

## Why can't I Breastfeed Comfortably and Bond with My Baby?

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### Commentary

In my book SOS 4 TOTS, the opening chapter begins with, "For nine long months you have eagerly anticipated the birth of your child. The day finally arrives, and immediately after the baby is born, he or she is placed on your chest and the mother-infant bond is supposed to begin. You are relieved and excited. For months, you have read about the wonders of motherhood and breastfeeding and the lifetime bond that you alone can develop with your baby. As you lie there after your infant's birth, your infant snuggles close and finds your breast, and the moment you have looked forward to begin. But something seems wrong. As your infant attempts to latch onto your breast, it hurts. You think something is not right? This is not fun and enjoyable. What is wrong?" For anxious mothers, this is a terrible introduction to motherhood.

As a parent, you have great expectations for motherhood. Unfortunately for many mothers, breastfeeding becomes a toe-curling, painful experience because of poor or missed diagnoses of tethered oral tissues such as tongue-ties and lip-ties.

For over 40 year, I have been practicing dentistry and working with mothers to try to fix what is not working right. Along with lactation consultants, body workers and others knowledgeable in causes for infants failing to achieve a pleasant, comfortable latch, I have had the opportunity to successfully surgically correct the most common cause of breastfeeding problems, tethered oral tissues. The attachments of the tongue to the floor of the mouth are known as Ankyloglossia. The tight attachment of the upper lip or maxillary frenum which can prevent the lip from fully flanging upward and can interfere with the both bottle and breastfeeding, and occasionally buccal or cheek ties.

In order for an infant to achieve an effective and painless latch onto a mother's breast the tongue needs to pass under the nipple on to the areola, the upper lip needs to flange upward and the cheeks need to function correctly. Unfortunately, many mothers can begin to develop problems such as pain, mastitis, plugged ducts, incomplete breast

drainage, infected or even destroyed nipples and depression. These infants may display non-nutritional sucking, short ineffective nursing, gumming of the nipple, failure to thrive, misdiagnosed air induced reflux and sleep apnea.

Visits to the medical professionals often result in placing infants needlessly on adult anti-reflux drugs, comments that the upper lip and tongue have nothing to do with breastfeeding, blaming the mother's inexperience for the difficulties and many other comments which result in the mother and infant continuing breastfeeding problems. The result is often mothers give up and use a bottle, which may also show similar problems for the infant with TOTS.

Initial identification of a potential tongue-tie begins with a finger sweep under the infant's tongue to see if any interferences are present preventing a smooth passage of the mother's index finger in the lower molar region of the infant's mouth. If interferences are present and the symptoms discussed are present, the mother should be referred to a competent IBCLC or board certified lactation consultant for evaluation and then referred to a skilled professional who has experience in revising these tissues. Just the release of the anterior portion of a severe tongue-tie by a pair of scissors, will not resolve the problem, a complete release to the base of the tongue is required.

The surgery is easily completed in a pediatric or family dental practice, most effectively by the use of dental lasers without the need for general anesthesia, the operating room, or any chemicals or drugs.

Once the surgery is completed many mothers see an immediate improvement of both infant and mother's symptoms. Post-surgery, the parents need to follow correct management of the surgical areas and follow-up with their lactation consultant for optimal results.

Mothers and infant today should be able to successfully breastfeed for as long as they desire without suffering needlessly when the TOTS are properly diagnosis and revised.