OBJECTIVES

Participants will be able to:
- Name at least one reason the baby’s chin placement is important for a comfortable latch.
- Name at least one way to tell if the feeding went well.

MATERIALS

TV, VCR or DVD Player

**DVD OR VHS:** *The Comfortable Latch: A Guide to Successful Breastfeeding*, in English and Spanish (Produced by DSHS, approximately 12 minutes).

**Cloth breast model:** Cloth breast models can be purchased from Childbirth Graphics, [http://www.childbirthgraphics.com/](http://www.childbirthgraphics.com/), or (800) 299-3366. If necessary, a partially inflated balloon can be used in place of the cloth breast model.

**Handouts:**

- Local agency developed breastfeeding help/referral list for participants.

**Balloons** (for optional activity)
LESSON DESCRIPTION

This lesson is designed to teach pregnant and breastfeeding women the technique of chin-led latch and nipple self-assessment. It also covers infant hunger and satiety cues and how to tell if the breastfed baby is getting enough to eat. This class is appropriate for pregnant women and their support people—such as partners, grandparents, other relatives, and friends. It is highly recommended that you order extra copies of the audiovisual to add to your lending libraries.

TEACHING TIPS

This is a technical class that involves a great deal of demonstration of breastfeeding techniques by the instructor and participation by class attendees. It is highly recommended that a local agency breastfeeding expert, such as an IBCLC, Peer Counselor, or Breastfeeding Coordinator present this class to all WIC staff who will be teaching the class before offering the class to participants.

Before beginning the class, be sure to check your waiting room and invite any partners, grandparents, or other support people into the classroom. Be sure to encourage them to participate in the activities along with the WIC participant.

ICEBREAKER

I’d like to welcome everyone to class today and I’d like to start by asking,

- How many of you are looking forward to having your very first child?
- How many of you have other children?
- And of those of you that already have children, how many of you have breastfed before?
- For those of you that already have children, how many of you have never breastfed, but are thinking about it this time?
- And do we have any moms in the class that are breastfeeding now?

Well, welcome to all of you. Now I’d like to ask all of you a question.

If two different couples were to take dancing lessons to learn how to salsa dance, tango, or waltz, do you think the first couple would dance exactly like the second couple?

Allow participants time to answer.

Probably not. Most likely, each couple would have their own dancing style and learn at different speeds. Breastfeeding is very much like that. It’s a dance that a mother and baby learn together and it’s unique to each mother and baby.

There is no one right way to breastfeed, however there are techniques that make learning the dance of breastfeeding easier. We’re going to talk about one of those techniques in class today. The technique is called the chin-led latch.
The chin-led latch method of breastfeeding makes it easy for the baby to latch on and it’s more comfortable for moms. It’s called chin-led latch because the baby’s chin contacts the breast first.

Before we discuss it further, let’s watch a video that shows mothers and babies learning how to breastfeed with the chin-led latch.

SHOW VIDEO

_The Comfortable Latch: A Successful Guide to Breastfeeding_

**DISCUSSION / EVALUATION QUESTIONS**

So, the key to successful and comfortable breastfeeding is all in the latch - the way the baby suckles at the breast.

**Evaluation Question #1**

Can anyone tell me why the location of the baby’s chin on the breast is so important for successful and comfortable breastfeeding?

Allow participant’s time to answer. Then, read aloud the points below if they weren’t already mentioned.

- Because the baby’s lower jaw does all the work.
- Because it allows the baby to open wider and draw more of the breast into his mouth, getting the nipple further back into his mouth.
- It also creates an airway for the baby’s nose.

To demonstrate this, I’d like everyone to put one finger above your upper lip and make a sucking motion with your mouth. (Demonstrate for the class.) See how your upper jaw doesn’t really move? Now, move your finger to your chin. (Demonstrate for the class.) See how your bottom jaw is doing all the work? Very good.

**OPTIONAL ACTIVITY:** Pass out balloons to WIC participants and their support persons and ask them to inflate their balloons to about the size of a large orange or small grapefruit. Then, ask them to copy your demonstrations throughout the rest of the lesson.

If there are toddlers in the class, tell participants to watch their balloons. Deflated or popped balloons can be a choking hazard to toddlers.
Now I’d like to demonstrate chin-led latch with this breast model. My hand will represent the movement of the baby’s jaw on the breast. My four fingers on top represent the baby’s upper jaw and roof of mouth. My thumb underneath the nipple represents the baby’s lower jaw. See how more of the bottom of the breast is in the baby’s mouth than the top?

As the baby sucks, the upper jaw will remain stable and the lower jaw will move up and down. (Move thumb up and down to imitate the sucking motion of the lower jaw.) See how the lower jaw does all the work? See how far away the nipple is from the mechanical motion of the lower jaw how protected the nipple seems up on the roof of the baby’s mouth?

Now, keep in mind - my thumb is not imitating the baby’s bottom lip – my thumb is imitating the bottom jaw. The baby’s bottom lip will stay in one place. Just the lower jaw will move up and down.

Now I’d like to demonstrate why the chin contacting the breast first helps the baby open wider and take in more breast.

I’d like everyone to hold your hands (or balloons) up in front of you like you’re holding a big sandwich. (Demonstrate for class by either holding hands in front of you, or turning your breast model sideways like it’s a hamburger. If you’re using balloons, ask class participants to squeeze their balloons into the shape of a sandwich.)

Now look straight down, holding your sandwich down by your chest, and try to take a big bite out of your sandwich. You can’t open very wide can you? Now just try to swallow while looking down. See how hard it is to open wide and swallow when your chin is tucked into your chest? See how your tongue pulls back in your mouth and your throat closes?

Now bring your sandwich above your head and try to take a bite out of it. (Keep demonstrating.) You may be able to open your mouth wider but it’s just as hard to swallow, isn’t it? And your tongue still gets drawn back, right?
Now look straight ahead. Did you feel your tongue come forward and your throat open up -
just by straightening your head? Now hold your sandwich right in front of your nose – like it’s
almost touching your nose. (Keep demonstrating.) Now very slowly reach up and pretend to
take a big bite out of your sandwich. See how your chin comes towards the sandwich first and
your nose tips slightly away? See how much wider you can open your mouth? You can takein
a lot more of the sandwich this way, right?

That’s exactly how a baby needs to latch on to his mother’s breast - so he can take in a lot of
breast and so his mother’s nipples won’t get pinched or sore. So again - the key to successful
and comfortable breastfeeding is all in the latch. Babies just need a little help with this until
they’re big and strong enough to control their own head movements.

**OPTIONAL ACTIVITY:** So, let’s take one last look at chin-led latch. Play the DVD bonus
track of the slow motion latch, animated latch, or both, explaining how the chin extends and contacts
the breast first and how more of the bottom of the areola disappears into the baby’s mouth than the
top.

**Evaluation Question #2**

Once the feeding is over, what are some ways you can tell if the feeding went well?

Allow participant’s time to answer. Then, read aloud the points below if they weren’t already
mentioned.

- **The nipple looks the same coming out of the baby’s mouth as it did going in.** You may
  need to explain that the nipple may look more extended, but the general shape should be the
  same.
- **The baby ends the feeding himself and looks satisfied or “milk-drunk” and relaxed.** His
  lips may be shut tight and his hands will be more relaxed.

If the nipple looks pinched, flattened or creased when it comes out of the baby’s mouth, that
means the baby has been trapping the tip of the nipple towards the front of his mouth. The
baby needs a little more breast tissue in order to get the tip of the nipple to the back of his
throat in order not to cause nipple soreness.
**OPTIONAL ACTIVITY:** Play the DVD bonus track showing the nipples. You may or may not want to mute the volume.

Let’s look at some shapes of nipples. The first two nipples are flat and inverted. You CAN breastfeed if your nipples look like these. However, some babies have a little harder time grasping a flat or inverted nipple. If you have flat or inverted nipples and your baby is having trouble latching on, be sure to ask for help.

The second two nipples are pinched and lipstick nipples. Unless this is your normal nipple shape, a pinched or lipstick nipple at the end of a feeding usually means the baby is not latching onto the breast as good as he could be. Again, ask for help so you don’t get sore.

The last nipple is nice and rounded. This is a good indication that the baby was latched on well to the breast. It also means that this mom is probably not experiencing any nipple soreness.

Pass out the *Breastfeeding Guide- How to Get Off to a Great Start.*

I’d like everyone to open your breastfeeding guide. This guide is designed to answer questions that many breastfeeding families have in the first couple of weeks. (Flip through the guide with them as you describe the contents.)

- Page five describes ways you can hold your baby to breastfeed.
- Page six has more information about the latch.
- Page seven describes ways to tell when your baby is hungry and when he’s full.
- Page eight gives you tips for feeding your baby if he’s sleepy.
- Page nine talks about how you can tell a breastfed baby is getting enough to eat.
- Page thirteen talks about when you should call the doctor and how to take care of yourself.

Now, pass out your local agency breastfeeding help/referral sheet.

I’m passing out a list of places you can call if you have questions or need help with breastfeeding. Please don’t hesitate to ask for help. The quicker you ask for help, the quicker you and your baby will enjoy the dance of breastfeeding.

Thank all participants for coming to class or do optional additional evaluation and thank participants.
So, one more time – why is the baby’s chin placement so important for successful and comfortable breastfeeding?

Allow participant’s time to answer. Then, read aloud the points below if they weren’t already mentioned.

• Because the baby’s lower jaw does all the work.
• Because it allows the baby to open wider and draw more of the breast into his mouth, getting the nipple further back into his mouth.
• It also creates an airway for the baby’s nose.

And, what are some ways you can tell if the feeding went well?

Allow participant’s time to answer. Then, read aloud the points below if they weren’t already mentioned.

• The nipple looks the same coming out of the baby’s mouth as it did going in.
• The baby ends the feeding himself and looks satisfied or “milk-drunk” and relaxed. His lips may be shut tight and his hands will be more relaxed.
NE LESSON CODE BF-000-34
The Comfortable Latch: A Guide to Successful Breastfeeding
Lesson Survey Form – Staff

Local Agency #_________________  Date: ________

1. Was the audiovisual easy to see and hear?
   a. yes  b. no

2. Was the lesson easy to read and follow?
   a. yes  b. no

   What changes would you suggest for improving the lesson? _______________________
   ________________________
   ________________________

3. Was participant feedback:
   a. positive  b. negative  c. indifferent

4. Was the Spanish translation appropriate for your participants?
   a. yes  b. no

5. Do you plan to use this audiovisual/lesson again?
   a. yes  b. no

   Comments: ___________________________________________________
   ___________________________________________________
   ___________________________________________________

6. Additional comments: _____________________________________________
   ___________________________________________________
   ___________________________________________________
1. I am: (you may circle more than 1)
   a. pregnant
   b. breastfeeding
   c. parent of an infant
   d. parent of a child
   e. family or friend

2. How much did you like the lesson?
   a. a lot
   b. a little
   c. not at all

3. Do you think you will breastfeed your baby?
   a. yes
   b. no

   Why or why not? ________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Do you think this is a good lesson to use at WIC?
   a. yes
   b. no

   Why? __________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. What is the most useful thing you learned from the video and discussion today?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. Comments: _____________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Thank you for your comments!