

# THE CLINICAL PROCESS OF RELACTATION AND THE ADOPTION PROCESS MERGED WITH SPEECH-LANGUAGE THERAPY: A REPORT ON A CASE STUDY

## *Atuação fonoaudiológica hospitalar junto a um processo de relactação e adoção: relato de caso*

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### ABSTRACT

When the mother of a newborn dies, someone has to take on the role as the baby's mother. A multiprofessional team may help in choosing someone and preparing that person to act as such. The speech therapy concurrent with the adoption process may contribute to the lactation process and also to the connection between mother and baby. The purpose of the study is to report the speech therapy role concurrent with the adoption process in a public maternity hospital in the state of Alagoas - Brazil. This is a report of an intervention aimed at a preterm newborn whose mother died soon after giving birth. The follow-up was performed according to the three stages of the Kangaroo Mother Method and was carried out through interventions aimed at the foster mother/newborn relationship, as well as guidance to the multiprofessional team. The preterm newborn referred onto the case report was discharged with no sensory and oral motor changes; the child fed from mother's breast and was given complement by means of relactation, thus suggesting the importance of speech therapy intervention in this case. The newborn was discharged presenting the stomatognathic system structures in relation to posture, mobility and conformation within the normal range; present oral reflexes, strength and pace suitable in non-nutritive sucking; easily to breastfeed, and receiving via the adjunct prescribed relactation. The speech therapist is also critical to that process, because that is the professional responsible for developing and improving one of the main functions of the newborn: suction.

**KEYWORDS:** Breastfeeding; Lactation; Adoption; Speech Therapy; Kangaroo Mother Method

### ■ INTRODUCTION

Adoption has been a factor in human life and society since its earliest days. It is a legal method to legitimize filial relationships by giving legal status to an orphaned child<sup>1</sup>, or where the parents are not able, or do not want to fulfill their familial duties. It is

also a way to remove a child to a safer environment if competent authorities have declared the parents unfit<sup>2</sup>.

Placing a child with the intended family to provide comfort, affection, and above all, love, means providing a foundation for the child's future development. However, it must be kept in mind that adoption is not a way to solve social problems such as abandonment or institutionalization, but rather as a right to have the expectation of a future within a family. The need for a family in a child's life cannot be denied, and so the process of adoption has an essential value<sup>3</sup>.

When a newborn's mother dies, someone needs to be found to take over the mother's role, and a multidisciplinary team may help in choosing

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and preparing a person for this purpose. The speech-hearing-language pathologist also has a fundamental role in this process, because that person is the professional responsible for developing and enhancing a major biological function of the newborn: the ability to suckle. Using speech-hearing-language therapy in the adoption process can contribute to the lactation process and subsequent mutual pair bonding of the mother and child.

The approach of mother-child pair bonding facilitates breastfeeding and strengthens the feelings of love and caring. This also reduces the duration of hospitalization.

### ■ CASE PRESENTATION

This study was approved by the Ethics Committee in Research of the Universidade Estadual de Ciências da Saúde de Alagoas – UNCISAL, protocol no.1549.

The present case study is observational, exploratory and prospective.

The information about the patient was obtained from standard medical records of a state public maternity hospital, where the history of the pregnancy and data concerning the childbirth was collected. This was in addition to the infant's health condition at birth, clinical interurrences during the mother and newborn's hospitalization, diagnoses, use of feeding tubes and general clinical conditions.

At the time of the birth, the primipara mother was 30 years old. She was a single mother, with an educational level from four to seven years of study. When questioned about her prenatal visits, she did not mention anything about seeing a doctor during her pregnancy.

One the day after the birth, the mother died from eclampsia, and the case was sent to the Guardianship Council of the capital of Alagoas for a legal evaluation.

The newborn (NB) was born by c-section, with birthweight equal 1,610 kg and 33 weeks 1/7 of gestational age as calculated by the somatic capurro method. At birth, the NB was bradycardiac, cyanotic and suffered from respiratory discomfort. Due to these neonatal interurrences, it was necessary to use mechanical ventilation and exogenous surfactant, intubation. The baby stayed in the incubator of the Neonatal Intensive Care Unit (NICU) at the maternity hospital.

The first speech-language pathology assessment was performed in the NICU, using the first stage of the Kangaroo Method, when the preterm and low weight infant was eight days old, with a corrected gestational age of 34 weeks 2/7 and weight equalling 1.420 kg. This method is

based on early skin-to-skin contact between mother and child, aiming to promote bonding, and greater parental participation in the care of the baby. This encourages successful breastfeeding which should lead to an early discharge from the hospital<sup>4</sup>.

At this stage, the assessment was performed in ambient air, and the NB was active, eupneic and of normal color. During the intervention, the NB, remained in a heated crib, and was in the dorsal decubitus position. The newborn was in a normal awareness alert status, with normal general muscle tone and respiratory stability.

Throughout the evaluation of the stomatognathic system, the following were observed: anatomical integrity of the phonoarticulatory organs, with efficient labial seal, tongue resting on the floor of the mouth, functional mobility of the tongue in sucking and swallowing with tongue cupping, symmetric cheeks with sucking pads, retracted jaw and oral reflexes (search, sucking, swallowing, biting and nausea).

The assessment of non-nutritive sucking (NNS), was performed by the introduction of the gloved minimum finger into the oral cavity. As a result, the NB performed a number of sucks/pauses 4:1, with irregular rhythm and moderate strength suction.

On the day after the evaluation, an intra-institutional articulation was conducted for the admission of the infant's maternal aunt at the maternity hospital. At this time she formalized her desire to adopt the NB with the institution. At this point, the newborn was 10 days of age, and weighed 1.435 kg,

The second stage of the Kangaroo Method was begun at the Canguru hospital ward, using an orogastric tube. Speech therapy monitoring continued in order to begin the transition process to oral feeding.

The baby's aunt, who was single and had no children of her own, showed her desire to breastfeed when the preterm infant was 13 days old. After the required tests to begin breastfeeding were conducted. Neonatology requested speech therapy monitoring with the purpose of helping with the lactation process.

At 14 days old, after two speech-language intervention sessions, a suggestion was made to change the orogastric tube to a nasogastric tube, which facilitated the baby's proper latching on to the aunt's breast, who was from then on, called mother. At this juncture, the speech-language intervention began to be performed at least once a day.

When the NB was 22 days old, the nasogastric tube was removed and the feeding started to be completely oral (PO), 3/3 hours (30 ml prescribed artificial milk). On that day, as the nutritive sucking evaluation was made, the sucking rhythm was

verified at pauses of 10 seconds at 4:1, with proper (adequate) strength.

The NB had initial difficulty performing the proper latch-on to the breast, and the speech-language professionals conducted facilitating maneuvers. At that point, the infant snapped up and sucked the breast with vigor and irregular pace. The adoptive mother and the nursing team were instructed to conduct the facilitating maneuvers themselves to achieve the correct latch-on at other times of the day.

Before and during the feeding, a speech-language intervention was always performed, and consisted in of stimulating non-nutritive sucking, facilitating the pace, and organizing the oral reflexes. The purpose of this was directed at improving the suckling pattern, especially on the breast. Artificial milk was prescribed by the Neonatology Department, which was administered through relactation, a technique used to supplement the diet when the premature infant is beginning to be breastfed. Artificial milk was used, since the adoptive mother had not yet begun her own milk production.

For this technique, a gastric tube coupled to a syringe without plunger is used the tip of the probe is attached to the mother's breast, near the nipple. Thus, the baby, simultaneously grasps the breast and the tube, sucking the breast milk and the milk from the syringe (either pasteurized or artificial).

In the case under study, it had been noticed that the adoptive mother was feeling insecure when first admitted to the maternity hospital, which she quickly outgrew with the support of the multi-disciplinary team of pediatricians, nurses, occupational therapists, social workers, psychologists and speech-language pathologists.

The nursing team and the mother were instructed how to perform the non-nutritive oral stimulation and how to supplement the diet with the prescribed volume of pasteurized milk through the relactation procedure every three hours when the Speech-Language Pathology Service was not present for feeding times.

After 20 days of speech-language therapy weekly interventions, the adoptive mother's breastmilk production began, and the NB weighted 2.045 kg. Considering the already long period of hospitalization and the growing risk of infection, the infant and the mother were discharged from the hospital, and received instructions as how to offer the prescribed diet at home (breastfeeding and artificial milk through the relactation technique).

The interventions continued after mother and child were discharged from the hospital. Follow-up interventions continued on an outpatient basis during the third stage of the Kangaroo Care

process. At this time there was milk production, but in minimal quantity. The mother was directed to keep offering the breast to feed her baby, checking the attachment, and the right body posture, keeping visual contact and caresses, thus promoting a good pair-bonding between mother and child.

At four months, in addition to guidance to encourage breastfeeding, the service instructed her on how to use artificial nipples and pacifiers, considering she had spontaneously mentioned these items for use at home. By this time the pediatrician had prescribed a diet, including consistency food. The Speech-Language Service also instructed the mother about feeding stages, including changes of consistency and the introduction of utensils.

## ■ RESULTS

In this case study the positive influence of the Kangaroo Method was observed with the active participation of an adoptive mother. This happened especially during the second stage when the baby was with the adoptive mother while receiving general breastfeeding care and guidance about how to establish a proper latch from the interdisciplinary team.

One of the main purposes of the speech-language assessment and intervention during in the Intermediate Care Unit (ICU) was to determine, in a safe manner, the ideal moment for transitioning from tube to oral administration. In the second stage of the Method, the speech-language intervention concentrated on the technique of breastfeeding for relactation; the desired outcome.

The correct use of the technique is very relevant for several reasons: an effective transition by stimulating the the suck-swallow-breathe (SSwB) coordination functions, the increase of of breast milk production, and maintaining breast feeding as a function of pair-bonding.

This study demonstrated an effective way to achieve the SSwB coordinated transition. This was done though direct weaning from tube to the mother's breast, thus encouraging relactation without the use of bottles and cups.

This technique assisted the association of the ingestion of milk from tube to the baby suckling at the mother's breast. This induced milk production in the mother, promoting suck-swallow-breathe (SSwB) coordination and the establishment of orofacial development. Furthermore, the process of the relactation protocol gives the mother active participation in her baby's feeding, facilitating pair-bonding.

This case study is unique because a review of the literature did not reveal any reports about relactation

in adoptive mothers combined with milk production after relactation.

## ■ DISCUSSION

Authors<sup>5</sup> consider it fundamental that speech-language pathology interventions occur during the first stage of the Kangaroo Mother Method – as the situation was in this case. It is important to have and to understand the professional knowledge about the factors that could interfere with the process. In the case under consideration, even with the intention of adoption<sup>5</sup>, the absence of the biological mother was a risk factor.

Oral stimulation is a benefit because it is an aid in enabling the transition from tube feeding to oral feeding, as was observed in this study. Some studies report that stimulation by non-nutritive sucking, when performed before the feeding, leads to increased weight gain, considering that the NB sucks all the prescribed volume of milk easily. Non-nutritive feeding also stimulates active rooting, sucking and swallowing reflexes (neonatal reflexes), thus promoting the onset of earlier oral feeding, pair-bonding between mother and child, and an earlier hospital discharge<sup>6</sup>. These results were shown by this study with the participant NB.

Authors note there are several acceptable methods for conducting the transition from gastric tube feeding to breastfeeding, and even a method that can be used as a substitution for breastfeeding. It is necessary to have an appropriate transition process in place, as well as its management in order to give priority to breastfeeding as the primary method for feeding neonates and infants<sup>7,8</sup>.

Breastfeeding plays a crucial role in the baby's development. Besides being the healthiest way of feeding an infant, it promotes the correct development of the stomatognathic system, and strengthens the pair bonding between mother and child. In prematurity or deprivation of oral feeding for

prolonged periods, such as extreme poverty situations or extended hospital stays, the lack of breast feeding or oral feeding by another method is often accompanied by insecurity, anxiety and suffering<sup>9</sup>.

Researchers mention that adoptive families need to be psychologically prepared for such an important event as a child's adoption. They also note the importance of the psychologist's work as a way to support individuals who decide to adopt, as this is an important and transforming process for all those involved<sup>3</sup>. Psychological counseling also contributes to the ability of adoptive parents to distinguish their conscious motivations from their unconscious motivations for adoption by bringing to light those that could be considered inconsistent and insufficient, thus possibly, contributing to a risky situation in the future<sup>10</sup>.

## ■ CONCLUSION

The contribution of speech-language pathology to this work was the appropriate and safe intervention for breastfeeding through the relactation process. This stimulation creates a strong pair bonding between the mother and child, as well as permitting the infant's early hospital discharge.

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**RESUMO**

Quando ocorre a morte materna de um recém-nascido, há a necessidade de alguém para substituir as funções da mãe. A equipe multiprofissional pode ajudar na escolha e na preparação da pessoa para tal finalidade. O fonoaudiólogo também tem papel fundamental neste processo, pois é responsável por desenvolver e aprimorar uma das principais funções do recém-nascido que é a sucção. Esse relato de caso tem por objetivo relatar a atuação fonoaudiológica no processo de adoção ocorrido em uma maternidade pública do estado de Alagoas. Trata-se de um relato de uma intervenção direcionada a um recém-nascido pré-termo, cuja mãe faleceu pouco tempo depois do seu nascimento. O acompanhamento foi realizado nas três etapas do Método Canguru e ocorreu por meio de intervenções direcionadas ao binômio mãe adotiva-recém-nascido e de orientações à equipe multiprofissional. O recém-nascido pré-termo do relato de caso teve alta sem alterações sensório-motoras orais, mamando ao seio materno e recebendo complemento por meio da relactação, sugerindo, desta forma, a importância da intervenção fonoaudiológica no caso. O recém-nascido recebeu alta hospitalar apresentando órgãos do sistema estomatognático, no que se refere à postura, conformação e mobilidade, dentro da normalidade; reflexos orais presentes; força e ritmo adequados na sucção não nutritiva; sem dificuldades para mamar ao seio materno; e recebendo complemento prescrito por meio da relactação. Conclui-se que a atuação fonoaudiológica concomitante com o processo de adoção pode contribuir com o processo de lactação e com o consequente vínculo do binômio mãe-bebê.

**DESCRITORES:** Aleitamento Materno; Lactação; Adoção; Fonoaudiologia; Método Mãe-Canguru

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