

A Breastfeeding Teaching Tool Using a Sandwich Analogy for Latch-On

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Abstract

Effective latch-on is central to comfortable, efficient breastfeeding. Since breastfeeding involves taking a large mouthful of an even larger object, a latch-on teaching model based on bottle-feeding or on suction alone may be inappropriate. A model based on the way in which an adult approaches a large sandwich, using a water balloon to demonstrate, can help a mother and baby achieve an effective latch-on for breastfeeding. *J Hum Lact* 1998; 14:51–56.

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Introduction

There is far more information available on *why* women should breastfeed than on exactly *how* to breastfeed. Much of the information mothers gather from observation, and much that is given them as advice, is based on a bottle-feeding model. Largely deprived of learned behaviors, many mothers must then try to nurse babies whose instinctive responses are altered by labor medications and postbirth separation.¹ For some mothers, breastfeeding fails simply because effective latch-on never occurs. A sandwich analogy for the mechanics of latch-on may help, since taking a large bite from a sandwich is something with which most mothers are familiar. Although biting and sucking are very different, there are some ways of approaching a large, fat object that afford a better mouthful than some other ways, whether the mouth then goes on to eat a sandwich or suck at a breast. Because this article discusses a tool to teach latch-on only, the mother will need further information on how to evaluate and maintain effective infant sucking.

The Sandwich Analogy

Breastfeeding dolls and drawings may have a perfectly circular suction-cup mouth, but a breastfeeding

baby does not. In both babies and adults, the maxilla (upper jaw) is fixed; only the mandible (lower jaw) moves. The mandible is the working jaw, whether a person is latching on to a breast or a large sandwich. This similarity between babies and adults can be used to help mothers understand the mechanics of breastfeeding; while the actions of adult chewing and infant sucking are different, both behaviors begin with a big mouthful of an even bigger object.

Imagine eating a large, very thick sandwich. First the hands squeeze it a bit to create more of an oval, the long axis of the oval running corner to corner across the mouth. Fingers and thumbs form a C on each side of the sandwich, with the thumbs well out of the way to allow for a big bite. The bottom side of the sandwich is brought toward the mouth as the mandible—the working jaw drops. The mandible is planted on the bottom of the sandwich, well back where the filling is. Only then is the sandwich swung up to let the prominent but passive maxilla land on top.

The asymmetry of this motion compensates for the different placements and actions of the upper and lower jaws, and results in a larger bite than would be possible with a symmetrical, fully frontal bite. A big bite requires that the sandwich be put *on* the tongue, which is why one cannot take a bite out of a sandwich as round and firm as a soccer ball. Having food pushed *against* the tongue does not allow it to be manipulated by the mandible; the food must land *on* the tongue.

Now imagine a very big, squeezable, stationary, but suspended sandwich. If it is approached from above, the nose burrows in, and only a small bite of bread, not

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filling, is available because the all important mandible swings toward the chest and away from the sandwich as the chin tucks. If the sandwich is approached straight on, for a symmetrical bite, the bite is still not very large. The lips may press in rather than curling out, further limiting the size of the mouthful.

To take an efficient bite from this immovable sandwich, it must first be shaped into an oval. Then it must be approached from below, starting with the nose near the sandwich stuffing. The head tips back slightly and the mandible comes up and forward to fix itself well back on the sandwich. The maxilla is the last part to land on the sandwich, and it is then possible to take a large and satisfying bite.

Although biting and sucking are different behaviors, the initial approaches are similar. Thus, a breast can be thought of as a big, suspended sandwich that the infant must approach. The baby who has to tuck his chin to reach the nipple is like the adult approaching the stationary sandwich from above; his mandible will swing away from the breast rather than toward it, his nose may burrow in, and he will have trouble achieving a good "bite." He will get less milk for his effort, and his mother may become sore because of his shallow attachment. Even if he approaches straight on, his attachment may not be deep, and one or both lips may curl in.

If the baby's mandible makes the first and most solid contact, as it did when the sandwich was approached from below, he may be better able to take a large, satisfying mouthful of areola and breast. Indeed, when a baby is well attached, there is usually more areola showing beyond the upper lip than beyond the lower lip.² The well-attached baby is thus off-center on the areola, with his mandible planted well back on the areola and his maxilla resting just beyond the base of the nipple.

Demonstrating Latch-On Using the Sandwich Analogy

A lipstick and a medium-sized, water-filled balloon (of helium quality to reduce the risk of breakage) can be used for a graphic demonstration of effective latch-on—whether that latch-on involves a large sandwich or a breast. After the balloon is knotted, it should be soft enough for thumbs and fingers to meet through the middle of it without difficulty when squeezed. The end opposite the knot serves as a rather flat "nipple." Position the balloon in the air as if it were a breast. Approaching the balloon's "nipple" from above results in a buried nose and poor or nonexistent mandible contact (Figure 1). Aiming the "nipple" straight toward an open mouth and pulling it quickly to the mouth in imitation of the common "center the nipple and quickly pull the baby



Figure 1. Tucking the chin results in a blocked nose and inefficient bite.

close" advice results in poorly flanged lips and a relatively small lipstick print (Figures 2a and 2b). Sucking in a large mouthful of balloon (with back of throat closed



Figure 2a. Bringing a sandwich, or breast, straight to the face can interfere with lip flanging (a) ...



Figure 2b. . . . and result in an inefficient "bite," as shown by lipstick print (b).

in case of breakage) is difficult, and there may be a sensation that more balloon ought to be accessible but is not.

With the sandwich approach, the balloon is held between two C-shaped hands, thumbs underneath, and is pressed gently into an oval that will run corner to corner across the mouth. The underside is brought to the mouth and the mandible is planted on the underside before the middle ("nipple") and upper part swing into the mouth. Now the lips are nicely flanged, the lower lip is much farther away from the "nipple" than is the upper lip, and it is possible to suck in a large and satisfying mouthful (Figures 3a, 3b, and 3c). Note that the "nipple" itself was not needed for a good latch-on, provided the sandwich was well shaped and correctly approached.

If the balloon is suspended in a stationary position, the largest mouthful is achieved just as it was on the stationary sandwich: by shaping an oval and approach-

ing from below (Figure 4). Note that the nose is nearly opposite the "nipple" as latch-on begins.



Figure 4. Approaching a stationary sandwich, or breast, from below.



Figure 3a. Planting the mandible well back on the underside of the balloon sandwich . . .

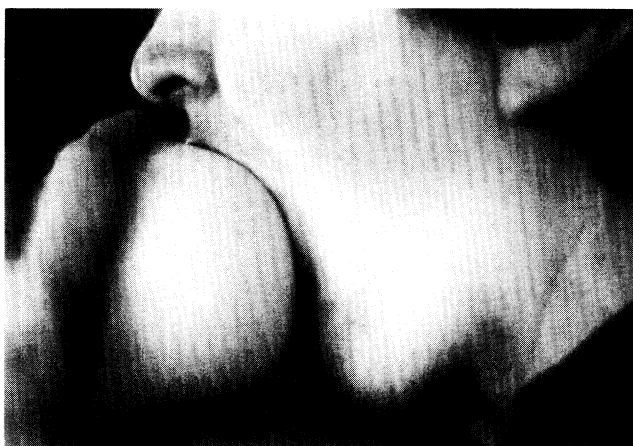


Figure 3b. . . . then swinging the upper part into the mouth can encourage better lip flanging . . .



Figure 3c. . . . and a much larger mouthful.

A model of an engorged breast can be made simply by filling a balloon with more water, so that thumbs and fingers cannot meet through the middle. Even with the sandwich approach, it is very difficult to achieve a big mouthful. The firm balloon tends to press against the tongue, rather than lying on it. Helping a baby latch on to an engorged breast often requires doing what is needed before latching on to the overfull balloon: taking some of the fluid out.

Positioning the Baby

The mother breastfeeding in a football or clutch hold, in which the corners of the baby's mouth run left and right, would logically use a "C" hold, shaping her breast into an oval whose long axis is horizontal. However, if she holds the baby completely sideways, the corners of the baby's mouth run floor to ceiling. To offer a "C" hold to a baby in this position is akin to eating a sandwich held with the long axis running the wrong way. It can be done, but it is not the most efficient way to proceed. Shaping the breast into a vertical or nearly vertical oval, actually makes good mechanical sense for the sideways or nearly sideways mouth of a baby in a traditional cradle hold, where the baby's head rests near the crook of the mother's arm. This can be accomplished with the scissor hold, provided the mother's fingers are kept far enough back to allow the baby full access to the areola (Figure 5).

One of the most helpful reminders in the sandwich model is "nose to nipple." Yet mothers who use a bottle-feeding model are likely to hold their babies off to the side, in a "chin to nipple" position, with the baby's torso some distance from the mother's. One of the simplest ways to help a mother keep her baby's head and body well positioned is to have the mother hold her baby with the arm opposite the breast she is using. What follows

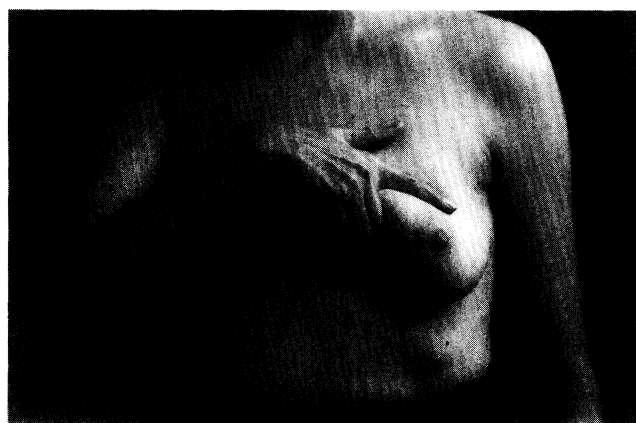


Figure 5. Using scissor hold to shape inner side of breast.

is a description of latch-on at the left breast using such a "transitional hold" (Figure 6).



Figure 6. Transitional hold at left breast.

To breastfeed according to the sandwich model, the mother needs to have her baby's head in front of the breast, so that his chin does not tuck. The baby will swallow most easily when his head, chest, and knees are all facing the same direction, just as an adult sits at a table, so he needs to lie completely on his side. His body needs to be held much closer than most mothers realize, for his mandible to make solid contact with her breast. Bottle travels to baby because it is smaller than the baby, and because the baby is the passive recipient of the feed. In the same way, baby should travel to breast because the baby is smaller than the mother, and the breast is the passive recipient of the baby's feeding behaviors.

The baby should be hugged against her body the way one would hug a sack of groceries to support it and distribute its weight. Supporting the baby firmly against her torso also means that he moves with her, and will not lose his position relative to her breast if she turns, straightens, stands, or walks. She may want to use an armrest or pillow to support her arm, but her arm should continue to hug and support the baby.

The fingers of the hand supporting the baby should not extend past his ear lobes, lest he root toward them, and her hand should not push on the back of his head, which could cause him to fuss or to tuck his chin. She

should leave some space between his mouth and her breast at first, so he does not start before she is ready.

To shape and stabilize her left breast, the mother can start with her left hand flat on her ribs, under her breast, with her index finger in the crease under her breast. If she now rotates her hand, her thumb will be on the outer aspect of her breast with her fingers on the inner aspect. Her breast will rest in the "U" formed by her thumb and index finger.

If she is small breasted, that may be all the stabilizing and shaping her breast needs (Figure 7a). If she is large breasted, she can bring her hand out slowly, without going so far out that her index finger touches her areola. Even if she is extremely large breasted, the little-finger side of her hand or wrist will probably still be braced on her rib cage (Figure 7b). Bracing her hand on her ribs keeps it away from the nipple and makes the breast more stable. The more difficulty the baby has with latch-on, the more the mother may want to compress the sandwich oval, but her fingers should remain well back. Although some larger breasted women will

have to lift the breast to achieve this latch, the less a mother lifts her breast in shaping and stabilizing it, the more likely she is to be able to release her breast altogether once breastfeeding is underway.

Just as the underside of the sandwich is the important part for the adult's mandible, the inner side of the breast is the important part for a sideways baby's mandible. The baby's sideways left-breast "sandwich," from the mother's perspective, is a vertical oval. The baby's mouth—his "lipstick print"—will cover the part of that oval extending from just to the left of the nipple base to about 3 cm (1½") to the right of the nipple base (Figure 8a). He is not centered on the nipple, but takes considerably more of the inner aspect (the "under side" of his sandwich), which should be kept well free of fingers and clothing.

The mother can touch her baby's mouth very lightly with the breast sandwich by moving her left hand and thus moving the nipple. When his mouth opens wide, the mother strokes or rolls the entire "breast sandwich," not just the nipple, onto his tongue (Figure 8b). Some mothers find it easier to slide the baby onto the breast than to stroke the breast onto the baby's tongue, especially if it is a small baby or a small breast; some mothers do both at the same time. It need not be an abrupt move, because the medial aspect of the breast helps hold his mouth open as she strokes, rolls, or slides. Her breast will stroke his lower lip out and toward his chin as he latches on, and he will feel the breast lying on, not against, his tongue.

As breast and baby slide together in a good fit, the nipple and outer aspect of the breast will be the last part of the sandwich to enter his mouth, just as the top of the balloon sandwich was the last part in the adult's mouth. Once the nipple is in his mouth, his upper lip will rest just beyond it. Some mothers describe the baby's mouth as approaching along the inner part of the breast and then "going around the corner." As her nipple goes in, or the upper lip "goes around the corner," the mother pulls his body extra close. When he feels that final signal of breast-on-tongue-and-nipple-in-mouth-and-body-pulled-close, he is likely to begin sucking (Figure 8c). Once her baby begins active swallowing, the mother will probably not need to maintain the sandwich shape for him. It is simply a latch-on tool.

Observing a Newborn Correctly Latched On

In an attempt to demonstrate appropriate attachment, many breastfeeding books have pictures that show the baby's flanged lips and wide-angled mouth. The babies

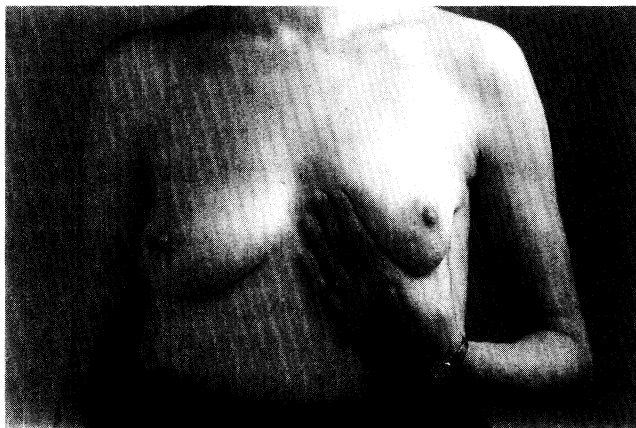


Figure 7a. U-hold, small breast.



Figure 7b. U-hold, large breast.



Figure 8a. Baby is positioned nose-to-nipple.



Figure 8b. Breast rolls onto baby's tongue, nipple last.



Figure 8c. Baby is pulled close, cheek hides mouth.

in those pictures tend to be older and more experienced, or their mothers' breasts naturally slope away from the baby's face, or the baby has been rolled slightly away from the mother for the photograph. A newborn nursing vigorously at a newly lactating breast will probably show nothing but an upper lip and fat cheek. His cheek will press against the breast so that his wide mouth is hidden (Figure 8c). By keeping the baby's cheeks touching the breast, the mother helps him maintain his latch without stressing her nipple.

Conclusion

Using a water balloon and lipstick to demonstrate "sandwich" latch-on can help explain the mechanics of effective latch-on to a mother. By shaping her breast and positioning her baby according to this model, she may have an easier latch-on and more effective feeds. A mother's first step toward comfortable breastfeeding can be knowing how to offer her baby his favorite "sandwich."

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Una Herramienta de Enseñanza de la Lactancia Utilizando la Analogía de un Sandwich para el Aldabeo ("Latch-on") (*A Breastfeeding Teaching Tool Using a Sandwich Analogy for Latch-on*)

Resumen

Un aldabeo efectivo es central para un amamantamiento cómodo y eficaz. Ya que la lactancia requiere llenar la boca de un objeto más grande, un modelo de enseñanza de aldabeo basado en la alimentación con mamadera ó solamente en la succión puede ser inapropiado. Un modelo basado en la forma en que un adulto come un sandwich grande, utilizando un globo de agua para demostrarlo, puede ayudar a la madre y al niño alcanzar un aldabeo efectivo para el amamantamiento.