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 the 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, parents who breastfeed may run into difficulties that can be so severe it limits the duration of breastfeeding/chest feeding. If you experience breastfeeding problems, first see a lactation consultant to determine if your issues can be remedied by advice on positioning and latch 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 and do not get better after the first few days.
- Inability of the baby to latch 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 caries may occur when child gets teeth because the tongue cannot clean the teeth normally.

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", your baby's provider may suggest specific "exercises" to help the area heal properly and prevent scar tissue. Follow their instructions which may require doing these exercises several times per day. Remember to use a clean finger and know that it will get easier after a few attempts. Ask for written instructions, a demonstration or links to videos during the first evaluation.

Do nothing

Some families may choose a "wait and see" approach to see if it will resolve with good breastfeeding care. Get help from a lactation consultant. They will have creative solutions to try. They can continue to support you as work through different solutions for your family and throughout your breastfeeding/chest feeding relationship.

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