IAOM INTERNATIONAL ASSOCIATION of OROFACIAL MYOLOGY

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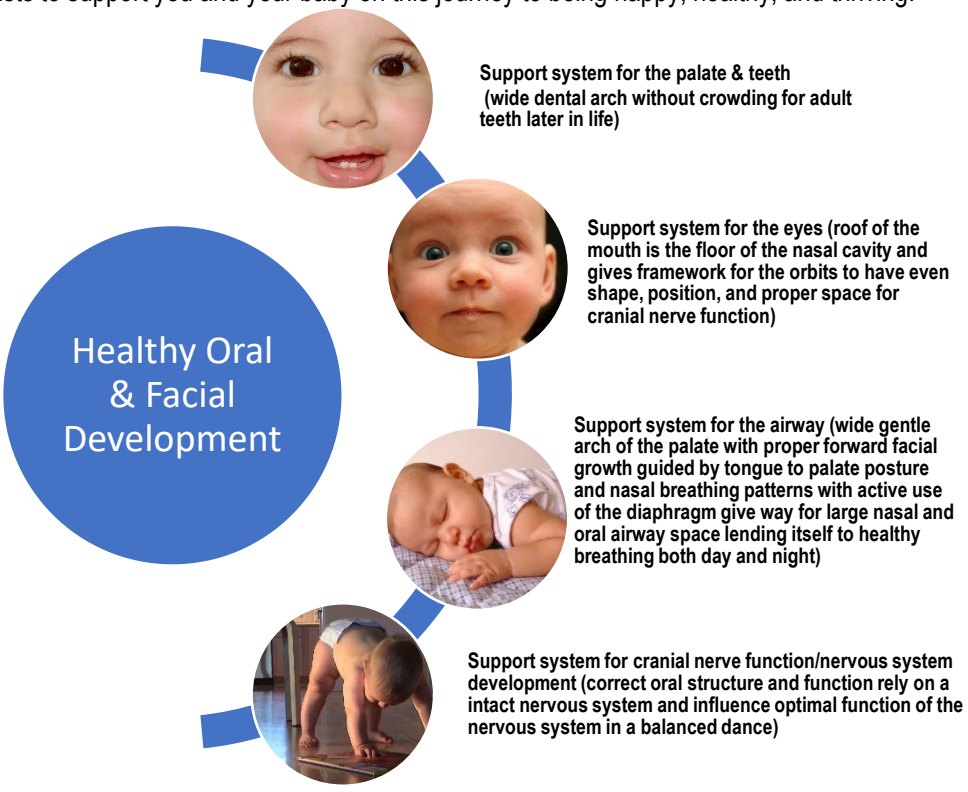
the pediatric feeding clinic | the speech network, inc. | the orofacial myology clinic

The Importance of Promoting Healthy Oral and Facial Development from Infancy

Babies are born as obligate nasal breathers with a tongue to palate posture and a healthy balance of chest and abdominal breathing at a slow rate. There are so many benefits afforded to your baby when they can gain and maintain this natural pattern and it plays a role in lifelong wellness. The best way to help your baby have optimal facial and oral growth patterns is to ensure they have an open nasal airway, use a lips closed nasal breathing pattern with tongue to palate posture, and can sleep using these patterns as well. Reducing any oral habits or structural differences that prevent this pattern is beneficial (mouth breathing, tethered oral tissues like tongue/lip/cheek ties, pacifier use, thumb/finger sucking, sippy cups and bottles).

Free and full range of motion of the tongue, lips, cheeks, jaw, and head are the support system for optimal function! This support system creates the opportunity for your baby to develop their palate, facial and head shape, airway, and nervous system to its fullest biological potential building a foundation for correct sucking, chewing, swallowing, breathing, and even speech when they are older. Note that these are considered general guidelines but if you notice your baby presents with symptoms on the "red flag" list, then seeking assessment is recommended. Professionals with expertise in oral structure and function like speech-language pathologists, occupational therapists, international board-certified lactation consultants, or certified orofacial myologists can assess and give recommendations for appropriate interventionists to support you and your baby on this journey to being happy, healthy, and thriving.



Guilleminault C, Huang Y (2017). From oral dysfunction to dysmorphism and the onset of pediatric OSA. Sleep Medicine Reviews, 40: 203-14 doi: 10.1016/j.smrv. 2017.06.008.
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Optimal Function for Infants

- Lips closed/nasal breathing @ birth
- Tongue up to roof of mouth (pull lips slightly apart to check during sleep)
- Upper lip can flange up for feedings (lift to cover both nostrils)
- Tongue can move side to side following input on gums
- Tongue can extend over lower lip
- Tongue elevates close to palate during crying
- Tongue cups around nipple for breast/bottle feeds
- Jaw opens wide to latch and suck

Red Flags for Infants
Lips open/mouth breathing
Difficulty with weight gain
Snoring
Cyclical nasal congestion
Lip blisters
Peaked or tented upper lip appearance
White coating on the tongue
Loss of milk at mouth corners/incomplete latch
Upper or lower lip curled in with latch
Lack of tongue cupping on nipple
Clicking sound during feeds
Maternal pain with feeds at breast
Lack of mouthing toys
High or narrow palate (anteiror bubble or channel like appearnce)
Head turn or tilt preference/flattened head shape
Difficulty calming and organzing
Fast/shallow/noisy breathing
Frequent spit ups/reflux symptoms
Disgestion issues including changes in stool consistency

Optimal Function for Toddlers

- Lips closed nasal breathing
- Tongue up to roof of mouth (pull lips slightly apart to check during sleep)
- Tongue can elevate to roof of mouth with jaw open wide
- Lips close on a spoon to assist in removing foods
- Tongue moves foods to chewing surfaces
- Chews on back teeth bilaterally
- Swallows foods without leaving residue behind on the tongue
- Can swallow with tongue inside the mouth some of the time
- Eats variety of food flavors, textures, consistencies, temperatures, & colors

Red Flags for Toddlers
Lips open/Mouth breathing
Tongue visible at rest
Persistent sucking habits
Difficulty gaining or maintaining weight
Snoring
Persistent drooling when not teething
Sleep difficulties including short duration or restless sleep
Tooth grinding
Cyclical nasal congestion/ear infections
Diffiuclty transitioning to solids
Extended bottle, pacifier, sippy cup reliance
Difficulty chewing or swallowing
Choking, gagging, or coughing with foods or liquids
Picky eating
High or narrow palate
No spaces between teeth
Frequently chapped lips
Difficulty with focus, attention, or task completion
Dark circles under the eyes
Long and skinny face shape
Recessed chin

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