

Breastfeeding Difficulties and Chiropractic Case Studies

Chiropractic Evaluation and Treatment of Musculoskeletal Dysfunction in Infants Demonstrating Difficulty Breastfeeding

Vallone S, *Journal of Clinical Chiropractic Pediatrics*, 2004; 6(1):349-61.

<http://www.sotousa.org/frames.html>

Objective: Breastfeeding during the first year of an infant's life is currently supported and promoted by lactation consultants, midwives, naturopaths, chiropractors, and allopathic physicians. In 1997, the American Academy of Pediatrics and in 1998, the World Health Organization published their position papers that advocated breastfeeding as the optimal form of nutrition for infants. This study was to investigate problems interfering with a successful breastfeeding experience and to see if proper lactation management, with the chiropractor acting as a member of a multidisciplinary support team, can help to assure a healthy bonding experience between mother and infant.

Conclusions: The results of this study suggest that biomechanical dysfunction based on articular or muscular integrity may influence the ability of an infant to suckle successfully and that intervention via soft tissue work, cranial therapy, and spinal adjustments may have a direct result in improving the infant's ability to suckle efficiently.

Resolution of suckling intolerance in 6 month old chiropractic patient.

Holtrop DP. [*Journal Manipulative Physiol Therapy* 2000 Nov-Dec;23 \(9\):615-618](#)

- **OBJECTIVE:** To discuss the management and resolution of suckling intolerance in a 6-month-old infant.
- **CLINICAL FEATURES:** A 6-month-old boy with a 4(1/2)-month history of aversion to suckling was evaluated in a chiropractic office. Static and motion palpation and observation detected an abnormal inward dishing at the occipitoparietal junction, as well as upper cervical (C1-C2) asymmetry and fixation. These indicated the presence of cranial and upper cervical subluxations.
- **INTERVENTION AND OUTCOME:** The patient was treated 5 times through use of cranial adjusting; 4 of these visits included atlas (C1) adjustment. The suckling intolerance resolved immediately after the first office visit and did not return.
- **CONCLUSION:** It is possible that in the infant, a relationship between mechanical abnormalities of the cervicocranial junction and suckling dysfunction exists; further research

in this area could be beneficial. Possible physiological etiologies of painful suckling are presented.

Chiropractic care for infants with dysfunctional nursing: a case series.

Hewitt, EG, *Journal of Clinical Chiropractic Pediatrics*, Vol. 4, No. 1, 1999.

- Two infants with dysfunctional nursing were able to breastfeed after receiving chiropractic care. In this article, the physiological mechanisms are presented on how chiropractic care may restore normal suckling.
 - **First infant:** 8-week-old girl unable to maintain suction while breastfeeding since birth. The mother said the child "broke suction with every suck," regurgitated excessively and exhibited extremely fussy behavior, "especially in the evenings." After two weeks of care the regurgitation and fussiness ceased and child was sleeping better. Follow-up telephone call at 9½ months of age revealed no return of symptoms.
 - **Second infant:** a 4-week-old boy who had been unable to suckle effectively since birth. He was diagnosed with spinal and cranial subluxations. He suckled immediately following his first adjustment (consisting of diversified spinal adjusting and cranioSacral therapy). He received four adjustments in 21 days.
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Chiropractic management of an infant experiencing breastfeeding difficulties and colic: a case study.

Sheader, WE, *Journal of Clinical Chiropractic Pediatrics*, Vol. 4, No. 1, 1999.

- A 15 day old emaciated Hispanic male infant experiencing inability to breastfeed and colic since birth, crying constantly, "shaking, screaming, rash, and vomiting during and after feeding." The baby also had "increased distress" 30 minutes after feeding and had excessive abdominal and bowel gas since birth. The mother reported the infant was given a Hepatitis B vaccination within hours after birth.
- **Chiropractic Adjustment:** Adjustment was followed by significant reduction of crying, screaming and shaking. The mother commented on the "quietness" of the child. On the second visit, two days later the mother commented, "This is a completely different baby." The vomiting before and after feeding had ceased. Another adjustment was given.
- By the third visit, a "significant decrease of symptoms" was reported and complete remission of abdominal findings. Baby had been successfully breastfeeding since last visit. No adjustment was given. By the fourth visit 3 days later, the baby had been symptom free for 5

days at which time he received another Hepatitis B shot with the return of all symptoms to a severe degree. Adjustment was given but there was no reduction of symptoms. The patient was adjusted three more times over the next week with minimal reduction in symptoms. By the eighth visit, eight days after receiving the vaccination the child began to show marked improvement and by the 11 th visit, no symptoms were noticed and no adjustment was given.

- **Dr. Koren comments:** The high-pitched screaming the child exhibited is a neurologic cry (cri-encephalique) which is due to irritation of the central nervous system. Children with neurologic damage should not be vaccinated.
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Case study: infant's inability to breast-feed. Krauss, L. *Chiropractic Pediatrics* Vol 1 No. 3 Dec. 1994.

- The inability to breast-feed due to pain caused by atlas subluxation and TMJ dysfunction. This three-week-old girl had colic, flatulence and outbursts of crying from 9 PM to 1 AM since birth, 19 days prior. Upon examination had inversion and pronation of left foot, left ear was folded, left cervical lateral flexion posture, rooting was poor and facial asymmetry and right lateral mandible. Chiropractic care and CranioSacral therapy was begun. "We suspected that his posture in utero was the primary contributing factor to child's physical asymmetry and subluxation pattern. By forth week of adjustments baby began to breast-feed from both breasts."
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Birth induced TMJ dysfunction: the most common cause of breastfeeding Arcadi, VC, Sherman Oaks, CA, *Proceedings of the National Conference on Chiropractic and Pediatrics*. Oct, 1993 Palm Springs, CA. Pub. International Chiropractors Assoc., Arlington, VA.

- **From the abstract:** In a clinical setting, 1,000 newborns were observed and treated (ages one hour to 21 days), for failure and/or difficulty with breast feeding. In 800 or 80%, birth induced Temporomandibular Joint Dysfunction was found to be the cause. In all cases, the babies were treated with chiropractic cranial and spinal adjustments, with excellent results in 99% of the cases. This paper discusses the basic clinical findings, related newborn discomforts, and associated symptomatology involving other symptoms.
- The above babies were all born with a lay midwife and without drugs in a calm, warm, peaceful setting. All babies were born vaginally. All babies were examined and in all cases a

cranial distortion was present due to the birth process and trauma which produced a TMJ dysfunction, interruption proper suckling mechanics by causing severe headaches and gastrointestinal disturbances.]

Newborn with atlas subluxation/absent rooting reflex from Case reports in chiropractic pediatrics (case #4). Esch, S. *ACA J of Chiropractic* December 1988.

- This is the story of a two day old newborn female showing lethargy and a yellowish skin color present since birth and an inability to nurse; the baby seemed unable to "latch on." A medical doctor said the baby was probably hypothyroid and should be hospitalized. The atlas was adjusted for a left lateral listing. Immediately thereafter, the baby exhibited a strong bilateral rooting reflex. The baby began to nurse right away. The jaundice quickly cleared.
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Failure to Nurse A Case Study. Crystal, Rejeana. *ICPA Newsletter* Sept/Oct 1997

- A 3 month old female infant was refusing to breastfeed for several days. A few days prior, her head had been whipped backward while being picked up by her older brother. Upon examination, subluxation was found at the levels of Occiput, C2 and C3. After one adjustment the infant began nursing, but only on one side. She was nursing normally on both sides after the second adjustment the following day. She continued for 6-8 more visits and is now receiving wellness care.
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Assessing The Suck Reflex To Solve Feeding Difficulties In The Newborn By: Joyce Miller, B.Sc, DC, DABCO, FCC Originally Printed in: **I.C.P.A. Newsletter July/August 2001**

Many articles in the literature proclaim how commonly breastfeeding and suckling difficulties occur in the newborn baby. 1,2,3,4,5,6 As a chiropractor, I see this frequently in my office, although very often the parents do not complain of breastfeeding or suckling difficulties, but rather have complaints that are a result of this problem: excess crying, colic, excess spitting, restlessness during or between feeds, acting hungry all the time (suckling the fist or blanket), pulling off the nipple frequently, fussy right after feeding, excessively long or short feeds, falling asleep at the breast and taking a bottle directly after breast feeding.

The benefits of breast-feeding are well known; it is the perfect food for infants as all necessary nutrients are bio-available while also enhancing immunity and even destroying pathogens.

Formula companies spend massive amounts of money attempting to mimic the healthful properties of breast milk. It is therefore very disappointing for mothers who find that their babies are unable to breast-feed properly. Usually this is simply a matter of education for the mother and chiropractic adjustments for the child. There are very few mothers who actually have a primary breast glandular insufficiency. When there is a problem, it is most commonly that the child's suckling reflex has been inhibited by mechanical forces, most of which are easily detected and corrected in the chiropractic office.

The suckling reflex is most intense in the first 20-30 minutes after birth.⁷ Unfortunately, in some birth cases, the child is not allowed to suck at the breast at this time, and this delayed gratification may make suckling more difficult later on. The suckling reflex, although a reflex and thus automatic, can be reinforced and aided with chiropractic adjustments (manual manipulation). First, it is necessary to test the reflex and to observe the child.

Because these complaints are so common in my practice, I have developed a grading system for the suck reflex, which can identify specific problems and can be tested over time to detect changes. This technique is also valuable in detecting early neurological problems as it has been documented that a poor suck reflex can be the first and only sign of a disorganized neurological system.⁷

The suck reflex is taken by the doctor placing a clean small finger into the baby's mouth at the front of the tongue; this is done after stroking around the lips to evoke and test the rooting reflex. Laying the finger on the front lip should cause the child to go into the full reflex and pull the finger up and into the mouth, wrap the lateral sides of the tongue around the finger creating a medial trough and starting the peristaltic motion from front to back toward the soft palate and pharynx.

The reflex is graded in the following manner:

Grade Description:

0 No tension is created, spits out finger

1 Tongue doesn't wrap finger, weak, cannot move finger, may roll tongue side to side, may have early gag reflex.

2 Accepts finger and closes mouth around it, tongue comes up, cheeks may not round outward from appropriate suckling pressure, early fatigue

3 Tongue wraps finger, good strength, full response with little rest, cheeks round with full pressure and tight seal

4 Hard clamp or biting (check masseter)

5 Powerful suck, moves whole hand, full face wrinkling and dimpling

It is also important to check for short frenulum, which may forbid the tongue from moving forward in the mouth without pain. This is uncommon but can be medically repaired. This is also a good time to check the airway. Swelling in the airway will reduce the suck reflex because babies are nose breathers. Excess mucus may be produced by certain types of suctioning and may create nasal swelling. This may subside with saline drops and chiropractic can be very helpful.

Chiropractic care aids in these problems in two ways, direct retraining of the tongue in the child,

as well as treatment to balance the joints and muscles involved (TMJ, suprahyoid, orbicularis, temporals and masseter). Chiropractors treat this as a mechanical lesion that alters, or is altered by, the neurological input of cranial nerves 9,10,11,12,13 and may have bearing upon the organization of the suck reflex. All these delicate tissues can be traumatized in the birth process. For example, the hypoglossal nerve (Cranial nerve 12), which directly governs movement of the tongue exits the skull just lateral to where the skull rests upon, the first bone of the neck (at the occipital condyles in close proximity to the atlanto-occipital joint capsule). A chiropractic adjustment in this area may decrease the irritation and allow for improved tongue coordination. Simple non-force procedures such as this can be very effective in solving the suckling and feeding problems in the newborn.

The two primary activities of infants are suckling and sleeping. There is evidence that disruption in suckling also disrupts sleep, as suckling lowers the heart rate, decreases the metabolic rate and increases feelings of calmness. A disrupted suckling reflex has long-term ramifications in that it may decrease ability to breast feed, and thus decrease potential bonding between mother and child. In addition, an inability to breast-feed, with all of its benefits, can cause an increase in restlessness and decrease general well being of the child. It is a great comfort to both parents and babies that simple examination and treatment techniques in the chiropractic office can solve these problems quickly and easily.

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Chiropractic Care for the Breastfeeding Dyad

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The art and joy of breastfeeding may not come naturally for a mother and child when tools used in an assisted birth (forceps or vacuum extraction) may have disrupted the smooth action of the child's jaw, therefore interfering with the infant's ability to suckle.

Generally speaking, neither hospital personnel nor lactation consultants are well educated about the incidence of musculoskeletal trauma. During delivery, there may be trauma to the joints and muscles of the head and neck. This results in unnecessary delays in establishing a successful breastfeeding relationship between mother and child. The mother's enthusiasm for breastfeeding may be worn down by repeated difficulty when attempting to breastfeed her baby.

Time and ingenuity might allow an infant to overcome some difficulties. For example, an infant who cannot open his mouth widely enough to encompass the nipple and the areola due to a tight jaw, may compensate by moving his lower jaw, side to side, in a sawing action. Although he is now able to stimulate an ejection reflex and elicit an adequate milk flow, this action will ultimately cause damage to the nipple. His mother may continue to experience pain or injury until he is older and has a larger mouth. Time alone is not always a healer in these cases. Unfortunately, the neurologic programming that occurs day after day with an improper latch-on will be strong and it will take patience to teach a baby how to suckle efficiently, even after correcting the mechanical dysfunction.

Chiropractors (DC) who are trained in treating infants, along with other practitioners who use gentle, noninvasive manual techniques called adjustments, can be vital team members in the care of the nursing dyad in the early establishment of a healthy latch-on. Osteopaths (DO), physical therapists (RPT), occupational therapists (OTR), massage therapists (LMT), and craniosacral therapists (CST) are some of the other professionals who also practice manual therapies. Practitioners can be

found through US state and national associations, but breastfeeding mothers also find supportive practitioners through word of mouth from Leaders and parents who have had successful experiences.

The health care practitioner will first interview the mother and her support team to determine if the pregnancy, labor, or delivery were complicated by constraint or position, medication, or interventions. Any or all of those factors pose inherent dangers to the musculoskeletal system since they require force on or near these vulnerable joints and muscles, and usually have to be performed rapidly. Along with the potential for trauma, a practitioner needs to evaluate all body systems to assure that the musculoskeletal component is the predominant factor interfering with suckling.

The mother's milk production and let down reflex, as well as the integrity of her nipples, will also play an important role in the infant's ability to establish and maintain an efficient latch-on, taking into consideration other possible factors such as a yeast infection or an ineffective latch-on. The mother's milk supply and let down are neurologically controlled. They may respond to chiropractic adjustment, craniosacral technique, or acupressure, as well as the more traditionally utilized herbs and medications. Ergonomics-how the mother holds her own and her baby's body while breastfeeding-are very important. Pain may influence her let down reflex and, consequently, her milk production.

Once this information has been gathered, an evaluation of the infant's oral function must be performed. The baby's features are examined for symmetry and form. The practitioner evaluates whether normal infant reflexes (rooting, suckling, extending the tongue beyond the lower lip) are intact. The absence of normal reflexes could indicate neurologic injury or the presence of subluxation of the spine or cranial (skull) bones, interfering with normal neurologic function. (Subluxation refers to a joint of the body whose movement is limited in one or multiple directions.) This fixation has neurologic, vascular, and lymphatic implications on its own and the surrounding tissues and organs.

Spinal ranges of motion and integrity of the joints, including the clavicle, are then evaluated. The inability to turn the head, persistence of lateral flexion or rotation to one side (wry neck), favoring one breast over another, and hyperextension (movement beyond its normal range) of the spine in pain are all potential signs of injury. Subluxation, strained ligaments, muscular sprain, and fracture should all be ruled out.

This is followed by an assessment of the integrity of oral function by evaluating the temporomandibular joint (where the jaw bone meets the skull), including excursion of the jaw (how wide the baby can open its mouth), and palpation of the muscles involved in the action of the jaw and mouth. Palpation may reveal low or high tone in these muscles governing improper action of the jaw or the flanging of lips and closure of the mouth. Cranial molding or subluxation of the cranial bones may result in apparent changes such as flattening or coning of the skull, but changes that are not

so apparent might be reflected in the hard palate (maxilla) and function of the Eustachian tubes (temporal bones).

Treatment will have three phases. The first will consist of soft tissue release of associated high tone or "tight" muscles or stimulus of muscles of low tone. Parents and caregivers are ideally taught how to work on these muscles four to five times daily, using small circular massage of all the external muscles to relax the action on the jaw or tongue. They can even stretch the internal pterygoids muscles that control action side to side, clenching, or bruxing. This is done by gently placing their small finger between the gums and letting the child use their finger as a pivot to stretch the muscles.

The second phase of treatment is provided by the chiropractor or other practitioner. It consists of the correcting of the dysfunctional motion of the associated joints using specific gentle adjustments or manual techniques. The third phase, often involving the LLL Leader or lactation consultant, is to fine tune nursing techniques once normalized function is restored. This integrated approach has demonstrated positive results in many situations and has helped restore a healthy, happy breastfeeding relationship.