



CLS

The Corporate Lactation Services
Newsletter

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SETTLING YOUR BABY

by Laurie Wheeler, RN, IBCLC, Oct. 2017

The concern over a baby who is fussy, gassy, and/or irritable is a common one. Most babies will have occasional gas, spitting up, or tummy upset.

HELPING YOUR BABY TO BE HAPPY & HEALTHY

Often, common causes of fussiness can be helped by adjustments to feeding positions and feeding management. Other soothing strategies can help as well. Talk with your Lactation Consultant to see what suggestions she may offer. Of course, always involve your baby's pediatrician to monitor baby's overall growth and well-being, and to sort out if there could be a medical issue requiring the doctor's care.

In general, feed your baby "responsively" - whenever your baby gives you feeding cues - (eye or mouth movements, hands to mouth or face, rooting, whimpering, or making other sounds). Crying is a late sign of hunger. It is difficult for baby to latch at that point. Taking in air when crying also leads to more gassiness and fussiness. Monitor your baby's well-being by also tracking wet and dirty diapers and weight gain.

Crying is a late sign of hunger.

While pacifiers are often used to soothe a baby, avoid pacifier use in the early weeks when you are establishing breastfeeding and building your milk production. The American Academy of Pediatrics states, "... a pacifier should not be used to replace or delay meals. It may be tempting to offer your child a pacifier when it is easy for you. But it is best to let your child decide whether, and when, to use it. Buy pacifiers that are one piece. The two-piece models can come apart and pose a choking hazard. NEVER tie a pacifier to your child's crib, or around your child's neck or hand. This could cause a serious strangulation injury, even death." - (from A Minute for Kids, AAP, 2017).

POSITIONING AND LATCHING

By now, you might feel that you have heard enough about “positioning and latch!” There’s a reason for that - these are key for comfortable breastfeeding – for you and for baby. Optimal positioning will help your baby get the best latch, and swallow and breathe more easily. A poor latch can lead to frequent ineffective feeds and baby not getting enough, poor weight gain, and the need for supplementation. All of this comes together to contribute to a fussy, irritable, unhappy baby. Of course, a poor latch contributes to many maternal problems, as well.

Try laid back or “natural” breastfeeding positions, to get a deep latch. Breast compression during the feeding can increase the flow, giving baby more volume and hindmilk. Your Lactation Consultant can guide you in using this technique when baby is no longer actively sucking but has not let go of the breast. You might also try switching sides when baby becomes fidgety or when the swallows noticeably slow down (after trying breast compression). This can give you and baby more letdowns – increasing the total amount that baby gets and the hindmilk, too.

On the other hand, some babies are fussy and gassy due to getting milk too fast with a strong letdown. Mothers with oversupply or strong letdowns can have babies who are fussy, gassy, and very unsettled. Your Lactation Consultant will guide you through an assessment to see if this is the likely culprit and then she’ll help you develop a plan to manage it.

Burp after each side or after 1 ounce, if you’re giving your milk in a bottle. Burping before a feeding can also be helpful to release any trapped gas.

Many babies have a period of fussiness for 2 to 4 hours in the evening. Your baby may begin “cluster feeding” at that time. This evening fussiness usually goes away by 3 to 4 months of age. Your baby could also be having a growth spurt, and need to nurse quite a bit for a few days. Growth spurts (also called “frequency days”) can occur at any time, and last 2 or 3 days. Typical timing is at 7-10 days old, 2-3 weeks old, and 4-6 weeks old.

The complex suck-swallow-breathe pattern of an infant requires the coordination of many nerves and muscles. Certain conditions like tongue tie, lip tie, torticollis, or other muscle restrictions can contribute to difficulty getting an optimal position and latch. Your Lactation Consultant can help you decide if a medical or dental evaluation is indicated for diagnosis of these conditions, or if a referral for bodywork (<https://www.upledger.com/>) could be indicated.

COLIC, FOOD SENSITIVITIES AND GERD

Colic was defined by Wessel in 1954 as occurring in an otherwise healthy infant who cries for more than 3 hours per day, more than 3 days per week, for more than 3 weeks in duration. Colic occurs in 10-26% of infants, begins during the 2nd week, peaks at 6 weeks, and resolves between 12 and 16 weeks. The current theories on colic route cause are:

Try experimenting with baby's bedtime routine

- A growing digestive system with muscles that often spasm
- Gas
- Hormones that cause stomach pain or a fussy mood
- Oversensitivity or overstimulation by light, noise, etcetera
- A moody baby
- A still-developing nervous system

Colic is equally common in breast-fed and bottle-fed infants. Babies with colic cry excessively, are more difficult to console, and have disrupted sleep. Mothers of colicky infants are at a higher risk for postpartum depression and are more likely to stop breastfeeding early. Colic generally occurs in healthy, active, vigorous babies who eat and grow well. While sickly, poor-feeding, unhealthy babies or babies with underlying problems may well be cranky and unhappy, these infants tend to be this way most of the time, whereas the baby with colic usually has episodes at a predictable time of the day. Babies with colic cry more in evening hours, often passing gas, may have clenched fists, tense abdominal muscles, and arched posture with knees drawn up. If you believe your baby could have colic, schedule a visit with your child's pediatrician for a thorough assessment.

Could your baby be sensitive to a food you are eating? Babies are usually not bothered by foods in their mothers' diet, especially if mothers maintain a varied diet. Consuming an excess of a particular food may cause an allergic reaction in the baby. It is unusual for this to present before 3 weeks of age.

Signs in your infant could be:

- Itchy, stuffy or runny nose without other signs of illness;
- Pulling off the breast and arching and crying while feeding (often worse as the feed progresses)
- Skin rashes, eczema, hives especially around mouth or anus
- Red itchy swollen teary eyes
- Disrupted sleeping
- Frequent spitting/vomiting
- Diarrhea, green stools, blood in stools
- Wheezing
- Ear infections
- Colic-like behavior
- Poor weight gain

Possible offending foods include:

Dairy
Soy
Nuts
Wheat
Eggs
Chocolate
Medications
Vitamins
Caffeine

Your Lactation Consultant can help you decide if a food sensitivity could be the issue and refer you to the primary provider for diagnosis.

Gastroesophageal Reflux Disease (GERD) happens when an infant's lower esophageal sphincter muscle becomes weak or relaxes when it shouldn't. This weakness or relaxation lets the stomach contents come back up into the esophagus. The main symptom is spitting up more than usual.

Other signs and symptoms include:

Arching
Colic as described above
Coughing
Gagging or trouble swallowing
Irritability especially after feeding
Poor feeding or refusal to feed
Poor growth
Weight loss or poor weight gain
Wheezing or other breathing trouble



If you observe these signs and symptoms, contact your baby's pediatrician for a full evaluation. Vomiting large amounts, projectile or forceful vomiting, green, yellow vomit or that which has a coffee ground appearance, or has blood in it, problems breathing after spitting up or vomiting, excessive crying, or signs and symptoms of dehydration warrant immediate attention.

SOOTHING YOUR BABY

It is a good idea to hold, cuddle, sway, gently bounce, or rock your baby when s/he is fussy. Baby can be swaddled, carried in a carrier or sling. White noise may also help soothe a baby. HealthyChildren.org is a great resource for safety tips and information.

Remember, skin to skin contact is still comforting to your baby. Your milk, as well, is providing prebiotics and enzymes to help digestion, and growth factors to help mature the intestinal tract and other organs. Breast-milk is easy to digest and helps baby pass soft stools. Babies have short sleep/wake cycles and putting baby down for sleep is often more successful if you wait for the deep sleep phase. Hold your baby for 20 minutes or so after feeding, letting the light sleep phase progress into the deep sleep phase.

Sometimes babies are too cold or too warm, they are over-tired or over-stimulated, their clothing is twisted or a tag is sticking them, their diaper is soaked, they have a diaper rash. Look for ways to change up the routine or the environment to see if that will help. Dim the lights, play some soft music, or sing a lullaby. Try another diaper or a more absorbent one, and quickly take care of any diaper irritations.

Over-stimulation is another potential contributor. Welcoming family and friends can be exciting, but tiring for both parents and baby. Limiting the number of visitors or the length of visits respects the importance of the "taking in phase" that is occurring. A warm bath may calm your baby. Some babies are energized by their baths; if this is the case, avoid initiating bath time right before bed.

Placing baby down for some supervised "tummy time" may also help. Just a simple back rub or gently patting baby's back can work. Infant Massage is a wonderful technique and activity for parent and baby. The "I Love You" tummy massage is one that can help to relieve gas and to facilitate passing of stool. A certified Infant Massage Instructor may be in your area (visit www.lovingtouch.com to find one near you).

Going outside to just sit or taking a walk with baby in a stroller can be relaxing and distracting for both parent and baby. As a bonus, strolling is great exercise for Mom! Taking baby for a short car ride (always in the car seat) can often settle baby off to sleep.

Identify family, friends, and community helpers that can lend a hand or give you a short break and look for ways to keep life simple in the early weeks.

Parents often turn to over the counter remedies. Consult your pediatrician before using any such product, such as simethicone drops (gas drops), lactase drops, or probiotics. Gripe water is often used, however, it can be unsafe due to unregulated ingredients such as alcohol. Herbal teas, as well, can be toxic and dangerous for a baby.

REMEMBER: YOU KNOW YOUR BABY BEST!

Babies need close contact with their mother. Research has shown that babies cry less when they are held often and responded to quickly. Most babies become much more settled in just a few months. In the meantime, it's OK to lean on your team of helpers: family, friends, your OB or midwife, your baby's pediatrician, and your Lactation Consultant. You know your baby best - and you will soon learn your baby's cues and become an expert at settling your baby.

SUPPORT

Hang in there! Another milestone is just around the corner! Be ready to adapt, along with your baby. Enjoy the unique aspects of each phase and reach out for information, education, and support when you need it. For breastfeeding concerns, call your lactation consultant at 888-818-5653. If an unexpected problem comes up, a lactation consultant is even on call each day, at Extension 110.



Contact us!

My Lactation Consultant's name & number are:

REFERENCES

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