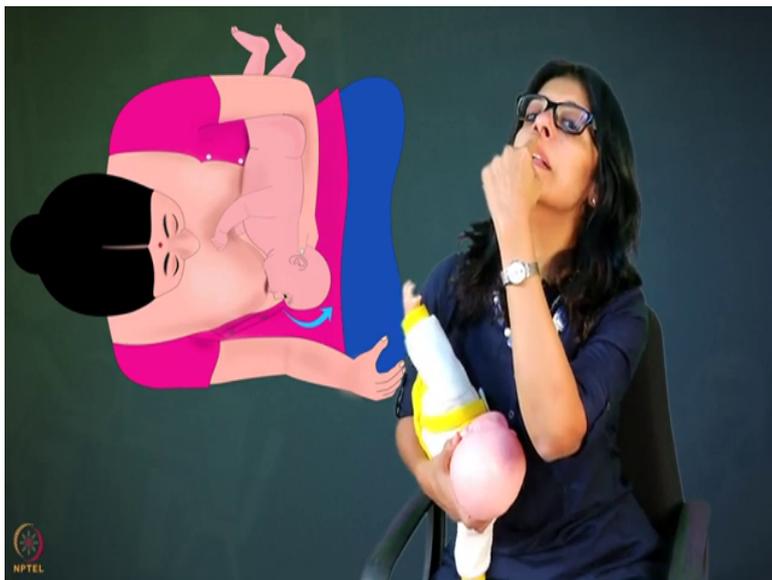
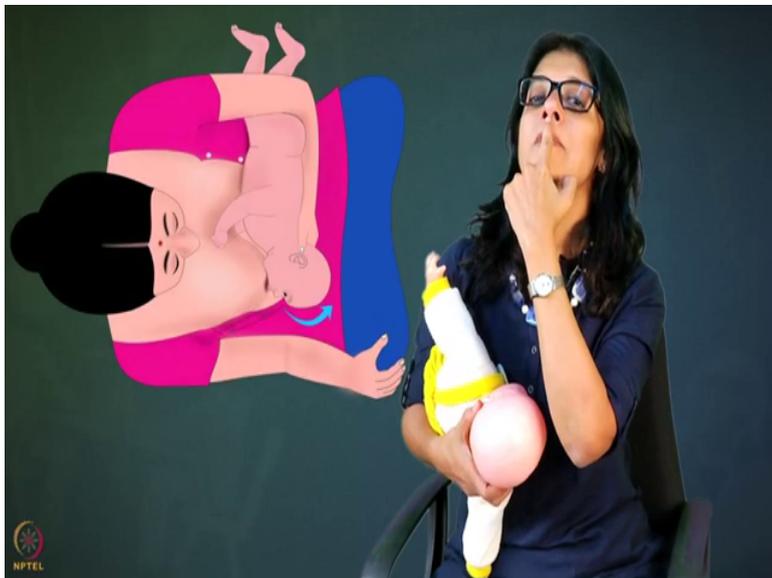


So, one more point in positioning is like when you bring the baby, to the breast. So, we already spoke about straight line, tummy to tummy or chest to chest, and then nose to nipple, I would say nare to nipple. One more thing you want to make sure that many times mother has this habit of kind of drooping forward, so kind of tell mother not to bend forward.

Lot of time what happens is maybe it is kind of on the pillow, and she is bending forward, what she has to do, she has to sit straight and bring baby up, so that is important that is to bring baby up, do not droop down, do not kind of stoop down. Second thing is, when you are holding the baby, this where you hold the baby from head is very important.

(Refer Slide Time: 31:27)





Many times, what mothers do, they hold the baby like this, this is not the way to hold because what happens when you press the head like this, again, the neck will get bent forward. So, you do not want to have a neck forward like this, you want to have a neck backward. So, the way you hold it, you want to kind of, see there is there are two bones over here. So, you want to basically, mastoid bone they are called.

So, you basically touch or hold on the mastoid bone, and then put your fingers just around it not on the back of the head. And then you kind of bring the baby nare to nose, nare to nose, why nare to nose so that your neck is bent forward. If you bring nose to nipple, what happens basically your head would be straight, your neck would be straight, you want to bend it a little bit backwards.

So, you bring the neck, maybe a little bit downward, so that way when I open the mouth, that is when the lower part of the areola go into the mouth. I will again discuss it, why that nare to nipple is very important because that is called landing of the baby.

(Refer Slide Time: 32:37)





Third point, you keep the baby so close to the mother, you tell mother that keep the baby is kind of chest close to mother's chest. Because if babies close to mother's chest, it will be so much easier for baby to latch on well, because if babies too far, like for example, if the neck is twisted, then what will happen? The chest is facing up, it should not be facing up, it should be facing the mother. So, baby should be extremely close to the mother. And this is how basically they will come.

(Refer Slide Time: 33:13)



Now, the fourth point of positioning is nose to nipple. Now, that is also again WHO point very, very important nose to nipple, but when you bring the baby to the nipple, you want to make sure that nose is kind of it is nare to nipple. Now, what is this nare nipple? nare to nipple is what you can do is, suppose for example, you are bringing the baby to the breast, to the nipple, then the nose, the nare of the nose is facing the nipple.

So that is very important. I will talk about it later why it is important. So, here, for example, I am going to show you again.

(Refer Slide Time: 33:51)



So, in this position, baby's neck is extended, and baby's facing the breast directly. But he is not facing up like this, make sure that baby's face is not looking at the mother. Again, when we are eating food, we always look at the dish, we do not look up, we look up when we eat, we always look in the plate. So, mother's, baby's plate is mother's breast. So, let baby look directly at the breast.

And then you look, you ask but the baby to look up, no, you cannot ask baby. But just basically what you want to do is you lift a baby's neck backward. Now, why is it important to lift up the baby a little bit backward? Does anybody, I am going to explain to you why it is important to kind of lift baby's neck backward.

This is because what happens is while you are drinking water, so when you drink water, remember that we always kind of lift up our neck a little bit, and then drink water. So, if you have a bottle, you always kind of lift up your neck, and then drink water. When we, if we have water and if we cannot say put our head forward, we will not be able to swallow. This is really, really important. Because if we do not do that, we will be able to, if we do not extend our neck, then we will not be able to swallow.

(Refer Slide Time: 35:18)







Similarly, when you bringing the baby to breastfeed, it is important that we extend the neck backward. So, here it is extend the neck backward. And this is how it should be. Do you see? And make sure that the nare of the nose is in the line of nipple, if it goes too high up, like if it is coming too high up like this, what will happen, then baby will have to bend forward to breastfeed. So do not bring the baby to higher, bring it baby a little bit lower.

So, we have to extend her neck. So, in this position, you pull the baby's leg a little bit downwards, towards the other side, so baby will be able to extend neck, you will have to help baby to extend the neck and then to reach out, basically, baby will kind of latch on. So, this was the two parts that we talked about. First part was mother's position, or mother's readiness. Second thing is baby's position.

So, this is where we complete our first part of how to position the baby to the breast. Thank you so much.