Best burping positions for babies

Why burping may help

Babies can swallow air while feeding, particularly if they are crying, feeding rapidly, having difficulty maintaining a seal, or drinking from a bottle. Air in the stomach may contribute to temporary fullness, fussiness, squirming, or an early end to a feed. Burping provides an opportunity for some of that air to escape, although it does not eliminate every cause of crying or feeding-related discomfort.

Burping needs vary considerably. A breastfed baby may swallow less air during some feeds, while a bottle-fed baby may benefit from planned pauses because milk can flow continuously. Even within the same baby, the need to burp can change according to feeding position, latch or teat fit, feeding speed, and the baby's developmental stage.

Think of burping as a responsive part of feeding rather than a test that must produce a result. If your baby is comfortable, feeding well, and breathing normally, there is usually no need to continue patting for a long time simply because no burp has occurred. A calm upright cuddle may be sufficient.

Position one: over the shoulder

The over-the-shoulder hold is familiar because it combines upright positioning with close physical contact. It may work well after a feed or during a natural pause when your baby appears to need a break.

Place your baby upright against your chest, with the baby's chin resting above your shoulder rather than pressed into the neck.
Use one hand and forearm to support the baby's bottom and back. Keep the baby's head and neck aligned with the trunk.
With the other hand, gently rub or pat the upper back. Use a relaxed, open hand and moderate pressure; burping should never involve forceful striking.
Keep the baby's face turned to the side and ensure the nose and mouth are clear of clothing or your shoulder.

Standing or sitting upright can both be appropriate, provided you remain attentive and maintain secure support. Some babies respond better to slow circular rubbing than to patting. You can also walk slowly while holding the baby securely, but avoid bouncing, vigorous movement, or any action that causes the head to wobble.

If a baby is very young or has limited head control, do not rely on the shoulder alone to support the head. Your hand should provide active support at the neck and upper back. Avoid allowing the baby's chin to fold sharply toward the chest, since this can narrow the airway.

Position two: supported sitting

The supported sitting position can be useful when you want to observe your baby's face and control the alignment of the head, neck, and chest. It is also practical when an over-the-shoulder hold feels awkward or when you are changing positions during a feed.

Sit your baby on your lap, facing sideways or slightly away from you.
Place one hand across the baby's chest and gently support the jaw and chin with your fingers. Support the chin rather than pressing against the throat.
Lean the baby slightly forward from the hips while keeping the back reasonably straight and the head supported.
Use your free hand to rub or gently pat the back.

The forward lean should be small and controlled. Do not fold your baby sharply at the waist or allow the head to drop below the chest without support. Keep your baby's airway visible and make sure the hand supporting the face is not covering the mouth or nose.

This position can also help you notice signs that your baby needs a pause, such as pulling away, coughing, gulping, grimacing, or becoming unsettled. During bottle feeding, stopping briefly at a natural point can reduce the amount of air swallowed by some babies. For breastfed babies, a pause may be appropriate when changing breasts or when the baby naturally releases the breast.

Position three: tummy-down across the lap

The tummy-down-across-the-lap position places gentle, supported contact along the abdomen and can be tried when an upright hold has not produced a burp. It requires careful attention to head position and should be performed only while the baby is awake and continuously supervised.

Lay your baby face down across your lap, positioned across the thighs rather than left unsupported.
Turn the baby's head to one side and support the head so the nose and mouth remain completely clear.
Keep the upper body slightly higher than the abdomen if this can be done comfortably and securely.
Rub or gently pat the back with your free hand.

Never leave a baby unattended in this position, and do not use it as a sleep position. The baby's airway must remain open throughout. Avoid placing pressure directly over the throat, front of the neck, or upper abdomen. If your baby becomes distressed, changes color, has difficulty breathing, or repeatedly spits up, stop and return to a safe upright hold while seeking appropriate advice.

Some caregivers find that a slow change from the shoulder position to the lap position helps release trapped air. Make every transition deliberate: keep one hand supporting the head and neck while repositioning the rest of the body. A second adult can assist if you are still gaining confidence with handling a

small newborn.

When to burp during feeding

There is no universal schedule for burping. Watch your baby's feeding behavior and use pauses that fit the type of feed. A baby who is relaxed and feeding efficiently may not need an interruption. A baby who is gulping, repeatedly pulling away, arching, coughing, or becoming fussy may benefit from a short pause.

For bottle feeding, some babies benefit from a pause partway through the bottle and another at the end. The exact timing depends on the baby's pace and cues rather than a fixed volume or clock-based rule. Hold the bottle in a way that keeps the teat filled with milk and avoid encouraging your baby to finish if they show signs of fullness.

For breastfeeding, burping can be attempted when changing sides, when the baby releases the breast, or after the feed. If your baby becomes impatient when interrupted and appears comfortable, it may be reasonable to continue feeding and try later. Burping during natural feeding pauses can be less disruptive than stopping a settled feed without a clear reason.

Keep attempts short and calm. A few minutes of upright holding, gentle rubbing, or light patting is generally enough to determine whether a burp is likely. If no burp occurs but the baby is comfortable, you can stop. Prolonged handling may make an already tired baby more unsettled.

Technique, safety, and common mistakes

Good burping technique is primarily about positioning, support, and observation. Keep your baby's head, neck, and spine in a stable alignment. Hold the baby securely before changing position, and use movements that are slow enough to maintain control. The back can be rubbed in an upward or circular motion, or gently patted with a cupped hand.

Avoid pressing on the throat, squeezing the chest, or striking the back. Do not shake, bounce vigorously, toss, or repeatedly reposition a baby in an attempt to force a burp. Burping is not a treatment for every type of reflux, pain, or

crying, and more force does not make it more effective.

Keep a cloth nearby for small amounts of milk that may come back up during handling. This is different from forceful or repeated vomiting, which deserves medical advice. After burping, continue to hold your baby securely. When it is time to sleep, place the baby on their back on a firm, flat sleep surface, following current safe-sleep guidance; do not use an inclined sleep device or leave the baby sleeping across your lap or shoulder.

Caregiver comfort matters too. Sit down if you feel unsteady, keep your back supported, and avoid handling the baby while distracted. If you are tired or frustrated, place the baby safely in the cot and ask another trusted adult to help. A safe, calm pause is preferable to continuing an unsuccessful burping attempt.

If your baby does not burp

Not every baby burps on demand. If you have tried one position gently and your baby remains comfortable, you can stop or try a different position once. Keeping the baby upright against your chest for a short period may be all that is needed. Do not assume that a missing burp means gas is trapped or that you have done something incorrectly.

If your baby repeatedly appears uncomfortable during feeds, consider discussing the pattern with a midwife, health visitor, lactation consultant, pediatrician, or other qualified healthcare professional. They may assess feeding technique, latch, bottle flow, swallowing coordination, growth, and the possibility of reflux or another explanation for the behavior. Feeding observations can be useful, especially if discomfort occurs at a consistent point in the feed.

Seek prompt medical advice for feeding-related infant discomfort accompanied by poor feeding, inadequate wet nappies or diapers, lethargy, fever, breathing changes, a swollen or hard abdomen, blood in vomit or stool, or persistent distress after feeding. Forceful vomiting, green vomit, or a baby who seems acutely unwell requires urgent assessment. Burping positions should never delay evaluation of concerning signs.