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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 **firsts attachments, discoveries and interactions** which stimulates the **attachment between mother and child.** (Freud,1949, Bolwby, 1984)**.**

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▪ **Organization role, point of reference of the baby's psychomotor development (Abadie, 2004) and creator of « self trust » (Freud, 1949).**



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

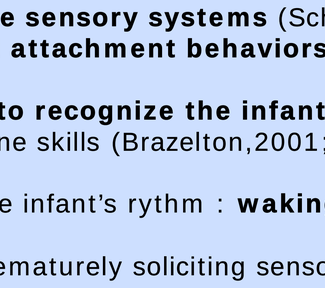
▪ **Verbal orality :** 1st cry, noises, babbling….



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.
Maternal/placenta/fœtus/mammal/breastfed baby microbiote.
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).

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 rythm : **waking/sleep, hunger**.

▪ Prematurely soliciting sensoriality.

• Favouring **individualized development treatments** (Menier et al, 2014)

• **Supporting parentality 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 physiological 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 awereness 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 professionals about orality

References

AbadieE V, Développement de l'oralité, Alimentation de l'enfant en situations normale et pathologique (O. Goulet & M. Vidailhet Eds), Rueil-Malmaison, 2003, Douin p 2-5.
Brazelton T.B, Nugent J.K, Neonatla Behavioral Assessment Scale, MacKeith Press, 2011.
Bowlby J. Attachement et perte, volume 1, Paris, Presses Universitaires de France, 1984.
Colson S. Bilogical Nurturing: Breastfeeding Instinctively. Broché, 2018.
Dageville C. *Protéger la rencontre entre la mère et son nouveau-né*. Ed. *Spirale* 2011; 3(59):99-115.
Freud S, Abrégégé de psychanalyse, Paris, éd PUF, 1949.
Herbinet E, Busnel MC,https://les-cahiers-du-nn.weebly.com/uploads/3/5/3/5/3535814/l-aube_des_sens_ensemble_du_livre_v1.pdf, (consulté le 31 décembre 2017)
Hernandorena X. *À l'aube de la motricité*. Ed. Spirale 2011 ; 3(59):79-88.
Leboyer F. *Pour une naissance sans violence*. Ed. Seuil, 1980.
Odent M. L'amour scientifié. Ed. Jouvence, 2001.
Schaal B. À la recherche du temps gagné. Comment l'olfaction du fœtus anticipe l'adaptation du nouveau-né. Ed. Spirale 2011;3(59):35-55.
Widström, A.M. et coll. « Newborn behaviour to locate the breast when skin-to-skin : a possible method for enabling early self-regulation », Acta Paediatr. 2011,(100):79,85