

Newborn Eating Trouble

2 day old term baby girl. She was a vaginal delivery with a vacuum assist. The RN referred her to therapy for poor feeding. History revealed poor sleep, poor calming, emesis, and arching to throw up. Developmental evaluation found tongue thrust when sucking, palpation of head revealed mushy feeling on left posterior parietal, poor state arousal, and poor attentional skills. Baby was deemed appropriate for therapy for CST, positioning and parent education.

Treatment one occurred on day two of life post evaluation. I started with trying to open a dialogue to request permission for a still point. What I got was a belligerent, crying, screaming, unhappy, mad baby. I have never experienced such belligerence in my career. I learned new words. At this point my intention changed to physiological calming and I tried to induce a still point. At first I met resistance - but at least a dialogue was now open. What are you doing? I was able to open a discussion on what still point was, how I felt it could help her, and how I was going to induce one. After a long pause the baby allowed a still point. She remained belligerent, yet no longer screaming and crying. I completed 3 more still points. This took approximately 15 minutes. After this she was clam and agreed to let me treat whatever I found. This started with a release of left side of the posterior muscle of hyoid, followed by a release of suture between frontal and nasal bone. After this she became very specific in her needs and the order I was to follow. I completed a frontal lift, parietal lift, and temporal lift. I noticed her sphenoid was shifted to the right and I mentioned this. She was more concerned with the vomer torsion to left. I asked her inner physician which was more significant and was able to treat the sphenoid prior to the vomer. With this the baby started some mouth play and I offered a pacifier. I ended the session with a dural tube rock and glide with non-nutritive suck (NNS) on pacifier. This session took 30 min.

Treatment 2 - Day of Life (DOL) #3

RN reported baby had taken smaller feeds, with some emesis, and continued to present with poor arousal. However, per dad, the baby was better with feeding until 8:30 pm then she slept through night. This was the longest baby had been calm and slept between feeds. Upon dialogue the baby stated she had a headache and requested a cranial base release. Her parents arrived and I transferred the baby to her father and continued with the treatment session. While releasing the CB I felt a pulsing on the left side. I had dad hold his hand over the spot describing what I felt and asked if he could feel this. He help his hand over spot until the pulsing stopped. While dad was doing this I addressed the vomer. Once the vomer shifted back to neutral the session ended because the baby pushed my hands off and stated she was done and wanted dad time. The treatment session lasted 20 min.

Treatment 3 - DOL 4

RN states no emesis, eating better, and the baby had a wonderful day yesterday. Mom stated baby had a good latch, good suck, improved endurance, and was happier. The parents were at the bedside, mom was pumping and dad was holding the baby. Treatment occurred with father holding and bottle feeding the baby. Her vomer presented with a slight torsion to the left. This was treated and returned to a neutral position. The dural tube was

addressed with a rock and glide. Facilitated segments were followed and released with DOE. The baby took her entire feed in 20 minutes and continued with mouth play post session. Treatment time 25 min.

DOL 5 - baby had been discharged previous night.