

Down Syndrome: Breast-Feeding Your Baby

Breast-feeding can offer many benefits for a baby with Down syndrome.

Babies with Down syndrome tend to be prone to respiratory infections and digestive upset. Because breast milk has protective immune factors, it can help decrease both the incidence and severity of infections.

Many mothers find that breast-feeding helps strengthen their emotional bond with their babies. Others find that the stimulation of the jaw and oral muscles that occurs with breast-feeding helps to encourage the child's language development later on.

But breast-feeding a baby with Down syndrome may offer special challenges. If these challenges are met with patience and the support of a qualified lactation consultant (a breast-feeding expert), they generally can be overcome for a satisfying breast-feeding experience.

This article takes a look at some of the common challenges that occur when breast-feeding a baby with Down syndrome. If these suggestions are not helpful, check with your doctor and lactation consultant for advice.

The Sleepy Baby

Provide a Mealtime Schedule

Your baby may appear very sleepy and have a "floppy" appearance due to low muscle tone. These babies don't show a lot of interest in mealtimes and may sleep through them. If so, you may need to take control by putting your baby on a feeding schedule. Begin with a schedule of feeding every 2 to 2 ½ hours, then stretch to longer periods as your baby grows older.

This can help in two ways. First, you are making sure that your baby is getting the nutrition needed for growth, rather than letting the baby sleep through feeding times. Second, you are helping to establish and maintain your milk supply. As you may know, your body makes more milk when your baby eats more. Supply depends on demand. If you're serious about wanting to breast-feed, don't let your milk production dwindle away by letting your baby sleep through meals.

Many mothers find that short, frequent breast-feeding sessions tend to work out the best. If your baby gets sleepy between breasts, you can take a short break and help increase the baby's alertness by changing the diaper.

The first few days of breast-feeding should be considered a "getting-to-know-you" period. Your doctor probably will have your baby monitored for weight gain, to make sure that breast-feeding is providing enough nutrition. Remain calm if complications occur. Notify your doctor, but also use this time to find techniques that work for the individual preferences of your baby.

If your baby has a poor breast-feeding session, express (massage or pump out) your milk afterwards. This will not only help keep up your milk supply, but your child can drink it later as a nutritional supplement.

Alerting Techniques

You probably will need to find ways to “alert” your baby before feedings. Here are some ideas to try:

- Wash your baby’s hands and face with cool water prior to feeding.
- Have your baby wear just a diaper during feedings. The increased skin contact provides more stimulation.
- Express a few drops of milk into your baby’s mouth to increase interest in the feeding.
- Stroke the side of your baby’s cheek to signal that it’s feeding time.
- A Gentle exercise, called the Valsalva maneuver, sometimes is helpful in increasing a baby’s circulation and level of alertness. *Gently* bring your baby’s knees up to the head, repeating three to five times.

Positioning Options

Some babies will remain more alert if they are breast-fed in an upright position

One position to try is a modified “football hold.” While seated, place your baby in a nearly upright position on your side. You may find it helpful to place a towel behind your baby’s head to help hold the head close to your breast. Offer your breast with your free hand. By bringing your baby’s head up to your breast, you help decrease the baby’s work load and may help the child stay alert longer.

Baby with Protruding Tongue

Breast-feeding can be challenging when the baby has a protruding tongue. It is important that the baby’s tongue be properly positioned for breast-feeding success.

Insert your finger, with the nail side down, between your baby’s tongue and the roof of the mouth. Next, rotate your finger so that the nail side is toward the roof of your baby’s mouth. This helps correct an upward tongue position and allows the tongue to go below, rather than above, your nipple during feeding.

Practice this exercise several times before each feeding to help your baby develop a better sucking reflex.

What if My Baby Is Too Weak to Breast-Feed?

There may be some situations when your doctor advises against breast-feeding. It can be just too exhausting for babies who don’t have a sufficiently strong sucking and swallowing reflex to get enough milk to meet their needs.

This can be a real disappointment for moms who really want to breast-feed. Talk with your doctor about providing your breast milk for tube feedings or through a special bottle as needed. Even if supplemental formulas are used in addition to your breast milk, you may find this a satisfying alternative.

Support Is Important

Having a good support system of family and friends can make this time much easier. It is also important to consult a qualified lactation consultant if you are experiencing difficulties. Many mothers have found it extremely helpful to talk with other mothers who have breast-fed their babies with Down syndrome. Your lactation consultant, feeding specialist, doctor, or local La Leche League (an organization devoted to assisting breast-feeding mothers) can provide helpful referrals.

Resources

Check your Yellow Pages under "Lactation Consultants/Counselors."

To find the name of a local La Leche Leader, call (800) LA LECHE.

NDSC

National Down Syndrome Congress
1800 Dempster Street
Park Ridge, IL 60068-1146
(800) 233-6372
www.NDSCCENTER.org

NDSS

National Down Syndrome Society
666 Broadway
New York, NY 10012
(800) 221-4602
www.ndss.org