

Assessing the Suck Reflex to Solve Feeding Difficulties

Joyce Miller, D.C.

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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.

Joyce Miller, B.Sc, DC, DABCO, FCC is Senior Clinic Tutor at Anglo-European Chiropractic College in Bournemouth, England. Dr. Miller is a published researcher and international guest lecturer on chiropractic care for children and has been an ICPA member since 1999.

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