

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



Joan D. Comrie, M.S., CCC-SLP

Pediatric Feeding & Swallowing, Inc.

joan@feeding.com

www.feeding.com



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

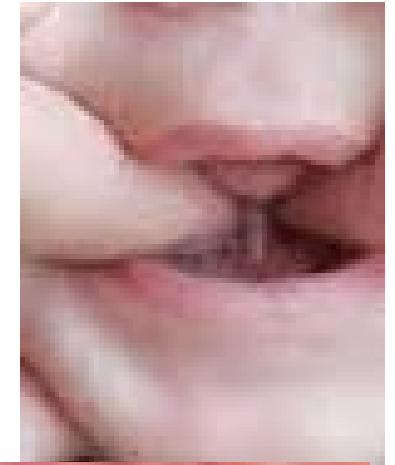
Understanding

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

(Ghaheer 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

Why Continued Feeding Difficulties Post Release?

“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. “

(Ghaehri 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**

(Schaaf, 2001)

(Roley, Blanche, &

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
defensiveness/sensitivity**

Reduce

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?

Pediatr**ic** Feeding
and
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