

Information for breastfeeding families

Tongue Tie



Tongue tie, also called ankyloglossia, is when your infant'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. Tongue tie is a congenital condition of unknown cause. However, it does run in certain families. Although there is controversy about the significance of this condition, mothers who breastfeed may run into difficulties that can be so severe it limits the duration of breastfeeding. If you experience breastfeeding problems, first see a lactation consultant to determine if your issues can be remedied by advice on positioning and latch-on or other feeding techniques; then, see a provider who is experienced in diagnosing and treating infants with tongue tie (pediatric ENT, pediatric dentist, pediatrician, or oral surgeon).

Symptoms you may notice:

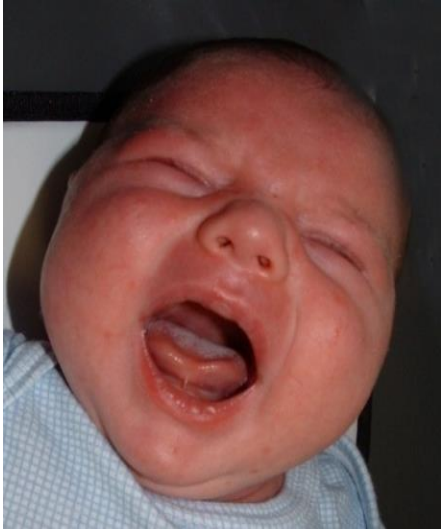
- ✓ Sore nipples that occur quickly
- ✓ Inability of the baby to latch-on to the breast or to stay attached to the breast
- ✓ Infant weight loss or inability to gain weight
- ✓ Reflux and/or colic
- ✓ Heart shaped tongue
- ✓ Blanching of the tongue when the frenulum is stretched
- ✓ Infant cannot stick tongue out over lower gums or move tongue side to side to follow your finger in their mouth
- ✓ Speech may be affected as child begins to speak
- ✓ Gap between lower or upper front teeth
- ✓ Dental carries may occur when child gets teeth because his tongue cannot clean the teeth normally
- ✓ Difficulty licking lips, licking a sucker or ice cream, kissing or playing a wind instrument.

Treatment options:

- **Frenotomy**
This is a simple snip of the frenulum that can be done while your baby is in the hospital or in your physician's office. There is usually minimal bleeding and the baby can breastfeed immediately after the procedure.
- **Frenuloplasty**
This is a more extensive procedure for a more severe tongue tie and may require anesthesia and stitches.
- **Tongue exercises**
If your infant has a "clipping," exercises are often recommended to keep the area from healing closed and to prevent scar tissue. With your clean finger, lift the tongue on both sides and gently massage the "white area" several times per day. Encourage your infant to stick his tongue out to mimic you.
- **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. Get help from a lactation consultant for breastfeeding problems. It is possible that some of the conditions on the symptoms list will occur in the older child.

For additional information go to:
<https://breastfeedingusa.org/content/article/tell-me-about-tongue-ties>

Tongue ties are rated by how extensive they are and where they attach on the tongue and floor of the mouth.



Type 1 ←
Frenulum attached to tip of tongue, May have heart-shaped tongue
100% attachment



Type 2 →
Frenulum is 2 –4mm behind the tongue tip
Attaches on or just behind the alveolar ridge
75% attachment



Type 3 ←
Frenulum attached to the mid-tongue and the middle of the floor of the mouth
50% attachment



Type 4 →
Frenulum attached against the base of tongue
Thick, shiny and inelastic
0% attachment

This tongue is heart shaped, but most are not

To view more pictures, go to:
http://www.tonguetie.net/index.php?option=com_content&task=view&id=12&Itemid=12

Labial frenulum →
Frenulum extends past the upper gums. Can cause wide spacing of teeth in older child.



Lactation Education Resources 2016. This handout may be freely duplicated. 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 healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information.