Academy of PHYSICAL MEDICINE

Transcript

383R- Treating Children with Anne Matthews

Steven Bruce

Good afternoon. I hope you've had a lovely weekend. Today we have another broadcast in which we are looking at the younger patient. I don't actually remember what the last show was about the Kudo soother and we are looking forward to getting some feedback from the mums and the practitioners who've been trialing it at some point in the near future. But today, we're going to take a look at some communication, which can obviously be a bit tricky when your patient is too young to speak. But my guest is an expert in baby body language, and will be able to give us an interesting perspective on what we can do to help parents connect with their children better, as well as how it might influence our own diagnostic processes. She's a physiotherapist and a chiropractor, as well as a cranial sacral therapist. She's joining me from her clinic in Belfast and her name is Anne Matthews, en thank you for joining me. Great to have you with us.

Anne Matthews

Yeah, thank you very much for the invite. And yeah, welcome everybody on board up at lunchtime. It's interesting to be this like screen rather than the other side of the screen.

Steven Bruce

Yeah, but it's a great privilege for all of us to listen, I was saying to you before we came on air actually, we don't we have some people who talk to rather esoterically about highfalutin subjects in you know, once upon a time we had the deputy director of the World Health Organization on but people like yourselves who can give us information which is directly useful in clinic is particularly welcome. I think I just before we get onto that, though, chiropractor, physiotherapist, cranial sacral therapist, I know you've got three adult children. So what's your route into our this business of the communication with that very young patient?

Anne Matthews

Well, I think that's got to do with experience experience in clinic. I don't think it's something you just learn whilst at chiropractic, osteopathy or or physiotherapy practice. I think it's the one of those things that has certainly evolved and developed in within my practice. Having trained first as a as a physiotherapist, and it was a time in Northern Ireland, it was in the 1980s and 90s. When I came back to, to work as a chiropractor. It was during the troubles then. And although I naively thought I was going to be dealing with musculoskeletal injuries and conditions, I quickly realized that there was unaddressed emotional issues within that. And that quickly made me become more much more aware of that. If you only view the patient from joints and muscles, then you're gonna miss you're gonna miss something. So that's then what sort of brought me into the cranial sacral end of things with reading adult patients, but then also my practice quickly grew with regards working with babies and children.

Steven Bruce

Yeah, I remember being told long before I qualified as an osteopath, that orthopedic techniques were massively as a result of the Troubles in Northern Ireland because there were lots of people being shot in the knees and so knee replacements were being taken fairly seriously back then. And that probably means that you had quite a lot of work to do in rehabbing knees as well, which would lead in nicely to Wednesday's show when we're doing just that in the evening.

Anne Matthews

Well, unfortunately, I did have I worked in the hospital as a physiotherapist. And I actually was an orthopedic ward. So, yes. And the kneecapping. Unfortunately, with knee cupping, they didn't know around about the anatomy of the knee because they actually didn't shoot out the actual patella. They actually got the tibial nerve at the back of the knee, which was actually so debilitating to those people who were injured. Look, it seems very simple, but they were actually suffered a disability for life as a

Steven Bruce

result, so we don't want to get drawn into that but I suspect the perpetrators of those crimes probably didn't care what this victim said.

Anne Matthews

Oh, absolutely. And it's like anything like that you know, go and visit a hospital ward go and visit a a&e go and visit a post traumatic injury wards then you'll see life write differently.

Steven Bruce

Anyway, yours is a happier world. We're talking about babies and small children. I'm faculty me I've been reading your book, which I bought for through your website, which is this is this is what I know is a fascinating read. It's titled What is my child telling me that I'm not getting yet which is an interesting. The question I suppose I might put to you is suggest that this is a book for parents but

obviously what we've got today we will have parents watching but primarily they are practitioners, something that they will be able to use in conjunction with their kids. parents, children.

Anne Matthews

Yeah, absolutely. There are many people who teach therapists and chiropractors and osteopaths, and they're very good at that job. Now, one of the reasons why I chose to go dine helping parents is that I have many professionals who come to me who are parents, and medical professionals, chiropractors, osteopaths, physiotherapists, they come with their children, because what they find is that when this difficulty arrives at their home, they then start to look at life very differently, because they may have had a preconceived idea as to how this child could or should be treated. But somehow or other when it's your child, you look beyond that, you extend, and you put your own beliefs on hold, and look at things very differently. So I've been very privileged that I've had pediatricians who come to me with their children. And not that I want to have that accolade as such, I just see them as a parent, I even though they will maybe write that on an intake form. And some of them don't actually, it's only in the course of conversation, when I asked them how they were, and what they were working on during the child's pregnancy, because that has an impact on the child, that I may then hear the story that they're a teacher, that they are a GP that they had through a stressful time and so forth. So it's not the actual profession that I'm particularly interested in. It's the actual and how their nervous system was dealing with their pregnancy at that time.

Steven Bruce

Right. So again, getting back to your book, if, if a practitioner was a read your book, would that be at least a starting point, and then being able to offer good advice to the parents?

Anne Matthews

Yeah, because it would be nice to do a poll here, even as to how many parents are listening, not just using the, the title of the hat of a professional. Because when we view it as a parent, we then also then need to address our own unaddressed childhood issues. And that's why I geared it towards not just parents, because so many professionals have written it, or have read the book, and even my reviews, and parents will say, it has made me look at my own childhood, and how that has impacted on Hi, I rear my child. And if I get people to think like that, you as a parent will also view your children and the babies that come into your practice, you will also view them as a parent and not just a muscular skeletal special specialist or, or whatever discipline or profession that you that you have. So and also the title of it, what I'm also helping parents with is that they already know this stuff on some sort of level. And what I'm doing is empowering them to look at it through another window to just reflect on what they're already saying. And empowerment is probably one of the biggest things that I can work with with a mum. And of course for the dad.

Steven Bruce

Interesting, you should say that. I mean, one of the things I thought in your book, as I was looking through, there's somewhere in there you talk about parenting being intuitive. And I guess

personally, I guess there's certain aspects of parenting, which are intuitive, but actually a massive amount has to be learned. Because doesn't matter how many children you've had, unless you've had somebody giving you some advice, you could be following the same old bad habits. And intuitively instinctively, I suspect a lot of parents would want to smack a child that cries them and we all know that those are bad things to do. But it's not an intuitive process. Is it necessarily?

Anne Matthews

I think it is. And that's where I would help a parent find that within themselves because and when you say that one of the things I would help them to look at is their own unaddressed issues. So I will even ask questions like, because the child is short is is giving me cues. So baby body language is of light to the cues that a child will give me which will indicate that I need to talk to that mom about some stage maybe it's during delivery, maybe it's their first or second trimester. Or maybe it's very early on. Because Hi We were parented high we were parented will affect how we parent our own children. And, you know, I came from an age where children should be seen and not heard. That was my mother's mantra. And there was a discipline around that and we were disciplined at school. And then parents can make the decision that I do not want that for my child. So there's there's where they shift and their intuitiveness comes to the fore. And this is particularly around a mother No offense, Stephen. But a mother will help to guide a father, a mother will help to guide a partner. And if I can help a mom tap into that, that's great. And of course, we do need the tribe. We do need supportive adults, supportive family members. And we do need the village and the tribe to raise a child there. There. Certainly that aspect. And that's probably what you're also in faring or referring to that for some parents where, you know, they're isolated, and they don't have someone coming there. Maybe after what four or five, six weeks dad has worked partner has gone back on their on their paternal paternity leave and mom is on her own in her house and not having access to other other moms or other other parents. Yeah. So it can be lonely in that respect. So you can do it yourself. And you can then veer away from the intuitiveness. And it is tied in with her heart, her hormonal balance during her pregnancy during her delivery. And afterwards in that fourth trimester, especially those 12 weeks after, and those first three years of life. So I would perhaps change that. I would see a lot more parents being intuitive. That would be my goal.

Steven Bruce

Right? Understand. But I again, I'd say the my my take on that is you're saying they're being intuitive by being guided by you, which to me means that it's a it's a learned experience, but it doesn't matter as long as the baby and the child gets the best.

Talking about baby body language as you have. When I first came across you this was the first time I'd heard of baby body language. Where does this arise from who invented baby body language as a as a concept?

Anne Matthews

Well, in the pre and Perinatal world, it's it's a sort of concept that has been developed, we're looking at what is the impact? What impacts can a baby have had in the womb. So these are referred to as

early imprints. And we can read those from the cues that a baby will give, and a child will go. Yeah, so I then use that concept to help parents see that their babies, you know what I, because I'm a body worker, I help them to understand where the midline is, where the pelvis, where the shoulder alignment, the pelvic alignment is, and how the head of support it. Now, if I get them to think of the baby in this way, and look at the baby's alignment, I can then get them to see why the baby that the baby's head is tilted, for example, and the baby's head is forward, for example. And this would have a reason as to why they were compressed. For example, in the room, it will also be reflected on what a mom is commenting about her, her pregnancy and her bump. A mom will often say, I feel it under my right ribs. So the baby is tilted by a new I'm in the opposite direction, the baby is tilted in that way onto her right rib. She may also say my bump was very big. So the baby was tilted forward. And this would create more compression in the baby's head and neck. So then I get a mom to see this in the baby's body. And I use lovely illustrations, just pencil lined illustrations in my book, because I want to give parents soft visuals so that they can understand that. So you can understand then why you have a fussy baby. Why this particular baby doesn't want to lie on their back. Because with the tip their head back that is really scary for them. And their autonomic nervous system is skewed there. That baby, for example would be on high alert. The startle reflex would be active, the Moro reflex would be active, we might see developmental delay, later we might see. Anxiety we might see, Well, we certainly will see feeding issues and this baby for example, because you can't swallow if you can't put your head back like this. So you're gonna have breastfeeding issues and so forth.

Steven Bruce

Okay, so you've done a number of the issues that a parent might encounter. You've also mentioned some primitive reflexes, they're present at all babies to display a Moro reflex for months after birth. So are you alerting point when that should disappear? Which is what are you?

Anne Matthews

Yes, absolutely. But parents are going to see it another way He's so the baby positioned in the womb for example. So it's not just a matter of the contractions pushing the baby out, it's going to the the baby is also working, their neurological system is developing. So the primitive reflexes allowing the baby to be aligned, for example, and the baby is expecting to die and the baby is expecting to turn their head, and the baby is expecting to come out the birth canal. That's what a baby's expecting, but they don't all get doing that, that some gets stuck, stuck on the way out and some have to come out this way. Whatever that reason is, it's important I help a parent notice where the neurodevelopmental sequence has been interrupted. So when you're talking about the Moro reflex? Yes, it will, even after 12 weeks, we would like to see that shift, but you're going to see it in other ways. For example, these babies will have difficulty pulling, they'll have difficulty feeding, they will have difficulty relieving wind, so they'll be referred to as the colicky babies or the reflux. See babies for example. And we really want to see so so looking at it as a profile rather than just one thing. And you can see that right up into the age of three or four or five, when Yeah, when a child has has difficulty with transitions, meaning they have difficulty, for example, with their attachment and bonding issues being separated from Mum. Starting school, for example, you know, coming up into September night, I will see children in August, I will I will look after children on August because I need to help to prepare them and their mums to to help their nervous systems be more robust because that, that that fear or that transition will trigger those early imprints which caused that Moro reflex to be activated. So it's not so much that the Moro reflex disappears. The actual and

Darren Barnes would have explained this than that, on his interview with you not so long ago and his presentation with you not too long ago, that actually the nervous system is develops, you integrate the primitive reflexes into the system, it matures, it develops. However, there are certain specific things like what we call transitions, that will trigger the old memory, the old early imprint, and make that baby or child feel like that thing is happening now to me, because it's got stuck in their cells, it's got stuck in their Soma, and their fascial tissue, their joints. It's got stuck in their system. So that's where I help parents read their baby's baby body language. Even though the child might be five and might be a teenager, you might be an adult, but you do have you do have a shadow, you do have an imprint as to Hi, you were Highlife and in the womb was for you and how you were delivered. Okay, which makes sense. Thank you. So

Steven Bruce

I've got a number of questions for you from our audience, which I'll just go through those before we move on if that's all right. First of all, a number of people have asked where you got your models from the pelvis and the baby because they're very good. And someone else's use a very similar pelvis on the show. Yeah, where did they come from?

Anne Matthews

Can I just send you on the link? Yeah,

Steven Bruce

please do send the link. And we'll share it to people afterwards because they'll know.

Anne Matthews

Because interesting, it's extraordinarily hard to find. If anything that companies should do be it'd be doing a better marketing. And I actually needed them. I need them. I needed them replaced, and I couldn't find them. So I searched and searched. So I have got so I'll send it to you. Oh

Steven Bruce

good. Well, I mean, people will be reassured it's just not their incompetence then that the people who make them are hiding under under a bush or somewhere. Sarah says, Sarah says Are those problems pulling and collect connected to the Moro reflex? She's a bit confused.

Anne Matthews

If I get you to think of it as a profile, the baby's profile. So for example, that baby might have been a rushed delivery. Yeah, so I've also got a little and you might like this as well actually, this is a newborn size skull. I like parents to appreciate this and to see that because this is an adult sized

skull. So there is a huge amount of development goes on, particularly in that first year of life. What was the question again?

Steven Bruce

It was whether the colic and other issues are connected to the Moro reflex, or she was confused whether the two have a direct connection.

Anne Matthews

Yeah. So hi, the baby's head comes down. For example, those primitive reflexes are designed to help the baby go Dine, turn their head and Kumite night. The baby's skull is always wider than the mummies I plant. So in order for that to pass through, they are the hormonal cocktail coming up to delivery allies, the mums pelvis to, to widen. Meanwhile, what the baby's head is doing the baby's cranium, these cranial bones are overlapping and making the circumference slightly smaller. Now this triggers the primitive reflexes, the moral reflexes associated with that. So this is all part of Carbonite. However, if that little skull doesn't line up, and you and your and your members who do cranial work and so forth, they'll know about that. If that doesn't, then you're stuck with your Moro reflex that's triggered, it's activated, it's lots of things. So the setting of your nervous system is set high, you're on high alert, the baby is on high alert, they're on the high sympathetic tone. So you've got the reflexes that have been impeded, interrupted, you've got a high moral reflex, and you've got a triggering of their nervous system, which leaves them stuck in flexion. stuck, and they and that baby is not able to extend for example. So they're not able to integrate many of their reflexes from very early on. So they're not able to do this extension, which they didn't get doing on the way right, and some babies were sick that night. Or we could talk about that in a moment.

Steven Bruce

Surely, if you extend the baby's neck to that degree, you'll compromise their breathing.

Anne Matthews

A baby does that and the way I'd become dying, they turn their head and they have to extend to come right. So shall fact. And that's a kind of, I'm going to talk about a few myths. That's a kind of a myth. For example, I will have babies who have feeding issues, for example, who are held an extension or held and flexion. And I will explain to and as a mom is you know, settling to feed. I have a lovely line, she's so forth that parents can settle in either with breastfeeding or bottle feeding, and they'll shoot and they'll say, Well, I'll show you what the baby's doing. Now, when I tried to feed them, they keep pushing, they keep pushing back like this. And I'll explain that is their reflex that is the reflex that they wanted to come out of the birth canal. And they need to do that in order to feed. So what I'm going to ask you to do is to facilitate what the baby naturally does. No apparent mother will go now I'm not too sure I'm not too sure. I said, Well, you know, you put a cushion there, that will stir it up. I'd like you just to see what your baby does. They come back the next day and say, Well, my goodness, that baby just loves hind the night there. And I'll even get the mom to lay the baby on their knees facing forward. And they'll say the baby will hang their head dine will stretch

their arms, right? And they will be able to breathe. So in actual fact, you are improving the muscles of respiration, you're are relieving the vagus nerve here, because the vagus nerve is compressed and compression in flexion, which is what is affecting the baby's digestion. So in actual fact, you open everything up, you expand everything. Older children was sick right in the park.

Steven Bruce

Right, I can see that where there was no neck extension in that particular upside down thing you did there that was just distraction if you'd like,

Anne Matthews

Well, no, well, if you there's, in my sub, I'll show parents how to do an inverted hold in which the baby will go into action. Or for the younger baby, you can put them across a Swiss ball, and they will they will want to go into it.

Steven Bruce

I don't want to pursue this for too long. But I'm curious whether you've come across this looked into it or advised people but on any pediatric first aid course. Anyone who has to do CPR on an infant on a baby, not a child but of months will be told don't extend the neck. From eyes the airway.

Anne Matthews

Yep, we're not extending the baby's neck, the baby's extending their own neck. That's the difference, right? That's it's off the baby's own volition. What a mom is doing is preventing the baby from doing it. So You know, so this is the intuitiveness that we're going to go back to the baby's ensured me back. And then when a mom sees that, so I don't do anything that a mom or baby would not want to do themselves, what I simply do is facilitate that progression and to understand where they're going was it the same way so it wouldn't be treated more.

Steven Bruce

So if a baby wants to go into that great extension that you demonstrated there wants to effectively get themselves into that Moro reflex position. Are you expecting the baby in that position?

Anne Matthews

Sorry, that's not a moral reflex position. You know, that's the other the other way that that way? No, but that's not a moral reflex. This baby is really chilled this this is a, they're integrating that into their system. This is the next stage of development, maybe

Steven Bruce

terminology wrong. The point of the question was not whether it was a Moro reflex, it was about whether you're going to baby in that extended position, because that's in most part.

Anne Matthews

You know what I'm, Yep, sorry. But, uh, thank you for joining that to my attention. So the baby's gone to the Mommy's got to feed or breastfeed, and the baby wants to extend first of all, so I'll help Mom, let the baby extend, pop your hand on their sternum, because now you're helping them to come. And once the baby has done that to release their neck, they'll come back in and then feed easily. So if your child is pulling, not because of pulling off because then there's a version to the nipple or to milk or whatever. They're pulling off because they come swallow. Right pulling off because I need to extend, I'm pulling off because I'm at the next stage of my development. A baby's like I said earlier, a baby in that first year, they are developing every minute, every hour every day. So how your baby fed yesterday is going to be different to how your baby feeds tomorrow. So the baby is extending themselves. Right.

Steven Bruce

Okay, thank you. I know you you wanted to make sure we stayed on track with the way you wanted to progress through what we were talking about. But can I go through a couple of other questions. First of all, Simon Says, with most families no longer in extended groups with grannies, aunties, cousins, and so on living together. Great effect on how children are raised. And in cities like churches, mother and toddler groups play in helping to raise children.

Anne Matthews

Yeah, well, I think perhaps Simon's answering that to you know, the social anthropologists will say that, yes, the family unit has been interrupted. But there are lots of help groups out there. Lots of toddlers and mom groups that people can access. And my concern is that some of this are paid are paid services, and paid classes. So not every mom can can afford that. Yes.

Steven Bruce

What is the most important thing for you then in that early stage of the child's development? Is it being with other children or being with different adults? Or a combination of both? Or is it simply that being with other people enables the mother to reduce her stress levels?

Anne Matthews

Well, I think again, it's empowering a mom and pouring a mom that she is able to address her child, her baby's needs, adequately ourselves. So in actual fact, all the other stuff needs to be supported around mom. So if somebody is coming in to help, and encourage, please don't ask, Can I hold the baby while you while you cook? Or have a bath or whatever? And you do the cooking or the laundry? Or whatever? And leave mom and baby together?

Steven Bruce

Right? Okay. Which is probably counterintuitive, because most people think that babies

Anne Matthews

Absolutely. And that's that, you know, we're interrupting the bonding and connection. And that baby needs to that security of a mum needs the security of the mom and the and dad around that on the baby doesn't. And it all depends on how much handling this baby had. For example, if it was very intense delivery, there's lots of handling, there was lots of intervention and so forth. And too much going on. And for example, in the delivery room, that mom and dad need support it. They need, they don't need any more handling. Like for example in in my clinic patients and mothers will ask when can I bring my baby and how soon after delivery and they'll make appointments before the delivery? And I say well, in the why don't we just experiment with the first months? You know what? Why don't we just let you settle in with a baby, you know, because I know you can do it. And I'll give you a few tips and tools and if you find you have an issue with feeding we can work with that. But your let's see you just settling in. Yeah,

Steven Bruce

I mean, I have been reassured by the way that what you were talking about that before As of extension, it is taught to breastfeeding consultants as well. And we've had a number of people participating in the shows who are breastfeeding consultants. So hopefully that word is getting out through. Carrie said that there was moldings to the muscular skeletal system during the birth process. But she's just asking for clarification, how will this affect the baby?

Anne Matthews

Well, in my mind, there they are all on my experience. And from the research work, there's always an emotional component to a physicality, called the Willis, for example, the orthopedic surgeon actually includes that little bit in his low back pain, and the treatment of the low back pain, for example, and that's been around for years. So there's an emotional component, every physical restriction, because it affects the cells, the soma, it affects the muscles affects the joints, it affects the fascial tissue. That's what affects breathing, for example, once it affects the fascial tissue you're affecting, you're affecting a child's ability to take a deep breath, for example, or they're very shallow breathing. So that's one of the things I also check in a mom and baby just tie well, is the baby breathing? Are they very shallow breathing, or can they breathe deeper, so and the more a child breastfeeds, particularly, the more the child is held here, the more that breathing rhythm will settle. And the more that fascial tissue, if we say the trauma in that fascial tissue, that will settle, so there's a self healing going on. So a self healing with a very supportive mom, and dad or partner, or play or other carer in a baby's life.

Steven Bruce

But when you see the trauma in the fascial tissue, how does that manifest itself?

Anne Matthews

Well, we say it in the breathing rhythm, for example.

Steven Bruce

No, sorry, I may have Miss Miss spoken. What I mean is, if you examine the fascial tissue, either manually by palpation, or through ultrasound, or whatever else, what change are you going to see in fascial tissue?

Anne Matthews

Well, I wouldn't even be going that far, I'd be again, going back to reading their baby body language. So you're gonna see the fascial tissue stretch, for example, this baby that I talked about with a head tilt, well, more than likely, we're also going to see a hip flexion issue, we're going to see, I do a simple internal external rotation of the of the hips. And you'll see it there, particularly along this often along this right side. Because if the fascial tissue, so the diaphragm is your largest piece of fascial tissue, to which everything else is attached, so if you've got hip flexion tension, you will have more than likely will have diaphragmatic tension. And you know, if you release that you're going to release you're gonna have a knock on effect that releases other other fascial other fascial tissue responses. So a child's alignment, in my mind is a really good one for a parent because they can see it, it's tangible. Yeah. They can see alignment. So these are children, for example. These are children later on that will come to me Well, well, our parents will bring them because the child is not able to run over Stoney grind. That's a common one child isn't able to sit at playgroup or primary school. And this is simply because this child is stuck. Their hip is either stuck in flexion. So if they're stuck on flexion, their sacroiliac is posterior. Their sacrum is posterior. So it's actually sore to sit on their bum. So they won't describe it as being sore. Because they don't know any different. So for them, it's just not comfortable to sit. So these are babies and children earlier on who was sit W shaped. So they will sit like this. Yeah, so yeah, so they Yeah, they can't actually back in their hunkers. So there's lots of cues and observations we can do without even touching a baby. Yeah. Because my work is around finding out all those cues, beef and getting permission from the baby and mom, before you actually physically touch and work on a child.

Steven Bruce

Right, of course, we would always need to have mums permission to work on their child. So in what in what way do you mean?

Anne Matthews

Yeah, well, when I talk about permission, yes in my intake form, I ask various questions and we have a consent to, to to, to contact and, and treatment and so forth. But I actually need my practice is a permission best practice within the room. So, I will be assessing among I will be tracking a mums

emotions, she may be saying one thing, but I can see that her body language is saying something else. And I'm not I haven't got clarity on what she is particularly mostly concerned about, and concerned about her baby. So, I need that sort of what I'm gonna say energetic permission, but it's much more than that. There's an understanding, there's a compassionate empathy that I have for her. And that she gets, oh, gosh, my baby's in safe hands, my child is in safe hands. And I'm not going to take this baby away from Mum, I don't treat babies on the bench, I treat them on mom's lap, for example. And I guide a mum as to where I can guide her as to see where the restriction patterns are in their body. For example, this is simple one I do. I do a simple healed robotic check. Yeah. And I'll show before that I've explained to parents that, you know, if you're if your spine is level, your pelvis is level and your shoulders are level, because I'm engaging with the parents, right allow us, if this is level, if this is straight up, that's level, that's level, how much weight would you like on one side and a much weight would you like on the other side, and they say, equal, and I'll say, Well, I'm going to show you how your, your child is adapting, and is not quite equal. So I'm going to help you correct that. So we can see one side was in and going back to that early example of the fascial tissue, the hips will be flexed, the diaphragm will be tight, and they will not be able to bring their heels to the body like the other side. So I can then empower a mum by massaging across the buttocks, around the gluteals or piriformis, around the small muscles of the hip. And once they've done that for a few days, they'll realize their comeback. And they'll say things like, gosh, the baby slept better, got the wind up better, just seems happier. And I'm happier. And you know, it's like, that's how subtle it is. So I don't even have to go to the point where we're doing other types of fascial tissue testing, we are saying in the moment, because I want to empower a parent to see their own child's baby body language, because that will come up again, when a child is in a position of stress. And they'll be able to go, Ah, I think you and I needed a massage session tonight, you know, and then I get to the stage where a child will actually pick up the cream and give it to a parent and say I need a message. And that's wonderful, because now I've got a child becoming much more aware of where their fascial tissue tension muscular patterns are. And they realize that it's knocking their system out of sync. So I can help them integrate that within their nervous system and develop.

Steven Bruce

Right? A big section of your book is devoted to pacing. And I noticed that you know, I've been asking 20 odd minutes, and we've only got about 15 less than 15 doing with keeping up with where you wanted to be in this discussion.

Anne Matthews

No, that's fine. You know, that's good. That's good. They're great questions coming through? I hope I'm answering them properly.

Steven Bruce

Well, yeah, I think you are and we've had some good feedback from people already. Kate says already. Much. She wants to know if you've got advice for patients who can't breastfeed, or maybe that's outside the scope of this particular discussion.

Anne Matthews

Yeah, that's a whole other area. But I would like to know why the baby can't breastfeed. Because is it again, back to this very simple one. And I get you as practitioners to check that is the baby's head flexed. Because to breastfeed or to feed? Like, I use the example of his parents, try drinking a cup of tea, okay, I'm gonna drink my bottle of water. I can't drink it. With my head flexed, I have to tilt my head. A baby has to do the same thing. So once I get you thinking this way, you'll understand why head tilts are so important for a baby and particularly around breasts. So they can be that issue. Also with breastfeeding, I'll go back to the little cranium. I got the front Yeah. That if this baby is suffering compression around the frontals around the TMJ is the temporals You know, it can't be a temporal issue. And the baby is not able to open up their TMJ. So the baby can't breastfeed because the baby can't open their, their mice. But the only way they can open their mouth is to extend their head. And remain flexible.

Steven Bruce

Yeah, so the first thing will be to assess, you know, what the baby actually needs before we start worrying too much about breastfeeding issues.

Anne Matthews

Exactly. Yeah.

Steven Bruce

There's quite a big section in the book about the development of the jaw. Is that something separate from the TMJs? Oh, is that just what you were describing there a moment ago?

Anne Matthews

Yeah, it's tied in. For the baby to come down the birth canal, the development of their cranium is bigger, and just with the cerebral cortex, and so forth. And just with evolution, this part is has now become bigger. Whereas the facial bones are all very compressed, so they actually get the most battering. So it's important that we help to loosen these areas. Snite a mother, you know, once I point the site, a mother will then say, oh, that's why I, the baby really responds to me stroking their LaBella their frontals, they'll say their forehead. Yeah. This is why when I breastfeed or bottle feed, I actually stroke a rider TMJs, my, they don't call them the TMJs I stroke their cheeks. Brilliant, because now I've got a mum, more empowered. And she's actually intuitively without knowing it. She's intuitively know reading her baby's trauma. And she's intuitively easing these points. So that's where I am help them with their intuitiveness.

Steven Bruce

Right? Okay. It's all been about babies and mums. So far, what about dads Peter wants to know where dads fit into the bonding process built into this whole developmental process.

Anne Matthews

So in my treatment room, I talk about loyalty conflicts. And by that I mean, I've got I love parents, both parents to come in initially, and I congratulate them, because I'd say no, it's not easy for two people to be in the two parents to be here in the same time. And it's not easy for the dad to take off work. And if they're traveling a journey, it's a whole day, you know, that's another day's leave. And I really respect you being here. Because if I can explain things in that first session, I'm going to send a dad away, much happier that T and his wife, or he and his and the mother of his child, are all on the same page. Because it's much harder for a mum to go back home and say, well, she said this and this and this and did that not not but oh, I'm not too sure how she expanded. So I love that to be in night, I'm always interested in, I was actually going to use an example. If I done a little presentation part,

Steven Bruce

I'm always interested to show your presentation with the audience afterwards.

Anne Matthews

That's fine. I'm interested in, for example, when a mum and a baby and either grandparent or grandpa or dad comes in. And this is always interesting for us, as practitioners who's holding the baby. I will say, Well, I've noticed the practical thing that is lifting the baby. And maybe, but I'm interested in that, or it's mommy holding the baby. So for example, I had parents who have come in recently, and the dad is holding the baby like this. And he's a big guy, and he's robust. And he's he's minding the cave. And I can see that that he's on quite high alert. Yeah, so I have to address when I say address, I have to pause and see where I am with him. Whereas the mum, she's she's quite peel. She's very anxious. And I can see overwhelmed. So I can see overwhelmed with mum, and I can see protectiveness with dad. And I can see a baby that stuck in the middle. So what my aim is then to get these three are to get us all on the same page. So what I want is to help dads and nervous systems Come Dine, I want to bolster mommy up and I want to have a happier baby in the middle. So I absolutely support dads, carers, whoever the other significant adult is in that child's life to come into the sessions. They won't make every session, but they'll come into the sessions.

Steven Bruce

Yes, yeah. Okay. Well, that's I think that's gonna be welcome news to a lot of people and of course, yes, you Quite rightly say, I mean, I'd rather simplistically said it'll be mum and dad, of course there will be a significant other who comes in and it's a different dynamic altogether, couldn't it? David sent in a thank you saying he really likes this idea of giving the parents ways of treating their baby at home. And, and maybe David, thank you. That's a cute book. And there's a whole load of six point lists. And then right at the end, there's a five point list for patients to use with regard to their babies. Now, I'm sure you've picked six points, because that's a nice convenient thing for parents to to take on board and to implement. But all I imagine, really helpful ways for them. Build on the stuff that you've been talking about today?

Anne Matthews

Absolutely, it's a lifelong thing. You know, this isn't just I refer to as baby body language. And it's not just for babies. Once I got a parent into this way of thinking, you have it for life, you have it for your teenager, you won't have the stroppy teenager, because you understand them well before that. And you have a supportive adults who can who, whose whose nervous system is well balanced.

Steven Bruce

I'll tell you what, I've got paid two or three pages of my own questions on my iPad here. But the audience aren't letting me ask any of them because they're all sending in so many questions at the end of the show. But let me just see if I can fit a few more things about four minutes left corner, first have an effect later on in the in the babies, perhaps with matters such as separation, anxiety, coping?

Anne Matthews

Well, this is why I talk about in the introduction to the neuro developmental sequence. So yes, if the baby's premature, they've come out of the womb too early. So we need to know at what stage and where they are with regard to their physical development, but they're going to have more than likely an emotional delay. So it's like marrying those two up. It's not inconceivable. But we need to respect that throughout that little child's life.

Steven Bruce

Yeah, yeah. I mean, may have one time time for one more question as well. Cannes would like to know your opinion on neuro diversity issues, and whether those are predominantly genetic, or whether they could be partly due to birth trauma or dysfunction in the birth process?

Anne Matthews

Well, we know that the diagnosis of for example, children on the autistic spectrum has increased something like 500 fold. We also know that C sections, for example, has increased hugely over the last 2030 years. We also know that there are more drugs administered in the delivery of a baby. There are correlations there. There just hasn't been enough research done around it.

Steven Bruce

I guess it's very difficult research to do, isn't it? Because it's all going to be observational, very hard to remove all the confounding factors.

Anne Matthews

Absolutely. And historically, retrospectively, yeah, yeah. Sorry, go on, say the more we report, a moment baby, and parent and father or carer, and the neurodevelopmental sequence of that baby

and child, the better are going to be the outcomes, regardless of whether it's a genetic issue, or not. Even if it's a genetic issue, there is still a neurodevelopmental process and development that we need to support. And parents can.

Steven Bruce

Yeah, Have we got time for one more? Very quickly if you can on this one? And I ask it because Kate sent this question earlier on observation earlier on, when she pointed out the difficulty in breastfeeding, because that was because the mother mastectomy? And I don't know, is there any evidence you have to share in that regard? Or is?

Anne Matthews

Yeah, that's a really tough one. Yeah.

Steven Bruce

Right. I have got more questions. We don't have time to take them, I'm afraid. But thank you for that. There's been a lot of very lengthy stuff here. I can see comments coming in from from Vince or Annabelle from others saying how fascinating how interesting. This has been really greatly to give up your time, we will share a link to the book, which obviously you can buy on Amazon, but it's better for you if they buy it through your website, and it's about 25 pounds, isn't it? Thankfully, lots of lots of lists of how to help people. So lots of clinical examples of how you've talked about today. And

Anne Matthews

another time, please.

Steven Bruce

Yes, if more questions come in, if you don't mind. I'll send them on to you. And we'll we'll pass on the answers as soon as we can. But thank you very much for your time. I know. So that's been really great. Really interesting. Thank you.