

COLLABORATION OF THE SPEECH LANGUAGE PATHOLOGIST AND THE LACTATION
CONSULTANT
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Using Evidence Based Guidelines, our presentation focused on assessing mothers and infants for signs of ineffective breastfeeding (#9); identifying maternal and infant risk factors which may impact a mother's or infant's ability to breastfeed (#10); if medically indicated, provide supplementation using a method of feeding that does not compromise transition to complete breastfeeding (#12).

It is important to identify "team members" in your facility. At SMM, this includes LC's, staff nurses, primary care providers, Speech therapist, occupational therapist, physical therapists, social workers, nurse practitioners, and the mother/baby dyad and their support systems. It is necessary to assess for risk factors, and provide appropriate referrals. When a LC sees a baby with a suck/swallow problem, a referral to a SLP may be necessary. The suck/swallow issues must be addressed before successful breastfeeding can occur.

Some signs of suck/swallow problems may include: nipple damage (look at location of damage), pain with feeding, noisy latch/suckle, poor weight gain, breaking the seal at the breast, "leaking milk" around the lips, and elevated tongue in the oral cavity. Plan of care needs to be individualized for each mother/baby pair, and collaborative between SLP/LC/primary care provider/mother.

Oral motor A&P needs to be considered. If a baby is premie or has birth trauma that interferes with development or function, that will impact feeding. Oral stimulation techniques can be taught to the parents by the SLP, to help strengthen and stabilize the jaw/mouth/tongue. Mothers can be assisted to find appropriate positions for feeding, to enable the baby to latch and suckle while using proper body mechanics. Special help is needed for mothers/infants with cleft defects of the lip and/or palate. Tongue tie can interfere with breastfeeding, but in cases where there are suck/swallow problems, it is best not to clip frenulum until a full suck evaluation has been done by ENT and/or SLP. Pre and post feeding wt. checks are helpful in determining milk transfer, and are frequently done with infants who have suck problems, in order to monitor progress in transferring milk. A number of "tools" can be used for feeding if unable to latch to breast. These include cup, bottle (various nipples), finger feeding, SNS at the breast, syringe feeding, silicone nipple shields and Haberman bottle feeding. Parents must be instructed (verbal and written) in the use and care of these devices. Mother will need support with establishing and maintaining a milk supply, may need assistance to obtain adequate breastpump or access to pump.

Premature infants have special feeding needs. LC and SLP work together with these babies in the NICU, or on the M/B unit with "borderline" preemies. Staff and parents may need to refocus expectations of feeding behavior and ability based on gestational age of infant and developmental milestones, vs. calendar age of infant. Using the "breastfeeding wheel" diagram may help to explain this concept. Preemies should be put to the breast for non-nutritive suckling, even while being O/G fed. This helps to establish the concept of "full tummy" while at the breast. Preemies also need head/neck/shoulder support, so that they are not using up calories trying to maintain position while feeding at the breast.

In summary, the collaboration of the LC and SLP allows for positive outcomes for the mother and the baby. The focus is keeping feedings positive, and assuring positive growth while preserving the option to breastfeed, or to provide breast milk.