

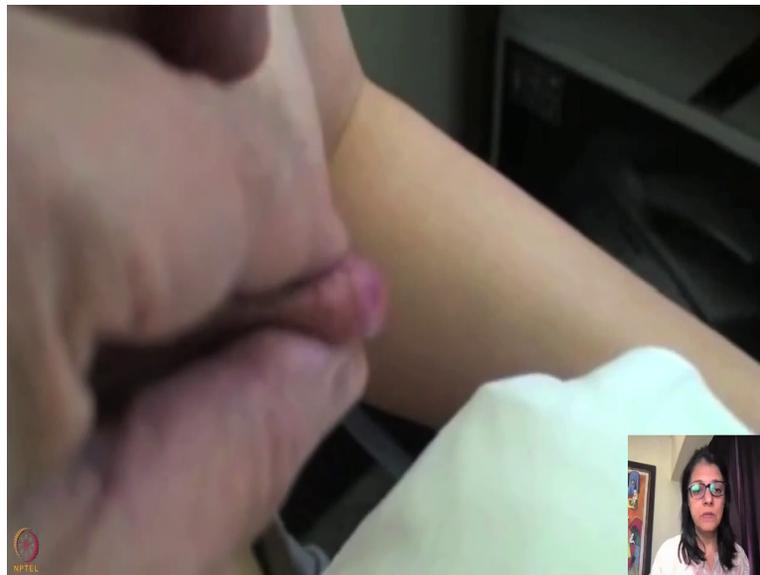
Introduction to Maternal Infant Young Children Nutrition
Prof. Rupal Dalal
Department of Biological Science
Health and Nutrition
Indian Institute of Technology, Bombay

Lecture - 30
Session - 6

Live Videos of Positioning & Latching

Hello, everyone. So, this is another important session in which I am going to take you through how babies latched in a live mode. So, I am going to show you some video clips. So, that way you obviously, I taught you on breast model and the doll, but I also wanted to kind of teach you all exactly how baby latches on I think on real babies actually.

(Refer Slide Time: 00:46)





So, here is the first one. Here I want to show you what happens when the baby latches on the nipple, versus what happens when the baby latches on the areola, really good video, you are seeing here, basically, the pressure is only on the nipple, hardly any milk comes and here the pressure is coming on areola.

So, obviously, you can see the amount of milk which is passing on is much more the milk transfer is much more. This is a very powerful video and what I have experienced in all these areas that I work in, that predominantly mothers are latching on baby are just on nipple. So, that nipple latch is not doing good to milk transfer.

So, we have to really kind of work hard on getting the lower areola latch, because with lower areola latch what will happen, the baby will press on with the lower jaw, those ducts which are present beneath the areola, and then immediately, you will start seeing good weight gain just in a couple of days once all that milk starts coming in, you will just start seeing amazing weight gain.

And here, even in U.S., I have seen by day three day four children are gaining almost 40 to 50 grams a day so, and obviously, because here in India, I work in the community. So, by the time baby comes home, and then we train mothers, of course, many mothers are taught during pregnancy club, but when they come back, we start training them again on the live baby.

So, it takes a little more time and effort. But if you have access to pregnant mothers start training them on deep attachment of lower areola right from last trimester because that will really help

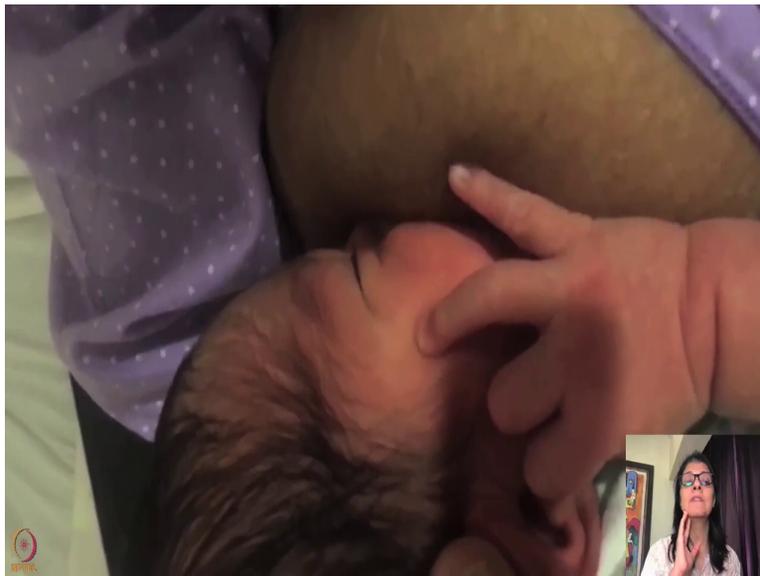
them to kind of do well when the baby is born. And you will not see a lot of weight loss even in low birth babies say up to 2000 gram they gained really good amount of weight.

So, focus on the lower areola latch big mouth, at least I would say 120 degree minimum that is what our experience has been. And then just have that deep attachment and very, basically make sure that you bring the baby very close to the breast. So, the lips and the chin are not visible. So, that is what I recommend.

(Refer Slide Time: 03:12)







Now, this is another video where basically here doctor is helping the mother, of course, look at doctors kind of fingers, she has put her fingers parallel to baby's lips, of course, the U is coming from talk because doctors helping. So, it is much easier for a doctor to kind of press U shape from the top.

When the baby was coming on the breast, you could see that the there was a good extension of the neck. So, that neck was extended very well. Now, in this what I would have done and if you look at the nipple, nipple is retractile. So, that nipple was even the nipple retractile baby has such beautiful attachment, I would at least check one more time over here say near the lower lip now would have pressed it to make sure that a good amount of areola.

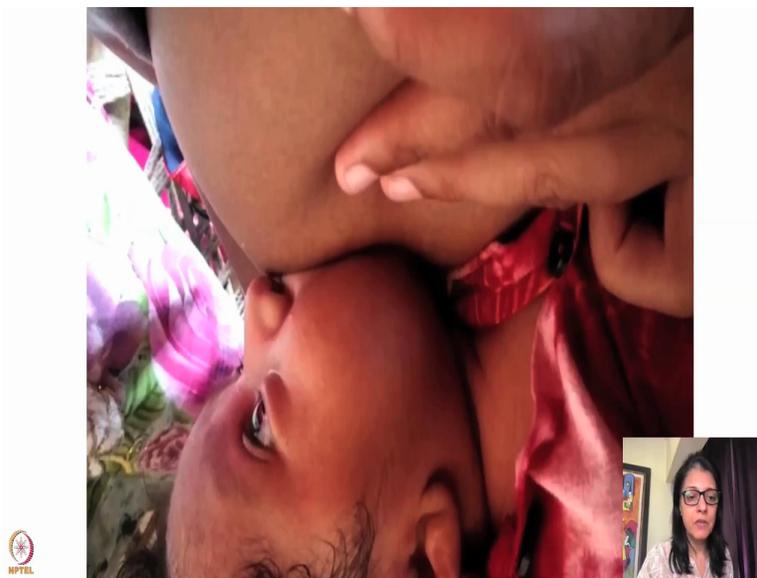
It looks definitely it shows a good amount of and you can see that hardly lips are not visible, chin is not visible. So, babies really kind of good as good deep attachment. Babies already kind of here again look at it. So, what doctor is doing is creating a bite and in that bite over here near thumb basically so this particular bite will go in baby mouth so there is a good amount of lower areola going in the mouth. So, I am going to show you one more time.

Look at the nipple is kind of retractile so you do not need to use nipple shield. You do not need to use anything that. Again, one more thing see how they are waiting for baby to open the mouth. So, once baby opens a big mouth. Look at that beautiful. So, please understand that do not use nipple shield, you do not need it. Just make a bite, make a bite in a way, make sure your fingers are parallel to baby lips and they all latch beautiful of course, it is lot of effort.

Here doctor is helping, I would recommend that mother should take this baby in cross cradle hold she should try it from underneath. Because eventually after going home she is going to do it is not the doctor or whoever. So, make sure that you send the mother home only after she understand how to hold a baby, how to press the breast, how to latch the baby, because unless you do that, you cannot send the baby home this baby then, if latching is not good, and if mother cannot breastfeed and you do not expect mother to get rid of nipple shield and learn this.

You teach them as lactation consultant as expert, you teach mother how to hold a breast. Even if there is a retractile and flat nipple, and you teach mother how to check the latch, you do not you would cannot take a short cut of putting a nipple shield in the hospital and then expect mother to take out the nipple shield and learn on her own that is a shortcut. So that is a big no.

(Refer Slide Time: 06:27)



So, let us see the other one. Here, I want to show you some pros and cons also of lot of positions and this thing. So, here what is happening, the position of the baby, so when you are observing, you want to look at the position of the baby. So, in this the position of the baby is not good, look at the ears, the shoulder joint should have been here in the line with your pinna, with your ears, but here the shoulder joint is here in the back, that means the body is too stiff.

So, this position is so I this is a wrong position, what I would do is to just basically rotate the body so that the shoulder joint would be here somewhere. The body is completely should be

facing the breast, or the mother's chest. So that is important. One more time, look at this, the body is just stiff. So, before I even look at the latch, I would look at the position of the baby.

The position of the baby is not good that baby will have difficulty in swallowing. So, hear what again, my healthcare worker is doing is kind of pressing it on the breast to look at the latch. So, here, this is the examination of the latch that they are looking at.

(Refer Slide Time: 07:38)

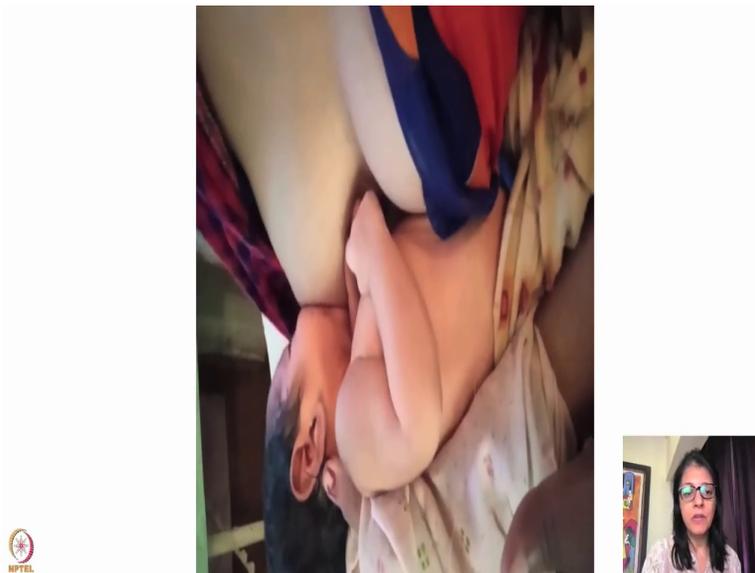


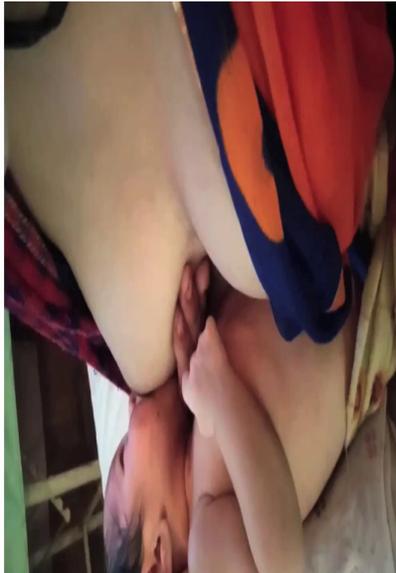
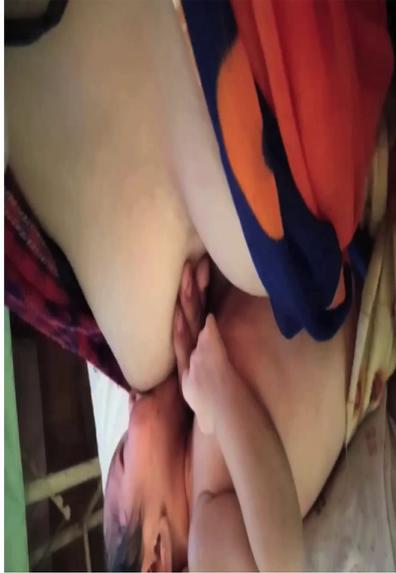
So, let us another one. This is another very good video. So, here you can see the lower areola in the mouth. It is pretty much look at the border, the lower lip is at the border after areola is outside. But the problem is you can see still there is little bit of dimpling happening. This was because even the lower areola latch was there baby was too far from the breast. So again, I am going to show you the good amount of areola is there.

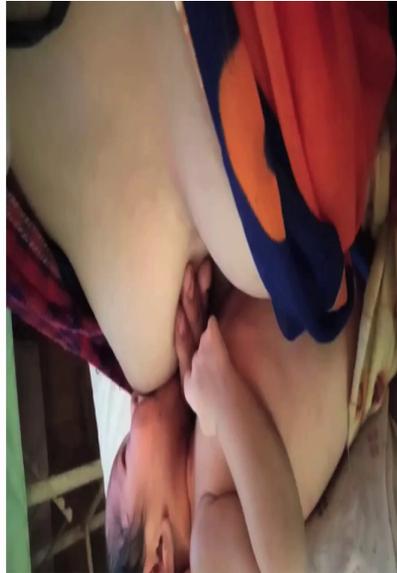
Just because you can see a little bit of kind of cheeks going inside and that is why remember I told you in my kind of presentation, that there are three reasons why children get a little bit of kind of dimpling or cheeks do not kind of pull up is one is nipple latch, second is upper areola latch. Third is your baby is too far from the breast. So, in this immediately the correction was done.

Good amount of lower areola latch after upper areola is outside. Good size mouth, I would have prefer little bit bigger, but this is because babies too far. So, when you bring the baby to close, very close, immediately the mouth opens up because then more amount of areola is going into the mouth. So, it opens up. So, lot of time just remember, it is not just the chin, which should be embedded into the breast, but also the lips, lips should not be visible.

(Refer Slide Time: 09:16)







Let us, see this one. This is another very good video. Now here again, just have a look. What I recommend this mother the way she is holding the U shape. It is not correct because it is too close to baby's chin and that will block baby's jaw moment. So, I would put this kind of fingers a little bit down, but you also saw that the body was rotated.

So, when the body was rotated, obviously that baby's chest was kind of further away from mother's chest. So, what a health care worker did basically push the baby, rotated the baby more towards the mother. Third point which is kind of negative in this is look at baby's neck, baby's neck is kind of bent forward.

This is because what has happened that babies brought with directly with the nose kind of higher up than the nipple, then bringing the nose lower than the nipple or in the line where the nipple. So, here what is happening because the nose is higher up than the nipple, a baby has to kind of bend forward. So, here, look at this, this is neck is bent forward.

So, in this case, what I would do is to bring this baby, pull this baby more towards the other breast, so that baby has to reach to the breast, so here are a few things I would do, I would delatch the baby, I would tell mother to hold the breast properly, look at this here, babies, mothers fingers are coming in the way this is not how it should be.

You should not have the full finger on the breast, it should be only tip of the finger, not the whole, not holding the whole breast with the whole finger, but just a tip. So, that way your

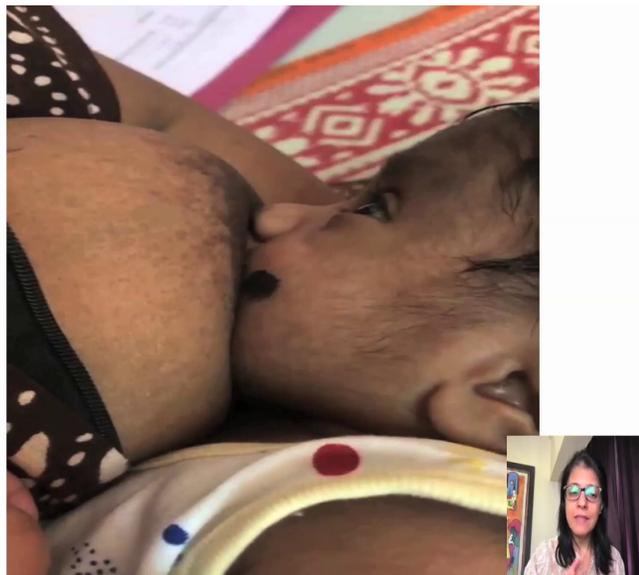
fingers do not come in the way. Then I would bring the baby so that the nose, the nare of the nose is in the line with the nipple and then I would basically wait for baby to open the big mouth.

I would extend the neck a little bit and then bring rotate this body completely towards the mother. So, again, I am going to show you one more time and she, once you did that, you saw the lips and the chin, it has gone completely embedded. But even in this situation, I would examine the latch, and I would look at the latch to see if good amount of lower areola has gone in the mouth and the baby's mouth is at least 120 degrees.

One more thing I would do is to once baby latches on very well, mother does not have to keep holding the breast mother can immediately remove the hand from the breast and bring that hand around the baby. So, that is important that, you do not need to keep holding the breast. Yes, if the breast is very heavy, if it keeps slipping from the breast and what she you can do, as I told you in my previous session to bring the hand out and then support that breast with the elbow joint.

So, you can do that. But otherwise you do not need to keep holding the breast, make sure that the cross cradle position that hold should not come off. So that hands should not come off the neck. So that is important.

(Refer Slide Time: 12:54)





Now here is another one, this is a cross cradle hold, look at the extension of the neck. Now what they doing is to examining the latch. So, look at the lower lip, it is at the border of areola upper areola is completely outside. So, this is examination of the latch. Extremely important not only you have to examine, but you have to teach mother how she should examine herself to look at the latch every time.

That she needs just maybe first two, three weeks because she has to know how the latch should be. What I am looking an in the latch, the size of the mouth, like the opening of the mouth so 120 degree minimum, then I am also looking at the lower lip at the border. If the areola is very small, then I recommend to have the lower lip at the breast and again, looking also looking at if the lower lip is kind of curl outward or not. And also we do not want to see lips and chin at all.

So, once you finish checking the latch, you just tell mother to push the baby more into the breast. So, that we do not see lips and chin at all.

(Refer Slide Time: 14:15)



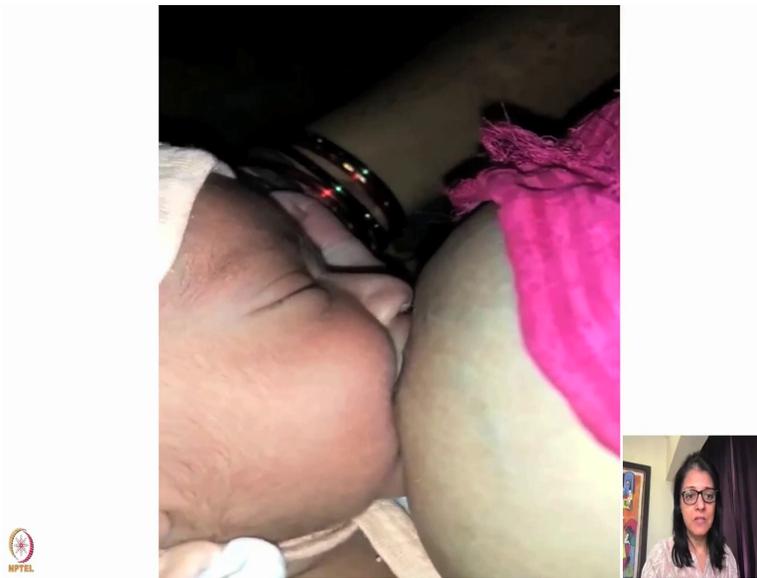
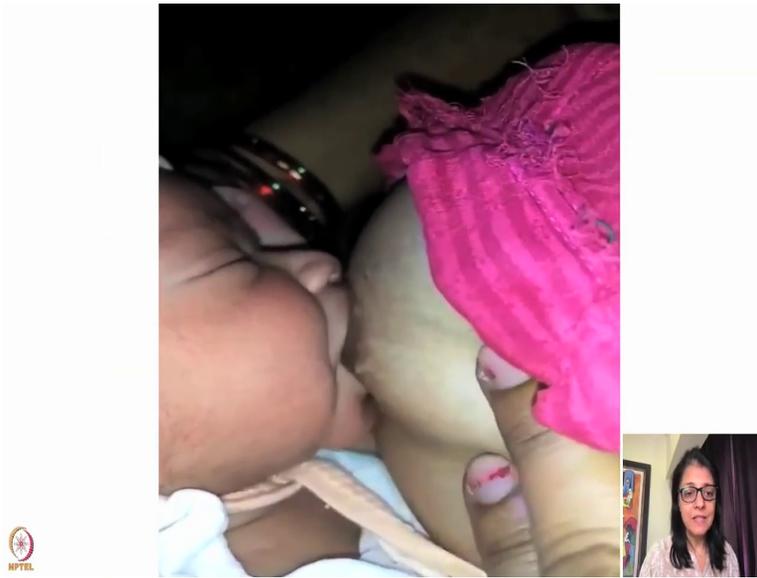


This is a side-line hold. So, here look at the neck of the baby is extended beautifully that means babies kind of pull a little bit downward. So, the baby has to extend the neck to reach the breast and one more time look at this. Now, what I do in this case I would teach the mother, I would tell mother to kind of completely rotate towards the baby.

And then with this hand, I would ask mother to hold the baby even closer, so that lips and chin are not visible, and then she can breastfeed. So, that, I mean, obviously, we want to teach mothers and we want to do everything, but before she goes home, you want to make sure that mother is doing everything, you are just examining, and watching and seeing her whether she is doing correctly or not.

Because if we keep doing and we have this habit, once we get into this T training mode, we want to keep holding the baby, we want to hold the breast, we want to do everything. But of course, while you are learning, you can do all that stuff. But once you want to empower mother. So, make sure that everything mother knows what to do, so that she can do it after going home.

(Refer Slide Time: 16:04)



So here is another one. Again, this is examination of the latch, looking at look at the extension of the neck, beautiful extension of the neck, I would still recommend a little bit more extension, if possible, but again, see, because areola small than both the upper and lower areola and lower areola is in the mouth. But I would still prefer to bring this baby down little bit, and have the upper lip just at the upper border of nipple.

Because see here, if you look at it, this upper part of areola is not moving at all you see. This upper part is not moving at, basically what babies doing is babies trying to press the lower areola

with lower jaw, so the amount of areola which is near the lower jaw, if we can give access to that to the baby, there be lot of pressure.

(Refer Slide Time: 17:00)



So, let us see the other one. So, there are few issues in this I want to show you some positive and some negatives in this video, so that you understand where the issues come. So, here, if you look at it, basically, if you look at the mouth, it is about 90 degree, so mouth is not very big, it should be a little bit bigger than that, but what is happened, that look at the so here is your angle of the jaw, angle of the mouth.

And look at the upper areola going in the mouth, huge amount of upper areola going into the mouth, the lower areola is like very little amount lower areola is going in the mouth. So, what I would do and also the neck is little bit flexed. So if you look at neck is little bit kind of bending forward. So in this position, what I would do, I would bring the baby I would not remove the latch so much.

And also another thing what I am going to do, you can see is the lips are visible, chin is visible I that means baby is too far. So, in this position what I do is I would just pull the baby towards other breast or pull it pull the baby down towards other breast. So, that baby is kind of angle shift, and then then you push the baby more into the breast, so automatically more areola will go in the mouth, and then mouth will open up.

So, I would not de-latch this baby I would not remove the latch and then re-latch again, I would just basically kind of adjust the position of the baby, so that there is more of extension of the neck and more of the lower areola going in the mouth. So, here look at this look at the, it is basically predominantly babies just look at the dimple, do you see the dimple?

This dimple is happening again, because of the upper areola is more there in the mouth and the baby is too far, see there is no fullness of do you see this. This is called a dimple, if you see dimpling there is definitely a issue, you need to work on the problem that why baby is having dimple, fix it and you will see the results.

(Refer Slide Time: 19:05)

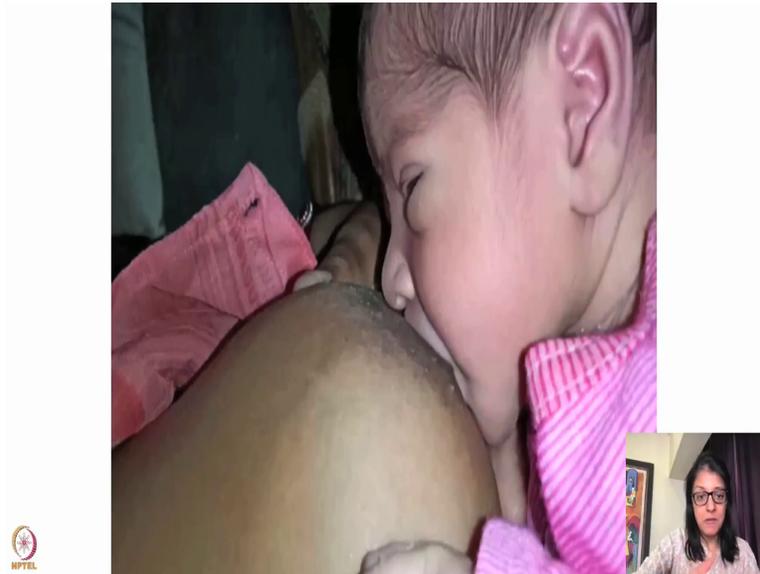


So, here is another one. This is babies coming from the top. Look at the mouth, look at the sides. Look at this beautiful more than 120 degrees but still there is a dimple do you see over here. There is a dimple. Why? Again, because more of the upper areola in the mouth. So, what I would do and look at the neck of the baby's neck of the baby is flexed it is flexed like this.

Baby will not be able to swallow for too long. Try to flex your neck, try to put your neck forward and drink water you will have one or two sips and you will get tired. So, here also trying to make sure that the neck is not flexed. So, even in a breast crawl, try to keep the head of the baby lower than the breast. So, that baby tries to reach and have a little bit of extension.

So, one more time look at this and as because baby is too high up, the nose is getting pressed. If baby was lower than that, the neck would have been expanded and the nose would have been free.

(Refer Slide Time: 20:14)



Here another one so here basically good amount of lower areola is there only the neck neck is slight bend forward, so I would pull the baby little down, but your lips and chin are visible. So, in this case, what I would do is to I would just tell mother to press this baby's more inside the breast, take it more, kind of have a deep attachment, take baby closer, the mouth should be completely embedded into breast and those babies gain a lot of weight.

(Refer Slide Time: 20:59)



Here also you can see, first thing I see is like there is little bit of kind of dimple you see there is not fullness. Because in this case, also what is happened, baby has more of upper areola in the mouthy. See lot more upper areola so it is baby is pushing, as putting the pressure but because lot more upper areola is in the mouth you seeing the dimple, the dimpling is not good.

(Refer Slide Time: 21:33)



What is happening, you can also see again, here also there is a little bit of dimpling, there is no fullness, because again more of upper areola is in the mouth. I would push a little bit more I would in fact pull the baby lower, and I would push the baby more into baby's mother's breasts. Here because I can see lips, I can say chin, I can say everything this is this baby's too far.

That is why baby is kind of see you can see babies kind of making that noise, because baby is hungry, but not getting good amount of milk transfer. So, this is what I would do.

(Refer Slide Time: 22:21)





Here a another very good video. Remember that other hand of the baby should be below the breast, below and upper. Only thing is because breast is not held properly that is why they are having difficulties. You hold the breast properly with both kind of fingers parallel to upper lip and the lower lip then the latch would be very good.

Here, I would still check the latch. So, here once a baby latches on, I will still press it over here and look at the lower areola is in the mouth. Just by looking at it you will not be able to know because many times the baby is very closely attached to the mother. Sometimes the mouth is very small, and they are still sucking on the nipple. But you cannot make out, so you have to examine the latch.

(Refer Slide Time: 23:30)



Here, the of course look at the chest is facing upward. So, the neck is rotated. So I would bring the baby, I would rotate the baby, here this is cradle hold mother is kind of holding in a C shape there is a lot of dimpling on here you can see the dimple of the baby but there is a dimpling over here. So that means latch is not good.

(Refer Slide Time: 24:13)





See the other one this premature babies of course look the babies. This neck is too hyper extended. We do not want so much hyperextension in neck and so you can see more of upper areola going into the mouth. To see when in the mouth is not that, it should be little bigger and you can see the lips and the chin.

So, we need to kind of relatch those babies. Because look at the lower areola is outside the mouth and whole upper areola is in the mouth. So, this baby will not have a good transfer, this baby is only nipple feeding. You can see his mouth is extremely small only 45 degrees. It is just the nipple feeding.

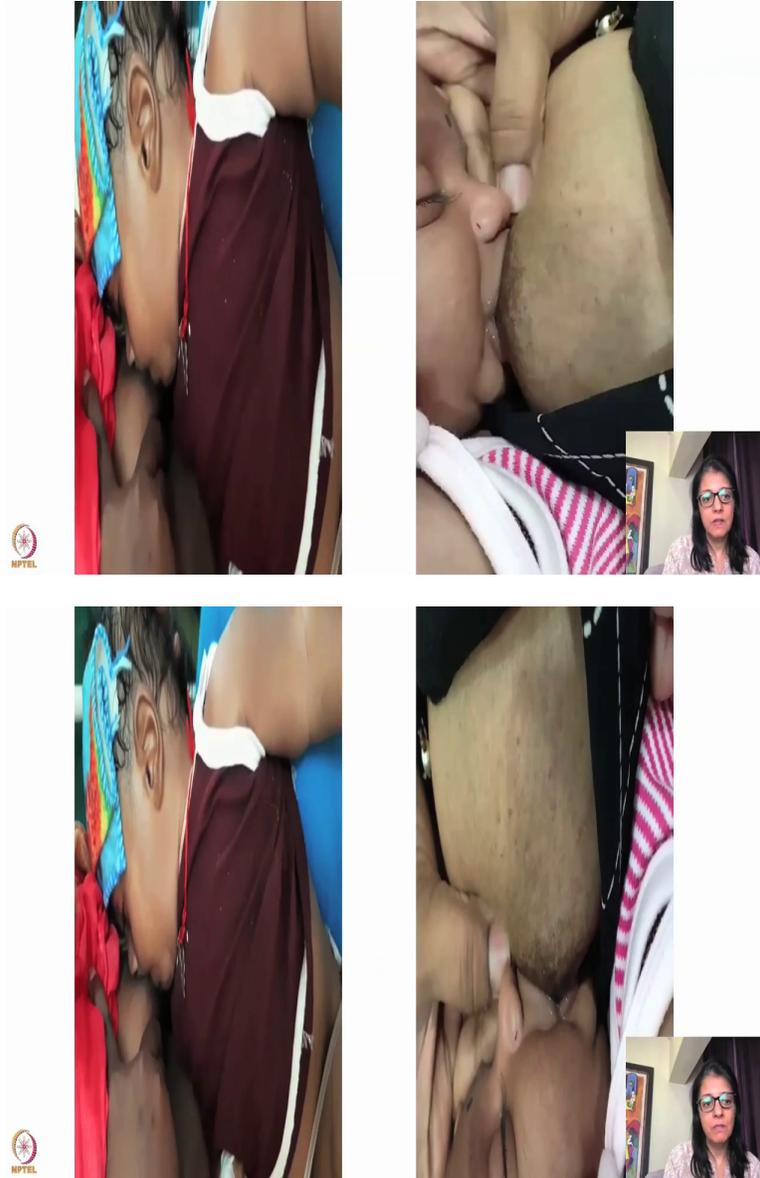
(Refer Slide Time: 25:02)



Here and look at this one, baby's body is twisted, so the chest is facing up, the chest should be facing the mother. Look at this, this hand over here on this other hand of the baby, it is coming in the way. So, this hand should be underneath the breast. Baby should be completely rotated, the neck is also flexed neck is flexed. And you see, it is like the lower areola is pretty much outside, you can see it. And, I would relatch this baby.

So the position is wrong. Latching is not necessarily good, mouth is big. So once you basically kind of put the baby in a proper position and makes sure that the neck should be extended. So, do not bring the baby with nose very high up.

(Refer Slide Time: 25:52)



This is a of course baby is completely rotated. Lower areola is outside upper areola is in the mouth, the position is not good. Here again, more of upper areola in the mouth, Look at the neck of the baby, flexed like this, flex forward, bend forward. So, here the lower areola is outside and upper areola is in the mouth. So, and also the way babies brought it is wrong.

(Refer Slide Time: 26:42)







Here this is a premature baby. This is what I see all the time in the field, mother holds a baby in a cradle hold, no proper neck support, here see the nose is much higher up than in the nipple. Mother is holding the breast incorrectly. What she is doing she is holding her finger not parallel to the lips. Now she is trying put lot more upper areola in the month.

You see how difficult it is for mother to latch the baby because she cannot control the neck. She cannot control the way she holding the breast. She is making breast long. When the breast is long like this, how will you have the lower areola in a mouth? It is like holding a Burger like this, you cannot have anything which you hold you can eat the food like this and have a big bite.

You have to have a finger parallel to lips. So here in this position this fingers are not parallel to lips. Actually, I would put one finger over here right at, another thing is baby's kind of oblique, you do not want to keep the baby diagonal, you keep the baby absolutely straight. So, that the lips are at 9 o'clock position and lower lip at the, look at this is only a nipple going into the mouth. So that is what.

(Refer Slide Time: 28:09)



Here is your another one. Again, same thing, you can see that the lower lip is ending over here, the whole lower areola is outside more of upper areola is in the mouth. Baby's kind of the position is rotated, baby needs to be more closer to the mother and look at where mother is holding the breast. She is holding it, she is making this long.

So, when you have this, it is so longitude, it so long then obviously you will not have you will have only nipple going into the mouth. I would have put that finger over here. But this is again, it is a cradle hold and look at baby's neck. Baby is looking like that. So, again, like that is why I prefer cross cradle hold because in cross cradle hold you can control the neck, you can have the extension of the neck, you can hold the breast correctly with fingers parallel to lips.

Because just the issues that I faced and first five years no wonder I was not getting results because I was showing the same way. So, anyway.

(Refer Slide Time: 29:13)





Here there is one clip I have for cleft lip. To be frank, I am not seen too many cleft lip cleft palate patients, so I do not have much experience in it. But here one of the colleague had shared this video. It is really very nice. This is a saddle horse shape, saddle of the horse. Baby sitting on mother's lap, like in how you sit on the horse, so this called saddle position.

And then what she is doing is basically she is doing perfect, her fingers are parallel to baby lips, see there is beautiful support, neck support and you can see extension of neck. So, what she is doing, she is trying to press the breast and the baby has a hole over there, so she is trying to put that breast in that hole so that baby get a seal.

You need have a seal to create that suction, when you do not have a seal you will not be able to, baby not able to create a suction. So, here with the help of breast she is basically closing the gap and this is a beautiful position of latching.