

# Osteopathy for Babies

A photograph of a baby lying on a white surface, possibly a bed or table. The baby has light skin and blue eyes, looking towards the camera. Two hands are gently touching the baby's chest area, suggesting a massage or osteopathic treatment. The background is softly blurred.

Eleftherios Mouratis  
Osteopath - Naturopath

# Who am I

- Eleftherios Mouratis Osteopath-Naturopath  
Greek
- MscHons Osteopathic Medicine from the  
University of Westminster & BCNO in 2000
- Paediatric osteopathy past 6 years
- Treatment results faster and better than  
adults



# Why me !

- Born premature 8 months
- 1 month in ICU crib
- Never breastfed
- Multiple health issues
- Excited to help lactation consultants
- Duty to assist professionals who assist new mothers



Copyright Eleftherios Mouratis 2016

# What is Osteopathy

- system of diagnosis and treatment for a wide range of medical conditions
- structure and function
- well-being on the skeleton, muscles, ligaments and connective tissues functioning smoothly together
- Mechanical disorders profound effect on the functioning of all body systems
- In babies and children particularly important to pay attention to body, to encourage optimum health for a lifetime.

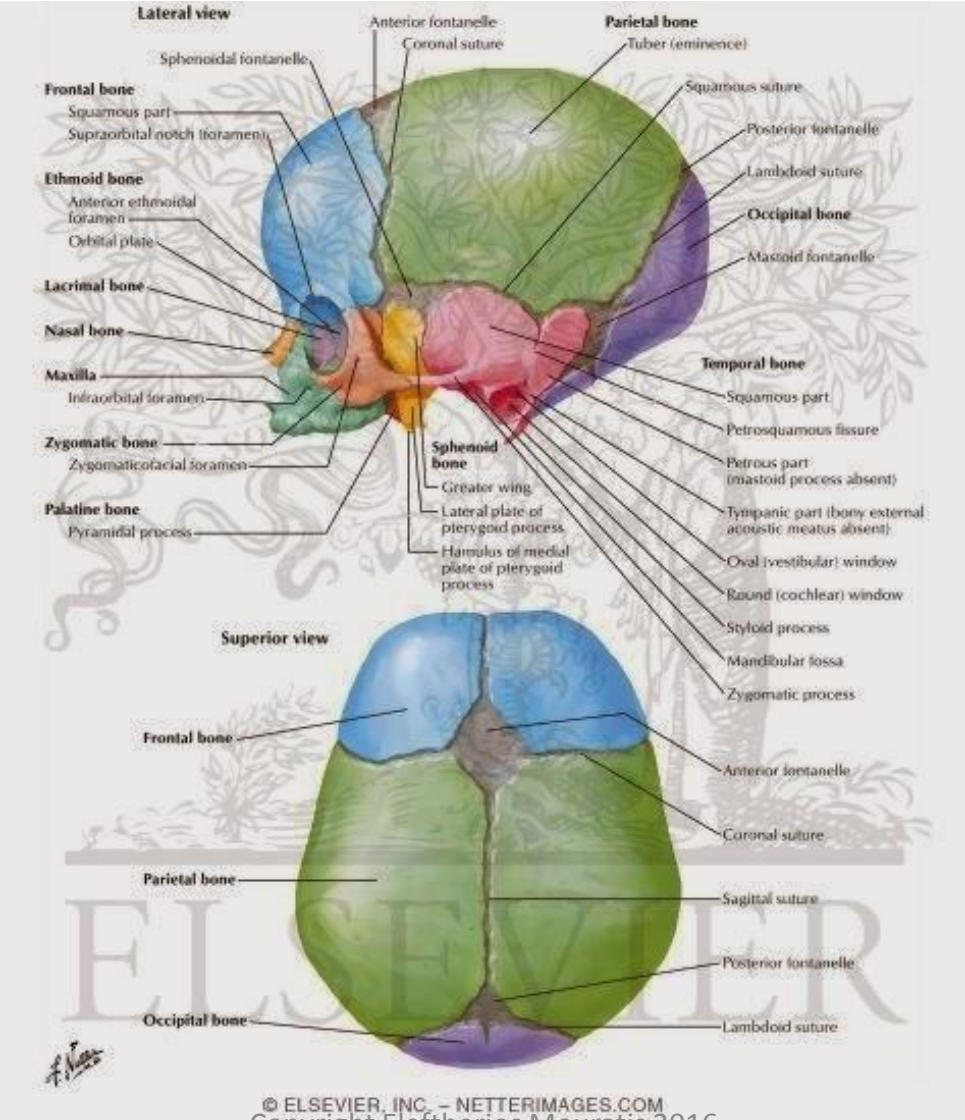
# Paediatric Osteopathy

- A child's body changes significantly with age and must be considered continuously as it develops
- The body can self heal and self regulate. Keep that in mind even from the fetal perspective as it relates to the child's development. Self regulation comes with maturation and requires constant observation and evaluation
- "Normal" changes constantly in children

# Paediatric Osteopathic Examination

- A newborn or child's somatic "unit" includes parents siblings and care takers
- Pregnancy, perinatal history and birth, are very important parts of the examination
  - <http://www.enhanceddentistry.com.au/wp-content/uploads/2015/02/Tow-and-Vallone-Chiro-and-LC-care.pdf> (**Development of an Integrative Relationship in the Care of the Breastfeeding Newborn: Lactation Consultant and Chiropractor**)
- Cooperation of the baby is not assumed
- Newborn immune system is also immature

# Anatomy of the newborn skull



# Main differences of newborn skull





# Why should lactation consultants identify structural “abnormalities”

- Because structural “abnormalities” have impact on infant feeding, and well being
- “Colics”, poor sleeping patterns, infrequent defecation (not normal) , Autonomic nervous system irregularities may be related to structural abnormalities
- Always remember babies prioritize breathing over swallowing/eating
- The aim is competent breastfeeding and not compensatory breastfeeding

# Signs of Compensatory feeding

- Pulling away from (or on) the breast
- Dribbling milk from the side of the mouth
- Clicking , smacking or other sounds
- Dribbling milk from nose
- Vomiting
- Reflux
- Sleeping / shutting down

# Signs of Compensatory feeding

- Preference for one side
- Attempts to self correct (throwing the head back or playing with tongue)
- “fighting” the mother
- Short feeds
- Passive Feeding
- Tucking chin
- Sucking in lips

# Signs of Compensatory feeding

- Biting
- Chewing
- Using muscles other than those designed for breast feeding, or overusing muscles
- Breathing abnormally
- Breaking seal

# Long term effects of compensatory feeding

- Early abandonment of breastfeeding
- Premature weaning
- Use of artificial nipples
- Poor oral development risk of malocclusion , sinus infections, adult sleep apnoea
- Poor GI health
- Loss of JOY of feeding for both mother and infant

# Long term effects of compensatory feeding

- Loss of infantile control of feeding hence loss of environment
- Adversarial relationship with parents
- Mother compromised hormonal function eg hypophysis not stimulated (pituitary stimulation results in *gonadotrophin releasing hormone* (GnRH), follicle stimulating hormone, and luteinising hormone, which results in suppression of ovulation and menstruation)

# Osteopathic examination of the newborn

- Examine fontanelles
- Asymmetry of the skull and the face
- Overriding cranial bones
- Check for relatively large and extra flexible skull
- Always examine the motion of cranial bones, sacrum, dural membranes and cerebrospinal fluid

# Top signs that a baby would benefit from osteopathy

- Jaw clenching
- Decreased jaw opening/ jaw movement
- Biting instead of sucking
- Significant head turning preference to one side/ torticollis
- Head flattening /molding/ plagiocephally
- Facial asymmetry

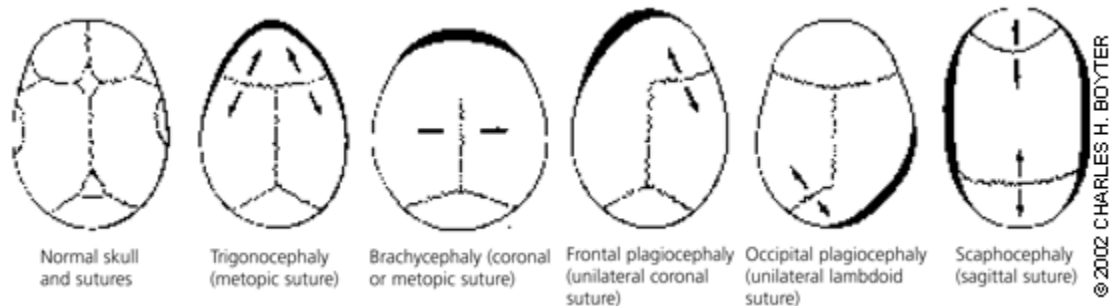


# Top signs that a baby would benefit from osteopathy

- Parent's report on agitated baby/ cries in car seat and or after feedings
- Arching/extension of back movements
- GI symptoms
- Mouth breathing
- Tense body
- History of difficult labor
- Caesarian birth

# Plagiocephaly

- Flat head syndrome
- One in two infants (47%)
- development of a flat spot on the back or side of the head
- Multifactorial reasons (Womb Position, Multiple Births, Premature Birth, Torticollis, Carriers & Convenience Devices, Back-Sleeping)



# Torticollis

- wry neck
- abnormally tight, shortened neck muscles that cause head to tilt to one side and chin to rotate towards opposite shoulder
- limited range of neck motion
- hold head in same position
- 80% of babies who have torticollis have plagiocephaly



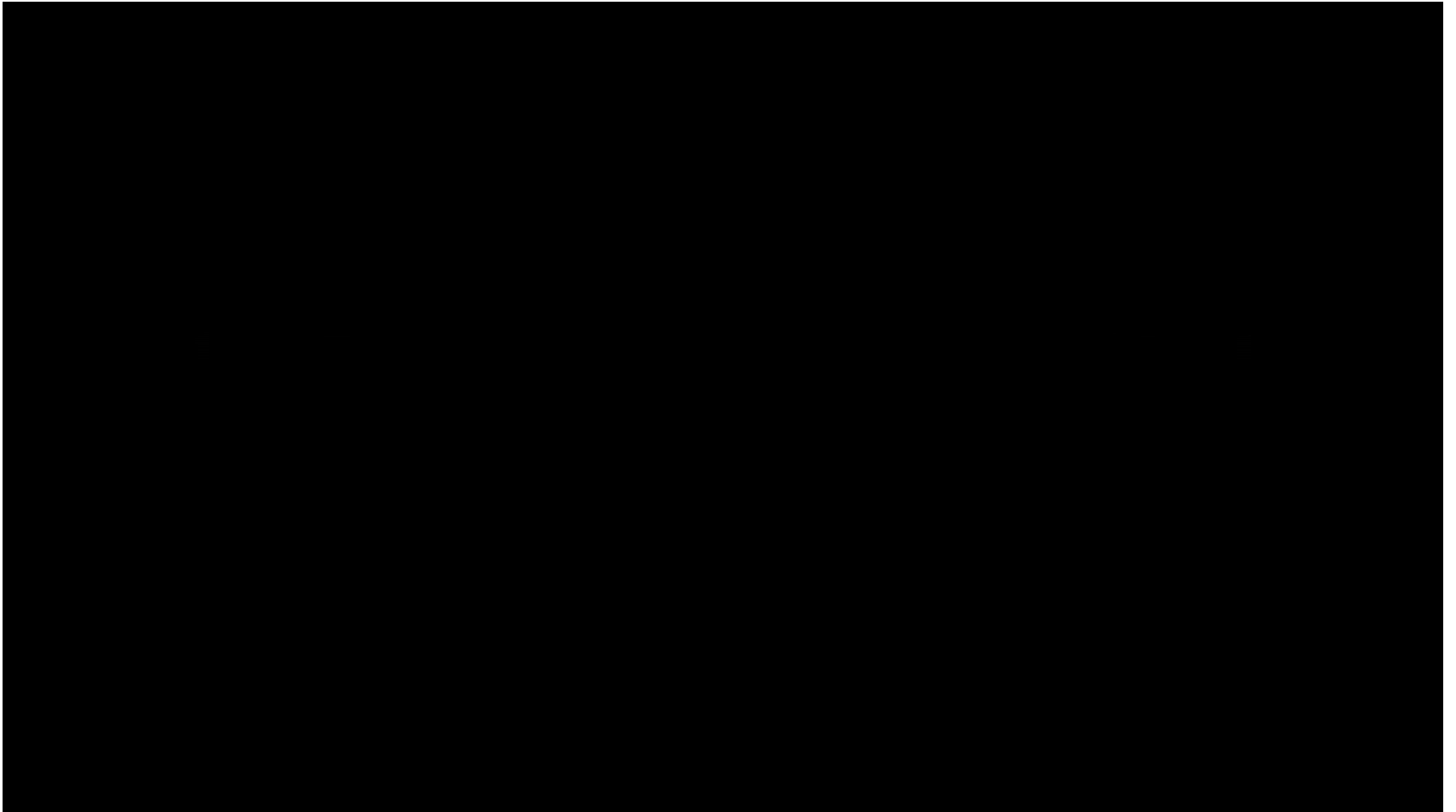
# Ankyloglosia

- Tongue-tie
- bottom of the tongue is tethered to the floor of the mouth by a membrane (frenulum) so that the tongue's range of motion is unduly restricted.
- May result in various oral development, feeding, speech, swallowing, and associated problems.
- Genetic factors are suspected, as tongue-tie is frequently familial.(MTHFR gene)?

# Ankyloglosia

- 4 types
- Type 1 attachment of frenulum to tip of the tongue, usually in front of the alveolar ridge in the lower lip sulcus.
- Type 2 is two to four mm behind tongue tip and attaches on or just behind the alveolar ridge.
- Type 3 tongue-tie is the attachment to the mid-tongue and the middle of the floor of the mouth and is usually tighter and less elastic.
- Type 4 is essentially against the base of the tongue, thick, shiny and very inelastic.

# Ankyloglossia



## Labial Lip Tie Classification



**Type 1**

- Within normal limits
- Asymptomatic
- No treatment needed



**Type 2**

- Mild/Moderate involvement
- Generally asymptomatic
- Attaches between alveolar ridge and labial vestibule



**Type 3**

- Attaches at edge of alveolar ridge
- Difficult to Flange lip
- Increased risk of cavities on front teeth



**Type 4**

- Most severe attachment
- Frenulum wraps around maxillary dental ridge into hard palate
- Lip often partially or fully covers front teeth
- Increased risk of cavities on front teeth



# Colic

- One of the most common and distressing problems for a new mother to have to manage
- 6 main reasons
  - Irritable gut
  - Poor feeding/latching
  - Reflux
  - Lactose intolerance
  - Constipation
  - ANS immaturity



# Colic

- Osteopathy will address the following areas
  - Gut
  - Diaphragm and ribcage
  - Head neck mouth
  - Baby in general (body tensions)

# Special thanks

- Elacta
- Maria Fertaki I.B.C.L.C
- Jennifer Tow B.F.A., I.B.C.L.C.



It is the job of the Osteopath to find  
health, anyone can find disease.

Andrew Taylor Still, DO