

# Causes, Associations and Effects of Significant Somatic Dysfunctions in Newborns and Infants on Breastfeeding

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## Introduction/Background:

Somatic dysfunctions (SDs) can contribute to breastfeeding difficulties in infants. Osteopathic manipulative treatment (OMT) is a useful treatment, but referrals are limited despite benefits. By studying contributing factors which inhibit breastfeeding, we hope to share practical information with healthcare professionals and parents to identify newborns who would benefit from OMT thus increasing breastfeeding rates. Identifying common SDs in infants with lactation difficulty can also improve training for osteopathic residents and students.

## Objective:

Identify common SDs, features and histories of infants with feeding difficulties to inform criteria for OMT referrals.

## Methods:

Retrospective chart review of OMT encounters from 7/1/2016 to 7/1/2020 of patients under 8-months with diagnoses related to newborn feeding issues were examined. Correlations between history and SD will be explored. No control group was available in this study.

## Results:

83 infants met inclusion criteria. SDs in the cranial base (100%), respiratory diaphragm (95%) and S1-S3 (74%) regions were most common. No SD differences between delivery type was noted.

Criteria for referral include torticollis, plagiocephaly, suck-swallow dysfunction, tongue tie, and latch difficulties.

Delivery Type	Dysfunctions		
	Condyle	Diaphragm	S1-S5
Vaginal (60)	60	59	60
C-section (19)	19	16	19
Unknown (4)	4	4	4
Total	83 (100%)	79 (95%)	83 (100%)

**Discussion/Conclusion:**

SDs most commonly associated with feeding issues were found equally among delivery methods, suggesting that some SDs are likely formed in-utero or similarly formed during delivery. Referral criteria can use to identify newborns who could benefit from OMT which could increase breastfeeding success in infants. This study will allow further research into a system-wide referral program and effect of improved OMT documentation. Study limitations include sample size, varied SDs nomenclature and varied availability of birth and feeding history.