

Clarifying the Confusion Over Cross-Cradle Hold

Dee Kassing, IBCLC, RLC

Collinsville IL USA

From: LEAVEN, Vol. 44, No. 1, 2008, pp. 16-17

When you get a call from a mother who has sore nipples, have you sometimes found that she uses the cross-cradle hold for nursing? Suggesting that she switch to the more traditional cradle position may solve the problem. But why was the cross-cradle hold developed? Are sore nipples caused by the cross-cradle hold or by something else?

What is the cross-cradle hold?

Years ago, when I first learned about the cross-cradle position it was called the "transition hold." The idea was that it is a position used to "transition" to a cradle hold. Eventually, it got a more specific name of its own, the cross-cradle hold, because the mother uses the arm opposite the one used in a cradle hold to guide her baby while bringing him to the breast.

This is a very useful position. However, if it is used improperly it can cause the baby to nurse poorly. But it isn't fair to blame the position itself.

Why was it developed?

This hold was developed because a newborn, whether perfectly healthy full-term or premature, does not have good aim when trying to get to the breast. His head is wobbly when resting on his mother's forearm in the cradle hold. He may come at the areola much like a drunken person staggering down the street! Often, he doesn't get enough of the areola in his mouth. He doesn't feel well supported, and tends to do one of the following to help himself feel more stable:

- He may stick his tongue up to the roof of his mouth. Try this yourself. When you firmly stick your tongue up to the roof of your mouth, notice how the muscles along the sides of your neck tighten up, giving more stability to the neck. But, when the tongue is glued to the roof of the mouth, the nipple can't get into the mouth.
- He may clamp his jaws, which the mother interprets as a bite. A newborn isn't actually trying to bite. When he clenches his jaws, he gives his head and neck more stability as his head wobbles about on his mother's forearm.

I demonstrate the cross-cradle position whenever there are pregnant women or new mothers present at Series Meetings. I tell them that I want to make sure everyone knows how to hold a baby correctly for nursing, because that is one of the best ways to avoid problems. I also demonstrate how to make the switch to cradle hold and tell them when to make it.

What does a mother need to do to use the cross-cradle hold properly?

What I tell a mother is this:

- Support her breast using the same-side hand (e.g. left hand supports left breast). Using the opposite hand (e.g., right hand when baby is latching to left breast), put her thumb behind one of baby's ears and her fingers behind the other ear. Her forearm rests along baby's back. Reassure the mother that she can hold the baby firmly enough to control his head and she won't hurt him. Many mothers are afraid of squeezing the baby's soft spot. This is physically impossible when the fingers are behind the ears, but many mothers need that pointed out to them. If the mother is not reassured, she will release her thumb and fingers when the rest of her hand is in place. The baby will then use his stabilizing techniques because his head is wobbling again.
- Use the web between her thumb and pointer finger to cradle the skull just below the curve in the lower section. Press the side of her hand against the baby's shoulders at the base of the neck.
- When the baby opens wide for latch, the mother presses the side of her hand to bring the baby's shoulders in first, so that his head will naturally tip back and his mouth can stay wide open for latch.
- Once the baby is latched well to the breast and taking deep, strong sucks, the mother uses her forearm to pull the baby's body (not his head) in close to her own so he doesn't slip away. Then she can quickly switch arms so she is sitting more comfortably.

What happens when the cross-cradle hold is not used properly?

If a mother sits for 15 minutes in the cross-cradle hold position, with her arm out like a wing to her side, her shoulder and arm get pretty achy. Often, subconsciously, the mother starts to change her position slightly to make her arm and shoulder more comfortable. This subtle shift can allow the breast to change position, causing the nipple to start to slide to the front of the baby's mouth.

Often, the mother doesn't make the arm switch properly, and then other problems arise. For example:

- Mothers may try to switch too early in the feeding, before baby is latched on well. The switch is a distraction to the baby, and he comes off the breast. After several failed switches done too early, the mother may mistakenly think that she can breastfeed her baby only in the cross-cradle position. But the problem happened only because she tried to switch arms too soon in the feeding.

- Mothers also have a tendency to push the baby's head into the breast during the switch, rather than just his body against her own. He can't breathe with his head pushed into the breast. As soon as the mother lets go, he comes off the breast to catch his breath. This happens especially when the mother is not particularly quick with her arm switch. Many mothers don't seem to understand how quick and smooth that arm switch needs to be.

Problems also arise when a mother doesn't know how to support her baby's head with her hand. She may be so worried about the soft spot (which is actually on top of baby's head and not behind it) that she is afraid to hold his head firmly to guide him to the breast. If she barely touches his head, he may then wobble and use his stabilizing techniques to feel more secure.

Sometimes a mother may use the palm of her hand to cup the entire back of the baby's head. However, when she touches the back of her baby's head above the point where the skull curves back toward the neck, he wants to back up toward that touch. It is an instinct in young babies. So while the mother is trying to push her baby's head toward the breast, her baby is trying to back up to the touch. A newborn usually doesn't have enough strength to overcome his mother's pushing, but he is not nursing well. Instead of concentrating on what he should be doing with his jaw, he is reacting to the pressure behind his head.

Conclusion

A baby generally has better aim and better control of his head and neck by two to four weeks past his due date. With better head control, his need to use stabilizing techniques diminishes. When a mother with sore nipples has been using the cross-cradle hold beyond the early weeks, she can often find relief by simply letting her baby latch on and nurse in the cradle hold position. However, a mother with sore nipples who has a newborn will likely not find relief solely by using the cradle hold. She may find it helpful to learn how to use the cross-cradle hold as a latch-on technique, rather than a nursing position, and how to make the switch to the cradle hold.

The pain a mother experiences with the cross-cradle hold is often caused by an incorrect hold, not a problem with the hold as it is actually intended to be used. When using the cross-cradle hold properly, the mother may be able to nurse without pain in just a day or two. If she experiences pain beyond that time, you have ruled out an improper latch-on technique as the cause. You and the mother can then explore other causes for her discomfort.

References

- Mohrbacher, N. and Stock, J. THE BREASTFEEDING ANSWER BOOK, Third Revised Edition. Schaumburg, Illinois: La Leche League International, 2003; 64-72.
- Watson Genna, C. *Supporting Sucking Skills in Breastfeeding Infants*. Sudbury, Massachusetts: Jones and Bartlett, 2008.

More Information on Positioning

Babies are born with different physical traits and developmental abilities. Mothers are built with physical variations. No one type of positioning at breast will work well for all babies. The same baby may need different positions at different stages of development. Illustrations of various positions, instructions for achieving positions and discussions about when they are useful, can be found in THE BREASTFEEDING ANSWER BOOK, published by LLLI. The 1991 edition (page 51) includes the information that this hold is good for premies or babies with low tone or a weak suck, but that most full-term babies will try to pull away from the breast when being held this way. The most recent edition (2003) does not include that information, but if you prefer to use that reference see pages 69-72.

Helpful Web Sites

La Leche League International

www.llli.org/FAQ/positioning.html#Going%20Beyond%20the%20Basics

Ameda

www.ameda.com/breastfeeding/started/holding_baby.aspx

KellyMom

www.kellymom.com/bf/start/basics/latch-resources.html

Karen Gromada

www.karengromada.com/karengromada/photos/index.htm

Resources:

[THE WOMANLY ART OF BREASTFEEDING](#), NEW 8th Edition, published by La Leche League International, is the most complete resource available for the breastfeeding mother.

[LLLI Breastfeeding Tips and Products](#) includes helpful answers to frequently asked breastfeeding questions plus a section that features books and products. Page last edited 2011-06-21 21:45:34 UTC.