Breastfeeding and CranioSacral Therapy: When Can It Help

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with special thanks to David Bemis, D.C., who has taught me so much.

In recent years, there have been frequent references to CranioSacral Therapy and other bodywork for infants who are having difficulty breastfeeding. More than 100 years ago, Dr. William Sutherland (D.O.) first discovered the cranial-sacral system with its rhythm unique from other body systems. In the mid-1970s, Dr. John Upledger (D.O.) further studied this unique rhythm and was the first to teach CranioSacral Therapy to non-osteopaths. While many therapists have been trained in his methods, other practitioners have developed variations. Any of the methods might be helpful to a baby. When choosing a therapist, who could be a certified massage therapist, a physical therapist, a chiropractor, an osteopath, etc., be sure to ask how much training and experience in working with infants the therapist has had.

Some chiropractors are also accredited in pediatric chiropractic. This is a different type of bodywork, but can also be very helpful to infants. Adult chiropractic applied to babies would be dangerous, so again it is necessary to ask about the chiropractor's training and experience.

It is important for the lactation consultant to be able to recognize symptoms in the infant that can show a need for bodywork therapy. Some of the symptoms are very noticeable and others are quite subtle. For some involving motion, the key will be if the symptom appears consistently. Although some symptoms will be obvious while baby is at breast, others will be more noticeable when baby is laid flat on his back on a firm surface such as a changing table or a blanket on the rug. I try to examine baby on a firm surface after he has finished the first breast, but before the second. When baby is very hungry, he will not lie calmly for me to observe his natural position and how he moves. But if I wait until he has finished the second breast, he may be asleep. Furthermore, if he gets impatient and upset with me during the examination, mom can calm him by offering him the second breast. In my attempt to be thorough, I will start at the top of the head, describing things to watch for, and work my way down through the body.

Sometimes, looking at the center of the top of the head, you will be able to notice that one side of the skull is slightly elevated compared to the other side. This can happen in babies who did not experience vacuum extraction, but can be even more prominent if vacuum extraction did occur. Look at baby's skull and feel carefully (feeling can be particularly important if baby has a lot of hair) for ridges. Notice if the baby's head appears cone-shaped. During birth, the bones of the skull need to slide over each other so the baby can fit through the birth canal. After birth, the bones are supposed to slide back into their proper position, but sometimes they need gentle help to accomplish this.

Why is this important? Fascia is connective tissue which unites skin to the underlying tissues. Fascia also surrounds and separates many of the muscles, and sometimes holds them together. Ligaments are bands of tissue that bind bones together or that support organs. The head is made up of a number of bony plates. Ligaments hold the bones of the head in position. Fascia connects skin to the bones of the head, connects the bones to the dura mater covering the brain and spinal cord, and surrounds other structures in the face and head. The hard palate is formed by two palatal bones, and the

soft palate is muscle covered by mucous membrane. Because of connective tissues such as ligaments and fascia, the structure and alignment of the palate are influenced by the alignment of the other skull bones.

If there is misalignment and imbalance of the skull bones, this can affect the function of the palate, tongue, and other structures of the head. This can cause the palate to be too high or uneven, or the facial muscles to be too tight. Imbalance of the structures of the head, as well as trauma from the birth process itself, can cause constant irritation to the nervous system. This constant irritation may also cause hypersensitivity, which can sometimes be the underlying cause for babies who gag and cannot accept anything in the center or back of the mouth.

If baby spent a lot of time during labor banging the top of his head against the cervix, you may see the side bones of the head bulging out over baby's ears.

You may see the back of baby's head protruding farther than normal. This may cause the baby to be unable to look forward while lying on a firm surface, such as when he is in his carseat. If baby turns his head easily to both sides, but seems reluctant to look straight ahead, it may be that the shape of his head causes him to flex his neck too much when facing forward. This can sometimes interfere with breathing. The skull protruding improperly may also cause tenderness, so the baby prefers to rest on either side of his head rather than on the back of his head. Baby does not usually lie on the back of his head during breastfeeding, but the fascia and ligaments attached to the protruding bones may be stretched too tight and not allow other structures to work efficiently.

Notice baby's eyes. Although baby may at times have one eye open wider than the other, this should be transient. If baby consistently has the same eye wider than the other eye, this can indicate an imbalance in the facial muscles.

Baby's lips should appear soft and relaxed. If baby's lips are frequently pursed while he is resting or even sleeping, this can indicate that there is too much tension in the facial muscles.

When baby extends his tongue, the tongue should remain round. If the tongue consistently appears very pointy when it is extended, this can also indicate too much tension. If the tongue consistently pulls off to the side when baby extends it, this will make it difficult for baby to correctly trough the tongue during breastfeeding. For babies with more severe problems, the tongue may even be held to the side of the mouth while it is still completely within the oral cavity.

When baby opens his mouth, his jaw should drop straight down towards his navel. If the jaw consistently opens even slightly toward the left or the right, this can make it difficult for baby to maintain a seal around the breast and to milk the breast appropriately during downward strokes of the jaw. Some moms report that baby hurts them more on one breast than the other when the jaw pulls to the side. *[See addendum at end of article]

Watch how baby is able to move his neck. He should be able to easily turn his head completely to each side, so that the cheek is flat on the firm surface and the ear disappears, while his body stays straight. If he cannot turn his head completely to the side, this can indicate that something in his neck is uncomfortable. If he can only turn his

head to the side while his body "corkscrews" in the opposite direction, there may be a vertebra that twisted and is riding on a nerve.

Likewise, if baby prefers to consistently turn his head to one side, and rarely turns it in the opposite direction, this can again indicate that something in his neck is not moving freely. Babies who can only turn their head in one direction frequently cause a lot of pain and/or trauma to one nipple.

While baby is turning his head, watch where his chin ends up. Some babies must lift their chin so their head tips back when they turn in one direction, but their chin runs into their shoulder when they turn in the other direction. This indicates an imbalance that needs to be relieved.

While the baby is resting on his back looking at you, notice his shoulders. They should appear level. One shoulder should not consistently be higher than the other.

While baby is lying on his back, he should be able to lie with his torso in a straight line. Some babies look like a crescent moon. If baby is "curved" and you gently straighten him out, but he springs right back into that crescent moon pose as soon as you let go of him, he needs some attention from an appropriate practitioner. Baby's hips and shoulders should appear level most of the time while he is resting.

If you are working with a baby who is having trouble breastfeeding, and you see any of these postural symptoms, suggest to the mother that she consider taking her baby to a CranioSacral therapist, pediatric chiropractor, or other bodyworker who knows how to do cranial work on infants.

* [Addendum, 2008] While I have intellectually understood for some time that a stiff neck or a crooked jaw can make it difficult for a baby's tongue to move properly for sucking, it was still just "book knowledge". I often wished babies could talk and explain more about their problems. Recently, I had an experience that helped me get a much clearer picture of how babies with sucking problems probably feel. I have been injured in several car accidents. The side-to-side whiplash and concussions that I received still cause me some physical problems. One morning I woke up with a partially locked jaw!

My jaw would only partially open. I could only put very small pieces of my breakfast food in my mouth. Then, when I tried to chew, I realized how much farther my mouth must open (even if the lips are closed) to chew than to allow the food into the mouth in the first place. I yelped with pain as I tried to chew and ended up kind of mashing the food against my palate with my tongue, in order to swallow. However, I also noticed that my tongue sat a bit oddly in my mouth, even when my mouth was closed. And I talked with a slight lisp that I never had before. Several times as I slowly worked my way through my breakfast (I am not one to skip a meal!), my tongue did not control the food quite right. I had several panicky moments when I almost choked a couple of times as the food did not go down right because the tongue wasn't moving correctly.

I called one of the pediatric chiropractors that I refer mothers to, and I begged her to see me as an emergency patient. (Most pediatric chiropractors also work on adults.) Fortunately she had an opening in her schedule and got me in. She worked on me for

almost an hour, at which point I was much better. I could still feel that things weren't quite right, and I needed a couple more sessions to completely resolve the problem.

But after I could open my mouth better, and was able to eat my dinner without trouble, I realized that this is what babies with stiff necks or crooked jaws or tongue ties must deal with. I remembered my panic when my tongue didn't control the food well for swallowing and thought about babies whose tongues aren't working properly, trying to deal with the gush of milk during a letdown. No wonder these babies get squirmy at breast and/or clamp down with their jaws or tongue thrust. It's really an awful feeling when you can't control the food well. And I was awfully tired that afternoon from the stress of it all.

I now have a much clearer perception of what babies with feeding problems are feeling when they try to breastfeed!

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