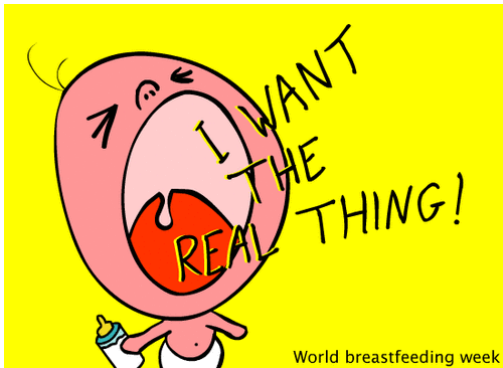


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## A BREASTFEEDING MOM'S SYMPTOMS ARE AS IMPORTANT AS THE BABY'S

by Bobby Ghaheri

This post will detail how a poor latch from tongue-tie or lip-tie can harm mom.



**While most moms would prefer to exclusively breastfeed, negative symptoms at the breast may prevent it from being possible.**

I often hear from moms that they feel like they're being selfish for putting their children through a procedure, particularly if that child is not experiencing any significant negative

effects from breastfeeding. The argument against this sentiment is quite easy: anything that jeopardizes a mom's ability to breastfeed obviously puts the baby in harm's way. I maintain that babies should nurse for as long as possible without having some external situation forcing them to wean. Sometimes, that means focusing on the mom's symptoms instead of the baby's if her symptoms are worse.

What are some of the consequences for mom when the baby has a poor latch from tongue-tie or lip-tie?

- **Nipple damage** - These are among the most obvious consequences of a baby's poor latch from tongue or lip restrictions. If the baby cannot flange out their lip appropriately, the lip will roll inwards, making the latch more shallow. Additionally, if the tongue is restricted, it cannot appropriately cup and lift the breast within the oral cavity, and the lower gumline is exposed. When the lower gum and the upper lip are what is being used to hold on to the breast, nipple damage can occur. Early signs include a change in the nipple shape following breastfeeding. Nipples can be creased or flattened, or can come out white (blanching) from compression and restriction of blood flow. If trauma is persistent or severe, mom can experience cracking, bruising or blistering. When it is most severe, mom can experience bleeding and scabbing. Even after the latch does improve with treatment, some moms have experienced long term nerve damage that may not improve with time.
- **Pain** - This is one of the most common symptoms a mom experiences. Unfortunately, it's one of the most commonly dismissed symptoms by healthcare providers. Too many are quick to propagate [the myth that painful](#)

[breastfeeding is normal](#). Painful breastfeeding is common, but that does **not** mean that it is normal. Is there a sensitivity at the beginning of breastfeeding? Sure, but that isn't what I am describing here. The often toe-curling pain that accompanies breastfeeding a tongue-tied baby can be severe enough that mom will begin to dread it. Even when the pain isn't as bad, but is still present, the persistence of the discomfort can most definitely lead to premature weaning.

- **Poor or incomplete breast drainage** - There are numerous reasons why a baby won't empty a breast. These include prematurely falling asleep at the breast, being unable to form an appropriate seal or being unable to use the tongue appropriately to draw enough negative intraoral pressure to nurse. Whatever the reason, stagnant milk can be indicative of future problems with lessening milk supply. Additionally, it can be a precursor to mastitis.
- **Breast disease** - Ultimately, if anything threatens the health of the breasts, milk supply becomes jeopardized. In the setting of a traumatic latch, mom's nipples can become infected from cracking. This can lead to breast abscesses. Surface trauma can lead to inoculation with thrush, which can be transferred to and from the baby. Superficial bacterial infections, blebs, or plugged ducts can also result. One of the more miserable results from a poor latch is mastitis, often recurrent. If a mom has recurrent episodes of mastitis, I always look for a restriction in the mouth as a primary potential cause. Mastitis can lead to hospitalization and a sudden drop in milk supply, so it must be taken seriously.

It is critical that we look at breastfeeding as a tag-team effort if we are going to achieve long term success in babies who are otherwise anatomically unable to latch appropriately. If a baby is completely healthy and growing well but mom is persistently sick or too traumatized to frequently breastfeed, we have failed to treat the dyad in a supportive fashion. We must stop dismissing mom's symptoms and we must stop propagating a culture where it is somehow ok to ignore the needs of the mom.