



Fit For Birth : Dr.Manisha's Lactation Clinic

TONGUE TIE AND LIP TIE

What is a tongue-tie?

During pregnancy, the developing tongue separates from the floor of the mouth. Sometimes this process is incomplete and some of the tissue remains – this is called a frenulum. If the frenulum interferes with the normal movement or function of the tongue, it is called “ankyloglossia”, or “tongue-tie”.

How can a tongue-tie affect breastfeeding?

For comfortable and effective breastfeeding, the baby must latch deeply onto the breast with the mouth wide open and the tongue forward. The tongue then moves in a wave-like motion which stimulates the breast to release its milk and flow to the baby. Tongue-tie can make it hard for the baby to do these things and can contribute to:

- Compressed or pinched nipples, nipple damage, soreness, and vasospasm pain.
- Increased risk of nipple and breast infections.
- Slow flow of milk from mother to baby, which can lead to:
 - Long and/or frequent feedings, decreased milk production and slow weight gain.
 - Blocked ducts, blebs and mastitis.
- Difficulty latching or maintaining the latch, clicking sounds, or loss of suction.
- Difficulty coping with fast flow, pulling off, choking, sputtering, or swallowing air.

How is a tongue-tie assessed?

Some tongue-ties are obvious, but many are more subtle and require an evaluation that goes beyond just looking. Most health care professionals have not been trained to assess for tongue-ties that can impact breastfeeding and may not recognize tongue-ties that are anywhere but at the tip of the tongue. At our Clinic we assess all babies for tongue-tie as it relates to breastfeeding. We do this by:

- Asking you about the breastfeeding challenges you are experiencing
- Watching your baby breastfeed.
- Looking at the inside of the baby's mouth and tongue and watching the tongue's movement.
- Feeling the frenulum and assessing how easily a finger can sweep from one side to the other under the tongue and how much the tongue lifts.

What is a tongue-tie release?

If we feel that tongue-tie may be contributing to your breastfeeding challenges, we will advise you to have it released. The procedure is called a "frenotomy" (also known as a "release", "revision", or "division"). We can refer you to an experienced laser dentist or a paediatric surgeon. Your practitioner will go over all the details of the procedure, answer any questions you may have, and ask you to sign a consent form. Releasing a tongue-tie often helps with breastfeeding, but we cannot guarantee that it will. It is **always** up to you to decide if you would like to have the procedure done.

During the procedure your baby will be held securely by a supervising Lactation Consultant. She will lift your baby's tongue firmly, exposing the frenulum and allowing for a precise incision. Using sterile scissors or laser, the surgeon will make a small cut into the frenulum to release it completely.

After a tongue-tie release:

Babies generally cry as soon as they are restrained and crying continues for varying amounts of time after the procedure is complete. Immediately after, baby is offered the breast, with assistance as needed. Many babies latch and calm quickly while others take a little longer to settle, perhaps while being walked by a parent or caregiver. There may be slight bleeding, which often stops as the baby calms. Sometimes, gauze and pressure have to be used if blood pools under the tongue or bleeding continues for longer than usual. Rarely, other means will be used to slow or stop more significant bleeding; these will be discussed with you as necessary/if you desire.

Baby's latch may feel different immediately or it may take a few days or longer for baby to use his/her tongue differently and for the breastfeeding situation to improve.

Most parents do not feel the need to give pain relief (acetaminophen or ibuprofen) following a release. Some babies are fussier than others and some may refuse the breast for a few hours after the release and, in these cases, a dose may be helpful. More information about giving pain relief medication will be provided to you after the release.

We occasionally hear that a baby is still fussy about feeding or refusing the breast the day after the procedure. Long-term breast refusal is very rare.

Healing, reattachment and tongue-tie exercises:

The tiny incision creates a diamond shaped wound, which turns creamy white, yellow, or orange for several days before healing completely. This is normal healing in the mouth and not a sign of infection. Infection does not seem to be an issue with tongue-tie releases in babies.

During healing, the surfaces of the wound tend to close together forming some degree of reattachment, which varies from baby to baby. Some practitioners recommend after-care exercises or stretches to help minimize reattachment.

If there is significant reattachment (which is uncommon), a second release might be suggested.

Lip-Ties

Many babies have a small piece of tissue connecting the top gum to the underside of the top lip. If this tissue is tight and/or broad and seems to restrict the ability of the lip to form a tight seal at the breast or causes rubbing of the lip against the breast, it is called a "lip-tie".

Lip-ties are a hot topic in breastfeeding right now, however, there has been no research in this area. We may offer to release a lip-tie, usually along with a tongue-tie release, if it seems to be contributing to your breastfeeding concern(s) (especially nipple pain and difficulty latching or maintaining a latch).

A lip-tie release takes only a few seconds and can be done immediately after a tongue-tie release. There may be bleeding from the area similar to what is described regarding tongue-tie release. We cannot guarantee a lip-tie release will help with breastfeeding. It is **always** up to you to decide if you would like to have the procedure done.

Note regarding vitamin K:

A vitamin K shot to help prevent bleeding problems in newborns is routine in hospital births. Babies less than three months old who did not receive the vitamin K shot should have it prior to the clinic appointment if a release is anticipated. We cannot do the procedure if the baby has not had a vitamin K shot.