

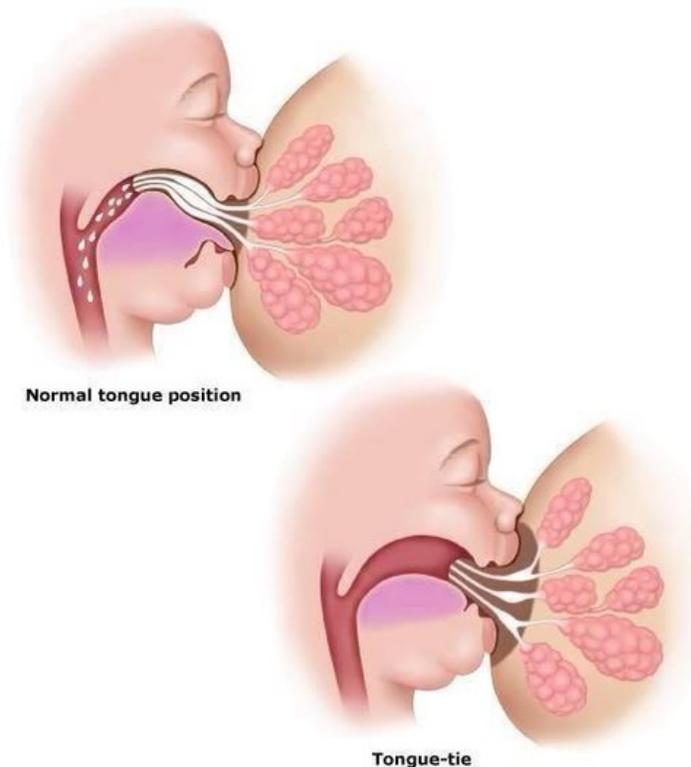
FEBRUARY 9, 2014

THE MYTHS ABOUT PAINFUL BREASTFEEDING

by Bobby Ghaheri

Throughout this blog, I will do my best to try and address what is commonly said by doctors, dentists and lactation consultants who don't understand the correlation between tongue-tie and lip-tie and poor breastfeeding. I think that we must first disprove what they **think** they know. I think these myths are born out of a complete lack of education, and with time, hopefully we won't hear them as frequently.

I've compiled a list of phrases that are often used when a mom is experiencing pain or other difficulties during breastfeeding. I will try to show you why they are inaccurate and how knowing them before you talk to your doctor can be empowering.



- **"It's normal to have pain (or bleeding or cracking)"** often combined with **"Your nipples need to just toughen up"**. These statements are even more concerning when they are said by someone who has never breastfed. I don't know how this thought process is ok in any way. If a mom, whether she's a first-time nursing mom or a nursing pro, is experiencing nipple damage, how can anyone say that continuing the status quo is appropriate? If it were any other scenario where you had a wound, would you accept that advice from a doctor? If I had a deep cut on my hand, and my doctor said "This is the first time you've had a deep cut there, so your hand needs to toughen up", I'd be pretty upset.

- **"Your baby is a lazy eater"**. Newborn babies act on instinct. There is no capacity for a baby to choose to be a lazy eater. If the baby is trying to nurse and cannot do so, they will often try and compensate in any

way they can. Sometimes, this forces them to use a tremendous amount of energy trying to nurse, and they fall asleep at the breast (sometimes very quickly). Also, if they aren't appropriately nourished due to a delay in diagnosis, they may not have the energy capacity to endure long feeding sessions.

- **"You're not making enough milk"**. Yes, that may be true. Milk production is based on appropriate breast stimulation. Early on, milk can be slow to come in. Later, a mom's milk supply

can decrease. But why? If a baby is unable to stimulate breast tissue and instead is sliding down on to the end of the nipple because of anatomical limitations, then it gives us a reason for why mom may be having milk supply issues. But to say this phrase and then NOT look for a reason why is just inappropriate. For example, if you needed oxygen but I never looked for why you need additional oxygen, I would not be doing my job.

- **"Your baby has a small tongue"**. This is often coupled with either **"Your nipples are too big"** or **"Your baby's mouth is too small"**. All babies have small tongues. All babies' tongues are smaller than a mom's breast. Considering that these comments typically come from a non-ENT doctor, I don't exactly understand how they've come up with this explanation. Am I supposed to believe that through all of human evolution, babies who suffered from this horrible "small mouth syndrome" just never breastfed? Please show me one study that has ever compared tongue size in babies who do and don't have breastfeeding problems. That study doesn't exist.
- **"Tongue tie/lip tie doesn't cause problems with breastfeeding"**. This typically comes from the mouths of the uninformed specialist (ENT, oral surgeon or pediatric dentist). What this actually translates into is "Like Dr. Ghaheri several years ago, I had no interest in breastfeeding medicine. Because I have no formal training, it's easier for me to sound authoritative and say that there's no correlation." This blog is dedicated to changing that misinformation.
- **"The frenulum will stretch over time"**. How much time? How long should a mom wait before she decides that this statement may not be true? How long should a baby who can't feed normally wait? Rather than seeking an assessment or considering a frenotomy, doctors and lactation consultants all too often expect a newborn to wait. Furthermore, there has never been a single study to show that frenula actually stretch. In my experience, what actually stretches are what the frenula are attached to. In the battle between muscle movement and static bone, muscle always wins. This translates into bone remodeling and can actually move teeth. (I've seen this in older children and adults who get braces too - once the braces come off, if their ties haven't been addressed the teeth will continue to move because of the tension).



This baby fell and tore his lip tie. See how much tissue is still left down on the gumline? This can predispose the baby to reattachment and can still cause dental issues.

- **"One day, your baby will fall and rip their lip tie and it will take care of itself"**. I don't know about you, but I can't think of another medical condition where the plan is to wait for spontaneous trauma. "Oh, you broke your nose? Wait until the next broken nose and it might straighten out." Even if trauma does happen (it usually doesn't), the lip tie is always incompletely revised and causes persistent dental problems, in addition to typically reattaching.
- **"Your baby can stick out their tongue, so they're not tongue tied"**. This one is the most commonly said. It's such a simple statement that can immediately make sense to the parents. But here's the problem: babies don't stick their tongues outside of their mouths while nursing! What's also overlooked is that the tongue is capable of many different movements. I don't know who arbitrarily decided that successfully completing one of these movements means that all other movements are normal, but that's simply not the case. The most important motion of the tongue for babies is elevation of the tongue within the oral cavity after cupping the breast. And the only way you can assess that is by putting your fingers inside the baby's mouth and lifting the tongue up. Most people don't do that, so I don't recognize the statement as valid.

I've heard more interesting statements as well, but I chose these myths because they're the most commonly used in convincing moms that nothing could be or should be done. Educate yourself before talking to your doctor, dentist or lactation consultant. If it's evident that you know more than they do, you can also try to educate them.

[Author's note: This post was edited to remove portions that were distracting from the message that I'm trying to send. As this has affected me in my personal life, I sometimes allow my passion and excitement to get ahead of my duty to re-read what I've written.]