



Chiropractic Newsletter

Discover Chiropractic

Chiropractors Can Help

New moms and babies often struggle with breastfeeding at first. Chiropractic is often the best way forward...so why is it still such a secret?

I've been a chiropractor and a pediatric specialist for more than 16 years. I've had the joy of caring for thousands of pregnant women and helping them to have safer, easier births. I've also had the honor of caring for their babies, either as preventative wellness care, or to address issues such as poor breastfeeding, colic, or other imbalances. This led me to learn more about the causes of these issues through higher education. I became fascinated with the craniosacral system and its infinite connections.

I immersed myself in the birth world and networked with doctors, midwives, lactation consultants, doulas, and more. I hoped to gain referrals to help these little ones, but I eventually realized that some huge barriers are preventing the ideal collaboration of care.

Let me set the stage.

This is a very common scenario in my office: New parents bring their precious newborn to my office for a consultation. They are tired. Not only did the birthing parent just endure a long and often difficult birth process and a host of hormonal changes, but she is also not sleeping much at all, due to the demands of their child. Often there are other young children at home who need attention.



Their newborn is fussy, inconsolable, and not breastfeeding well. If the baby is able to achieve a strong latch at the breast, it is often extremely painful for the mother, causing cracking and bleeding of the nipples.

Perhaps the baby cannot latch well, and he or she is not able to drain the breast during feedings, resulting in engorged and painful breasts, or, even worse, mastitis.

Perhaps the baby was premature or had other difficulties at birth. Perhaps there is a concern that he or she is "failing to thrive" and has not gained enough weight. The mother might be "triple feeding"—which means that she is breastfeeding and pumping excess breastmilk to give to their baby in a bottle later. It takes all of her time and energy to feed around the clock.

Perhaps the parents have all but given up nursing at the breast and are resigned to pump and bottle feed—again, taking extra time and not receiving the normal rewards of bonding and physical attachment. They are at wit's end, and

have nowhere else to turn. They often show up at my office after exhausting the available support from the hospital staff.

This mother likely delivered her baby in a hospital or birthing center, where she was visited by a lactation consultant before going home with her baby. The lactation consultant probably spent a short amount of time helping her with breastfeeding techniques, such as ways of opening the baby's mouth wider, placing the nipple deeply in its mouth, holding her baby in more comfortable positions, etc. If the baby is struggling to attain a deep, strong latch, there is often no more advice than, "Keep trying." Once the baby is at home, if nursing continues to be a struggle, then the parent might return to the hospital for another short consult. Here, the baby is usually weighed to see if he or she is gaining a normal amount of weight and if they are transferring milk. If not, formula is introduced.

This can lead to a spiral of low milk production by the mother and often results in a failure to establish normal breastfeeding. Once again, if the baby is unable to do these things, there is usually little instruction about addressing the baby's physical limitations.

—Lynn Gerner, DC

Full Article in Pathways to Family

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