

Breastfeeding and CranioSacral Therapy: When It Can 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. John Upledger, D.O., first discovered the cranial-sacral system with its rhythm unique from other body systems. Although Dr. Upledger was the first to develop CranioSacral Therapy, and 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, 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. 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 lay 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 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.

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 or pediatric chiropractor.

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