Kalafong Provincial Tertiary Hospital, Department of Paediatrics, Neonatal wards

# Guidelines: Three-Step Somatic-Oral Stimulation Techniques for Successful Breastfeeding

Somatic-oral stimulation techniques were developed by speech-language therapists and have proven beneficial in developing oral feeding skills in babies with feeding problems. The purpose of the three steps is to activate a functional sucking-swallowing and breathing pattern. The mother should do the stimulation techniques so that the baby learns her unique smell, touch and gentle voice. The learning helps with breastfeeding.

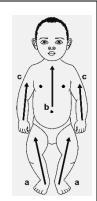
**Benefits:** It helps to wake baby up and prepare for a feed; It helps baby to move from tube feeding to cup and breastfeeding; Baby calms down, breathes more easily and the heart rate slows down; Baby may gain weight faster and may be discharged sooner.

It is important that stimulation should be done slowly, not rushed or hurried, and gently but firmly. Always wash hands before starting the stimulation (you may wear gloves, but the baby may not like the smell). It is important to keep nails short to prevent injury to the baby's mouth. Place baby on a blanket for the somatic stimulation, ready to wrap baby afterwards.

#### **Step 1: Somatic Stimulation**

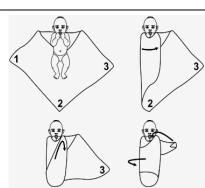
Stroke the following areas 2X in the direction of the mouth. Do not hurry, let the baby be relaxed and calm. Ideally baby should be quiet and alert. Stroke firmly and gently with your hand

- Hold the baby's foot. Stroke one leg and then the other leg from the foot upwards
- Stroke from belly button upwards to the chin
- Hold the baby's hand. Stroke one arm, then the other arm from the hand to upper-arm



#### **Step 2: Wrapping Baby**

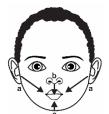
- Wrap baby in a thin blanket
- Place baby's hands in the middle, close to the mouth. Hands close to face enables suckling on the fingers for self-calming
- Wrapping makes baby feel secure and warm.
- Wrap baby to prepare them for oral stimulation followed by a feed
- Wrap baby this way when mother goes to the bathroom.
- Keep baby in the KMC position at all other times



#### **Outside Mouth**

Activate the muscles of the face and mouth. Stroke 2X towards the mouth:

- From the one ear to the mouth; from the other ear to the mouth
- Stroke downwards from the nose to the upper lip
- Stroke upwards from the chin to the bottom lip



### Inside Mouth

- Slowly put your finger into baby's mouth. Stroke the top and bottom gums 2X. Start from the middle and stroke to the one side, then stroke from the middle to the other side
- Turn your finger and press against the roof of the mouth
- Turn your finger and press down on the front part of the baby's tongue. Stroke the tongue 3 to 5 times rhythmically
- Hold your finger on the baby's tongue and wait. Your baby may start sucking on your finger. It is called non-nutritive sucking.
- Sucking on a finger will improve sucking for breastfeeding. Let your baby suck on your finger as much as possible

### Stress Signs in Baby

**Step 3: Oral Stimulation** 

Look out for stress signs in the baby and stop stimulation until the baby calms down.

Stop the stroking for a while when the baby shows stress signs like

yawning, pushing hands and fingers out (stop sign), covering the face, grimacing, moving arms and legs in all directions, arching backward, crying, sneezing, or moving too much. Also stop when the baby is too tired



What to do to calm baby: Place baby in the KMC position or wrap in a blanket. Let baby suck your finger or contain baby between your cupped hands

Important: If baby coughs while feeding, stop feeding immediately and watch the breathing carefully before trying to feed again



## **Order of Feeding Process for Mother**

- First express the prescribed volume of breastmilk
- Do the three-step somatic-oral stimulation techniques
- When breastfeeding or cup feeding, mother should sit in a chair with feet on the floor, holding baby sideways in her arms, with baby's head resting in her bent elbow
- Keep a small baby wrapped during feeding
- Baby's head, neck and back should be in a straight line. Baby's body should be flexed
- Stroke baby's cheek for baby to open the mouth and to latch onto the nipple and areola of the expressed breast
- Baby should start to suckle when feeling the nipple
- Initially, the baby will suckle on the expressed breast for nonnutritive suckling. When on full enteral feeds, baby should start feeding from the breast also
- When baby stops suckling from the breast, mother should start cup feeding in the breastfeeding position and/or tube feeding in the KMC position

### If baby has poor suckling and swallowing

- Stroke baby's tongue 3 to 5 times rhythmically, 1 stroke per second
- Baby may take time to get ready for suckling. Press gently on the baby's tongue and wait. You will feel how the baby's tongue move and how they start sucking on your finger
- If you dip your finger in breastmilk you may help your baby to suck
- Let baby suck your finger for a while. Non-nutritive sucking is very important for a baby to learn breastfeeding
- Babies with feeding problems may be hypersensitive, clench their gums, or may gag when we touch any part of their tongue. Slowly do the somatic-oral stimulation and let baby suck on your finger for a while. Sucking on your finger will calm your baby. Place baby in the KMC position and continue tube feeding. Wait with breast- and cup feeding until the hypersensitivity reduces
- Some babies have trouble swallowing. To help your baby swallow, press with your finger under their chin. You will feel the swallow when the tongue moves. It will also help to close the baby's mouth