

Breast-feeding your baby is one of the special joys of motherhood. As a new mom or even an experienced one, we often wonder, “Is my baby feeding correctly?” This FAQ will give you information on what to expect during feeding. If you are concerned about how your baby is feeding, if breast-feeding is difficult or painful, we can help. Talk with your doctor to see if a referral is indicated.

How do I know what easy feeding is like? By the fifth day of life, your full term baby is able to produce a suck swallow pattern, which is well coordinated with breathing. She is able to produce a suck, swallow, and breath pattern 20-30 times per “suck burst”. A suck burst is the number of suck, swallow, and breathe combinations between respiratory breaks. If your baby is not using this well organized pattern, she may need intervention to facilitate more coordinated and efficient feedings.



If my baby typically falls asleep during breast-feeding, should I wake him or her up to finish? Your baby can expend a lot of energy trying to sleep while you are trying to wake him to continue feeding. Trying to feed a sleeping baby can result in gagging, choking, aspiration and reflux. Things become challenging if your baby falls asleep before he has taken an adequate volume of breast milk. If it occurs frequently or if your baby is having difficulty gaining or maintaining appropriate weight, be sure to discuss this with your pediatrician. He or she may decide that a referral to CPD would be helpful.

Why does my baby fall asleep during feeding? Your baby could be sleepy during feeding for a variety of reasons. She may have had a rough start or given a variety of medications during or before the birthing process. Your baby's feeding patterns may be so inefficient that she is unable to sustain the energy or organization for competent feeding. Some babies with reflux place themselves into such a low level of alertness that it seems like they are sleeping. They may purposefully “sleep feed” so that they can tolerate the challenges of the feeding process. This low processing of sensory input allows your baby to finish a feeding or feed more calmly. That is why sleep feedings are your baby's best feedings of the day. If your baby is falling asleep with feedings and you are concerned, discuss this with your pediatrician.

Feeding often takes an hour. Should I be concerned? Yes. If feeding is taking longer than 30-40 minutes, your baby may be expending many of the valuable calories that he or she is working so hard to intake, therefore making weight gain difficult. Slow breast feedings may also indicate feeding difficulties, which may lead to future complications (such as poor weight gain, low milk supply) if not resolved.

How does the environment impact feeding? Some babies have very sensitive sensory systems. Visual, auditory, and tactile stimuli can be overwhelming for these babies. It has been shown that individualized changes in lighting, sound, and positioning can greatly improve organization and feeding abilities. In addition, tactile stimuli or “touch”, specifically oral, may be critical for your baby's feeding development. Infants hospitalized for long periods of time often do not receive comforting oral experiences and opportunities for oral exploration. Infants with poor muscle control may have difficulty bringing their hands to their mouth and face for comfort. Infants with reflux may feel that their mouth is unpleasant because of the taste and fear response of the reflux and often avoid bringing hands to mouth for fear that they may aggravate reflux. Take the time to learn about your baby's sensory processing. If your baby is sensitive or has feeding problems, “quiet” days with no TV, telephone, or errands may make a huge difference in her temperament and energy for feeding. Providing opportunities of “good” oral sensory experience is important for the development of oral sensori-motor feeding skills. Careful attention should be paid to ensure a positive sensory rich environment.

What can I expect if my baby is referred to CPD for a feeding evaluation? During a feeding evaluation, your baby's oral sensori-motor feeding skills will be evaluated during nutritive and non-nutritive sucking to make sure that his or her oral motor structures are intact and that your baby uses safe and efficient feeding patterns. You will learn to identify your baby's feeding, swallowing and breathing patterns. Understanding your baby's cues or the way he or she communicates is very important. We provide therapeutic techniques and therapy activities designed specifically to support your baby's feeding and swallowing skills and to increase his or her success during breast-feeding. Home program activities will also be provided to enable you to increase success.

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. This study allows us to evaluate oral (mouth) and pharyngeal (throat) structures and their function in real time as your baby is feeding. The modified barium swallow study is the gold standard for ruling out aspiration (liquid entering the airway). Specific strategies based on the results of this study, will be designed to facilitate more efficient feeding and safe swallowing skills. It is taped for your future viewing.

Because we are speech pathologists, we are able to file your insurance for your evaluation and any therapy session that you and your baby attend. For more information, please call us at 919-877-9800.