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ORIGINAL ARTICLE

BREASTFEEDING SCORES IN THE ROOMING-IN: APPLICATION OF THE LATCH SCALE

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ABSTRACT

Objective: to evaluate breastfeeding using the LATCH Scale, Brazilian version, during breastfeeding still in the rooming-in of a maternity hospital. **Method:** cross-sectional descriptive study, conducted in a large philanthropic maternity hospital between February and September 2019. A total of 162 puerperal women participated in the study, who were recruited by convenience, between 24, 36 and 48 hours after delivery, through observation of the feeding and interview to complete the items of the LATCH Scale. Chi-square test with significance level of 5% was used. **Results:** 30% of the newborns had lower LATCH scores in relation to the quality of the latch and 35.2% had spontaneous and intermittent or frequent swallowing. Of the women, 85.8% had nipple protrusion after stimulation, being the predominant type, 66% had soft breasts not painful, 69.2% did not need help to position the baby and 55.6% had scores between eight and ten in the evaluation of the scale. Free breastfeeding demand prevailed in 95.7% of postpartum women, 37% had fissure and 84.6% received guidance on latch and positioning. **Conclusion:** the application of the scale identified the presence of difficulties related to the management of breastfeeding, allowing the health professional to intervene, contributing to the success of breastfeeding.

Keywords: Rooming-in care. Breast feeding. Child care. Pediatric nursing.

INTRODUCTION

Breastfeeding (BF) brings nutritional, immunological, physiological, cognitive and emotional benefits to the baby, developing in it the feeling of security and support. In addition, breastfeeding brings benefits for maternal physical and mental health, awakening in the mother the feeling of self-confidence and satisfaction, and, as a whole, establishes a unique affective link between the mother-child binomial[1].

Although breastfeeding is an intrinsic physiological act, it is not always instinctive, as it permeates the biological, cultural, economic and political spheres. In the midst of the complexity involved in breastfeeding, the puerperal woman can still encounter physical and emotional barriers, which, added to a context, can lead to early withdrawal from this practice[2].

Interruption of breastfeeding before six months of the baby's life is called early weaning. In a timeline based on the history of BF indicators in Brazil, there was a high trend of practice until 2006, since then these indicators are stagnant, which highlights the importance of evaluations and actions that seek to promote and protect breastfeeding[3].

The encouragement of breastfeeding should be initiated still in prenatal care, extend in maternity and prevail after hospital discharge. A cross-sectional study conducted with 207 postpartum women in the city of Maceió in 2015 brought worrying data regarding BF shortly after delivery. This study found that 25% of postpartum women did not receive guidance on breastfeeding in maternity and 20.3% were not breastfeeding their children after discharge from maternity hospital, even though they were able

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to practice[4].

However, it is urgent to establish practices that enable breastfeeding still in maternity. When considering that each woman is unique and faces different situations of care, the assistance provided to her should be individualized and take into account her family context, psychosocial and physical aspects, possible doubts and barriers that can be minimized and solved with an early intervention not only through safe and scientific information, but with an assertive management[5].

The analysis of breastfeeding through observation is a method that collaborates in the identification of possible obstacles in the establishment of BF, which allows to act on the difficulty more quickly and effectively. Therefore, the incorporation of a validated and standardized instrument assists the health professional in the evaluation of breastfeeding, providing, in a systematic way, a information for multiprofessional communication and directing an intervention that achieves a better quality of health for the mother and the baby[6].

The use of a pre-established scale to analyze breastfeeding lists individualized proposals for the mother-baby binomial, in order to avoid early weaning. The LATCH Scale was developed by the American nurse Deborah Jensen, with the approval of specialist nurses in the maternal and child area. For the health professional, this scale can contribute to a practical assessment of how breastfeeding is occurring. With studies in Spain, Italy and Turkey, the scale is still little used in Brazil, despite having its version translated into Portuguese and validation[7].

The instrument aims to signal the difficulties in the breastfeeding process, and each letter of the acronym LATCH refers to an area of analysis of breastfeeding: the letter "L" (latch) judges the quality of the child's latch in relation to the maternal breast; the letter "A" (Audible Swallowing) is the chance to hear the swallowing of the child at the time she is breastfeeding; the letter "T" (Type of Nipple) evaluates the type of the mother's nipple; the letter "C" (Comfort) concerns maternal comfort in relation to the breast and nipple, whether the mother feels pain and whether there is injury; and the letter "H" (hold) informs if the mother needs help or not to position the child[8].

This tool provides an opportunity to systematize and make documented the evaluation of BF in nursing care provided to the puerperal and neonate. Its scoring system, from 0 to 2, allows each area of breastfeeding to be evaluated, enabling interventions and early guidance[9].

Thus, when considering the fragile context of encouraging BF and the importance of acting assertively early, the objective of this study was to evaluate breastfeeding using the LATCH Scale, Brazilian version, during breastfeeding still in the rooming-in of a maternity hospital.

METHOD

This is a descriptive cross-sectional study, carried out in a philanthropic maternity hospital of tertiary level, accredited to the Unified Health System (UHS), which assists pregnant women classified as habitual risk, intermediate and high risk, located in the North of Paraná. The hospital still holds the title of Child Friendly Hospital Initiative (CFHI) since 1995.

The data collection period occurred from February to September 2019. The selection of the sample was by convenience, totaling 162 postpartum women, who were recruited 24 hours, 36 hours and up to 48 hours after delivery, through the availability of women and babies for breastfeeding for evaluation and use of the LATCH Scale. The identification of the mother/newborn binomials in the rooming-in and in breastfeeding eligible for the study was done with the nurses, daily, from Monday to Sunday, through the shift and the electronic system. The medical records were evaluated to confirm the pre-established eligibility criteria, and, finally, the mothers who met the criteria were invited.

Upon the acceptance, perinatal information was collected from medical records and face-to-face interviews were conducted, followed by observation of the feedings. The exclusion occurred for women who evolved with puerperal complications and for babies who needed to be referred to the Intermediate Care Unit, that is, cases in which there was no possibility to breastfeed.

Data collection was performed by two female

nurses, who worked in the maternity hospital at a time different from that intended for such, had breastfeeding training required by the CFHI and were previously trained to perform the research.

This unit has a room for breastfeeding with comfortable chairs, which was previously organized to monitor the feeding of babies who needed to be fed. In the cases of babies who had recently been breastfed, the researchers returned in the next feeding.

After acceptance of the puerperal mother, the researchers collected information from the prenatal card regarding pregnancy, gestational age, type of delivery, weight of the newborn, Apgar, breastfeeding in the delivery room and guidance received on breastfeeding during hospitalization; then, the researchers performed the observation of the feeding (mother and baby) and the completion of the items of the LATCH Scale, Brazilian version.

The word "LATCH" is the acronym in English for the evaluated characteristics: "L" (latch) refers to the quality of the child's grip on the breast; "A" (Audible swallowing) refers to the possibility of hearing the swallowing of the baby while he/she is breastfeeding; "T" (Type of Nipple) evaluates the type of nipple; "C" (Comfort) refers to maternal complaint regarding breast pain and presence of pain and/or nipple injury; "H" (hold) refers to whether the mother needs or not help positioning the baby. The LATCH tool assigns a numerical score of 0 to 2 to each of the five.

Thus, in view of the score assigned by the LATCH scale, the evaluation of breastfeeding will be classified as follows: score from 0 to 3 = severe (high risk for early weaning, requiring total intervention and guidance); score from 4 to 7 = moderate (moderate risk for early weaning, requiring some interventions and guidance); score from 8 to 10 = optimal (adequate breastfeeding, requiring only guidance).

When breastfeeding is not observed, the scale allows self-assessment, made by the puerperal woman through five standardized questions, which evaluate the areas proposed by the scale. In this study, this option was not used, only the observation of breastfeeding was chosen.

The time between the application of the scale and the beginning of the guidelines was 25 and 30 minutes, and counseling was performed according to the score of the items evaluated by the same researchers who observed the feeding and applied the scale. The guidelines were made according to the recommended in the Basic Health Care Booklet n. 23, Child Health, Breastfeeding and Complementary Feeding[10].

The data were inserted in real time, by tablet smartphone, and tabulated in Excel (Microsoft®), later in the Statistical Package for the Social Sciences (SPSS®) version 20.0. For the analysis, the chi-square test was applied with a significance level of 5%, to verify possible associations ($p \leq 0.05$) between the dependent variable "LATCH scale" and the independent variables conditions of breastfeeding in maternity (desire to breastfeed, sucking in the maternal breast, help to breastfeed in the immediate postpartum period, difficulty to breastfeed, breastfeeding in free demand, appearance of the breasts, presence of fissures in the nipples, need for milking and guidance of latch and positioning).

The study obeyed Resolution 466/2012 of the National Health Council, and its conduct was previously authorized by the hospital's management and later approved by the Research Ethics Committee, opinion n. 3.395.649 and CAAE n. 97003118.7.0000.5231.

RESULTS

Among women, 64.2% were aged 30 years or older, 71.6% had higher education and 84.6% were white. The majority did not participate in groups of pregnant women (80.2%), and the most frequent route of delivery was cesarean section (90.7%), with just over 50% being multiparous (Table 1).

Table 1. Sociodemographic and obstetric profile of puerperal women assisted by a philanthropic maternity hospital, Londrina, Paraná, Brazil, 2019.

Variables	n	%
Sociodemographic profile		
Age group		
15 - 19 years	7	4,3

20 - 29 years	51	31,5
≥30 years	104	64,2
Education		
Elementary school	10	6,2
High school	36	22,2
College	116	71,6
Race/Color		
White	137	84,6
Yellow	17	10,5
Black	8	4,9
Obstetric condition		
Pregnancy		
Primiparous	78	48,2
Multiparous	84	51,8
Participated in a group of pregnant women		
Yes	32	19,8
No	130	80,2
Type of delivery		
Vaginal	15	9,3
Cesarean section	147	90,7
Variables	**162**	**100,0**

Source: The author

Almost all puerperal women reported desire to breastfeed during pregnancy (95.2%). Sucking in the maternal breast until the first hour of life after delivery occurred for 63% of the babies, and 71.6% of the mothers reported difficulties in breastfeeding. Breastfeeding in free demand occurred for 95.7% of the parturients, 85.5% of the breasts were flaccid after 24 hours of delivery, but 37% had fissures in the nipples and 84.6% needed guidance on latch and positioning in the postpartum period (Table 2).

Table 2. Characterization of breastfeeding from pregnancy to rooming-in, Londrina, Paraná, Brazil, 2019.

Variables	N	%
Desire to breastfeed during pregnancy		
Yes	154	95,1
No	8	4,9
Sucking in the maternal breast		
1st half hour (delivery room)	52	32,1
Half hour to one hour	50	30,9
One to two hours	12	7,4
Did not suck	48	29,6
Help to breastfeed in the immediate postpartum		
Yes	116	71,6
No	46	28,4
Difficulty to breastfeed		
Yes	83	51,2
No	79	48,8
Breastfeeding in free demand		
Yes	155	95,7
No	7	4,3
Aspect of the breasts		
Saggy	142	87,7
Turgid	19	11,7
Engorged	1	0,6
Presence of fissures in the nipples		
Yes	60	37,0
No	102	63,0

Needed milking		
Yes	8	4,9
No	154	95,1
Guidance on latch and positioning		
Yes	137	84,6
No	25	15,4
Total	**162**	**100,0**

Source: The author.

Table 3 shows the domains of the LATCH scale, in which 36.9% of newborns had lower scores in relation to the quality of the handle and 35.2% had spontaneous and intermittent or frequent swallowing. With regard to women, the predominant type of nipple was the protrusion after stimulation, with 85.8%, 66% of them had not painful soft breasts and 69.2% did not need help to position the baby. In the evaluation of the LATCH Scale, 40.7% had scores between five and seven and 55.6% had scores between eight and ten.

Table 3. Escore da Escala LATCH durante a avaliação da mamada no alojamento conjunto, Londrina, Paraná, Brasil 2019.

LATCH Scale	Score	n	(%)
L (Latch)			
Very sleepy or reluctant	0	15	9,2
Repeated attempts to sustain latch or suction	1	45	27,7
Grabs breast, Tongue lowered, Lips curled out, Rhythmic sucking	2	102	62,9
A (Audible swallowing)			
None	0	80	49,4
A little, with encouragement	1	25	15,4
Spontaneous and intermittent (<24h of life), Spontaneous and frequent (>24h of life)	2	57	35,2
T (Type of nipple)			
Plain	1	23	14,2
Protruse (After stimulation)	2	139	85,8
C (Comfort)			
Engorged with fissure*		6	3,7
Full reddish	0	49	30,2
Soft not painful	1	107	66,0
H (Hold)	2		
Complete help (Team holds the baby to the breast)	0	3	1,9
Minimum help*	1	46	28,9
No help from the team - Mother able to position and hold baby	2	113	69,2
LATCH Scale (score)			
Two to Four		6	3,7
Five to Seven		66	40,7
Eight to Ten		90	55,6
Total		**162**	**100,0**

Source: The author.

*Bleeding, large blisters or welts, severe discomfort;

**(For example, elevate the head at the headboard, place pillows for support), teach the mother on one breast, then she does it on the other side, team holds the baby, then the mother takes over.

The "Comfort" domain of the LATCH scale showed statistical relevance ($p \leq 0.001$). Women with lower scores in this domain showed higher percentages related to the presence of fissure in the nipple.

When compared to difficulty in breastfeeding, the scale score also showed statistical significance ($p \leq 0.001$): the lower the scores (0 or 1) of the scale, the greater the difficulties in breastfeeding. The analysis of these variables was chosen according to the potential influence on the LATCH Scale score (Table 4).

Table 4. Evaluation of the LATCH scale according to breastfeeding conditions, Londrina, Paraná, Brazil 2019.

LATCH Scale			*p* value
Presence of fissure in the nipple			
C (Comfort)	**Yes (%)**	**No (%)**	
Engorged with fissure*	6 (100.0)	_	≤0.001
Full reddish	39 (79.6)	10 (20.4)	
Soft not painful	15 (14.0)	92 (86.0)	
Aspects of the breasts			
C (Comfort)	**Saggy**	**Turgid/Engorged**	
Engorged with fissure*	5 (83.3)	1 (16.7)	0.088
Full reddish	39 (77.6)	11 (22 .4)	
Soft not painful	99 (92.5)	8 (7.5)	
Presence of fissure in the nipple			
T (Type of Nipple)	**Yes (%)**	**No (%)**	
Plain	11 (47.8)	12 (52.2)	0.247
Protruse (After stimulation)	49 (35.3)	90 (64.7)	
Guidance on latch and positioning			
H (Hold)	**Yes (%)**	**No (%)**	
Complete help	3 (100.0)	_	0.222
Minimum help**	42 (31.4)	92 (68.6)	
No help	4 (16.0)	21 (84.0)	
Difficulty to breastfeed			
LATCH (score)	**Yes (%)**	**No (%)**	
2 - 4	6 (100.0)	_	≤0.001
5 - 7	51 (77.3)	15 (22.7)	
8 - 10	26 (28.9)	64 (71.1)	
Help in the immediate postpartum to breastfeed			
LATCH (score)	**Yes (%)**	**No (%)**	
2 - 4	2 (33.3)	4 (66.7)	0.065
5 - 7	51 (77.3)	15 (22.7)	
8 - 10	63 (70.0)	27 (30.0)	

Source: The author.
*Bleeding, large blisters or welts, severe discomfort;
**(For example, elevate the head at the headboard, place pillows for support), teach the mother on one breast, then she does it on the other side, team holds the baby, then the mother takes over.

After applying the scale, the most commonly performed orientations were catch and positioning, with 64%, followed by lactation and milking, with 13%, and search for the Human Milk Bank (HMB), also with 13% (Figure 1).

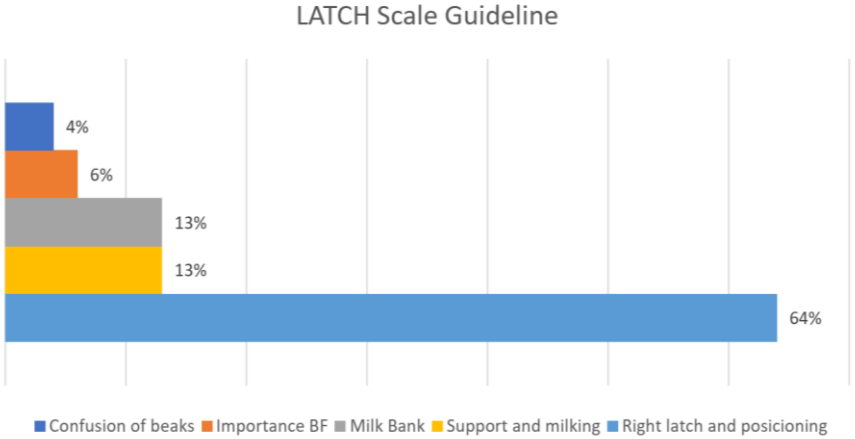

Figure 1. Guidance on breastfeeding management for postpartum women after applying the LATCH Scale, Londrina, Paraná, Brazil 2019.
Source: Research data.

DISCUSSION

Public policies in favor of women's and children's health are based on the promotion and protection of breastfeeding, including the Child-Friendly Hospital Initiative (CFHI), launched in member countries of the United Nations (UN) to ensure the practice of breastfeeding and the prevention of early hospital weaning[11].

Considering this scenario, in this research, a distinct population profile was observed, with young adult women and with higher education, which can contribute to the maintenance of breastfeeding and a better identification of the problems related to breastfeeding.

There was a predominance of cesarean delivery, well above the average recommended by the World Health Organization (WHO), between 10% and 15%, which also leads to difficulty in performing suction in the delivery room, postponing the beginning of BF. The act of breastfeeding in the first hour of life has been positively associated with exclusive breastfeeding (EBF) until the sixth month of life of the child, favoring the reduction of mortality of children under five years[12].

The desire to breastfeed was relevant in the study, being this aspect a primordial factor for the establishment and maintenance of BF. It was identified, in a research, a high self-efficacy in the will to continue breastfeeding even with adverse situations present, such as lack of time with the return of the mother to work, unwanted pregnancy, lack of partner support and interference of family members, being the desire for breastfeeding a protective aspect for BF[13].

The difficulty to breastfeed was also an expressive point, being this condition a facilitator for the introduction of artificial nipples and the refusal of breastfeeding. One study indicates that difficulty during breastfeeding is a contributing factor to the use of pacifiers or bottles, which, in turn, are crucial elements for early weaning[14].

In this study, breast fissure was present in 37% of postpartum women, being one of the reasons for the difficulty in breastfeeding, which can arise still in the maternity hospital and worsen in the first weeks after delivery. A study conducted in 2019 estimated the prevalence of nipple trauma linked to sociodemographic and obstetric factors, so that previous experience was the only aspect associated with protection from nipple trauma[15].

In addition to the aforementioned problem, 71.6% of the postpartum women mentioned difficulties to breastfeed in this research, which indicates that the intervention of the nursing team – especially the nurse – in the guidance and assistance of breastfeeding should occur as soon as possible, as well as the identification of maternal risk and guidance on the preparation of the nipple in prenatal care[16].

It is considered that one of the causes of nipple fissures is the incorrect latch arising from the difficulty to breastfeed, so with quick action when observing an ineffective feeding and assisting the puerperal woman promptly, nipple trauma, such as fissures, can be avoided. Thus, prenatal and postnatal health education can increase adherence to good positioning and decrease the likelihood of fissures during lactation[17].

It is known that fissures, in addition to causing physical pain, also generate psychological suffering for the mother, being able to contribute to failure and even to the interruption of breastfeeding, representing one of the main causes of abandonment of BF. Thus, care should be focused predominantly on the prevention of these injuries[18].

The application of the LATCH scale confirmed relevance between the domain "Comfort" and the presence of nipple fissure. Low scores on items C (Comfort) and T (Type of nipple) prove the observation of poor grip, so the evaluation of items "Handle", "Swallowing", "Comfort" and "Positioning" varies according to the hours of life, and should be considered individually, in addition to the parameter of the total score, to direct the nursing team in the planning of daily care in the maternity hospital[19].

In this study, most puerperal women showed difficulty breastfeeding, and 15.4% of women did not receive guidelines for latching and positioning, which can induce poor latching in lactation and other problems, such as the occurrence of nipple fissures and early weaning. Furthermore, the observation of the handle should be made constantly by the nurse still in primary health care – and by the nutritionist –, since this is enabled to act immediately when it detects inadequacy in the feeding, as mentioned above in this study[20].

In the analysis of each item of the scale,

adding to the frequencies of scores below seven, less than half of the mother/newborn binomials presented some difficulties with the beginning of the feeding observed. Compared to a study conducted in India in 2018, the mean LATCH score at birth was significantly higher in women breastfeeding at 6 weeks postpartum than in those who weaned. Similarly, the mean LATCH score at 48 hours/discharge was higher in women who breastfed at 6 weeks postpartum than in those who weaned[21].

The performance of nursing mothers and newborns during breastfeeding reveals higher scores on the LATCH score on the 28th day compared to the beginning of the neonatal period, according to a study conducted in Piauí, Brazil (2021). In addition, the aforementioned study highlighted as a difficulty reported by the nursing mothers the presence of pain in the injured nipples/nipples, which was associated with failure to perform EBF at the end of the neonatal period[22].

A study conducted in São Paulo (2022) indicates that, in the "Audible swallowing" (A) score, differences were observed, so that newborns with >48 hours had a higher positivity score when compared to groups with <24 hours and with 24-48 hours. These findings indicate that there is improvement in the practice of positioning in the breastfeed according to the time of experience of the mother-child pair, as well as due to lactation from 48 hours after birth, which naturally increases the volume of milk ingested by the child and facilitates the swallowing auscultation by the professional[23].

A cross-sectional study conducted in maternity hospitals in Minas Gerais that have the BFHI seal identified that the observation of breastfeeding made it possible to observe the following initial difficulties of BF: inadequate latch (25%), response to contact with the breast (26.1%) and problems with the breast due to failure in positioning and latching the baby to the breast (28.3%)[24]. In the present study, the problems scored after delivery were: flat nipples and engorged breasts with fissures, full and reddish, and a relevant percentage of postpartum women needed help to position the baby during breastfeeding.

The correct form of the latch during breastfeeding is an important factor for proper weight gain and so that breast lesions do not occur. Therefore, the ineffective breastfeeding technique, which makes sucking and breast emptying difficult, can cause impairments in the dynamics of milk synthesis and problems such as engorgement and mastitis, which are among the major factors linked to the interruption of EBF. Therefore, the nursing professional plays an essential role for the breastfeeding process to be maintained[25].

In this sense, it can be inferred that the nurse is essential for the continuity and promotion of EBF, being responsible for providing assistance to the puerperal woman and meeting her needs. Considering that the EBF should be performed until the sixth month of life of the baby, the presence of nurses is extremely essential to increase these rates in Brazil, seeking to avoid breast lesions, early weaning and, consequently, the use of supplementation, as infant formula and industrialized milk. Concomitant to this, one should encourage breastfeeding, guiding the woman and the family on the benefits of breastfeeding[25].

As a limitation of the study, it was identified that, despite the availability of the puerperal woman to meet the researchers, there was interruption of the interview with the arrival of visits to the mother and the baby, given that, in addition to the hospital routines, the birth of the baby is a time of celebration for the family.

CONCLUSION

The instrument was easy to apply, and its use supported the systematic and early management to identify problems with the establishment of breastfeeding, and can guide the professional nurse in the practical and assertive management of breastfeeding, as well as to offer instructions according to ministerial guidelines and thus enable a humanized service that promotes and protects the EBF.

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ESCORES DE ALEITAMENTO MATERNO NO ALOJAMENTO CONJUNTO: APLICAÇÃO DA ESCALA LATCH

RESUMO

Objetivo: avaliar o aleitamento materno utilizando a Escala LATCH, versão brasileira, durante a amamentação ainda no alojamento conjunto de uma maternidade. **Método:** estudo descritivo transversal, realizado em uma maternidade de hospital filantrópico de grande porte, entre fevereiro e setembro de 2019. Participaram do estudo 162 puérperas, as quais foram recrutadas por conveniência, entre 24, 36 e 48 horas após o parto, por meio de observação da mamada e de entrevista para o preenchimento dos itens da Escala LATCH. Utilizou-se teste qui-quadrado com nível de significância de 5%. **Resultados:** 30% dos recém-nascidos apresentaram escores da escala LATCH menores em relação à qualidade da pega e 35,2% apresentaram deglutição espontânea e intermitente ou frequente. Das mulheres, 85,8% apresentaram mamilo protuso após estimulação, sendo o tipo predominante, 66% apresentaram mamas macias não dolorosas, 69,2% não necessitaram de ajuda para posicionar o bebê e 55,6% tiveram pontuação entre oito e dez na avaliação da escala. O aleitamento materno livre demanda prevaleceu em 95,7% das puérperas, 37% apresentaram fissura e 84,6% receberam orientações sobre pega e posicionamento. **Conclusão:** a aplicação da escala identificou a presença de dificuldades relacionadas ao manejo do aleitamento materno, permitindo que o profissional de saúde pudesse intervir, contribuindo para o sucesso da amamentação.

Palavras-chave: Alojamento conjunto. Aleitamento materno. Cuidado da criança. Enfermagem pediátrica.

PUNTUACIONES DE LACTANCIA MATERNA EN EL ALOJAMIENTO CONJUNTO: APLICACIÓN DE LA ESCALA LATCH

RESUMEN

Objetivo: evaluar la lactancia materna utilizando la Escala LATCH, versión brasileña, durante la lactancia aún en el alojamiento conjunto de una maternidad. **Método**: estudio descriptivo transversal, realizado en una maternidad de hospital filantrópico de gran porte, entre febrero y septiembre de 2019. Participaron del estudio 162 puérperas, que fueron reclutadas por conveniencia, entre 24, 36 y 48 horas después del parto, por medio de observación de la mamada y de entrevista para rellenar los ítems de la Escala LATCH. Se utilizó prueba chi-cuadrado con nivel de significancia del 5%. **Resultados**: 30% de los recién nacidos presentaron puntuaciones de la escala LATCH menores respecto a la calidad del agarre y 35,2% presentaron deglución espontánea e intermitente o frecuente. De las mujeres, 85,8% presentaron pezón prominente después de estimulación, siendo el tipo predominante, 66% presentaron mamas suaves no dolorosas, 69,2% no necesitaron ayuda para posicionar el bebé y 55,6% tuvieron puntuación entre ocho y diez en la evaluación de la escala. La lactancia materna a libre demanda prevaleció en 95,7% de las puérperas, 37% presentaron fisura y 84,6% recibieron orientaciones sobre agarre y posicionamiento. **Conclusión**: la aplicación de la escala identificó la presencia de dificultades relacionadas al manejo de la lactancia materna, permitiendo que el profesional de salud pudiera intervenir, contribuyendo para el éxito de la lactancia materna.

Palabras clave: Alojamiento conjunto. Lactancia materna. Cuidado al niño. Enfermería pediátrica.

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