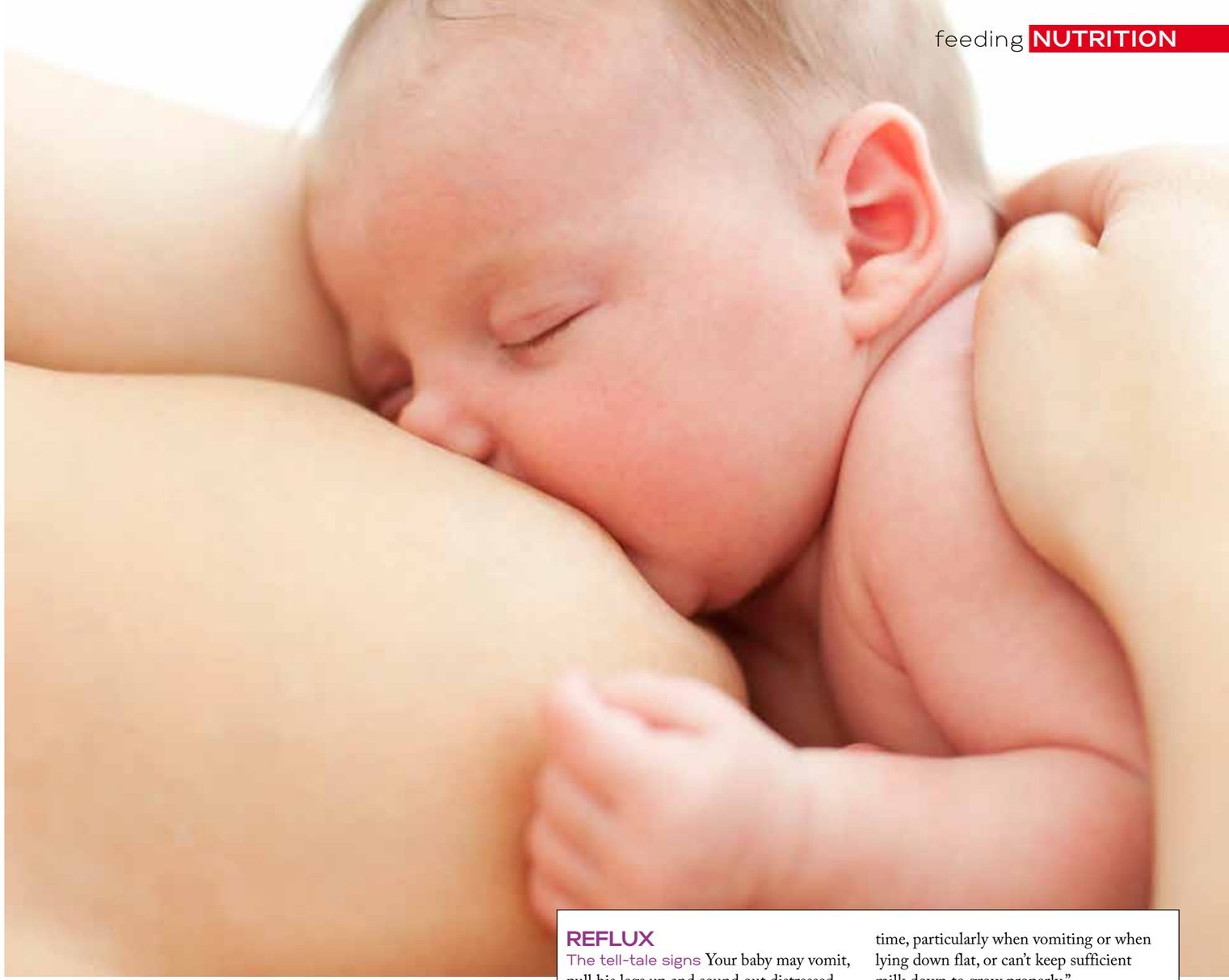
Baby, HELP is at hand

Breastfeeding takes time and practise to perfect, but what if there's something going on with bub? **SIMONE CASEY** takes a closer look



There are so many things that make our beautiful babies unique, including their temperaments, their tummy muscles and their tongues! Some of these things can affect breastfeeding, so if you find you've hit a hurdle, rather than soldiering through or throwing in the towel, know that help is at hand. Breastfeeding isn't an exact science and your baby may have his own ideas, but there are lots of little tips and tricks to overcome common baby-related feeding issues. Read on to find out more…

TONGUE-TIE

The tell-tale signs A tongue that can't extend past the lower lip or that has a heart-shaped appearance. Your baby may not be able to attach or stay attached, may make a clicking sound when feeding and may also have prolonged and frequent feeding. He may have slow weight gain and unsettled behaviour. You might have persistent nipple damage, problems with low supply, or notice your supply dropping after an initial abundance of milk.

What causes it? "Tongue-tie is a congenital condition affecting approximately three to 10 per cent of babies," says Dr Anita Bearzatto, a lactation consultant and GP. If your baby is diagnosed, ask around family members (or check everyone's tongues at the next family barbecue!) and you may find it to be a genetic trait. "If severe, a tongue tie may contribute to speech and dental problems later in life," adds Dr Bearzatto.

What can I do? "If you suspect your baby has a tongue-tie, particularly if you are having breastfeeding problems, discuss this with your maternal and child health nurse, lactation consultant or doctor," advises Dr Bearzatto. "You may be referred to a doctor for an assessment and possibly a procedure called a 'lingual frenotomy' to release the tongue-tie." If a frenotomy is required, the thin membrane under the tongue is snipped by a trained doctor and bub usually feeds immediately afterwards. You may notice an immediate improvement with the latch but be patient, as it can take bub up to a week to work out the newfound mobility of his tongue. Expressing and bottle-feeding may work temporarily to get more breastmilk into your littlie until the problem is resolved.

Picture Getty Images

REFLUX

The tell-tale signs Your baby may vomit, pull his legs up and sound out distressed cries. He won't settle when lying flat, but will calm when held upright.

What causes it? "The sphincter muscle at the top of the stomach is quite weak in babies, and stomach contents can rise up into the oesophagus quite easily," explains lactation consultant and accredited practising dietitian Joy Anderson. It's the acidity of what's in the tummy that can burn the oesophagus and cause pain. "Reflux can be a symptom of food sensitivity in some babies, but not all reflux is diet-related," Joy says. "Reflux becomes a medical problem if the baby vomits a lot, is distressed much of the time, particularly when vomiting or when lying down flat, or can't keep sufficient milk down to grow properly."

What can I do? Keep breastfeeding and try to keep your baby upright as much as possible, especially after feeds. A sling or baby carrier is great for this. Avoid jiggling your littlie after feeds; burp him gently by holding him still in an upright position, perhaps against your shoulder (with a burp cloth covering your clothes!). Most babies with reflux are happier if sleeping on an incline and not being laid flat to do nappy changes, or anything else. "If these sorts of measures aren't effective, your doctor may prescribe medication for your baby," says Joy. "Dietary investigation for allergies or intolerances may help in some cases." ›

BREAST REFUSAL

The tell-tale signs Your littlie will cry and pull away when the breast is offered. He may also chomp down with his gums or bite the breast if he has teeth.

What causes it? Breast refusal can happen in a baby who is teething, who is easily distracted by his environment or simply isn't hungry at the time. It's common for babies who are unwell (such as with an ear infection or a cold) to show refusing behaviour, as it is for babies with nipple confusion, which is when they get used to the silicone feel and easy flow of a bottle and teat. Hormonal changes in Mum, for example when your period returns, can also lead to breast refusal.

What can I do? "Try to remain calm, although a refusing baby can try a mother's patience," says Renee Kam, from the Australian Breastfeeding Association (ABA). She suggests lots of skin-to-skin time with your baby on your bare chest, "to remind your baby that this is a nurturing place to be". If he's teething, offer your baby something cold to chew on before a feed. Distracted babies may need to feed in a quiet room or be given something interactive to play with during a breastfeed. "Lots of babies who are refusing to breastfeed during the day feed like little champions at night, so temporarily upping the number of feeds through the night may help," says Renee, who also suggests further strategies such as walking around while trying to feed or offering a feed when bub has just woken up and is still sleepy.

POOR ATTACHMENT

The tell-tale signs Bub's cheeks will suck in when he's attached, he may make a clicking noise while feeding and his lips may be pursed together, or one lip will be tucked in while the other is opened out over the breast.

What causes it? Possibilities include a problem with the positioning of your baby's body and head, his mouth not being wide open enough when attaching to get a good mouthful of the breast tissue, or tongue-tie.

What can I do? If your baby isn't well latched, the ABA's Marion Bowen suggests releasing him from the breast by placing a clean little finger between his gums to break the suction. Calm yourself and your bubba before trying again, as "a crying baby is difficult to attach," says Marion. Key features of good positioning and attachment to look for are: your baby close to you with his head and body chest-to-chest. "When bringing your baby to the breast, do so when his mouth is open wide and ensure both lips are flanged out," explains Marion. "His nose should be clear so he can breathe. His neck will be slightly extended, his chin will be touching your breast and there should not be pain beyond the initial stretching of the nipple." You could also try alternative positions such as the cradle hold, football hold or lying down.

BITING AT THE BREAST

The tell-tale signs Ouch! You'll be able to feel your bubba clamping down or biting your breast before, during or after a feed.

What causes it? It can be as simple as your baby being finished and just letting you know about it, but other reasons include teething or bub becoming frustrated if the milk is slow to let-down.

What can I do? "Paying close attention to your baby when he feeds and feeding away from any distractions can help," says Renee, who notes that "when a baby is deeply attached to your breast, he cannot bite because his tongue covers his lower gum and teeth". Take notice of exactly when your baby gets chompy. "If he's tending to bite when coming off the breast, be quick to insert your finger into your baby's mouth when he appears to be finished," Renee advises. "If your baby is biting before the feed has really begun, it can help to hand express and use a bit of warmth to get your milk flowing first."

"Mild jaundice, which is common, can be treated by early and frequent feeding"

JAUNDICE

The tell-tale signs Babies with jaundice have a yellow tone to skin and eyes, are very sleepy when feeding and may need to be woken for feeds.

What causes it? Raised levels of bilirubin, which is produced by the breakdown of red blood cells. Dr Bearzatto lists "inadequate feeding, prematurity, blood type mismatch between mother and baby, bleeding under the scalp, genetic disorders, infection or medication" all as possible causes of the elevated levels.

What can I do? Mild jaundice, which is common, can be treated by early and frequent feeding. Breastmilk, in particular colostrum, is especially useful for this. "More severe jaundice may require phototherapy, which is when the baby is placed under lights," explains Dr Bearzatto. "If left untreated, jaundice can lead to serious medical consequences for the baby." Some doctors prescribe formula to flush out the jaundice more quickly, however this isn't always necessary, so ask for alternatives if you're not happy with this option.

ALLERGIES & INTOLERANCES

The tell-tale signs Often some combination of unhappy bub with crying, a runny or blocked nose, eczema/rashes, reflux, tummy pain, wakefulness and green and mucousy and/or very watery poo, sometimes with blood in it.

What causes it? Babies inherit the tendency to develop allergies or intolerances, although some may be the first family member to be sensitive. "Babies can be sensitive to foods in the mother's diet that get passed via her breastmilk," explains Joy.

What can I do? "The most common food that causes problems in babies is cows' milk – the protein part, not the lactose," says Joy. One of the first tests Joy conducts is for Mum to eliminate foods containing milk in her diet for about two weeks, to see if it makes a difference to bub's symptoms. "The mother should see a dietitian who has an interest in food sensitivity, to either help her balance her diet without dairy, or if that didn't solve the problem, help her further investigate her diet," she adds.

The National Health and Medical Research Council recommends that babies be exclusively breastfed until around six months of age, with breastfeeding to continue alongside appropriate first foods until at least 12 months of age. While breastfeeding is the ideal way to nourish your baby, we recognise that not all mums are able to do so. If you have any concerns about your breastfed or bottle-fed baby, make an appointment with your child health nurse or GP.