LATCH-R Breastfeeding Assessment and Intervention Guide

LATCH-R Score	0	1	2
L Latch	Too sleepy or reluctant No latch achieved	Repeated attempts Hold nipple in mouth Stimulate to suck	Grasps breast Tongue down Lips flanged Rhythmic sucking
A Audible swallowing	None	A few with stimulation	Spontaneous and intermittent: less than 24 hours old Spontaneous and intermittent: greater than 24 hours old
T Type of nipple	Inverted	Flat	Everted (after stimulation)
C Comfort: breast/nipple	Engorged Cracked, bleeding, large blisters or bruises Mild/moderate discomfort	Filling Reddened/small blisters or bruises Mild/moderate discomfort	Soft Non-tender
H Hold (positioning)	Full assist (staff holds infant at breast)	Minimal assist (i.e. elevate head of bed; place pillows for support) Teach one side; mother does other Staff holds & then mother takes over	No assist from staff Mother able to position / hold infant
R Mother's responsiveness to infant feeding cues, confidence to breastfeed	Mother does not respond to infant feeding cues Mother does not feel confident about her ability to breastfeed	Mother requires help to interpret infant feeding cues Mother requires confidence building	Mother responds appropriately to infant feeding cues Mother feels confident about her ability to breastfeed

Adapted from WRHA LATCH-R Breastfeeding Practice Guidelines for the Healthy Term Infant: Revised June 2013

L: Latch

Expectation: all of the following criteria are met:

- Baby's gum line is on the areola and approximately ¾-1 inch from base of nipple.
- Both lips are flanged outward.
- Jaw movement is visible at ear or temple area.
- Tongue is positioned under areola (can be assessed through sublingual palpation).
- Adequate suction is demonstrated by full cheeks, no dimples.
- Rhythmical sucking occurs with a sustained latch and sucking occurs in bursts.

L=2

Assessment:

- All criteria met.

Intervention:

- Reinforce elements of correct latch with mother.

L=1

Assessment:

- Repeated attempts are necessary to achieve latch.
- Mother requires assistance to ensure that nipple is in baby's mouth; mother must hold nipple in baby's mouth to achieve latch.
- The baby requires repeated stimulation to suck.

Intervention:

- Reinforce elements of correct latch with mother.
- Assist the baby to latch by holding nipple in baby's mouth, and assisting mother to hold baby's head close by bringing baby to breast.
- Position baby to achieve good head control (cross cradle or football hold).
- Apply gentle sublingual pressure/massage to ensure placement of baby's tongue under nipple and stimulate effective sucking.
- Attempt to stimulate latch by expressing a small amount of colostrum or breast milk onto nipple.
- Reinforce skin-to-skin contact.
- Provide empathetic support to validate mothers' and family's breastfeeding challenges.

L=0

Assessment:

- The baby is too sleepy or reluctant to breastfeed.
- No latch is achieved.

Intervention:

- Reinforce to mother that "sleepy" periods are normal in the first 24-48 hours of life. A baby who has breastfed well shortly after birth can manage this sleepy period, and less than optimal breastfeeding, without complications. Mothers should observe for wakeful periods and attempt breastfeeding at these times.
- Awaken the baby by stimulation (remove blankets and clothing) and intervene to achieve latch as above in L1 interventions.
- Encourage mother and baby together skin-to-skin.
- If unable to awaken and achieve latch, assess the baby for signs of dehydration, hypoglycemia and/or sepsis. If the infant is well, reawaken and attempt breastfeeding again after one hour of sleep (maximum).
- Continue this process as long as baby remains well and until successful breastfeeding is achieved.

- After several unsuccessful feeding attempts and infant is well, latch can be encouraged with the use of a feeding tube at the breast (SNS).
- If infant demonstrates signs of dehydration, hypoglycemia and/or sepsis contact physician or midwife or immediate medical attention.
- If infant demonstrates signs of dehydration, hypoglycemia and/or sepsis, ensure infant nutrition through alternate feeding methods that do not interfere with breastfeeding process (cup feeding, teaspoon, SNS, finger feeding).
- If supplementation is necessary or the infant sleeps for a prolonged period of time, encourage mother to stimulate and maintain milk supply by breast expression or with electric breast pump.
- Soothers and rubber nipples should be avoided, if possible, at this stage.
- Consult a Lactation Consultant (LC) as necessary.
- Provide empathetic support to validate mothers' and family's breastfeeding challenges.

A: Audible Swallowing

Expectation: all of the following criteria are met:

- Swallowing is an indicator of intake of breast milk and is a necessary part of breastfeeding.
- Swallowing is seen as a "wide-open-pause" while sucking and/or heard as a short forceful expiration of air.
- Spontaneous and intermittent swallowing is seen and/or heard if baby is less than 24 hours of age.
- Spontaneous and more frequent swallowing is seen and/or heard if baby is greater than 24 hours of age.
- As milk volume increases (3-4 days after birth), the suck-swallow ratio is 1-2 per second.

A=2

Assessment:

- All age dependent outcomes/criteria are met.

Intervention:

- Reinforce with mother the importance of swallowing at the breast and how to assess swallowing.

A=1

Assessment:

- Swallowing is seen and/or heard infrequently and/or only with stimulation.

Intervention:

- Reinforce elements of correct latch with mother.
- Ensure that the mother's nipple is placed far enough into the baby's mouth to stimulate the suck/swallow reflex (the most frequent reason for lack of audible swallowing is inadequate latch).
- Assist the baby to latch by holding nipple in baby's mouth to ensure stimulation of baby's palate.
- Assist mother to hold baby close enough to maintain latch and position of nipple in baby's mouth.
- Apply gentle sublingual pressure/massage to ensure placement of baby's tongue under nipple and stimulate effective sucking.
- Attempt to stimulate suck/swallow by expressing a small amount of colostrum or breast milk onto nipple.
- Gentle breast compression can be used to encourage a let-down of milk and stimulate audible swallowing.
- Ensure that the parent is aware of the signs of dehydration, feeding cues, how to wake a sleepy baby, and when to seek Public Health Nurse services, LC support or physician or midwife help.
- Arrange with mother for follow up in-person contact to assess need for further assistance.
- Provide empathetic support to validate mothers' and family's breastfeeding challenges.

A=0

Assessment:

- No audible swallowing is observed and/or heard.

Intervention:

- Intervene as above in A1 Interventions.
- Perform a suck assessment by placing index finger into baby's mouth and stimulating palate.
- Determine position of tongue and strength of suck during the suck assessment.
- If the infant is able to "cup" the finger and rhythmically suck, position a SNS (feeding tube/syringe with expressed breast milk or formula) on the breast and nipple to stimulate sucking and swallowing, and ensure caloric intake by baby.
- If the infant is unable to "cup" the finger and rhythmically suck, encourage appropriate tongue position and sucking through finger feeding. This will ensure caloric intake as necessary (lack of swallowing/caloric intake results in decreased breastfeeding ability).
- If supplementation is necessary, encourage mother to stimulate milk production/supply with breast expression or electric breast pump.
- Consult a LC as necessary.
- Provide empathetic support to validate mothers' and family's breastfeeding challenges.

T: Type of Nipple

Expectation: all of the following criteria are met:

- Nipple/breast assessments are completed to promote the baby's ability to achieve an adequate latch.

T=2

Assessment:

- Nipple is everted and/or everts with breastfeeding.
- This ensures stimulation of the infant's palate and suck relax during breastfeeding.

Intervention:

- Reinforce importance of optimal position of the mother's nipple in the infant's mouth to stimulate the infant's suck reflex.

T=1

Assessment:

- Nipple is flat; does not evert or everts minimally with breastfeeding.

Intervention:

- Teach mother manual stimulation of nipples prior to breastfeeding; this can be accomplished through gentle rolling and/or pulling of the nipple or through the use of a breast pump.
- Reinforce elements of correct latch, suck and swallow with mother.
- Discuss the appropriate use of breast shells with mother to stretch the ligaments and tissue surrounding the nipple. Soft-backed shells provide gentle pressure and can be used between or prior to breastfeeding.
- Provide empathetic support to validate mothers' and family's breastfeeding challenges.

T=0

Assessment:

- Nipple is inverted.

Intervention:

- True nipple inversion is uncommon; assessment of nipple protractility can be accomplished through the "pinch test".
- Grasp nipple tissue over areola between the thumb and forefinger to observe nipple retraction and assess elasticity of breast/nipple tissue (if nipple elongates with traction, reassure mother that the infant can achieve the same effect with a good latch).
- Teach mother manual stimulation of nipples prior to breastfeeding as above.
- Encourage the appropriate use of breast shells or other devices as listed in T1.
- Reinforce elements of correct latch with mother.
- Consult a LC as necessary.
- Provide empathetic support to validate mothers' and family's breastfeeding challenges.

C: Comfort of Breast and Nipple

Expectation: all of the following criteria are met:

- Adequate latch and effective breastfeeding will prevent sore nipples and engorgement, and promote breast health.
- Nipple/breast assessments are completed to assess and promote the baby's ability to achieve an adequate latch.

C=2

Assessment:

- Breasts are soft or full and non-tender.
- Areas of breast bruising, redness, excessive heat are not seen.
- Signs of nipple blistering, cracks or bleeding are not seen.
- Mother is not experiencing discomfort or pain.

Intervention: Reinforce the following with the mother:

- Breast fullness without pain is normal and should decrease after breastfeeding.
- Initial discomfort with the latch may occur in early breastfeeding period (this pain should subside after approximately 20-30 seconds and the remainder of the breastfeeding should be comfortable).
- The mother should be encouraged to seek help if initial latch pain continues after the first 7 days of breastfeeding.
- Breast/nipple pain is not normal during breastfeeding.

C=1

Assessment:

- Breasts are becoming fuller, rounder and firmer.
- Nipples are reddened and may have small blisters, cracks and bruises.
- Mother reports mild to moderate discomfort.

Intervention:

- Reinforce with mother the normal signs of increasing milk production and that pathological engorgement can be prevented with regular and effective emptying of the breasts.
- Assist with effective latch during period of fullness and discomfort.
- Ensure frequent effective breastfeeding for prevention of engorgement.

- If mother is still uncomfortable after effective breastfeeding, the use of cold compresses, cabbage leaves and analgesia (i.e. Ibuprofen) should be encouraged.
- Suggest use of supportive nursing bra without underwire.
- Mothers should be discouraged from pumping to relieve mild to moderate breast fullness, as this will stimulate excessive milk production and engorgement.
- Mothers should be encouraged to express breast milk onto nipple after feeding to promote healing.
- Additional measures include exposing nipples to air, avoidance of nipple irritants (soap) or trauma.
- Anhydrous lanolin preparations may be used to promote breast comfort and nipple healing.
- Provide empathetic support to validate mothers' and family's breastfeeding challenges.

C=0

Assessment:

- Breasts are red, hot and hard (severely engorged).
- Nipples are cracked, bleeding and/or very reddened.
- Nipples have large blisters or areas of bruising.
- Mother reports severe discomfort.

Intervention:

- Assess infant latch at breast and implement recommendations for improving latch.
- Reassure mother that proper latch will result in comfortable breastfeeding despite nipple condition.
- Mother may require the application of warmth and gentle breast massage to soften the breast/areola, stimulate "let-down" and promote effective breastfeeding.
- If engorgement interferes with latch, hand expression or pumping with low pressure for a short period of time may relieve engorgement and enable infant to latch.
- If mother is still uncomfortable after effective breastfeeding, the use of cold compresses, cabbage leaves and analgesia should be encouraged.
- If the baby does not breastfeed long enough on both breasts to soften them, hand express or "pump to comfort" with an effective breast pump just long enough for the breast to feel comfortable. Draining the breasts of milk is more effective at relieving discomfort than other methods (cabbage or cold treatments).
- If baby is unable to feed frequently enough, then fully drain the breast once or twice daily by hand expression or with an effective breast pump until engorgement is over. This increases breast drainage and contributes to maternal comfort.
- Review nipple care as outlined above.
- May recommend use of anhydrous lanolin preparations to augment the healing of nipple cracks.
- If there is nipple trauma as a result of poor latch, warm moist compresses may be considered to facilitate healing.
- Consider consult with physician/midwife for prescription for nipple ointment to facilitate healing of nipples.
- Consult a LC as necessary.
- Provide empathic support to validate mothers' and family's breastfeeding challenges.

H: Hold/Positioning at Breast

Expectation: all of the following criteria are met:

- The mother is able to independently position and latch her infant to ensure effective breastfeeding.
- The mother should be in a comfortable position during breastfeeding.

H=2

Assessment:

- Mother is able to position the baby at the breast without assistance.
- Mother demonstrates optimal positioning with both recommended positions (cross-cradle and football hold).

- Mother should be in a comfortable position with good back support during breastfeeding.
- The baby's head should be aligned with the trunk so that the head is directly facing the breast and not turned laterally or hyper-extended (baby cannot swallow with head turned to the side).
- The baby's body should be flexed with no muscular rigidity present.
- Pillow should be used to ensure that the baby's head and body are at breast level and supported close to the mother's body during feeding.
- The mother should support her breast with a cupped hand.

Intervention:
- Reinforce maintenance of correct latch and position of infant at the breast.

H=1

Assessment:
- The mother requires assistance to latch and position the baby as described above.
- This assistance is required initially; mother subsequently is able to continue feeding and switch infant to second breast with minimal assistance.

Intervention:
- Assist and reinforce teaching (visual assessment using LATCH-R Tool) as required to achieve and maintain correct position and latch in H2 Assessment criteria.
- Arrange the mother for follow up with in-person contact to determine breastfeeding success and assess need for further assistance.
- Provide empathetic support.

H=0

Assessment:
- Mother unable to correctly position herself and infant at breast.
- Mother requires continual assistance to establish and maintain a correct position and effective latch.

Intervention:
- Instruct mother and provide assistance to position herself comfortably with adequate back support.
- Assist mother in positioning infant at breasts as above in H1 interventions.
- Assist mother to maintain baby's position and latch during entire feed through "hands-on" help.
- Reinforce principles of correct position and latch in subsequent feeds.
- Maintain constant presence during complete breastfeeding session to maximize observation and opportunities to assist mother to demonstrate correct and independent positioning of herself and baby during breastfeeding.
- Consult a LC as necessary.
- Arrange with mother for follow up with in-person contact to determine breastfeeding success and assess for further assistance.
- Provide empathetic support.

R: Maternal Responsiveness to Infant Cues and Maternal Confidence to Breastfeed

Expectation: all of the following criteria are met:
- Mother responds appropriately to early infant feeding cues.
- Mother feels confident about her ability to breastfeed.

R=2

Assessment:
- Mother is attentive and responsive to early infant feeding cues.
- Mother feels confident about her ability to breastfeed.

Intervention:

- Reinforce importance of early feeding cues.
- Infant feeding cues are:
  - Waking and stretching
  - Sucking movements, licking
  - Sucking sounds
  - Hand-to-mouth movements
  - Rapid eye movements
  - Soft cooing or sighing sounds
  - Fussiness
  - Crying is a late cue
- Congratulate mother on her early breastfeeding success.

R=1

Assessment:

- Mother requires help to interpret early feeding cues.
- Mother requires confidence building.

Intervention:

- Reinforce teaching related to early infant feeding cues and the importance of responding to these cues.
- Point out positive aspects of early breastfeeding to build maternal confidence to breastfeed.
- Provide empathic support.

R=0

Assessment:

- Mother does not respond to early infant feeding cues.
- Mother does not feel confident about her ability to breastfeed.

Intervention:

- Educate mother about early infant feeding cues and the importance of responding to these cues.
- Reassure mother that breastfeeding practice will increase her ability and confidence to breastfeed.
- Assess family and social support for breastfeeding, acknowledging the positives and the barriers with the mother and significant others.
- Provide empathetic support to validate mothers' and family's breastfeeding challenges.