

Breastfeeding your baby should be one of life's greatest experiences. At Carolina Pediatric Dysphagia (CPD), we know all too well that nursing a baby who is having feeding difficulty is very stressful. The faster you discover the problem and get help, the easier the problems are to resolve and the more likely breastfeeding will be a successful experience for you and your baby. We provide therapeutic and compensatory intervention based on our experience of helping thousands of babies with problems just like yours. To see how we can help you, please call us at 919-877-9800.



**Should I expect to have difficulty breastfeeding my baby?** No. Breastfeeding your baby should not be difficult and feeding times should not be stressful or painful 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, your baby's feeding difficulty should be addressed promptly.

**Why is my baby having difficulty latching or sustaining an effective latch?** Often when babies are unable to latch onto or sustain a latch on their mother's nipple, the baby's tongue is not working the way it should be to maintain a latch and produce let down, sustain milk flow, or obtain hind milk.

**What if my baby coughs, chokes or is congested during breastfeeding?** Coughing, choking and/or congestion during feeding are clinical indicators of aspiration (entrance of human milk into the airway). 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 can be evaluated to identify if they will help your baby feed safely and efficiently. A modified barium swallow study is often ordered to rule out dysphagia (swallowing disorder) or aspiration (see Our Services: Modified Barium Swallow Study).

**Why does it hurt so much when I breast feed?** Often, painful breastfeeding is the result of poor tongue patterns, specifically greater compression and limited to no suction. Suction and compression are the two components of sucking. If it hurts when you nurse your baby and when she pulls off your nipple is creased, white or lipstick shaped, your baby may have an imbalance of suction and compression. Pain is not the only complication of this oral motor problem; often babies with an unbalanced suck pattern have difficulty stimulating let down and obtaining the fat rich hind milk.

**What if my baby's suck pattern is weak?** A weak suck pattern can impact your baby's ability to hold the nipple in the correct place on the tongue to strip out the milk. A baby's weak suck often causes or contributes to reduced milk supply as they are unable to completely empty the breast or produce enough stimulation to tell the breast to produce more milk. They may also have reduced ability to produce a strong enough suck to stimulate let down and obtain hind milk. Your baby may compensate for a weak suck pattern by biting or compressing the nipple. Feeding techniques such as providing tongue stimulation exercises prior to feeding to train more effective tongue patterns, providing jaw support to support tongue patterns, and/or by providing negative resistance during feedings may be effective in facilitating a stronger more efficient sucking pattern.

**How about tongue-tie (ankyloglossia)?** Babies that have anterior or posterior restriction of the lingual frenulum can present with feeding difficulties due to the reduced mobility of their tongue. Anterior tongue-tie is easy to determine because it is so obvious to view. Posterior restriction however, can be more difficult to determine. If ankyloglossia is identified, a frenotomy (incision in the frenulum to release the restriction) is recommended. Typical clinical indicators of ankyloglossia include reduced tongue mobility (elevation and protrusion) and may present with a retracted and medially elevated tongue position. Breastfeeding is often painful for mom as baby may crease or create a lipstick shape to mom's nipple. Reduced tongue mobility may significantly impact breastfeeding success because efficient tongue patterns to obtain hind milk are not present. The success of the procedure is often dependent on how quickly ankyloglossia is identified and how experienced the surgeon is. After a frenotomy, therapy is indicated to train the tongue to use the movements that will increase successful, pain free breastfeeding.

**What does it mean if my infant produces unusual noises during swallowing?** Unusual noises during sucking and swallowing may indicate an inefficient suck pattern or a swallowing problem. For example, audible "hard" swallows or "squeaky" swallows may indicate an uncoordinated swallow. Often this swallowing pattern is accompanied by air swallowing. High-pitched sounds during the swallow may indicate difficulty with airway maintenance, possibly from airway collapse such as tracheomalacia, laryngomalacia, or tracheolaryngomalacia. Wet respirations or gurgle sounds heard while feeding may indicate milk in the nose, in the airway, or on the vocal folds. Clicking sounds during sucking may indicate that

your baby has lost the latch of the nipple. 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.

**My baby is a messy feeder and loses milk out of the corners of his mouth while feeding.** Liquid loss, when milk comes out of your baby's mouth while sucking, can occur for two very different reasons. First, some infants have inadequate strength or support for the lips to seal the nipple and/or wide and ungraded jaw excursions that 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. A second more frequently observed reason an infant may lose liquid from his or her mouth appears purposeful. Some infants may purposefully "squirt" liquid from their mouths for protection. These infants seem to choose to spit out the milk rather than risking poor coordination of respiration and swallowing, which could lead to aspiration (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 breath patterns, 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 for the milk loss so the appropriate intervention is used. Feeding your baby should be an enjoyable and bonding time for you and your baby. If feedings are stressful, frustrating or painful, or if your baby often fusses and cries, coughs or chokes, has trouble transferring milk or experiences other difficulty during feedings ask your pediatrician for an evaluation. At CPD we can evaluate your baby's feeding and swallowing pattern and give you exercises to facilitate the tongue patterns necessary for efficient feeding.

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.

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Dysphagia