

When Infants Have Trouble Nursing – A Study Group Success Story

Exciting collaborations are growing out of the Reston, VA quarterly CST/SER study group. It all started last year when Suzanne Scurlock-Durana shared her successes using a special CST technique to treat newborns struggling to latch on fully when nursing.

Any mom who has a nursing infant with this issue will tell you it is no fun. She will often come in complaining of sore, cracked nipples and wondering why other women enjoy the nursing process. They often tell you it feels as if their baby is ‘chomping’ on their nipples (and they are – with this feeding restriction they cannot open their mouths wide enough to fully latch on.) Moms often feel as though *they* must be doing something wrong and that they don’t have enough milk. This kind of restriction causes less effective delivery of milk to the infant, which in time will lead to diminished supply.

In this technique Suzanne shared, a gloved finger is gently inserted under the tongue with a direction of energy being applied to the muscles at the root of the tongue and the floor of the mouth (with lots of intention - less than 5 grams.) Patience and careful CST listening are required for this kind of treatment. As the tissue softens, and the tongue and floor of the mouth are released, it allows the jaw to relax and the mouth to fully engage with the mother’s nipple. This can be a brief treatment with an otherwise healthy newborn, or a vital part of a longer process with infants who have more compromise to their systems.

Suzanne shared with the study group how she adds this technique to the newborn protocol when this nursing issue is present. All the attending therapists were excited to add this extra step (when needed) to their newborn protocol for the little ones in their practices.

One of our regular study group members, Carla, is a LMT and La Leche League leader (lactation volunteer) and she immediately began to share this information with her lactation colleagues. Then last spring, Kathleen, a pediatric speech pathologist who also attends regularly, had one of Carla’s colleagues come in with a mom and newborn who had difficulties with nursing.

During the treatment, Kathleen educated the new mom and her lactation consultant (LC) about the effectiveness of this gentle release process. She did such an outstanding job of softly opening up the floor of the mouth and oral cavity for the infant that a significant amount of the baby’s sucking issues resolved in that first treatment. Mom and baby were on their way to becoming the happy pair they were meant to be. Unbeknownst to Kathleen, the LC was the person in charge of setting up the Maryland Coalition of Lactation Consultants quarterly “Sharing Conference”– and Kathleen found herself invited to speak at their June 2010 meeting about CranioSacral resources for lactation consultants.

This kind of collaboration is a real win-win situation because CST makes lactation consultants' jobs so much easier and creates success for the mother-baby nursing relationship so much more quickly. It makes the lactation consultant look good too!

In short, the June presentation was a huge success. Carla attended too, presenting the CST anatomy, as well as why our gentle modality is such a good idea for these infants. Kathleen presented case studies and stories from her practice to highlight how correcting early sucking issues leads to healthy swallowing (no tongue thrust), teeth placement (fewer orthodontia issues) and clear speech and language development later. Carla and Kathleen finished up with a brief demo with guest moms and babies.

Two immediate things came out of this collaboration. Kathleen's practice has expanded to include many more infants and their mothers. Often the LC will accompany the mother and baby allowing an effective co-treatment to take place. These wonderful professionals now have access to a gentle but effective manual option for correcting what was previously thought to be only treatable by surgically clipping the infant's tongue.

The second outcome is that a strong bridge is being built between professions that will create a much happier infant-mother bonding and nursing relationship.

Lactation consultants are trained to assess the breastfeeding pair and establish a feeding plan; but their assistance is often reliant on assistive devices such as pumps and nipple shields when commonsense measures such as positioning changes have not been successful. Nothing in their skill set addresses what happens when the floor of the mouth, or some part of the oral cavity, has restrictions causing the infant to not be able to latch on fully to the mother's nipple.

The wonderful thing is that CST can correct this issue easily in most infants. Lactation consultants are the first people who see these moms who are struggling, and feeling so frustrated. Imagine the difference we can make if they all knew to collaborate with their CST colleagues.

From a study group to the lactation consultants' world, a bridge was successfully built to the moms that most need this information.

Being a new mom is stressful enough in today's world. If we, as CST therapists, can help with the nursing relationship and help a newborn be able to fully receive the nourishment they need to thrive and grow, what could be more delightful?

Study groups are an excellent way to deepen *your* skills, get worked on yourself and share all kinds of interesting issues. Find one in your area today.