The Missing Link: Addressing Feeding Difficulties in the Infant with TOTs

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Course Objectives

01. Understand that many babies do not experience the “fixed” effect from a TOT release
02. Understand “What is the Missing Link?” to successful breastfeeding post release
03. Management ideas
04. When to refer for feeding therapy
Incidence of Tongue Tie

Incidence: 3-10%  (Rown-legg et al., 15) (NCBI-NIH) (Todd, 2014) (Brooks, 14)
Boys: 2, 3-4/1 ratio (Tow et al., 14)  (Brooks, 14)
Genetic influence 50-70%  (Acevedo, 10) (Ghaheri, 14)
Breastfeeding Difficulties

78% of infants with breastfeeding symptoms had posterior tongue tie

(Ghaheri et al, 17)
Ways to Address TOTs

Proper technique from a preferred provider
Good wound healing
Stretching
Feeding Related Improvement from Release

- Increased passive range of motion
- Increased lingual mobility
- Improved seal and vacuum
- More efficient milk transfer
- Reduced reflux related to aerophagia
“All too often, patients come (to me) after a diagnosis of tongue-tie (or lip-tie) has been made, thinking that a procedure is going to suddenly change the way their child breastfeeds. Rarely is that possible. Maybe in the very young child (<2 weeks of age),

The majority of the time, however, that is not the case. I don't think it's reasonable to expect a mom and child to nurse normally right after a procedure."  

(Ghaheri 14)
Was The Timing of the Release Considered?

- Are the baby’s feeding reflexes engaged?
- Buccal suck pads (diminished or not supportive)
- Address torticollis and asymmetries
- Any GI issues?
- Any sensory issues?
- Any motor issues:
  - Muscle tone and movement (lingual, jaw, labial)
- Consider oral range of motion: passive active
Why Continued Feeding Difficulties Post Release?

A release is not a magic fix!

- Access to certain neuromuscular movements are impaired
- Movement patterns are restricted
- Many infants use compensatory patterns
- Compensatory patterns must be undone before proper feeding skills and movement patterns can be trained
Some Babies Continue To Have Feeding Difficulties Post Release

Release only provides passive range of motion
Reduced strength to maintain active range of motion
Reduced endurance to maintain the range of motion
They may not know how to use the new range of motion

Infants do not automatically use new movement patterns because of the compensatory patterns and muscle memory
What is The Missing Link?
The Missing Link Is....... Oral function!
Address Oral Function

If the baby’s compensatory techniques are not addressed and ineffective function replaces old patterns, feeding difficulties will continue.
Oral Function Compensatory Patterns

- Ungraded jaw excursions
- Shallow latch
- Easy gag
- Compression dominated suck patterns
- Retracted tongue patterns
- Ineffective or no central tongue grooving
- Poor lingual undulations
When Is Feeding Therapy Indicated

A release provides great passive range of motion for elevation and lateralization.

If that passive range of motion is not translating into functional movements, therapy is indicated.
Addressing Oral Function Difficulties Post Release

Identify interfering patterns
  Sensory
  Motor
Successful Feeding: Integration of Sensory and Motor Skills

Incorporates motor control and motor learning

Integrated sensory information is essential for developing motor planning skills for feeding  
(Roley, Blanche, & Schaaf, 2001)
Common Interfering Sensory Issues Pre/Post Release

- Sensory sensitive/defensive
- Resists oral input
- Minimal oral activity
- Gag elicited in anterior oral cavity
Sensory Influence on Motor

- Latch
- Reduced functional range of motion
- Reduced lingual undulation
- Reduced effective lingual patterns
- Excessive or ungraded jaw movements
Oral Function
Exercise: Desensitization

Exercises can be done with finger or pacifier

Goal: To provide sensory tactile input to oral cavity with progressively increased tolerance—resulting increased activation of lingual and labial movements
Desensitization: Proceed with Caution

Exercises are easy - Execution is not

Baby-guided intervention

Need to read, understand and respect baby’s cues

During and after each movement evaluate baby’s response
Exercise: Desensitize

Goal: Increase tolerance to intraoral tactile input

- Reduce gag response
- Reduce defensiveness/sensitivity

Use firm but gentle pressure

Touch lips to request invitation

Pause briefly between each stroke to evaluate baby’s response

Move to gums with positive response

May use breastmilk on finger to facilitate tolerance
Desensitize: Baby Response

Baby should:
- Respond by opening mouth
- Progressively tolerate deeper tactile input
- Progressively demonstrate less grimace or gag
Desensitization Exercise: Lip Stroke

Goal: Open mouth for better latch
Stimulate rooting reflex

Use firm but gentle pressure
Stroke finger downward from under nose to chin
Pause briefly between each stroke to evaluate baby’s response
Repeat gentle strokes until baby responds
May use breastmilk on finger to facilitate tolerance
Desensitization
Exercise: Lip Stroke

Baby’s response
- Baby should respond by opening mouth
- Rooting reflex should be stimulated
Desensitization Exercise: Side to Side Gums

Goal: Open mouth for better latch - desensitize

Once baby has let you in the mouth

Use firm but gentle pressure to trace the gums first side to side in the center

When tolerated, trace to the middle of lateral gums - side to side

Then trace to the posterior gums side to side

Repeat with firm but gentle input side to side on gums as tolerated

Increase depth of tactile input as tolerated
Desensitization Exercise: Side to Side Gums

Baby’s response:
- Opening mouth wider
- Body and face should remain relaxed
Specific Exercise: Side to Side Crossovers

Goal: Desensitize tongue for more effective lingual patterns and to increase deep latch

Once baby has let you in the mouth and tolerates side to side stimulation

Gently cross over the tongue from the far posterior gums (medial tongue)

Then repeat side to side

Continue as tolerated- always monitor baby’s response
Specific Exercise: Side to Side Crossovers

Modifications:
- Speed
- Tactile input: light vs deep modulations
- Timing: with increased tolerance you may be able to stay on medial tongue longer
Specific Exercise: Side to Side Crossovers

Baby’s response
- Tolerance should increase with time
- Tongue musculature should soften
- May be able to stimulate central tongue grooving
- Reduced tongue retraction or medial elevation
Exercise: Tongue Strength and Correct Tongue Rest Position

Goal: Increase lingual elevation strength, facilitate correct tongue rest position

Help baby close mouth with lips sealed

Slight pressure at posterior tongue

Gently open jaw and modify based on lingual response

See how long baby can maintain lingual elevation
Exercise: Tongue Strength and Correct Tongue Rest Position

Baby’s response

- Tongue should be elevated to hard palate
- Will depress with jaw opening
- Able to hold tongue elevation with increased strength
Summary

Key Things to Remember

1. Release is a very effective management tool for TOT
2. Release provides passive range of motion
3. Bodywork and stretching exercises can prepare body for release
4. Oral function work may be necessary to reduce effects of compensatory patterns
5. Oral function work can increase effective active range of motion
Summary

Key Thing to Remember

It takes a team!
Questions?