

Tongue-Tie



Tongue-tie (TT), also called ankyloglossia, is when your baby's tongue is unable to move in normal patterns due to a small band of tissue (frenulum) tying it to the floor of his mouth. (See photo.) Tongue-tie runs in certain families. The cause of this condition is unknown. During breastfeeding your baby's tongue movements are important. Restriction of the movements of your baby's tongue may influence breastfeeding.



In this handout I will explain:

- Symptoms related to TT.
- How a TT can influence breastfeeding.
- Treatment options.

Symptoms That May be Related to a Tongue Tie:

When your baby's frenulum is too tight, too short or too thick, you may notice one or more of the following symptoms:

- Baby can't stick tongue out over lower gums.
- Baby can't lift his entire tongue to touch the upper palate, he may just be able to lift both sides of the tongue.
- Heart shaped tongue.
- Blanching of the tongue when baby sticks his tongue out.
- Baby can't move tongue side to side to follow your finger in his mouth.
- Baby has difficulty licking his lips.
- Baby may have sucking blisters on his lips.
- Dental carries may occur when child gets teeth, because the tongue cannot clean the teeth normally.
- Speech may be affected as the child begins to speak.

How a Tongue Tie Can Influence Breastfeeding:

What kind of breastfeeding challenges could you face when your baby has a TT?

- Difficulty latching to the breast or staying attached to the breast, ineffective sucking at the breast. This can result in:
 - Baby is restless or falls asleep during breastfeeding.
 - Baby is at the breast for a long time without being satisfied.
 - Baby doesn't get enough milk, resulting in weight loss or inability to gain enough weight.
 - Sore nipples, painful feeding.
 - Blocked ducts and/or milk blisters.
 - Clicking sound during feeding.
 - Reflux and/or colic.
- When mom has to deal with these kinds of issues, she can easily be discouraged and stop breastfeeding early.

Some babies with a TT don't show any symptoms at all or just a few. Sometimes breastfeeding is affected, other times baby feeds quite effectively at the breast. Some of the symptoms may appear in older babies.



Treatment Options:

1. Deep latch, encourage effective sucking, and a good milk flow

- Try to feed in the Koala Hold to help baby get a deeper latch (see picture):

Sit up, keeping your back straight. Baby sits on your leg in upright position with his tummy to your tummy and his nose opposite your nipple. (If needed, use a pillow on your lap or move your leg forward.) Your bottom should be higher than your knees. Use your arm that is close to the breast that you feed from to support the baby by putting your hand behind his ears. Use the other hand to prepare the breast or place it on baby's butt. Once the baby is latched, you can lean back and relax.

- During the feeding you can massage and/or compress your breast to stimulate the milk flow.
- Try "Burp & Switch", using each breast twice or three times during one feed.
- See a lactation consultant to help you.



2. Frenotomy

This is a simple snip of the frenulum that can be done in the hospital, in a clinic or at your home.

There is usually minimal bleeding and the baby can breastfeed immediately after the procedure. In the first three months this procedure can be done without the use of anesthesia. Most hospitals in China will do a frenotomy under GA, in which case recovery will take longer. Do ask around, because some places might do the procedure without anesthesia. Try for example the Beijing United Family Hospital or Tianjin Shui Ge Hospital or any other hospital (pediatrician, oral surgeon) or pediatric dentist.

After your baby has had a frenotomy, let him imitate you as you stick your tongue out and move it to the left and to the right. Continue to breastfeed on demand.

3. Frenuloplasty

This is a more extensive procedure for a more severe TT and may require anesthesia and stitches.

4. Do Nothing

Some families may choose a "wait and see" approach to see if the tongue will grow and the frenulum will stretch over time. However, the shortening of the frenulum occurs in early embryonic development. The collagen fibers in the abnormal frenulum are different from the collagen fibers in the unrestricted frenulum and are less elastic. Therefore, there is little chance that the frenulum will stretch.

If you experience breastfeeding problems, ask help from a lactation consultant.

Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this program.

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