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ORIGINAL RESEARCH

LATCH Score for Identification and Correction of Breastfeeding Problems

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ABSTRACT

Aim: The study aimed to assess the effectiveness of the LATCH scoring system in identifying and correcting breastfeeding problems among postpartum mothers and to evaluate the impact of targeted lactation interventions on breastfeeding success. **Materials and Methods:** This prospective observational study included 80 mother-infant dyads recruited from a tertiary care hospital. Mothers with full-term infants (≥37 weeks gestation) intending to breastfeed were included, while those with medical conditions affecting breastfeeding or infants with congenital anomalies were excluded. The LATCH scoring system was used to assess breastfeeding at two time points: within the first 24 hours postpartum and at 48 hours postpartum after targeted lactation support. Mothers scoring ≤6 on the LATCH scale received breastfeeding interventions, including guidance on latch techniques, positioning adjustments, and nipple care. Pre- and post-intervention LATCH scores were compared using statistical analyses, with a p-value <0.05 considered significant. **Results:** The mean maternal age was 28.15 ± 5.65 years, with 60% of participants older than 25 years. The sample included 51.25% primiparous and 48.75% multiparous mothers. Cesarean deliveries accounted for 27.50%, while 72.50% had vaginal deliveries. Before the intervention, 22.50% of mothers had low LATCH scores (0-3), 35.00% had moderate scores (4-6), and 42.50% had high scores (7-10). Following intervention, the proportion of mothers with high LATCH scores increased to 65.00%, while those in the low-score category decreased to 10.00%. The total LATCH score significantly improved from 5.72 ± 2.91 to 7.40 ± 2.56 ($p < 0.0001$). Multiple regression analysis identified cesarean delivery as a significant predictor of LATCH score improvement ($\beta = 0.48$, $p = 0.0197$), while maternal age, BMI, and exclusive breastfeeding status were not significantly associated. **Conclusion:** The LATCH scoring system proved to be an effective tool for identifying breastfeeding challenges and guiding interventions to improve breastfeeding outcomes. Targeted lactation support significantly enhanced LATCH scores, particularly among mothers who had undergone cesarean delivery. Implementing the LATCH scoring system in routine postpartum care can improve maternal confidence, breastfeeding effectiveness, and overall infant health.

Keywords: LATCH score, breastfeeding problems, lactation support, postpartum care, breastfeeding assessment

INTRODUCTION

Breastfeeding is widely recognized as the optimal form of infant nutrition, providing essential nutrients, immune protection, and long-term health benefits for both the mother and child. Despite its well-documented advantages, many mothers encounter difficulties in initiating and sustaining successful breastfeeding. Challenges such as improper latch, inadequate milk transfer, nipple pain, and maternal confidence issues can lead to early cessation of breastfeeding. Addressing these challenges early is crucial to ensuring exclusive breastfeeding, particularly in the first six months of an infant's life, as recommended by global health organizations. Effective assessment tools are necessary to identify breastfeeding difficulties and provide timely interventions. The LATCH scoring system is one such tool that serves as a structured method for evaluating breastfeeding effectiveness, guiding healthcare providers in identifying and correcting breastfeeding problems.[1]The LATCH scoring system is a comprehensive, easy-to-use tool designed to assess breastfeeding effectiveness based on five key components: latch, audible swallowing, type of nipple, comfort, and hold or positioning. Each component is scored from 0 to 2, with a total maximum score of 10. A higher score indicates more successful breastfeeding, while a lower score signals potential difficulties requiring intervention. The systematic approach of the LATCH tool allows healthcare providers to identify specific issues within each category and implement targeted strategies to

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improve breastfeeding outcomes. By using the LATCH score, lactation consultants, nurses, and midwives can provide individualized support to mothers, helping them overcome breastfeeding challenges and ensuring proper feeding techniques.[2]One of the most common challenges in breastfeeding is improper latch, which can result in inadequate milk transfer and maternal nipple pain. Latching difficulties can lead to insufficient infant nutrition, slow weight gain, and increased frustration for both the mother and baby. The LATCH scoring system provides a clear framework to evaluate whether the infant is effectively latching onto the breast, helping healthcare professionals guide mothers in achieving a deep and secure latch. Proper latch is essential for efficient milk transfer, reducing maternal discomfort, and preventing complications such as cracked nipples or engorgement. When an issue is identified through a low latch score, targeted interventions such as repositioning techniques and latch correction can be implemented to improve feeding success.[3]Another critical component of breastfeeding effectiveness is audible swallowing, which indicates the infant's ability to receive and swallow breast milk effectively. Many mothers, especially first-time mothers, may struggle to determine whether their baby is getting enough milk. The LATCH scoring system assesses whether swallowing sounds are absent, occasional, or frequent, providing a valuable indicator of milk transfer efficiency. If audible swallowing is infrequent or absent, interventions such as breast compression techniques, correcting latch position, or ensuring adequate milk supply can be introduced. By addressing this issue early, the likelihood of poor weight gain and early supplementation with formula can be minimized.[4]The condition of the mother's nipple also plays a crucial role in breastfeeding success. Some mothers have flat or inverted nipples, which can make latching difficult for the infant. The LATCH scoring system categorizes nipple type and helps determine whether additional assistance, such as nipple shields or manual stimulation, is required. By recognizing the type of nipple and its impact on breastfeeding early, appropriate interventions can be implemented to facilitate easier latching and improved milk transfer.[5]Maternal comfort is another key factor in successful breastfeeding. Pain during breastfeeding is one of the most common reasons why mothers discontinue breastfeeding earlier than recommended. The LATCH scoring system assesses maternal comfort, taking into account pain levels, nipple tenderness, and potential issues such as engorgement or blocked ducts. By identifying discomfort early, healthcare providers can offer solutions such as applying warm compresses, adjusting feeding positions, or using nipple creams to promote healing. Ensuring maternal comfort is essential to sustaining breastfeeding motivation and adherence, as pain and discomfort can lead to decreased confidence and reluctance to continue breastfeeding.[6]The final component of the LATCH scoring system is the assessment of the mother's ability to position and hold the infant correctly during feeding. Proper positioning is crucial for an effective latch and milk transfer. Some mothers, especially those recovering from cesarean sections or those with limited mobility, may require additional support in holding the baby securely. The LATCH score evaluates whether the mother needs full assistance, minimal assistance, or is capable of positioning the infant independently. Based on the results, healthcare providers can recommend suitable breastfeeding positions, such as the football hold for mothers who had a cesarean section or the cross-cradle hold for better control during latching.[7]One of the major advantages of the LATCH scoring system is its ability to provide an objective and structured approach to breastfeeding assessment. Unlike subjective evaluations, the LATCH score quantifies various aspects of breastfeeding, making it easier to track progress over time. It also serves as a valuable communication tool between healthcare providers and mothers, allowing for consistent monitoring and targeted interventions. By systematically addressing breastfeeding difficulties through the LATCH system, mothers receive the necessary guidance to establish and maintain successful breastfeeding practices.[8]Despite its effectiveness, the LATCH scoring system is not without limitations. Some critics argue that the tool may not fully capture all aspects of breastfeeding success, such as infant satiation cues, maternal milk supply, or emotional factors influencing breastfeeding. Additionally, scoring variations among different healthcare providers may affect consistency in assessments. However, when used in conjunction with clinical judgment and maternal feedback, the LATCH score remains a highly beneficial tool for guiding breastfeeding interventions.The LATCH scoring system provides a structured and effective method for identifying and correcting breastfeeding problems. By assessing key components such as latch, audible swallowing, nipple type, maternal comfort, and positioning, healthcare providers can offer individualized support to mothers facing breastfeeding challenges. Early identification and intervention play a critical role in ensuring breastfeeding success, improving infant nutrition, and promoting maternal confidence.

MATERIALS AND METHODS

This study included 80 mother-infant dyads recruited from a tertiary care hospital. Inclusion criteria were mothers who had given birth to full-term infants (≥37 weeks of gestation), intended to breastfeed, and provided informed consent. Exclusion criteria included mothers with medical conditions affecting breastfeeding (e.g., mastitis, inverted nipples) and infants with congenital anomalies or conditions that hinder breastfeeding.This was a prospective

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observational study aimed at identifying and correcting breastfeeding problems using the LATCH (Latch, Audible swallowing, Type of nipple, Comfort, and Hold) scoring system. The study was conducted in the postnatal ward within the first 48 hours postpartum.

Methodology

Each mother-infant dyad underwent breastfeeding assessment using the LATCH scoring system, which assigns a score (0–10) based on five criteria:

1. **Latch** (0 = no latch, 1 = repeated attempts with some success, 2 = good latch)
2. **Audible Swallowing** (0 = none, 1 = few swallows, 2 = frequent swallows)
3. **Type of Nipple** (0 = inverted, 1 = flat, 2 = everted)
4. **Comfort** (0 = severe pain, 1 = moderate discomfort, 2 = painless)
5. **Hold/Positioning** (0 = full assist, 1 = minimal assist, 2 = no assist needed)

Each mother-infant pair was assessed by trained lactation consultants/nurses at two time points: initial assessment within the first 24 hours postpartum and a follow-up at 48 hours postpartum after breastfeeding interventions (e.g., proper latching techniques, positioning adjustments, nipple care).

Participants who scored ≤6 on the LATCH scale were provided with targeted lactation support to enhance breastfeeding effectiveness. This intervention included hands-on guidanceto help mothers achieve a deeper and more secure latch, ensuring proper attachment of the infant to the breast. Additionally, adjustments in positioning techniques, such as the cradle hold and football hold, were demonstrated to improve comfort and optimize milk transfer.Mothers were also educated on key indicators of effective milk transfer, helping them recognize signs that their infants were feeding successfully. Furthermore, strategies for managing nipple pain or discomfort were discussed to prevent complications and encourage continued breastfeeding. To assess the effectiveness of these interventions, follow-up evaluations were conducted 48 hours postpartum, allowing healthcare providers to monitor improvements in breastfeeding outcomes and offer further support if needed. This structured approach aimed to enhance breastfeeding success and promote maternal confidence in feeding their newborns.

Statistical Analysis

Descriptive statistics were used to summarize LATCH scores before and after intervention. A paired t-test or Wilcoxon signed-rank test (depending on data normality) was used to compare pre- and post-intervention scores. A p-value <0.05 was considered statistically significant.

RESULTS

Demographics of Participants (Table 1)

The study included 80 mother-infant dyads, with an average maternal age of 28.15 ± 5.65 years. A majority (60.00%) of participants were older than 25 years, while 40.00% were 25 years or younger. The sample had a nearly equal distribution of primiparous (51.25%) and multiparous (48.75%) mothers, indicating a balanced representation of first-time and experienced mothers.The mean maternal weight was 65.42 ± 8.98 kg, with 36.25% weighing less than 60 kg and 63.75% weighing 60 kg or more. The average height of participants was 160.23 ± 12.87 cm, with 42.50% below 160 cm and 57.50% above 160 cm. The mean BMI was 24.67 ± 3.63, with 7.50% categorized as underweight (BMI <18.5), 60.00% as normal weight (BMI 18.5-24.9), and 32.50% as overweight/obese (BMI ≥25).Regarding the mode of delivery, 27.50% of the mothers delivered via cesarean section, while 72.50% had a vaginal delivery. At discharge, 81.25% of the mothers practiced exclusive breastfeeding, while 18.75% opted for mixed feeding, demonstrating a high prevalence of breastfeeding initiation among participants.

LATCH Score Improvement (Table 2)

The LATCH scoring system was used to assess breastfeeding effectiveness before and after intervention. Before the intervention, 22.50% of mothers had low LATCH scores (0-3), 35.00% had moderate scores (4-6), and 42.50% had high scores (7-10).Following the intervention, there was a notable improvement in LATCH scores. The proportion of mothers in the low-score category decreased from 22.50% to 10.00%, while those in the moderate category declined from 35.00% to 25.00%. Simultaneously, the percentage of mothers with high LATCH scores increased from 42.50% to 65.00%, indicating that lactation support and guidance significantly improved breastfeeding effectiveness.

Pre- and Post-Intervention LATCH Scores (Table 3)

A detailed comparison of individual LATCH score components before and after the intervention reveals significant improvements across all categories**,** demonstrating the effectiveness of breastfeeding support interventions. The Latch Score improved from 1.07 ± 0.63 to 1.36 ± 0.66 **(**$p < 0.0001$), indicating that mothers were able to achieve a more effective latch after receiving guidance. Similarly, Audible Swallowing**,** which reflects milk transfer efficiency, increased from 0.81 ± 0.73 to 1.09 ± 0.82 **(**$p < 0.0001$**),** suggesting better milk intake by infants post-intervention.

The Type of Nipple component showed a slight improvement from **1**.34 ± 0.63 to 1.43 ± 0.65 **(**$p = 0.0073$**),** indicating that some mothers may have benefited from nipple care strategies and positioning adjustments. Additionally, Comfort levels

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significantly increased from0.96 ± 0.73 to 1.31 ± 0.72 **(**$p < 0.0001$**),** suggesting that mothers experienced less pain or discomfort during breastfeeding after intervention. Hold/Positioning**,** which assesses maternal confidence and independence in holding the baby, also improved from 1.19 ± 0.74 to 1.41 ± 0.68 **(**$p < 0.0001$**),** reflecting enhanced maternal skills in handling the infant during breastfeeding.

Overall, the Total LATCH Score increased significantly from 5.72 ± 2.91 to 7.40 ± 2.56 **(**$p < 0.0001$**),** confirming that structured breastfeeding interventions led to measurable improvements in breastfeeding effectiveness**.** The statistically significant p-values ($p < 0.05$) across all LATCH categories reinforce the importance of early lactation support in improving both maternal and infant breastfeeding outcomes. These findings highlight the positive impact of targeted breastfeeding education and assistance**,** particularly in areas such as latch technique, comfort, and positioning, which are critical for successful breastfeeding.

Multiple Regression Analysis (Table 4)

A multiple regression analysis was conducted to determine the effect of maternal factors on LATCH score improvement. The results showed that maternal age had no statistically significant association with LATCH score improvement ($\beta = 0.03$, $p = 0.1786$), suggesting that age alone does not play a crucial role in breastfeeding effectiveness post-intervention. Similarly, BMI was not found to have a significant effect on LATCH improvement ($\beta = -0.03$, $p = 0.1711$), indicating that maternal weight status does not necessarily influence breastfeeding outcomes in this study population.

However, mode of delivery was found to be an important factor. Mothers who delivered via cesarean section experienced significantly greater improvements in their LATCH scores compared to those who delivered vaginally ($\beta = 0.48$, $p = 0.0197$). This suggests that targeted interventions were particularly beneficial for this group, as they may have faced initial challenges with breastfeeding due to post-surgical recovery, delayed skin-to-skin contact, or difficulty in positioning the baby.

On the other hand, exclusive breastfeeding status at discharge did not show a significant association with LATCH score improvement ($\beta = 0.05$, $p = 0.8238$), indicating that other factors, such as maternal education, support, and prior breastfeeding experience, may have played a more dominant role in enhancing breastfeeding effectiveness.

Overall, cesarean delivery was the only factor significantly associated with LATCH score improvement. This finding underscores the importance of targeted breastfeeding interventions for mothers who undergo cesarean sections**,** as they often require additional support to establish effective breastfeeding practices. Providing early lactation assistance, proper positioning techniques, and pain management strategies could be particularly beneficial in improving breastfeeding success in this group.

Table 1: Demographics of Participants

Variable	Number (n)	Percentage (%)
Mean Age (years)	28.15± 5.65	-
Age ≤ 25 years	32	40.00
Age > 25 years	48	60.00
Primiparous	41	51.25
Multiparous	39	48.75
Mean Weight (kg)	65.42± 8.98	-
Weight < 60 kg	29	36.25
Weight ≥ 60 kg	51	63.75
Mean Height (cm)	160.23± 12.87	-
Height < 160 cm	34	42.50
Height ≥ 160 cm	46	57.50
Mean BMI	24.67± 3.63	-
BMI < 18.5 (Underweight)	6	7.50
BMI 18.5-24.9 (Normal weight)	48	60.00
BMI ≥ 25 (Overweight/Obese)	26	32.50
Cesarean Delivery	22	27.50
Vaginal Delivery	58	72.50
Exclusive Breastfeeding at Discharge	65	81.25
Mixed Feeding at Discharge	15	18.75

Table 2: LATCH Score Improvement

Score Category	Pre-Intervention Count (%)	Post-Intervention Count (%)
Low (0-3)	18 (22.50%)	8 (10.00%)
Moderate (4-6)	28 (35.00%)	20 (25.00%)
High (7-10)	34 (42.50%)	52 (65.00%)

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Table 3: Pre- and Post-Intervention Scores

LATCH Criteria	Pre-Intervention Mean ± SD	Post-Intervention Mean ± SD	p-value
Latch	1.07 ± 0.63	1.36 ± 0.66	0.0000
Audible Swallowing	0.81 ± 0.73	1.09 ± 0.82	0.0000
Type of Nipple	1.34 ± 0.63	1.43 ± 0.65	0.0073
Comfort	0.96 ± 0.73	1.31 ± 0.72	0.0000
Hold	1.19 ± 0.74	1.41 ± 0.68	0.0000
Total LATCH Score	5.72 ± 2.91	7.40 ± 2.56	0.0000

Table 4. Multiple Regression Analysis Table

Variable	Coefficient (β)	Standard Error	t-value	p-value
Constant (Intercept)	0.52	0.81	0.64	0.5260
Age	0.03	0.02	1.36	0.1786
BMI	-0.03	0.02	-1.38	0.1711
Cesarean Delivery	0.48	0.20	2.38	0.0197
Exclusive Breastfeeding	0.05	0.24	0.22	0.8238

DISCUSSION

The present study evaluated the effectiveness of breastfeeding interventions using the LATCH scoring system among 80 mother-infant dyads. The average maternal age in this study was 28.15 ± 5.65 years, with 60% of participants being older than 25 years. This is comparable to a study by Cakmak and Kuguoglu (2007), which reported a mean maternal age of 26.9 ± 5.1 years.9 The distribution of primiparous (51.25%) and multiparous (48.75%) mothers in our study indicates a balanced representation, similar to the study by Halgar et al. (2024), which also reported a comparable parity distribution.[10] Regarding mode of delivery, 27.5% of mothers in our study had cesarean sections, while 72.5% had vaginal deliveries. This is consistent with findings from other studies, such as the one by Lamba et al. (2022), which reported cesarean delivery rates of approximately 30%.[11]Before the intervention, 22.5% of mothers had low LATCH scores (0–3), 35% had moderate scores (4–6), and 42.5% had high scores (7–10). Post-intervention, the proportion of mothers with high LATCH scores increased to 65%, while those with low scores decreased to 10%. This improvement aligns with the study by Halgar et al. (2024), which reported an increase in mean LATCH scores from 5.83 ± 1.64 pre-intervention to 9.31 ± 1.5 post-intervention, highlighting the effectiveness of targeted lactation support.[10]Significant improvements were observed across all LATCH components following the intervention, demonstrating the effectiveness of breastfeeding support. The latch score, which assesses how well the infant attaches to the breast, improved from 1.07 ± 0.63 to 1.36 ± 0.66 ($p < 0.0001$), indicating that mothers were able to achieve a more secure and effective latch after receiving guidance. Similarly, audible swallowing, which reflects milk transfer efficiency, increased from 0.81 ± 0.73 to 1.09 ± 0.82 ($p < 0.0001$), suggesting improved milk intake by infants post-intervention. The type of nipple score showed a slight improvement from 1.34 ± 0.63 to 1.43 ± 0.65 ($p = 0.0073$), indicating that some mothers benefited from nipple care strategies and positioning adjustments.Additionally, comfort levels significantly increased from 0.96 ± 0.73 to 1.31 ± 0.72 ($p < 0.0001$), suggesting that mothers experienced less pain or discomfort during breastfeeding after receiving proper support and education. The hold/positioning component, which measures maternal confidence and independence in positioning the infant for breastfeeding, improved from 1.19 ± 0.74 to 1.41 ± 0.68 ($p < 0.0001$), reflecting enhanced maternal skills in handling the baby during feeding. Overall, the total LATCH score increased from 5.72 ± 2.91 to 7.40 ± 2.56 ($p < 0.0001$), confirming that structured breastfeeding interventions led to measurable improvements in breastfeeding effectiveness. These findings are consistent with those of Divya et al. (2022), who reported that the mean LATCH score improved from 7.31 ± 0.84 pre-intervention to 8.9 ± 0.73 post-intervention after providing counseling and lactation support. The statistically significant changes across all LATCH components highlight the positive impact of targeted breastfeeding education and assistance, particularly in latch technique, comfort, and positioning, which are essential for successful breastfeeding outcomes.[12]The multiple regression analysis revealed that cesarean delivery was significantly associated with greater improvements in LATCH scores ($\beta = 0.48$, $p = 0.0197$). This suggests that mothers who delivered via cesarean section benefited more from targeted interventions, possibly due to initial challenges such as post-surgical recovery and delayed skin-to-skin contact. This finding aligns with the study by Cakmak and Kuguoglu (2007), which reported that mothers who had cesarean deliveries faced more breastfeeding challenges and required additional support.[9]In contrast, maternal age ($\beta = 0.03$, $p = 0.1786$), BMI ($\beta = -0.03$, $p = 0.1711$), and exclusive breastfeeding status at discharge ($\beta = 0.05$, $p = 0.8238$) were not significantly associated with LATCH score improvement. This indicates that factors other than these maternal characteristics may play a more dominant role in enhancing breastfeeding effectiveness. This is consistent with the findings of

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Gerçek et al. (2017), who reported that breastfeeding self-efficacy and support were more critical determinants of breastfeeding success than maternal age or BMI.[13]

CONCLUSION

This study demonstrated that the LATCH scoring system is an effective tool for identifying and correcting breastfeeding difficulties. Significant improvements were observed in all LATCH components post-intervention, confirming the impact of targeted breastfeeding support. Cesarean delivery was found to be a significant factor influencing LATCH score improvement, highlighting the need for additional lactation support in this group. The findings reinforce the importance of structured breastfeeding assessment and early intervention to enhance breastfeeding success.

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