

**Vallone SA, Tow J. Collaborative Assessment and Management of Breastfeeding Difficulties by Lactation. Consultant and Chiropractor: A Case Series. WFC'S 10th Biennial Congress. International Conference of Chiropractic Research. Montreal, Canada. Apr 30 - May 2, 2009: 230-1.**

Introduction: Breastfeeding is a dynamic relationship designed to modulate the optimal development of the human infant. The environment in which the infant is uniquely designed to thrive is the body of the mother. The infant is born neurologically competent and aware, fully prepared to initiate appropriate responses from the mother, guiding her in the biological imperative of attachment and bonding. Today, lactation consultants and other health care practitioners are observing a greater number of babies than ever who are incapable of feeding at the breast. As birth has become more medicalized, as we as a culture have responded through embracing intervention as the norm, we are seeing the impact of trauma to the infant in broader and more intrinsically damaging ways. We are only beginning to grasp both the magnitude and implications of this trend and have not yet begun to address treatment in any significant way. For babies to feed effectively, one must address form and function within the context of the maternal-infant relationship, using normal competency as the compass. Collaboration between the lactation consultant and the chiropractor has evolved as a means of restoring normal form and function and with it the potential for both competency and optimal development.

Methods: The authors review a case series of 25 mother infant pairs who experienced breastfeeding problems related to a variety of musculoskeletal dysfunctions including cervicocranial subluxation, torticollis, mandibular retraction or asymmetry and myofascial constraint (including ankyloglossia) [1-9]. Ages of the infants ranged from 0-4 mos. Objective and subjective signs of breastfeeding dysfunction in the infant included, failure to elicit a milk ejection reflex, insufficient milk removal, poor weight gain, failure to thrive, infrequent voiding, spinal hyperextension (arching) at and away from the breast, hyperirritability, decreased peristalsis, reflux and jaundice. Maternal signs and symptoms included lack of a milk ejection reflex, hypolactation, plugged ducts, blebs and mastitis, hyperlactation and nipple pain, deformity and damage [9,10] Objective signs of biomechanical dysfunction included limited range of motion, visible structural asymmetry, muscle hypertonicity or hypotonicity [1-9]. After evaluation the infant for neuromusculoskeletal integrity including range of motion (craniocervical, spinal and

mandibular), muscle tone, oral function (including lips and tongue), and manual techniques were employed including myofascial release and chiropractic adjustments consisting of low force techniques, vertebral and cranial adjustments. Most, but not all mothers, continued to be supported by participating in follow up visits with the lactation consultant and chiropractor and/or as active participants in a mother's support group moderated by the lactation consultant.

Results: Co-management consisting of chiropractic adjustments and manual therapy techniques coupled with lactation counseling resulted in successful breastfeeding in the majority of cases. Transition from the relationship with the lactation consultant and chiropractor to peer support appear to contribute to overall success rate of the challenged mother-infant dyad.

Conclusion: From our perspective, there is no more normal human function than the ability of the infant to direct his own feeding at his mother's breast. Further, no other activity is more integral to healthy neurological development. Bonding is dependent upon competency-the infant's competency in turn leads to maternal competency and guides the mother in completing the circuit for which both have been hard-wired. Indeed, the inability to feed effectively at the breast should be the earliest possible indication that intervention is required for the mother-infant dyad. This case series demonstrates the potential for success when the lactation consultant and other health care providers are able to recognize neuromusculoskeletal dysfunction in breastfeeding difficulties. And also demonstrates the potential efficacy of early chiropractic intervention in facilitating successful breastfeeding.

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