

Breastfeeding

Breast feeding your baby should be one of life's greatest experiences. At Pediatric Feeding & Swallowing Associates, we know all too well that nursing a baby who is having feeding difficulty is very stressful. Breast feeding is that special bonding experience between mother and baby. This FAQ was written to let parents know that they are not the only ones with a baby that has difficulty breast feeding and to provide the hope that there are things that can be done to resolve breast feeding problems.

Everyone knows that the literature overwhelmingly supports human milk as the best form of nutrition for babies, but did you know that human milk may also reduce your baby's risk for developing allergies and gastroesophageal reflux? Supporting gastrointestinal health and digestion and reducing allergies are just a few more good reasons why human milk is best. If your pediatrician or lactation consultant feels that your baby is not latching on or sucking well enough for successful breast feeding, we may be able to help. At Pediatric Feeding & Swallowing Associates we specialize in evaluating your baby's oral sensori-motor patterns (*the way your baby's mouth works*) for feeding and swallowing. If your baby's breast feeding difficulty is due to poor oral motor or sensory patterns we may be able to help. Because we are speech pathologists, we are often covered by your medical insurance.

Should I expect to have difficulty breast feeding my baby?

No. Breast feeding your baby should not be difficult and feeding times should not be lengthy or stressful for either you or your baby. Difficult and stressful feeding may indicate that there is an underlying feeding problem. To reduce the risk of further complications and to increase the likelihood of success, your baby's feeding difficulty should be addressed promptly.

What if breastfeeding hurts?

Feeding your baby should be an enjoyable time for both you and your baby. While breastfeeding may feel "different", it should never be painful. When breastfeeding hurts, it is likely that your baby is sucking incorrectly.

How do I know what easy feeding is like?

By the fifth day of life a full term baby is able to produce a suck swallow breathe pattern 20-30 times in a row before taking a break. If your baby is not using this well organized pattern, he or she may need intervention to facilitate more coordinated and efficient feedings.

Why is my baby having difficulty latching or sustaining an effective latch?

Sensory, motor and tongue tie are several reasons that a baby has difficulty latching and sustaining an effective latch. If your baby will latch on deep and then pulls into a shallow latch, keeps rooting around while having difficulty "finding" the nipple to latch on or gags when trying to latch on may have a sensory based problem. Weak latch, falling off the nipple or tongue clicks may indicate a motor based problem. Flattening or misshaping the nipple (like lipstick) can indicate that your baby has a tongue tie (ankyloglossia). Babies with latch problems can have difficulty producing let down, sustaining milk transfer, and/or obtain hind milk. Specialized therapy can teach a baby how to produce an effective latch.

What is tongue tie (ankyloglossia)?

Ankyloglossia or tongue tie is a congenital condition in which the lingual frenulum (the ligament that connects the tongue to the bottom of the mouth) is too thick, too tight or too short and reduces the ability of the tongue to move correctly. Incorrect tongue movements can negatively affect breastfeeding by reducing the infant's ability to suck. In addition to poor milk transfer, incorrect sucking patterns frequently result in sore and painful nipples. Frequently a baby with ankyloglossia needs therapy to train the tongue to use the movements that will increase successful, pain free breast feeding.

My baby soaks me and his clothes when he feeds, should I be concerned?

Perhaps. Liquid loss, when milk comes out of the mouth while a baby is sucking, can occur for two very different reasons. First, some infants have inadequate strength or support for the lips to seal the nipple. Biting suck patterns do not allow the lips to seal the nipple. Jaw and cheek support provided by the feeder can aid in reducing liquid loss in this case.

Secondly, some infants purposefully “squirt” liquid from their mouths for protection if they drink too fast or feels that the flow rate is too fast. They do this when they are worried that they may choke or aspirate (the entrance of liquids into the airway). In a sense, it is a protective mechanism. Milk loss can indicate poor coordination of suck, swallow, and breathing, poor seal of the nipple, or that your let down is fast. It is important to monitor the times in which this loss or spillage occurs and seek the advice of a specialist to help identify the reason so the appropriate intervention is used.

My baby's weak suck is interfering with his ability to successfully breast feed. How can I help my baby?

Specialized feeding therapy can train the correct tongue patterns and increase suck strength.

What does it mean if my baby coughs, chokes, or is congested during feeding?

Coughing, choking, or congestion during feeding are clinical indicators of aspiration (when milk goes down the wrong way). Aspiration can be dangerous, as it may lead to upper respiratory infections, asthma like symptoms, wheezing, and aspiration pneumonia. If your baby coughs, chokes, or is congested during feeding, you should ask your doctor for a referral for a feeding evaluation. During this evaluation, feeding techniques and/or positions which help your baby feed safely and efficiently can be explained and demonstrated. A modified barium swallow study may also be ordered to rule out dysphagia (swallowing disorder) or aspiration (see FAQ: MBSS).

What does it mean if my baby makes unusual noises during swallowing?

Unusual noises during swallowing may indicate swallowing problem. “Hard” swallows, high pitched swallows or “squeaky” swallows may indicate an uncoordinated swallow. Should you hear any of these sounds while your baby is feeding consult with your doctor. Your doctor will most likely suggest a feeding evaluation and possibly a Modified Barium Swallow Study in order to provide insight into the cause of your infant's noisy feeding.

If my baby typically falls asleep during feeding, should I wake him or her up to finish?

The answer to this question is based on many variables such as your baby's weight gain and if your baby has any special diagnosis. When trying to figure out the best answer for you and your baby, you must understand that waking a sleepy baby can burn a lot of calories if your baby is not wanting to wake up. If you try to feed your baby when he/she is half awake, you could accidentally cause gagging or choking. Things become worrisome when your baby is not eating enough or gaining enough weight. Making sure that your baby's feeding patterns are efficient enough so that he is able to take in the correct volume to enable good weight gain is the first step. There are many ways that we can help if your baby falls asleep during feeding.

My baby feeds best when he is "sleep feeding" or "dream feeding"? Is this ok?

No. It is very important that your baby is an active participant in the feeding process. When a baby "sleep feeds", he is communicating that feeding is so difficult that he is placing himself in a very low alert state. Some experts feel that babies choose this low level of alertness so that they can process sensory input at a low level, which, in turn, makes it less distracting and easier to do. Other literature indicates that reflux may cause a baby to want to "sleep feed". Often babies with reflux or who have difficulty coordinating suck/swallow/breath may choose to "sleep eat". Being an active participant during feeding is an extremely important for typical feeding development. The problem becomes more apparent when the baby is 6 months old and is no longer physiologically able to sleep feed. They often completely refuse to eat. Because they have not been an active participant in the feeding process, they don't know that they should eat.

Feeding often takes an hour. Should I be concerned?

Yes. When feeding takes longer than 30-40 minutes, your baby may be working too hard and may burn more calories than he is taking in. When this happens, weight gain can be difficult. Slow feedings may also indicate feeding difficulties, which may lead to other complications if not resolved.

My baby spits up a lot of milk after almost every feeding. Is this something that he or she will just out-grow?

Babies who frequently spit up may suffer from gastroesophageal reflux (GER). This is a condition commonly known to many adults as heartburn. GER is the backward movement of stomach contents into the esophagus, throat, or mouth and is not uncommon in infants. GER often resolves without further difficulty, however, it can lead to feeding problems, or even refusal to eat. Complications of GER may include recurrent vomiting, failure to thrive, reactive airway disease, aspiration, and/or esophagitis (inflammation of the esophagus).

There are six behaviors that are commonly associated with GER: discomfort (crying or frowning), emission of liquid or gas, yawning, stridor, stretching, and mouthing. Other signs and symptoms of GER include: irritability, poor sleep, frequent short feedings, arching during feeding, seeming desire to feed and then refusing and frequent unlatching during feeding. Sometimes poor tongue patterns can be attributed to reflux and when managed these tongue issues are resolved. At Pediatric Feeding & Swallowing Associates, we see the negative impact and complications that reflux can have on feeding. We work closely with your doctor to ensure the best course of action. Please refer to our Reflux FAQ's.

If my baby is refluxing, should I stop breast feeding and start formula?

Studies have shown that babies who are breast fed have fewer and less severe episodes of reflux because human milk is more easily digested and is emptied from the stomach twice as quickly. Because it empties more quickly, it has less opportunity for reflux. Human milk is also less irritating to the esophagus. All good reasons that formula companies spend a lot of money trying to replicate human milk. With that being said, there are, however, some babies that cannot tolerate even human milk and require a very specialized formula or mom may need to modify her diet to increase baby's tolerance.

Can an allergy/intolerance to cow's milk cause feeding difficulties?

Studies have shown that in up to 50% of infants under one year of age, cow's milk protein intolerance is often the "cause" of reflux. If cow's milk protein intolerance is suspected, under the guidance of your doctor, we will help you initiate a trial elimination diet.

Can reflux affect feeding patterns?

Because reflux can make you feel nauseous, infants with reflux tend to hold their tongues in a retracted position and are very sensitive to touch on their tongue and inside of their mouths. Both tongue retraction and a sensitive gag reflex can interfere with appropriate latch, efficient tongue patterns and can contribute to breastfeeding and swallowing difficulties.

Why can my baby only feeding in a dark quiet room? Does the environment impact feeding?

Some babies have very sensitive sensory systems and visual, auditory, and tactile stimuli can be overwhelming. Small changes in lighting, sound, and positioning can greatly improve organization and an infant's ability to feed. Experiment with "quiet" days with no tv, telephone, or errands may make a huge difference in temperament and energy for feeding. Take the time to learn about you baby's sensory processing or access help if you are not able to figure it out on your own. (Please see FAQ: Oral Exploration and Food Exploration, and Hypersensitivity for more information)

What can I expect if my baby is referred to PEDIATRIC FEEDING & SWALLOWING ASSOCIATES for a feeding evaluation?

During a feeding evaluation, your baby's feeding skills will be evaluated to make sure that his/her tongue, lips and jaw work correctly and that your baby uses safe and efficient feeding patterns. You will learn to identify your baby's feeding, swallowing, and breathing patterns. We will identify specialized feeding techniques that will best support your baby's feeding and swallowing skills. If your baby is demonstrating difficulty coordinating suck and swallow with breathing or other clinical signs of difficulty, we may recommend a modified barium swallow study.