

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.

Glossary of Terms

Acupressure: a form of alternative therapy similar to acupuncture that uses manual pressure rather than needles.

Bruxing: grinding or clenching of the teeth, associated with forceful jaw movements, resulting in rubbing, gritting, or grinding together of the teeth, usually during sleep.

Biomechanics: motion study; the study of body movements.

Craniosacral technique: a gentle, hands-on form of body therapy that evaluates and enhances a physiological system called the craniosacral system, which is comprised of the membranes and cerebrospinal fluid that surrounds and protects the brain and spinal cord. Using a soft touch, usually no heavier than the weight of a nickel, practitioners can release restrictions in the craniosacral system to improve the functioning of the central nervous system.

Chiropractic: a system of natural health care based on the theory that disease and disorders are caused by vertebral subluxation, a misalignment of the bones, especially in the spine, that alters proper nerve functions, circulation and lymphatic drainage.

Chiropractic Adjustment: Chiropractic techniques that correct subluxation are drugless, non invasive, gentle "adjustments" using the hands or a variety of hand-held instruments.

Flexion: bending the joint resulting in a decrease of angle; moving the spine forward; the neck moves toward the chest.

Hyperextension: straightening the joint resulting in an increase of angle; moving the spine back; the neck moves away from the chest.

Lateral Flexion: lateral movement away from the midline of the body; moving the spine to the side (left or right); the neck moves toward the shoulder.

Lymphatic: pertaining to the lymph system.

Neurologic: pertaining to the nervous system.

Palpation: medical examination using fingers; a method of clinical examination using gentle pressure of the fingers to detect growths, changes in the size of underlying

organs, and unusual tissue reactions to pressure.

Rotation: rotary movement around the longitudinal axis of the bone; turning the spine to the side (right or left); the neck turns toward the shoulder.

Subluxation: a joint of the body whose movement is limited in one or multiple directions.

Upper Cervical Spine: the two bones at the top of the neck make up the Upper Cervical Spine, the Atlas (C1) and the Axis (C2). This is the most moveable area of the spine, through which much of the nervous system passes.

Vascular: pertaining to blood vessels.

Dr. Sharon Vallone is currently the Chair of the Board of Kentuckiana Children's Center, Louisville, Kentucky, USA, a non profit organization that provides chiropractic and integrated health care services to challenged children. She also serves as an adjunct professor at the University of Bridgeport College of Chiropractic and on the post graduate faculty at Palmer University, teaching Maternal Health and Pediatrics. She has a family practice in Hartford and Tolland, Connecticut, USA, with a primary focus on maternal health and pediatrics; she provides support to women who choose home birth, natural childbirth, breastfeeding, and natural health care for themselves and their families. A graduate of New York Chiropractic College in 1986, she was awarded her Diplomate in Clinical Chiropractic Pediatrics in 1997. Dr. Vallone lectures internationally on the subject of chiropractic as it supports the health and well being of pregnant women and children.

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