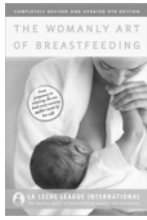


Tongue Tie

An adapted excerpt from "The Womanly Art of Breastfeeding," 8th edition
by Diane Wiessinger, Diana West, and Teresa Pitman
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If your baby isn't latching on deeply or well despite all your efforts, or if your nipple comes out of his mouth flattened, it's possible that your baby has a *tongue-tie* – a tongue that can't move freely enough to remove milk effectively.

The Back Story

A baby can maintain a deep latch only if he can move his tongue without restriction. A membrane under the tongue, called a *frenum* (FREE-num) or *frenulum* (FREN-yew-lum), can be so tight that it prevents that free movement.

The tongue can't lift or extend well enough to remove milk well, and it can abrade the tip of the nipple or compress it tightly, causing blisters, wounds, or flattening one side of the nipple and shaping it like a new lipstick.

Many doctors and nurses recognize tongue-ties with the frenulum attached to the tip of the tongue, especially if it pulls the center of the tongue into a notch or heart shape. But not all understand that a frenulum can also attach just behind the tip of the tongue, or in the middle, or at the base. And, unfortunately, frenula that are attached to the base of the tongue are the hardest to see and sometimes cause the worst problems for breastfeeding.

Other signs of tongue-tie include a high and narrow palate (because the tongue can't lift to spread it), a tongue that rolls under or has a flat front edge when it's extended, a tongue that doesn't lift when the baby cries, or one with a crease down the middle. You might see a dip in the center of his tongue when he lifts it or when he cries – that's the frenulum pulling the center of the tongue down. You might hear clicking when he nurses – that's caused by breaks in suction. A too-tight tongue may tire easily and quiver. Feedings might take a long time or he might tire out right away.

Tongue Tie

A membrane under the tongue that does not allow it to move freely

Some surgeons or dentists recommend waiting to see if the frenulum breaks on its own, but this rarely happens during the first year – a long time to wait! Babies with tongue-tie sometimes have difficulty using bottles, too. Untreated tongue-tie can cause later difficulty with speech, cleaning the teeth

with the tongue, swallowing pills, licking ice cream cones, and kissing.

What You Can Do

If you suspect your baby is tongue-tied, you'll need to see a doctor to actually diagnose the problem and to treat it. Usually all that's required is a quick snip or two – called a *frenotomy* – by a dentist or doctor with a small pair of blunt-end scissors or laser in his office. Only local anesthesia is needed, or none at all. A cry from being held still, a drop or two of blood, and usually the baby latches immediately and nurses much more easily and effectively. Your lactation consultant is likely to have names of local doctors who do this, or check lowmilksupply.org/frenotomy.shtml.

Sometimes the frenulum isn't snipped deeply enough and a second trip is needed. But if your baby doesn't latch painlessly in the week or so after the procedure, don't worry. If the first nursing afterward was better, then it will be again after the tongue has fully healed. In the meantime, your baby is just holding his tongue back while it heals.

It can also take a baby a while to learn how to move his tongue better when he nurses, especially if he's older when it's snipped. (A lactation consultant can suggest exercises that may help.) That's one reason to have tongue-tie treated as soon as possible. Another is that the younger the baby is, the less blood and nerve supply there is in the frenulum, so the less it is likely to bleed or hurt. If your baby's frenulum is tight enough to limit his ability to remove milk, but you decide not to have a frenotomy, you may need to pump for him as well.

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References

Here are the most recent research articles about tongue tie -- the Knox article in particular (in bold) provides an excellent and thorough overview:

- Amir, L.H., James, J.P., Beatty, J. 2005. Review of tongue-tie at a tertiary maternity hospital. *J Ped Ch Health*. 41: 243-45.
- Amir, L.H., James, J.P., Donath, S.M. 2006. Reliability of the Hazelbaker assessment tool for lingual frenulum function. *International Breastfeeding Journal*. 1(3) .
- Ballard, J.L. et al. 2002. Ankyloglossia: assessment, incidence, and effect of frenuloplasty on the breastfeeding dyad. *Pediatrics* 110(5):e63.
- Basaklar, A.C. 2008. Ankyloglossia and effects on breast-feeding, speech problems and mechanical/social issues in children. *B-ENT*. 4(2):81-5.
- Chu, M.W. and D.C. Bloom. 2009. Posterior ankyloglossia: a case report. *Int J Pediatr Otorhinolaryngol*. 73(6):881-3.
- Coryllos, E., Genna, C.W., Salloum, A.C. 2004. Congenital tongue-tie and its impact on breastfeeding. *American Academy of Pediatrics, Section on Breastfeeding Newsletter*, pg 1.
- Dollberg, S. et al. 2006. Immediate nipple pain relief after frenotomy in breast-fed infants with ankyloglossia: a randomized, prospective study. *J Pediatr Surg* 41(9):1598-600.
- Geddes, D.T. Kent, J.C., McClellan, H.L., Garbin, C.P., Chadwick, L.M., Hartmann, P.E. 2009. Sucking characteristics of successfully breastfeeding infants with ankyloglossia: a case series. *Acta Paediatr* (2):301-3.
- Geddes, D.T. et al. 2008. Frenulotomy for breastfeeding infants with ankyloglossia: effect on milk removal and sucking mechanism as imaged by ultrasound. *Pediatrics* 122(1):e188-94.
- Karabulut, R. et al. 2006. Ankyloglossia in breastfeeding infants: the effect of frenotomy on maternal nipple pain and latch. *Breastfeed Med* 1(4):216-24.
- Knox, I. 2010. Tongue Tie and Frenotomy in the Breastfeeding Newborn. *Neoreviews* 11: 513-519.**
- Lalakea, M.L. and A.H. Messner. 2003. Ankyloglossia: does it matter? *Pediatr Clin North Am* 50(2):381-97.
- Madlon-Kay, D.J., Ricke, L.A., Baker, N.J., et al. 2008. Case series of 148 tongue-tied newborn babies evaluated with the assessment tool for lingual frenulum function. *Midwifery* 24(3):353-7.
- Messner, A.H. et al. 2000. Ankyloglossia: incidence and associated feeding difficulties. *Arch Otolaryngol Head Neck Surg* 126(1):36-9.
- Ricke, L.A., Baker, N.J., Madlon-Kay, D.J. et al. 2005. Newborn tongue-tie: Prevalence and effect on breast-feeding. *J Am Board Fam* 18:1.
- Srinivasan, A., Dobrich, C., Mitnick, H., et al. 2006. Ankyloglossia in breastfeeding infants: The effect of frenotomy on maternal nipple pain and latch. *Breastfeeding Med* 1:216.
- Wallace, H., Clarke, S. 2006. Tongue-tie division in infants with breast feeding difficulties. *Int J Pediatr Otorhinolaryngol* 70:1257.