The Non-latching Infant: the first 48 hours and beyond...

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Baby mammals are born to nurse

It all comes down to expectations...

Some babies are born able to stand and walk, they are programmed to look for a high, hairless niche on mom to find the teat. Horses are a follower species and nurse about 4 times an hour.

Why do we see so much of this?

Expectations...

- Puppies find the teat by smell.
- Pup must have it's mouth wide open in order to sense and attach to the teat.
- Dam does not assist puppies in finding the teat BUT does provide access.
Expectations

• Sheep delivered by Cesarean fail to recognize their lambs and do not take care of them without a lot of intervention (oxytocin prepares her for bonding).
• Ewe needs to smell amniotic fluid on the lamb in order to care for it.

Expectations

• Calves have difficulty latching on because dairy cows have been bred for low udders.
• Cows are a "hider" species, like deer. Calves are meant to sleep for long periods of time.
• Calves have 4 stomachs. Cow milk proteins make a rubbery curd.

Expectations...

Captivity (removal from their normal culture and habitat) can disrupt nursing relationships for other mammals.

Raja – St. Louis Zoo

Expectations...

Tigers at the Clyde Beatty Cole traveling circus wean their cubs early - as early as 3 weeks of age - and display abnormal aggression toward them, nipping them and pushing them away.

So what do human babies expect?

• Skin to skin contact with mom, beginning immediately after birth.
• They don’t expect to be medicated or pulled out with instruments, (though interventions are sometimes necessary, they disrupt feeding behaviors.)

Why Johnnie can’t latch...

• Congenital issues/illness
  – Cardiac, respiratory, or gastrointestinal defects
  – Infection/sepsis
Why Johnnie Can’t Latch...

- Maternal Issues
  - Flat or inverted nipples*
  - Postpartum pain and stress*
  - Primiparity*
  - Anatomical mismatch (OBD)

* Dewey; Pediatrics 2003;112:607-619

Why Johnnie can’t latch

- Anatomical variations/anomalies
  - Tongue tie (ankyloglossia)
  - Micrognathia
  - Orofacial clefts (occult, submucous, or overt)

Why can’t this baby stay latched?

Cleft of the soft palate

Why Johnnie Can’t Latch

- Iatrogenic causes:
  - Separation from mom before first breastfeed (Widstrom; Righard & Alade)
  - Labor medications, particularly narcotics
  - Instrumental delivery (headache)

Facial asymmetry from molding

Breastfeeding is a robust process, ordinarily it takes multiple “hits” before it fails.

Photo courtesy of Esther D Grunis, IBCLC
Hall, J Peds 141:661, 2004
What can we do?
• Promote skin to skin contact, immediately after birth and before newborn procedures are performed on healthy infants.
• For compromised infants, minimize maternal infant separation as much as possible. http://kangaroomothercare.com
• Help mother initiate breast pumping within 6 hours if she must be separated from her infant.

Immediate Skin to Skin
Cochrane review found OR 2.15 for bf at 1-3 months; 12.18 for thermal neutrality; 11.07 for normal blood glucose, and a huge effect on bf duration.

Skin to Skin during Cesarean

Let baby go through 9 stages
• Birth cry
• Relaxation
• Awakening
• Activity
• Crawling
• Resting
• Familiarization
• Suckling
• Sleeping
Widstrom et al 2011
Newborn behaviour to locate the breast when skin-to-skin: a possible method for enabling early self-regulation. Acta Paed 100 (1) pp. 79-85

When baby won’t latch
• Initiate skin to skin as soon as possible
• Teach mother infant hunger cues
• Begin manual expression of colostrum

Stability and Support
• head and body aligned in one plane – neck support
• hips flexed
• ventral side pressing to mom’s ribcage
• No gap between baby’s body and mother’s body

Experienced mom – cradle hold
First time mom – transitional hold

Gravity and Space interfere with latch

Close up the space

How baby expects to encounter the breast (if she were crawling to it)
- chin on breast
- nipple on philtrum
- Amniotic fluid trail from hands preceding body

Taking advantage of baby’s expectations...
- Let her open wide and extend her head to clear the nipple with her upper lip

Taking advantage of baby’s expectations...
- Snuggle her in close after she lunges and latches.
A few don’ts:
• Don’t ram the baby’s head onto the breast (causes head flexion, reduced tongue mobility).
• Don’t push a crying baby to breast, try “baby reboot” (put to mom’s shoulder).
• Don’t manhandle mom’s breast.

Giving Baby Autonomy

Biological Nurturing – Suzanne Colson (15-65°)
Mom reclining
- Increases baby’s access
- Stimulates antigravity reflexes (facilitate latch)
- Improves fit (complete ventral contact)
- Releases maternal reflexes

If baby still can’t latch, start expressing

Using an extra diaphragm as a colostrum collector
Early milk removal is essential!

- Feedback inhibitor of lactation (FIL), a peptide component of milk, reduces rate of milk secretion as the breast fills.
- Involution begins on day 4 if milk is not removed regularly from the breast.
- Breasts calibrate milk supply in first 2 weeks postpartum, probably through the proliferation of prolactin receptors.

What the research shows:

Greatest chance of sufficient milk supply in mothers of preterm infants when pumping begins within 6 hours of birth, is done at least 5-8 times a day, and milk output is 750ml (23 oz)/day by 2 weeks postpartum.


<table>
<thead>
<tr>
<th>Bf freq on day 2</th>
<th>Supply day 5</th>
<th>Supply day 14</th>
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<tbody>
<tr>
<td>9.9 +/- 2.2</td>
<td>679 +/- 147 g/day</td>
<td>901 +/- 125 g/day</td>
</tr>
<tr>
<td>13.4 +/- 3.0</td>
<td>892 +/- 306 g/day</td>
<td>1079 +/- 185 g/day</td>
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Calibration – Bystrova 2007

- Primips made more milk when bf more frequently on day 3
- Babies consumed more milk on day 4 when they bf in the first 2 hours after birth. (284 vs 184 ml, p = .0006)


Where baby sleeps matters

- Ball, HL. et al 2006. Randomised trial of mother-infant sleep proximity on the postnatal ward: implications for breastfeeding initiation and infant safety.
  Archives of Disease in Childhood 91(Dec): 1005-1010.

Ball et al

- 64 newborns randomized to:
  - bassinet in mothers room
  - sidecar attached to mother’s bed
  - in mother’s bed
  Infants in sidecar and mothers in bed breastfed twice as often (once per hour) as infants in bassinet. Some bassinet infants did not feed all night.
Breastfeeding at 4 months

- Bassinette babies:
  - Any breastfed 43%  Exclusive breastfed 20%

- Sidecar babies:
  - Any breastfed 73%  Exclusive breastfed 40%

- Mom’s bed babies:
  - Any breastfed 79%  Exclusive breastfed 50%

Avoid formula and bottles

- One feeding of formula disrupts the normal breastfed baby’s gut flora- infectious disease risk
  [http://massbreastfeeding.org/formula/bottle.html](http://massbreastfeeding.org/formula/bottle.html)

- Intestinal gap junctions open first weeks
- Innate immune system - toll like receptors

- Infants supplemented by cup were more likely to breastfeed. Bottles can be used after breastfeeding is well established, if needed.

From Academy of Breastfeeding Medicine Hypoglycemia Protocol

Skin to skin contact reduces energy expenditure and promotes breastfeeding
BF initiation within 30-60 minutes of birth
No routine supplementation
Frequent breastfeeding – 10-12 times per day in the first few days of life
[http://www.bfmed.org](http://www.bfmed.org)

If a healthy baby can’t latch, assess for tongue tie.

Assessing for tongue tie

Flat tongue with lack of elevation and cupping is a clue that movement is restricted, especially during crying.
FTT from undiagnosed tongue tie

Asymmetrical latch in clutch hold can be helpful for tongue tied infants

Check for torticollis

Helping the sleepy baby feed

Manual Expression – press back, roll forward, release pressure

http://home.ca.inter.net/~jfisher/sales.html#dvd
Spoon feeding hand-expressed colostrum to wake a sleepy infant

This photo sequence courtesy of Esther D Grunis, IBCLC, Tel Aviv, Israel

Small for gestational age infants

- Resources are particularly low – are less energetic than average newborns.
- Suffer greater IQ reduction when supplemented.
- May need support such as a supplementer initially.
- Encourage mom to be patient with baby.

latePretermInfants

- Gentle handling – containment
- Calm, quiet, short, frequent feeding
- Support during feeding
- Avoidance of overstimulation


Maintaining milk supply

- Teach manual expression for colostrum if baby fails to latch.
- If baby is not breastfeeding by 6 hours, institute electric pumping after hand expressing, 8 times a day minimum.
- Pumping does not have to be evenly spaced through the day, mom can sleep 4-6 hours and pump more often in the morning.
- Encourage mother to work toward 24-32 oz/day by 2 weeks postpartum.
- Babies can learn to take the breast later if there is a generous milk supply.

Helping the baby with strong tongue-tip elevation (“peanut butter tongue”)

- Tickle tongue tip down
- Try prone positioning
- Check for respiratory instability
- Increase head extension
- Fingerfeed
**Fingerfeeding with readily available materials in a hospital setting**

- 5 french or smaller feeding tube and a syringe
- Butterfly tubing with the needle cut off and a syringe
- Curved-tip syringe
- Can also be done with an eyedropper dropping milk on the feeder’s finger, just outside the infant’s upper lip.

**Handling nipple variations**

**Inverted nipples**
- Babies are more likely to be able to latch to inverted or flat nipples if they are naïve to bottles, pacifiers, and fingers.
- Spoon and cup feeding is recommended for initial supplementation if baby will not latch to inverted nipples.
- Babies breastfeed, so nipples are not technically necessary if there is a lot of breast tissue in baby’s mouth.

**Wedging the breast - “U” hold**

**Wedging the breast – “C” hold**

**Denting the breast**
When you can’t do things the usual way, be creative!

This mom has a spinal headache and can only lay on her back. Her nipples point to the side. The best way to help baby access them was by kneeling him against her body.

Photo courtesy of Esther D Grunis, IBCLC

Facilitate self attachment

- Increasing baby’s oxytocin levels may induce self-attachment – warmth, ventral stimulation (skin to skin), calm atmosphere, gentle stroking, quiet talking.
- Inhibition of startle reflex and hip and neck support improves precision of motor activity.
- Infants who associate the breast with frustration may relax with vertical positioning between mother’s breasts.

Self-attachment
http://www.geddesproduction.com/breastfeeding-baby-led.html

Don’t fight baby’s hands!

Babies are competent!

Lose the Mittens

If baby leaves the hospital not breastfeeding:

- Encourage mom to rent a hospital grade electric breast pump – Ameda or Medela full size pumps with double kit.
- Refer the mom to a private practice IBCLC, encourage timely apt.
- Refer the mom for peer support (La Leche League, NMC, local resources).

Helping moms of older non-latching infants

- Encourage her to use her support network wisely (cooking and household help).
- Encourage continued pumping.
- Maintain a confident, hopeful attitude when speaking with her, share past clinical experience (your own or other LC’s).
- Help her see moving toward breastfeeding as a process, not an event.
Using a thin silicone nipple shield

When to use a nipple shield
- Preterm infants – may improve intake by reducing energy required to maintain latch. Meier et al. J Hum Lact. 2000 May;16(2):106-14
- Infants habituated to bottles – shield reinforces breast so baby does not have to shape a teat.
- Infants with reduced oral proprioception.
- Mothers with retracting nipples in infants who require stimulation of palate.

Preterm infant using 24mm shield

How to use a nipple shield
- Choose proper size (to get the most breast into the mouth as possible).
- Draw breast into shield.
- Make sure infant transfers milk.
- Encourage large gape, to facilitate later latch to bare breast.
- Consider recommending “insurance” pumping.
- Give a plan for weaning from the shield.

Draw breast into shield

Latch as if shield is not there...
Good latch with shield – mouth on breast rather than teat of shield

Can use a shield and tube together for temporary fast flow

Pre-fill the shield for an instant reward

When baby can’t latch YET

Buying time

- Help mom maintain a generous milk supply by pumping.
- Allow baby to practice at the breast, a feeding tube may be helpful to make breastfeeding rewarding.
- Use an alternate feeding method that leaves the door open for breastfeeding – finger feeding, paced bottle feeding. It must be easy for parents if not short term!

Helping baby gape appropriately
Hazelbaker fingerfeeder may be helpful for long term use.

Paced Bottle Feeding
- Tickle baby’s philtrum with the bottle teat.
- Wait for a large gape.
- Give baby the bottle.
- Hold bottle horizontally so the nipple is only half full of milk (and half full of air – reassure parents that air is not harmful).
- If baby splays fingers or has difficulty with flow, twist and remove bottle. Rest teat on philtrum until baby gapes again, or tip bottle so milk leaves nipple.

Paced Bottle Feeding

Modeling breast latch on a wide based bottle

Reducing Frustration at Breast
- Make sure baby is not overly hungry, advise mom to offer breast as soon as baby stirs or shows feeding cues.
- Advise mom to feed baby part of a feeding by the easiest method, then try breast.
- Teach mom to calm baby at breast with non-nutritive sucking on a finger or pacifier.
**Bottle “Bait and Switch”**

Reconditioning babies who associate breast with frustration

- If baby objects to being held at breast, try allowing baby to rest on a nursing pillow near breast.
- If baby cries when held at bare breast, hold baby to clothed breast whenever possible.
- Try distraction – show baby a toy when at breast, or tickle other parts of baby’s body with breast, then tickle his philtrum.
- Use unusual positions (mom on all fours).

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**Snuggling to clothed breast**

Reframing Breast “Refusal” for Mothers

- Interpret baby’s behavior to her – baby is frustrated because he wants to breastfeed and can’t figure out how rather than he hates the breast.
- Some goals are worth working for – tell mom this is baby’s first lesson in this, and that it will come in handy when it’s time to learn calculus! This helps reduce the “I’m torturing him” thoughts.
- Encourage mom to calm baby when he is too frustrated, “walking the fence”.

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**Small mouth/large nipples**

- Mom breastfed baby for practice.
- Dad fingerfed while mom pumped to maintain her supply.
- Baby’s mouth grew to accommodate mom’s nipple by 6 weeks and he transitioned to exclusive breastfeeding.

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Result: one chubby, happy nursling.
1 month old – first breastfeeding

Pushing the envelope – learning to breastfeed at 3 or 4 months of age

Techniques for Older Babies
- Distraction – rattling toys
- Nipple poke
- Choice of cup or breast
- Self attachment, remove baby from moms’ chest if becomes too upset
- Allow to awaken at breast
- Worry about correct technique when baby is latching reliably.

Keeping baby calm at breast

Getting baby to open wider
The more we learn, the more we realize that nothing is impossible!