

Part one

Suck Training Your Baby With a Finger

In order to complete the process of proper milk removal, a baby often times needs help in learning how to suck/swallow. This is true of any baby who has had an issue. TT/ULT/PTT and or Over Supply (Over active let down reflex).

I use a couple of different techniques, depending on the baby and the mom and what works best for each pair. It is never one size fits all, and it ALWAYS 😊 takes practice.

When I first learned this I was shocked by how it is done, that I could actually get my finger that far back in a baby's mouth, by the results and how un-traumatic it is for a baby! I love how easy it is once you get over the hard part!

1. Begin by inserting your index finger in your baby's mouth. Gently!
2. Find the area right behind the gum line that she right away wants to put your finger. This is the 'nook'. This is where all of her so called sucking has taken place. Feel around. You can tell it would hurt if that was your nipple!
3. Allow the baby, just this once to bite/suck with your finger in the nook. It is important to know all of this and 'see' it in your mind.
4. Now, gently and ever so sweetly, start to wiggle your finger further back, past the nook.
5. As you go, apply gentle downward pressure on her tongue. Press, press, move, rest; press, press, move, rest. At first she may not like it. Give her time with each pause to get use to it then move further!
6. You are going to the soft palate. Everybody has one. Stop reading now and find yours with your tongue. It is way back there. It is where the palate changes from hard to soft.
7. Now work towards your baby's! Stay calm and if the baby starts to reject you, just back up a little bit. Try not to remove your finger completely. That will be your first response but we need to teach the baby to trust. Trust that she won't be flooded by milk, trust that it is a safe spot.
8. When you get to the soft palate, stop, close your eyes and imagine what it would feel like if your nipple was there.... Not bad, right? It wouldn't hurt. It's like a safety zone for the tender nipple. No pressure! All of the pressure, at this point should be at about your first knuckle.
9. If you have an SNS or tube or syringe, give the baby a tiny bit of milk so she can see that she is ok and this is where you go for food. If you don't have a way to do this, no worries, just allow her to suck for a bit. If she stalls, as in a pause, fine, if she stops, apply some gentle downward pressure to get her going again.
10. What you are looking for is a nice smooth suck and a tongue semi-wrapped around your finger. Nice smooth motion. The tongue is doing the work. The jaw is moving

smoothly also. Your finger is *not* being pushed in and out of the mouth. Your finger remains pretty stationary. It is not a *biting* feeling but a suck. This would not hurt your nipple if it was back there!

11. This is a suck! Train your baby with this as often as possible.. Like 4 to 5 times a day.....

Part 2

Suck Training With an SNS or Curved Tip Syringe



Often times adding some food to the equation really helps your baby to understand what the goal is. You don't need a fancy feeding device. Any French #5 feeding tube and a container with milk in it will do! It's easy and really inexpensive. You can make a leak proof device just like the photos. You just put the 'connector' end of the tube into the container with milk. The 'feeding' end of the tube has TWO holes in it. This is

important to note because, when using the tube, you must get it in the mouth past both holes. You don't need tape or anything. Just 2 free hands!

1. Lay the baby across your lap or on the changing table or a firm pillow (ok you already know this, but don't ever leave your baby on the changing table or pillow unattended).
2. Start with the suck training, get your finger in the way back spot. Get a decent suck going!
3. Insert the tube alongside your finger and watch for the milk to start flowing. You may have to try 20 times, but you WILL do it. What you are looking for is your baby's 'sweet spot'. The place where milk flows steadily and evenly and you hear; *suck/swallow/suck/swallow/suck/swallow* **PAUSE**, *suck/swallow/suck/swallow/suck/swallow* **PAUSE**, *suck/swallow/suck/swallow/suck/swallow* **PAUSE**.





4. Your baby will quickly learn how to move 2 ounces of food in about 7-10 minutes. If it is taking longer than that, the tube no doubt needs re-positioning or maybe your finger needs to be further back. Just tweek things a bit, try again.
5. The more you do this, the easier it becomes. And, while doing this you can slow down that flow! Then, when your baby goes to the breast, life is good. Not scary, not feeling like a drowning.
6. **CURVED TIP SYRINGE** if you have had a laser revision done by a dentist. Ask him for a couple of these syringes. They are easy to use and really help and I can imagine a dentist not having one! Try it outside your bays mouth first so you can see the power of the spray!
7. Just slip it alongside your finger and give it a little squirt. Sometimes this is all the encouragement your baby will need to understand what the point of all this is. Syringe is not long term! It's too labor intensive. It is a stop-gap measure.

Part 3

Suck Training With a Bottle

Depending on the situation, sometimes I will do the training with a bottle. I only use 2 kinds of bottles. After years of experimenting, these are the 2 that work best in my world. I use either the HABBERMAN Special Needs Feeder or the BREASTFLOW Bottle by First Years. Sometimes I use both. There are reasons I don't use the playtex, Calma, tommy Tippee, joovy, avent, born free, etc. etc. the one exception to this is, on occassion, I have found the Dr. Brown's to be extremely helpful. (I used to *recommend* the Dr Brown's premie but then I realized it is just a smaller bottle with the same sized nipple.... My bad). I don't use the other bottles for the same reason; they all flow too fast.

- **Here is an interesting fact.** The size of the hole in a human nipple **never** changes... Ever. The **baby** gets better, stronger, more efficient! Your baby is getting ready to do all kinds of amazing things like coo and sing and babble. I have NO idea why bottle manufacturers insist on making different sized nipples. This is merely enabling the baby to have a crummy suck. Please, don't fall for any of that hogwash. We want strong healthy babies.
 - Don't let **anyone** ever call your baby lazy. It is never a compliment. If your baby can't or won't suck, it is because there is a problem and laziness is not it. **Ever**.
1. The bottle should be used much the same as the finger, way back, do not stop at the nook where biting takes place, get to the 'suck' spot. With the BFlow it will be way further than you think! Ultimately the BFlow 'collapses' in the baby's mouth and fills

all the space with its nipple just like your breast would do, the areole would fill the mouth to encourage a 'seal' then the suck swallow is easier! I

2. If you are using the BFlow bottle and milk is leaking out around your baby's mouth, it is not far enough into the baby's mouth. Work it further in, gently with a wee bit of downward pressure. I kind of do a bit of a twist to encourage it further in. This isn't a 'big' twist, just a little twist back and forth **not** in and out!
3. If your baby begins to gag or choke or protest, just stop but don't remove the bottle. Just stop long enough for her to gather her wits about her. She may have spent her whole life in 'defensive' mode, fighting a tsunami of a flow and is scared it's gonna happen again. Remember, we are working on **TRUST**.
1. Speaking of trust, you may need to learn to trust your baby! They are very smart and try to communicate with us from the get go... Like 'reflux' is your baby saying; "Too fast for me mama, I have no control, I can't suck/swallow. I'm in defensive mode". Green frothy poop is pretty much saying the same thing as is gas. 'Belly aching' cry could be your baby saying, "Excuse me mama, could you please knock off the chocolate and coffee, I'm getting a buzz here and I can't fall asleep" the other 'Belly Aching/gassy' cry could easily be from too much iron. No need for a prenatal if you aren't pregnant. Nature took care of all that. I don't really care what your ped said. He heard that from a drug manufacturer, not science. If your ped had listened to science, she would know babies are born with plenty of iron stores and that their iron is synthesized better when there isn't extra iron present in the milk.

HABBEMAN FEEDER I love this bottle because I am a control freak and this gives me lots of control!

1. It has 3 settings you can dial into just by turning the bottle in your baby's mouth. On the nipple there are 3 lines. Short, medium and long. The short is NO FLOW, the medium is slow and the long is too fast!
2. This is nice because when the baby starts to get scared, you can STOP the flow. This is a great way for them to learn. Then you twist a bit and play around until your baby tells you..... "Ahhhhh, perfect mommy, thanks for hearing me.
3. The HABBEMAN is pricey but having a happy baby is pretty priceless!

Part 4

Other Issues

(Or why this isn't working)

- If you still have over supply (OS) or under supply (US) all of the suck training in the world is not going to work! All aspects of BFing must be corrected in order for any of the corrections to work properly! Like a bicycle with 2 flat tires, you may replace one of the tires with the prettiest, most expensive, best tire in the world but if you don't fix that other tire as well, things may be a little improved and 'seem' better but, really? Things still aren't right.

- Over supply is the biggest culprit to fixing BFing post revision. Your baby will not suck properly if he is being flooded with milk every time he tries. Nope, he's gonna revert to his default position of putting your nipple in the nook and compressing your nipple with the tip of his tongue to slow the milk down. Who is going to drown themselves? Certainly not a baby as smart as yours! I'm just saying!
- I truly believe if you fix the suck/swallow/flow, you won't have to do those nasty stretches nor will you have to do another revision.

I'm writing this as information. It is an act of kindness. Use what you want. Share it. Read it over and over until it makes sense. This is a way to complete the circle of Breastfeeding and hopefully a way to give all you wonderful sweet mamas out there a better understanding of how BFing works and why it doesn't. I'm hoping with these words you will find the missing pieces in YOUR Breastfeeding puzzle.

With love, care and lots of kisses for your babies,
Annie VerSteeg IBCLC, RLC