How to accompany newborns’ and infants’ orality
Role of the midwife
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Definition

The mouth

- Real crossroads of desires, it is the place of the first attachments, discoveries and interactions which stimulates the attachment between mother and child. (Freud, 1949, Bowlby, 1984).
- Organization role, point of reference of the baby’s psychomotor development (Abadie, 2004) and creator of « self trust » (Freud, 1949).

At birth : the mouth to breath, eat and talk

Rupture in the newborn’s ecology. « No more water... Hi gravity. No more uterine envelope ! But in the air, it breathes and can cry ! » (Leboyer, 1974), (Hernandorena, 2011).

Continuum : skin-to-skin is its natural habitat.
Materna/placenta/fetus/mammary/breasted baby microcosme.
Importance of skin to skin and breastfeeding.

« Dawn is this uncertain moment before sunrise, when clarity slips in to progressively take possession of the earth. Each sense has its dawn... », (Herbinet, Busnel, 1981, introduction à l’aube des sens 1).

Physiology

2 types of orality : alimentary and verbal

- Alimentary orality begins in utero. At birth, primary or reflex orality appears : digging reflex, non nutritional suction, nutritional suction, suction-swallowing-breathing coordination
- Secondary or voluntary orality : alimentary diversification
- Verbal orality : 1st cry, noises, babbling.

Diagnosis of orality disorders

- A complicated breastfeeding (persistent chapping, weight stagnancy, persistent breast congestion/absence of lactation, hypogalactia),
- Suction disorders (bad impermeability of the mouth when breastfeeding or when using feeding bottles, wrong breastfeeding position),
  - Suction-swallowing and breathing-swallowing disorders,
    - An anterior nauseous reflex,
    - and later, eating disorders (eating refusal, lack of desire, slowness...), of diversification and language,
    - A persistent coughing reflex (triggered by breathing-swallowing disorders)
- Disruption of the connection between mother and child, stress induced to the child and the mother.

Role of the midwife

Trust climate: “Good treatment” concept

- Protecting the relationship between mother and child (Dageville, 2011)
- by facilitating mother-child proximity and postponing routine treatments, (Widström et coll., 2011) : importance of skin-to-skin during the first hour,
- Soliciting the most mature sensory systems (Schaal et coll, 1981;Auroux, 1974) and favouring optimal and attachment behaviors of the newborn (Colson, 2015)
  - Being able to recognize the infant’s vulnerability and rely on one skills (Brazelton,2001; Colson, 2015)
  - Adapting to the infant’s rhythm : waking/sleep, hunger.
    - Prematurely soliciting sensoriality,
  - Favouring individualized development treatments (Menier et al, 2014)
  - Supporting parenthood process : empowerment, Biological Nurturing, (Colson, 2015)

Conclusion

The midwife is the key player for supporting the newborn’s orality and must :
- Aquire the skills necessary to a good medical care which respects the parturient’s and the newborn’s wants, in the respect of the support and/or their medical care and of the restoration of physiologial birth processes (Leboyer, 1974 et 1980, Odent, 1982)
- Favour a medical care which is general and respectful towards maternity (birth project, HAS recommendations, 2005)
- Accompany the parents and raise their awareness to the evolution of their child’s orality
- Know and be able to recognize multidisciplinary skills of perinatal health professionals
- Initiate and maintain a collaborative work between these professional about orality

References

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Dageville C. (AbadieE V, Développement de l’oralite consulté le 31 décembre 2017)
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