



Early



Breastfe

HOW TO
HELP WITH
two common
ISSUES BABIES
EXPERIENCE

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Nipple Confusion

Nipple confusion is defined as “an infant’s difficulty in achieving the correct oral configuration, latching technique, and suckling pattern necessary for successful breastfeeding after bottle feeding or other exposure to an artificial nipple.” Although there is inconsistent evidence to support this topic, many practitioners believe that after exposure to artificial nipples (such as bottles or pacifiers), infants experience difficulty with breastfeeding. The main cause for debate is limited research as to whether bottles and pacifiers are causing infants to refuse the breast or if it’s simply markers of maternal-infant characteristics.

Studies have shown that the way a baby latches to their mother’s breast is very different than the way they suck on a bottle or pacifier. Bottle feeding can separate the epiglottis and soft palate connection. It elevates the soft palate, drives the tongue back and alters the action of the tongue. This makes it difficult for the baby to drink milk and may result in fussiness or frustration from the infant. It can also be an explanation to why babies may have trouble switching back and forth between drinking from a bottle and breastfeeding.

Other hypotheses that can explain nipple confusion include:

1. *The newborn may have a limited ability to adapt to various oral configurations.*
2. *A form of “imprinting” may happen when the baby receives a bottle before the breastfeeding attempt.*
3. *Low colostrum available with breastfeeding in the first few days of life.*
4. *An infant who has not learned to grasp and suckle the nipple correctly might perceive bottle feeding as easier and more rewarding.*

Methods that can be considered or used to help feeding and prevent nipple confusion, until breastfeeding can be established, include: a cup, spoon or dropper or the use of nipple shields. Many other issues can cause breastfeeding challenges, such as tongue or lip tie, TMJ weakness and missing or weak primitive reflexes. Working with a pediatric chiropractor is always a good idea, and a lactation consultant can help identify if your child’s fussiness or difficulty feeding is related to nipple confusion.

TMJ Dysfunction

Now that we’ve discussed how nipple confusion can make it difficult for infants to breastfeed, let’s elaborate a bit more on the subject of TMJ dysfunction, which can inhibit breastfeeding patterns.

The temporomandibular joints are two articulations that connect your lower jaw to your skull. As one opens their mouth, the jaw rotates around the head of the mandible and slides slightly forward. A dysfunction is present when these motions are compromised by issues like misalignments or interferences.

Babies are able to develop proper TMJ bone growth and muscle movements while breastfeeding. Additionally, as they latch, they increase their lower jaw sagittal growth. That said, one can predict that TMJ weakness can hinder the breastfeeding process. One of the most common causes of TMJ dysfunction is birth trauma. This may happen with vaginal or cesarean delivery due to skull compression causing a displacement and shifting of the bones.

Just as with nipple confusion, TMJ dysfunction may benefit from chiropractic care. A chiropractor can gently perform a sustained contact adjustment to realign the bone and these two joints. This will help restore proper TMJ function, decrease irritation, allow for improved tongue coordination and assist the infant with breastfeeding. 🧡

Compliments to Dr. Drew Rubin, D.C.



Dr. Ana Teresa opened her practice, called Quirofamilia, in Puerto Rico in April 2022. She loves to provide pediatric and prenatal chiropractic care while educating and helping others create a sense of community in her space. Dr. Ana has completed many hours of ICPA seminars, the Webster Certification and the Certificate of Proficiency in Pediatric & Family Chiropractic. She looks forward to continue learning and offering salutogenic-based chiropractic care to all her practice members.