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PRINCIPLES & PRACTICE

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LATCH: A Breastfeeding Charting System and Documentation Tool

Nurses most often use a subjective "well/fair/poor" system to assess and document breastfeeding. LATCH is a breastfeeding charting system that provides a systematic method for gathering information about individual breastfeeding sessions. The system assigns a numerical score, 0, 1, or 2, to five key components of breastfeeding. Each letter of the acronym LATCH *denotes an area of assessment. "L" is for how well the infant latches onto the breast. "A" is for the amount of audible swallowing noted. "T" is for the mother's nipple type. "C" is for the mother's level of comfort. "H" is for the amount of help the mother needs to hold her infant to the breast. The system is visually represented in the same form as the Apgar scoring grid, and the numbers are handled in the same way. With the LATCH system, the nurse can assess maternal and infant variables, define areas of needed intervention, and determine priorities in providing patient care and teaching.*

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The universal recommendation of breast milk as the ideal nutritional source for the newborn and growing infant has been established by the health-care profession (American Academy of Pediatrics, 1982; American College of Obstetricians and Gynecologists, 1988; American Dietetic Association, 1986; National Association of Pediatric Nurse Associates and Practitioners, 1988). Nevertheless, because of the high mobility of U.S. society and the isolating effects of that mobility on the nuclear family, many new mothers begin breastfeeding with little support or understanding of the process. It thus has become the responsibility of the prenatal caregiver to provide written and verbal breastfeeding information to the expectant mother. The postnatal caregiver, however, is the one who provides breastfeeding assistance and anticipatory guidance based on an accurate assessment of the individual mother-infant dyad. This hands-on, one-on-one teaching by the postnatal caregiver is necessary to assess the key components of effective breastfeeding and to identify specific areas in which intervention may be needed (Bono, 1992; Shrago & Bocar, 1990; Walker, 1989).

Many new mothers begin breastfeeding with little support or understanding of the process.

The length of hospital stay for the average postpartum patient has decreased steadily during the last 40 years (Patterson, 1987). In the hospital in which LATCH was developed, 75% of the women have uncomplicated vaginal deliveries and are discharged 18–24 hours after delivery. The breastfeeding initiation rate is 85–87% for all deliveries. The development of a systematic breastfeeding assessment tool was stimulated by an understanding of the importance of breastfeeding for the infant, the desire of the new mothers to initiate breastfeeding, and the decreased time available to the nurses to provide accurate, consistent breastfeeding teaching. Entitled LATCH, the system provides a systematic assessment of the breastfeeding dyad. The system also identifies areas in which intervention is needed and serves as a communication tool among professional caregivers.

Background

Early in 1986, the authors became aware, while evaluating patient response questionnaires, that the "well/fair/poor" standard of breastfeeding documentation did not effectively identify problem areas or encour-

age communication among the staff about those areas. Instructions given to new mothers also varied greatly, according to the experience of each staff person. As one mother said, "Everyone who helps me says something different. It's so confusing. 'Do 5 minutes on each side.' 'It doesn't matter how long the baby is at breast.' I don't know who to listen to." Responses such as these reflected the need for consistency that has been documented in the literature (Winikoff et al., 1986). The concept of LATCH, an acronym for a system of standardized areas of assessment that would direct consistent breastfeeding evaluation and teaching, was developed by two of the authors.

Later in 1986, a certified lactation consultant joined the staff, and breastfeeding assessment and teaching standards improved. The improved standards reflected current breastfeeding research (Lawrence, 1985; L'Esperance & Franz, 1985; Marmet & Shell, 1984; Riordan, 1983; Woolridge, 1986). To document the improved assessment skills better, the concept of LATCH was refined to reflect the new body of emerging breastfeeding research. Staff members collaborated to refine the tool and incorporate it into daily

An understanding of the importance of breastfeeding to the infant and decreased time available to provide accurate, consistent teaching to mothers stimulated the development of the LATCH system.

charting. Registered nurses from the newborn nursery and newborn intensive-care unit, certified nursing assistants, a clinical nurse specialist, the newborn nursery charge nurse and nurse manager, and the lactation consultant set goals for the breastfeeding charting system that included the following:

1. It would be easy to read at a glance and be uncomplicated in appearance.
2. It would define the key components of an effective breastfeeding session.
3. It would state clearly the nature of a problem if one existed.
4. It would enable any staff member to document the breastfeeding assessment and any interventions initiated.
5. It would augment, not replace, the narrative part of the record and be easily incorporated into the existing newborn flow sheet.
6. It would document staff-observed assessments and mother-reported descriptions of individual breastfeeding sessions.

Explanation of the System

LATCH is a documentation tool for breastfeeding charting and assessment. The LATCH tool was modeled on the Apgar scoring system. A composite score of 0–10 is possible, depending upon the identified criteria met in each of the key areas of breastfeeding (see Table 1). It is not a judgment of the breastfeeding dyad or staff member helping; rather, it is a method to identify interventions needed and to facilitate charting.

Each letter of the acronym* LATCH *denotes a key component of breastfeeding

Each letter of the acronym denotes an area of breastfeeding assessment. "L" is for the infant's ability to latch onto the breast. "A" is for the presence of audible swallowing of the infant at the breast. "T" is for the mother's nipple type. "C" is for the mother's sense of comfort. "H" is for holding, or the breastfeeding position used by the mother, and the amount of help the mother requires in holding the infant (see Table 1).

The "L" Assessment

The importance of assessing the infant's ability to latch correctly onto the breast during breastfeeding is well documented. The "L" assessment is scored as a 2 if the infant's gum line is placed well over the mother's lactiferous sinuses, the tongue is positioned under the areola, and both lips are flanged outward. Jaw movement should be visible at the temple area and adequate suction demonstrated by full cheeks without dimpling. There also should be a sustained latch with rhythmic sucking outbursts of 6–7 compressions every 10 seconds (L'Esperance & Franz, 1985; Marmet & Shell, 1984; Shrago & Bocar, 1990; Woolridge, 1986). A score of 1 is given if these criteria are met only after repeated attempts or if the staff must hold the nipple in the infant's mouth and repeatedly stimulate the infant to suck. If the infant takes only the nipple tip and is unable to compress the lactiferous sinuses, the assessment score also is a 1. An infant who is too sleepy or reluctant to nurse and, therefore, does not latch on receives an assessment score of 0.

The "A" Assessment

The audible swallowing of the infant at the breast is assessed next. Swallowing at the breast is an indicator of milk intake and is a necessary component of breast-

Table 1.
The LATCH Scoring Table

	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 <24 hours old Spontaneous and frequent >24 hours old
T Type of nipple	Inverted	Flat	Everted (after stimulation)
C Comfort (Breast/ Nipple)	Engorged Cracked, bleeding, large blisters, or bruises Severe discomfort	Filling Reddened/small blisters or bruises Mild/moderate discomfort	Soft 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 and then mother takes over	No assist from staff Mother able to position/hold infant

feeding (L'Esperance & Franz, 1985; Marmet & Shell, 1984; Shrago & Bocar, 1990; Woolridge, 1986). The observation of swallowing also provides the mother with encouragement and reinforcement that she is providing milk for her infant (Riordan, 1983). The "A" assessment is scored as a 2 if swallowing is heard as a short, forceful expiration of air. During the first 24–48 hours, several bursts of sucking may precede the swallowing sound. At 3–4 days after birth, the frequency of swallowing should increase. If swallowing is heard infrequently and usually only with stimulation, an assessment score of 1 is given. If no audible swallowing is noted, an assessment score of 0 is given.

The "T" Assessment

The shape, size, and texture of the nipple is an important factor in the ability of the infant to latch onto the breast and maintain a sucking effort (Lawrence, 1985). "T" is for the mother's nipple type. The nipple type is an important indicator of the amount and kind of intervention that may be required. If the nipple is everted and projects outward at rest or after stimulation, an assessment score of 2 is given. A nipple that is flat or projects forward minimally receives an assessment score of 1. Inverted nipples receive an assessment score of 0.

The "C" Assessment

The mother's comfort is an important factor in the continued breastfeeding of her infant. Pain in the breast or nipple area influences not only the let-down reflex (Lawrence, 1985), but also the mother's willingness to continue breastfeeding and her feelings of competence (Mulford, 1990; Riordan, 1983). The assessment of the mother's comfort includes both breast and nipple areas. An assessment score of 2 is given if the breast tissue is soft and elastic and the nipples have no visible signs of redness, bruising, blistering, bleeding, or cracking. When asked, the mother also must state that she is comfortable. If the mother indicates she is experiencing mild to moderate tenderness, if she is experiencing a decrease in tissue elasticity when her breasts fill, or if her nipples are reddened with small blisters, an assessment score of 1 is given. Mothers who indicate severe discomfort and have breasts that are engorged, firm, tender with nonelastic

Figure 1.

Infant Nursing Care Record.

CHART TIME AND INITIAL IF ACTIVITY OBSERVATION, OR CARE HAS BEEN GIVEN UNEVENTFULLY.

CROSS OUT ANY CATEGORIES THAT ARE NOT APPLICABLE. SPACE ON BACK IF NEEDED FOR NON-ROUTINE CARE OR TEACHING.

V.S.: AP T R Ax RESP.

Physical Care: Bath Cord

Feedings Time					Comments/Interventions
L					
A					
T					
C					
H					
Total					
Observed/ Reported					
Bottle					

Elimination: VOID STOOL

V.S.: AP T R Ax RESP.

Weight gms. lbs. ozs.

Physical Care: Bath Cord

Feedings Time					Comments/Interventions
L					
A					
T					
C					
H					
Total					
Observed/ Reported					
Bottle					

Elimination: VOID STOOL

V.S.: AP T R Ax RESP.

Physical Care: Bath Cord

Feedings Time					Comments/Interventions
L					
A					
T					
C					
H					
Total					
Observed/ Reported					
Bottle					

Elimination: VOID STOOL

SYSTEMS REVIEW (Initial if asymptomatic Circle & explain if abnormal)	**OBSERVATIONS: ADDITIONAL SPACE ON BACK FOR DETAILED CHARTING WHERE INDICATED. CROSS OUT UNUSED LINES AND SIGN ALL ENTRIES.**
TIME	
CNS	
Resp.	
CV	
GI	
GU	
MS	
Integ.	
Mother/Infant Interaction	
I.D. Bands	MD/PNP Exam PKU Circ
Teaching	
2300-0700 Signatures	LPN CNA RN
TIME	
CNS	
Resp.	
CV	
GI	
GU	
MS	
Integ.	
Mother/Infant Interaction	
I.D. Bands	MD/PNP Exam PKU Circ
Teaching	
0700-1500 Signatures	LPN CNA RN
TIME	
CNS	
Resp.	
CV	
GI	
GU	
MS	
Integ.	
Mother/Infant Interaction	
I.D. Bands	MD/PNP Exam PKU Circ
Teaching	
1500-2300 Signatures	LPN CNA RN

Patient Information

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CONTACT DIR. OF MEDICAL RECORDS FOR COMMENTS.

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tissue, and nipples that are cracked, bleeding, very reddened, or have large blisters or bruises receive an assessment score of 0.

The "H" Assessment

The final component of the LATCH assessment considers the breastfeeding position used by the mother and the amount of help she requires from the staff to hold the infant. Many positions can be used for breastfeeding, depending upon the preference of the mother and the needs of the infant (Renfrew, 1989). The "H" assessment area is an important indicator of the mother's need for further teaching before discharge or referral to a lactation consultant. This assessment area also serves as documentation of the amount of assistance required by the breastfeeding dyad experiencing a problem. According to Shrago and Bocar (1990), the breastfeeding infant's body should be flexed and exhibit no muscular rigidity. The head should be aligned with the trunk, facing the breast and not turned laterally or hyperextended. The mother should support her breast with a cupped hand. Pillows are used to support the infant's body at breast level. An assessment score of 2 is given if the mother is able to position the infant at the breast (in a cradle, football, or side-lying hold), as described above, without assistance from the staff. If the mother needs assistance from the nursing staff with positioning and attachment of the infant at the first breast, but is able independently to achieve a latch-on of the infant at the second breast, an assessment score of 1 is given. If the mother needs the full assistance of the nursing staff to attach and hold the infant at the breast for the entire feeding, an assessment score of 0 is given.

The LATCH Assessment Score

To obtain an observed LATCH score, the caregiver assesses the breastfeeding session at bedside. The scores for each area of assessment are added together to achieve a total for each breastfeeding session. LATCH scores can vary from one feeding to the next. For example, a mother with previous breastfeeding experience, everted nipples, and an alert, vigorous infant could have a score of 9 or 10 for the initial feeding immediately after the birth. This score would reflect that mother and infant required only minimal assistance from the staff in positioning the infant at breast. Later, the mother may require further assistance if she experiences breast or nipple tenderness or if the infant becomes sleepy and needs increased encouragement to latch onto the breast. Specifically, the LATCH score would be as follows: L = 2, A = 1, T = 2, C = 1, H = 1. The individual breastfeeding assessment score is then 7, reflecting changes in mother and infant. In this way, LATCH functions as an assessment tool, defining the key components of breastfeeding and using a holistic approach that incorporates the mother's and infant's contributions to breastfeeding as well as the caregiver's interventions.

Standardized questions provide a systematic approach to gathering information to assist in describing unobserved breastfeeding sessions.

Observed breastfeeding sessions provide the opportunity for objective assessment. Because not all breastfeeding sessions can be observed by a staff member, however, mother-reported scores are recorded to provide continuing assessment. By using the five assessment areas of the LATCH tool when determining the reported scores, the approach to charting and communication among caregivers is standardized. The mother is asked the following questions when a self-reported score is obtained:

"L" (latch-on): How easily did your infant grasp your breast? Did it take several attempts?
"A" (audible swallowing): Did you hear your infant swallow? How frequently did you hear it?
"T" (type of nipple): Do your nipples stand out or do they flatten easily?
"C" (comfort): Are your nipples tender? Are your breasts becoming full and heavy?
"H" (help/holding): Did someone help you put the infant to breast? Would you like help with the next feeding?

LATCH provides for systematic documentation, standardizes communication, and assists in assigning priorities.

Documentation of the LATCH score

The LATCH grid was incorporated into the nursery flow sheets (see Figure 1), with space for up to four breastfeeding sessions per shift and the individual assessment of each session. Space is available for intervention documentation associated with any defined problems. The time of the breastfeeding is entered with the LATCH score, method of reporting, and initials of the documenting nurse. Comments of "slept" if no attempt was made to waken the infant, "right side only," or "left side only," may be added as needed. If a

test weighing has occurred, that information also may be added. Thus, a clearly defined record of each breastfeeding session is available to the caregiver.

Clinical Implications

As an assessment tool, the LATCH system focuses on specific criteria that include the key components of breastfeeding. The repeated and consistent identification of these key assessment areas requires an increasingly objective answer to the question, "How is the infant feeding?" As a communication tool, LATCH scores identify areas of needed intervention and report these areas in a framework that is easy to understand and remember. The nursing staff or lactation consultant can then assign priorities for providing breastfeeding assistance, focusing first on those mothers and infants with lower LATCH scores. As a tool for teaching new mothers to breastfeed, the five assessment areas of LATCH outline an information base that is consistent with current research on the principles of effective breastfeeding.

Research Implications

Research is needed to evaluate the LATCH system's continuing value inside and outside the hospital setting. Longitudinal studies are needed to evaluate the relationship between in-hospital scores and actual or perceived breastfeeding success. Research also is needed on the relationship between the LATCH scores, the patient teaching needs, and the success of the breastfeeding experience for the mother.

Conclusion

LATCH was created to provide a systematic method for breastfeeding assessment and charting. As an assessment tool, it is used to direct appropriate and timely interventions to assist the new mother in establishing successful breastfeeding.

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