

**Suck Retraining With or Without Lip/Tongue Tie Release**

**Important Info:**

* Babies who feel a lot of discomfort will hold their tongue against the roof of their mouth all the time to “ground themselves” and this pattern takes time to change.
* The longer the time passes before revision or exercises occur, the longer the muscle patters have been re-iterated as “normal” in the nerve pathways in the brain. Changing these patterns can take a long time, despite the revision occurring. Do not despair, this is typical.

**To Initiate Each Exercise:**

* Ensure your hands are clean and fingernails are short and filed.
* Make sure baby is in the quiet alert state (happy, content, but not too active).
  + This will ensure baby doesn’t get stressed easily so exercises can proceed well.
* Lightly place your index finder pad against baby’s lips, upper lip or nose to incite your finger in. DO NOT PROCEED IF INFANT REJECTS.

**Finger Feeding**

1. Initiate opening and place finger pad side up in mouth with unkinked feeding tube and milk flowing.
2. If baby’s tongue retracts or pushes your finger to the roof of the mouth neat the back, lightly push down on the back of the tongue and kink the feeding tube to the halt the milk flow. Baby may not like that the milk stopped flowing. Discontinue if very agitated.
3. Once baby resumes proper tongue movements, unkink the tube and allow milk to flow.

**Press Down**

1. Initiate baby’s mouth opening.
2. Insert finger pad side up and put brief pressure to the back of the tongue downward while making a fun noise. (To baby this is a game!)
3. Remove finger and repeat 3x times only if baby is happy. If fusses, discontinue.

**Tongue Massage**

1. Initiate opening.
2. Insert finger pad side down into mouth on the front of the tongue.
3. Massage in mini circle motions just behind the tip of the tongue.
4. Baby’s tongue should change shape and retraction should change.
5. Can take weeks to see the change!

**Increasing Tongue Lateralization:**

1. Initiate opening.
2. Place index finger pad side down on the lower gum ridge.
3. Slide finger to the side of the gum ridge and along the gums to the front of the mouth center.
4. Repeat at least 3x times and look for baby’s tongue to “follow” the finger movements.

**Desensitizing the Palate**

* Very effective for babies with a high arched hard palate, especially if the infant was constantly putting their tongue against the roof of their mouth and this changed the shape of the palate.
* These babies will often gag if anything touches their palate, so that is a good indication for this retraining exercise.
  1. Initiate opening.
  2. Gently advance index finger pad side up along the hard palate beginning right behind the teeth. Use firm pressure.
  3. Advance finger to just before the gag response happens.
  4. Repeat up to 5x times a day but discontinue if baby becomes distressed.

Bad habits/compensatory movements may have developed due to tongue restriction. (E.g. Retracting the tongue, forceful posterior elevation, excessive lip motion, biting and excessive lip action.

During the exercises, if the suck becomes organized, that is optimal time to put baby to the breast.

Babies are less likely to have proper suck in disorganized state (hunger, pain stress). **Skin to skin with mom help bring baby back to an organized state.**

If baby is having a difficult time eating, they maybe be spending too much energy attempting to eat.

**References**

Watson-Genna, C. Supporting Sucking Skills. 2013.