



Feeding for babies with **Pierre Robin sequence**

- It is important to tease the tongue forward with your finger and placing a large wide nipple on top of their tongue.
- This is easier if their head is turned to the side. You scoop your finger inside the cheek and then move it over on top of the tongue.
- Then with your finger stroking the top of the tongue they usually start suckling,
- Then replace your finger with a nipple. It acts like an oral airway and the care taker should try to use this method often if it relieves the work of breathing. Even just leaving their finger there on top of the tongue.
- Look for supra-sternal, inter-costal or basal retractions. In fact, if a pacifier can be found to train the tongue forward that sometimes teaches the baby over time to project their tongue out of the airway and nasal passages, if the cleft comes forward to the alveolus.
- Try roll up a cloth and tape the pacifier to it so it doesn't fall away all the time.
- They should sleep on their stomach or side which ever position decreases the sounds of breathing the most.
- The infant car seat position is the worst.

Source: Annie Boeckelheide, NP, UCSF, review of best practice



- Feeding babies with Pierre Robin is easier if they are only half way upright (head still higher than their butt ~45 degrees) and side lying with chin angled so milk flows to back of mouth by gravity.
- Again, tease the tongue forward before putting nipple in the mouth or the nipple will push the tongue back farther into airway.

Source: Annie Boekelheide, NP, UCSF, review of best practice