

CO<sub>2</sub>LLABORATIVE CARE + RESEARCH



# Infant Care Program

## HOME CARE

*resource*



# WHAT YOU MAY EXPECT AFTER THE PROCEDURE

DAY 1-3	WEEK 1	WEEK 2-3	WEEK 4
Baby may be sore, expect fussiness - begin first stretch in evening of procedure day	Soreness tapers off	Commitment necessary with post-op wound stretching	Continued oral exercises and massaging of healed Frenulum encouraged
White healing patch forms - this is nature's band-aid	May observe minor bleeding from corners/creases of patch after stretching	Healing patch shrinking	Healing patch gone - new frenulum taking final shape and position
Baby may have trouble with latch Use Ninni and humming for training	Baby is adjusting to new mobility and suck pattern Continued use of Ninni and humming	Q tip exercise and continued lessening/disappearance of milk tongue expected	Baby continues building oral strength and coordination Expect no milk tongue remaining
Have back up feeding plan and comfort measures prepared	Improvements may be noted but feedings likely inconsistent	More consistent improvements in feeding typically observed	Further progress with feeding to be expected
Manual therapy to follow within first 3 days is highly recommended	Post-op manual therapy, OT, PT highly recommended	Manual therapy and LC follow-ups as needed	Manual therapy and LC support follow-ups as needed

Stretching Protocol: Combine the BabyLase stretches and the post-release stretches you have been shown 5-6 x/day for 2 weeks. If optimal healing exists, then you will be advised to stretch 3x/day for another 2 weeks, then once per day for 6 months.

## PAIN MANAGEMENT RECOMMENDATIONS

### NATURAL REMEDIES

#### Breast Milk Ice Chips, Cold Yummies

Can act as a natural numbing agent and help with pain. Freeze milk flat in a baggie and place tiny pieces under lips, tongue, or cheek and let melt slowly. Cold teething toys (if age appropriate) may also help with oral discomfort.

#### Organic Coconut Oil

Best if kept chilled. Safe for any age. Apply small dab to treated areas 1-2 times a day and prior to stretching.

#### Baby Wearing or Skin-to-Skin

Close contact with your little one helps the baby regulate physical and emotional responses.

#### Humming & Rocking

Monotone humming and gentle movements aid to soothe and comfort. If you are having a hard time calming your baby or getting them to sleep, try rocking them in a belly hold to ease body tensions.

#### Fresh Air

It helps calm your baby's emotional state (as well as your own).

### Homeopathic Remedies

Homeopathy is a system of holistic medicine that stimulates the body to heal itself. It uses high dilute solutions specially prepared from natural plants and mineral extracts which are gentle on the body and produce very little risk of side effects. It is ideal to use with infants, pregnant and nursing women, chemically sensitive individuals, and those seeking a more natural alternative to pharmaceuticals.

#### Bach Kids Rescue Remedy

- Chamomilla (irritability + inflammation) – Boiron Camilia, single doses
- Arnica Montana 30C (wound healing) – Dissolve 5 pellets in 1 oz dropper bottle of distilled water. Give 5-10 drops every 2-3 hours as needed. Store chilled.
- Staphysagria 6C (wound healing) – 1 pellet 2x/day



## UPPER LIP HEALING SITE: Initial and 1-week post-release



### UPPER LIP SPECIFIC STRETCHES

1. Position your index fingers into hooks and get them right underneath the upper lip and gently pull up towards the nostrils to see the entire wound site diamond shape.
2. We want it to look like a diamond, and not a line across. If a site closes on itself, it will start to look more like a line than a diamond. If this happens, rub from the outside of the lip and lift from the inside more deeply and completely to reopen with full spread.
3. For the buccals (cheeks), use the side of your index finger to rub gently up into the cheek below the eye, then create a swooping C shape as you massage out to the cheek. This is also an important place for massaging the muscles of the cheeks with either thumb and forefinger or using a finger against several fingers opposing outside on the cheek.

\*\* Whatever the initial shape of the upper lip wound site in the photos on your treatment summary, maintain that shape. A copy of the treatment summary will have been shared with you through the patient portal.

## TONGUE HEALING SITE: Initial and 1-week post-release



### TONGUE SPECIFIC STRETCHES

Goal: Elongate the Diamond shaped tongue release site making the sides become drawn together

- a. Place 2 middle fingers on the lower jaw to gently press open the mouth
- b. Slip your index fingers underneath the tongue to access the top of the diamond release site and touch their tips together
- c. Push & stretch the tongue back with index fingertips meeting at the top of the diamond wound
- d. Press at top of diamond to make it long and skinny to become an elongated diamond shape

\* The most important part of the tongue stretch is to have the diamond become elongated. If you find your fingers are too large, or are struggling to get the hang of it, you can use one finger placed right at the top of the diamond, and press there to elongate the diamond and ensure it stays long



## ABOUT ORAL WOUNDS:

1. Any open oral wound likes to contract and shrink towards the center of the wound as it is healing.
2. If you have two raw surfaces in the mouth together, they may stick together.
3. You do not need to wake your infant while they are sleeping during the night. Instead, be sure to complete a thorough stretch after he/she wakes after a longer stretch of sleep.

## WHAT ARE THE "WHITE DIAMOND" HEALING PATCHES?

The released area will form a wet, soft scab after the first day. This is nature's "band-aid" and while typically white in color, in some cases it is yellow. The diamond will typically peak in size by day five and then start to shrink over the following weeks

\* Please view video emailed to you for video description of stretches.

We recommend checking and training your baby's tongue to seal to the upper jaw, especially during sleep:

### **If baby's lips are closed:**

Using one finger pressure:

1. Press down on chin to open mouth and see if tongue is suctioned up to top jaw, especially during sleep.
2. Pull down on chin until tongue seal pops.
3. Close mouth again by pressing below chin behind jawbone in soft muscle.

### **If baby's lips are open:**

Using one finger pressure:

1. Close baby's mouth by pressing up from below the tongue muscles of the chin behind the jawbone.
2. Pull down on chin to see if tongue is suctioned up to the top jaw.
3. Pull down on chin until tongue seal pops
4. Close mouth again by pressing below chin to re-establish tongue seal to upper jaw.



## PURPOSEFUL STRETCHING

Post-procedure stretches are key to getting an optimal result. These stretches are NOT meant to be forceful or prolonged. Touching the wound should be done with coconut oil on the fingertip and light contact, not firm or direct contact.

Be quick and precise with your movements. It is recommended that you have a headlight to allow you to get the best results. We highly encourage you to approach these exercises in a positive manner and ideally prior to breast or bottle feeding.

You do not need to wake your infant while he/she is sleeping during the night but instead, be sure to complete a thorough stretch when he/she wakes after a longer stretch of sleep.

## YOU MAY NOTICE

You may see blood in the saliva after a stretch of the site(s). This is normal and will typically result if areas of the healing site were sticking together. The key is to use this same pressure in subsequent stretches. The healing process increases saliva production. Also, your infant may be adjusting to a new range of motion and can have difficulty controlling saliva. This is usually temporary.

You may notice a yellow colouration in the granulation tissue during the healing process. This is normal and commonly exhibited in infants with jaundice, resulting from elevated bilirubin levels. This is a normal physiological response in many infants and often resolves as their liver matures and effectively processes bilirubin. Additionally, breast milk can also influence the colour of granulation tissue.

## NORMAL POST-TREATMENT OCCURRENCES

Increased fussiness during first week: Be sure to use lots of skin-to-skin contact. This increases oxytocin levels, lowering pain sensitivity.

Trouble with latch during first week: Due to the initial soreness and re-learning of suck and a functional swallow, feedings may be inconsistent the first week. In some cases, latch or symptoms may worsen before they get better. Seek the advice of a lactation consultant (IBCLC) for any feeding related issues.

Increased choking and spitting up: Some babies may have a harder time adjusting to an increased milk flow. This is usually temporary and should be addressed with your IBCLC.

Increased sleeping: Some families may opt to administer medications like Infant's Tylenol or homeopathic remedies such as Arnica, to alleviate their baby's discomfort, which may lead to the infant sleeping more. Sleep may act as a coping mechanism for discomfort.

## WHEN YOU SHOULD CALL DR. PADA

Please contact us 250-215-2292 if you experience any of the following:

- Fever greater than 101.5F (40 °C)
- Uncontrolled bleeding
- Refusal to feed (bottle and/or breast) for over 8 hours

## CONTINUED POST-RELEASE SUPPORT

Some babies may require more support than others to help address tongue-tie related compensatory patterns and the adjustment to new oral mobility. In addition to manual therapy, oral motor therapy with a trained OT/SLP/PT helps build oral tone and suck/swallow coordination. We also recommend BabyLase because of its benefit in neural reprogramming which may help break old patterns.

