

## Anatomical Contributions to Infant Sucking Skills Catherine Watson Genna, BS, IBCLC

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Ankyloglossia-tongue tie can't click loudly, also have a reduced gape-due to traction on frenulum being painful.

If you touch the lower gum line the tongue tip should follow your finger, He should be able to lateralize the tongue to half way back on the mandible if you place your finger there.

Moms that have an over active let down sometimes in reality is a baby that just can't handle the flow.(Sometimes as a result of inability to cup tongue which is what controls the bolus of milk)

### **Breastfeeding Management**

- Increase tongue contact with breast asymmetrical latch, "roll-on" or pivot
- Capital extension
- Reclining to assist bolus handling
- Frequent and longer feeds
- Sublingual support refer-evaluate for treatment (on the soft tissue under the jaw)
- Football hold seems to work well for these kids

*If you can see the lips or lip movement then the baby is latched on shallow.*

### **Treatment Options:**

Frenotomy  
Frenuloplasty  
Z-plasty  
Laser surgery

### **Micrognathia**

Lower jaw is small, overjet of upper jaw. If you can see the upper alveolar ridge (gumline) when the mouth is closed and at rest, that's a good indicator that infant is micrognathia.

Tongue attachment is closer to alveolar ridge (lower gum line), even without tongue tie, mid tongue elevation is restricted.

Long tongue- may push nipple out of mouth, may fix tongue tip on palate. *Try nipple shield, fingerfeeding.* After 2-3 days of this things usually get better.

Short tongue-excessive compression to compensate for poor tongue contact. *Try extreme asymmetrical latch sidelying works well.* Infant's upper lip should be just past nipple with latch on. Mom's hand should be pushing between the shoulder with palm of hand and fingers extending up to nape of neck.

### **Micrognathia and vasospasm**

Extreme excessive compression of nipple can cause reflex vasospasm

- Blanching of nipple tip after feeding
- May be delayed
- Mother reports pain, stinging, burning sensations
- Fix latch, apply warmth, nifedipine to break the cycle necessary. Start with a 2 week cycle of med. Can be repeated for sometimes up to 3 cycles.

### **Laryngomalacia**

Inspiratory stridor

Suprasternal retractions

Cyanosis or pallor becomes apparent or worsens with crying, feeding, agitation, exertion or supine positioning.

Strongly associated with GER

Feeding and Treatment Options

- Head extension expands airway
- Prone positioning or mom reclining improves ability to handle milk flow
- Beware of increasing milk flow
- Supplement with HAbberman feeder if breastfeeding is insufficient
- Request pediatrician to see
- Encourage sidelying position for sleeping

If you need to relax a baby to encourage body flexion, try swinging them in a blanket from head to toe. Helps neurologically to relax. This is a key piece used by OT and PT therapists.

**Tracheomalacia**

expiratory stridor