

What is a tongue tie?

Tongue Tie – also known as ‘Ankyloglossia’ or ‘anchored tongue’ – occurs in 3-10% of births but is often overlooked or goes undiagnosed. Tongue tie is a congenital **oral** anomaly that may decrease mobility of the tongue and is caused by an unusually short, thick lingual frenulum, a membrane connecting the underside of the tongue to the floor of the mouth. Severity varies in degree from mild cases characterized by mucous membrane bands to complete ankyloglossia whereby the **tongue** is tethered (tied) to the floor of the **mouth**. Because it is a membrane, it does not stretch over time. It is often genetic and can often be seen in other family members. Some babies who have tongue-tie don't seem to be bothered by it. In others, it can restrict the tongue's movement, making it harder to breastfeed. To breastfeed successfully, the baby needs to latch on to both the breast tissue and nipple, and their tongue needs to cover the lower gum so the nipple is protected from damage. The tongue needs full range of motion to create adequate suction to express milk from the breast. Breastfeeding works less like a straw and more like a vacuum for transferring milk. When the tie is severe enough to impact range of motion, children are also at risk for speech disorders such as a lisp, difficulties transitioning to solid foods, and an increased risk of dental cavities because their tongue cannot sweep food off of the teeth effectively.

If you're breastfeeding your baby and they have tongue-tie they may:

- ❖ Have difficulty getting a deep latch on the breast or staying attached for a full feed
- ❖ Feed for a long time, have a short break, then feed again
- ❖ Be unsettled and seem to be hungry all the time
- ❖ Not gain weight as quickly as they should or not make enough wet diapers
- ❖ Be gassy, fussy, or have symptoms of reflux including excessive spit up
- ❖ Make a "clicking" sound as they feed – this can also be a sign you need support with the positioning and attachment of your baby at the breast
- ❖ Clamping/biting down or chomping on the breast, dimpling in the cheeks when sucking

Tongue-tie can also sometimes cause problems for a breastfeeding mother. Problems can include:

- ❖ The nipple looks flattened or like a new lipstick tube when the baby comes off the breast
- ❖ Pinching, stabbing pain during breastfeeding resulting in sore or cracked nipples
- ❖ Low milk supply caused by baby not transferring milk effectively and not emptying the breast during feedings.
- ❖ Oversupply with very fast let down and baby coughing and choking during let down
- ❖ Mastitis (inflammation of the breast), which may keep recurring

To be diagnosed, both the form and function of the tongue need to be considered. Form means what the tongue looks like and function is how it moves. There are four classes of tongue tie. Class 1 is where the frenulum under the tongue attaches at the very tip of the tongue making it look like the top of a heart. Class 4, or posterior tongue tie, can only be seen by moving the mucous membrane under the tongue away and is the hardest to diagnose. If the lingual frenulum attaches to the tip of the tongue, but the tongue can still freely move, nothing needs to be done. If the lingual frenulum attaches in the middle of the tongue, but there is reduced range of motion, mom is experiencing nipple pain during feedings and her nipple is becoming damaged, if baby is not gaining good weight or making enough wet and dirty diapers during the day, the lingual frenulum causing the tie needs to be clipped or cut. This can be done by scissors, scalpel or laser by a highly trained pediatric dentist or ENT.

The upper lip also has a labial frenulum which can be tight or tied. Unlike the tissue under the tongue, the lip frenulum can stretch over time. Lip ties impact the ability to create a seal of the lips around the nipple reducing the ability to latch or stay latched during feedings. Everyone has a visible lip frenulum and diagnosis of upper lip tie is based more on movement of the lip and seal at the breast than how it looks. A blister in the middle of the upper lip may be a sign the frenulum is too tight.

When a tongue and/or lip tie are diagnosed and need to be treated, it is important to go to a preferred provider for the clip, called a frenotomy or frenectomy. Current research shows the sooner the tongue tie is diagnosed and clipped, the better the outcome for breastfeeding. In preparation for the procedure, chiropractic and/or craniosacral therapies may be helpful for preparing the body. Tongue stretches for coordination and range of motion are also helpful and recommended to be completed 3-5x per day. You can find these exercises on my IGTV @lalactation or The LA Lactation Lady YouTube channel:

- Slowly rub the lower gum line from side to side and your baby's tongue will follow your finger. This will help strengthen the side to side movements of the tongue.
- Let your baby suck on your finger and do a tug-of-war, slowly trying to pull your finger out while they try to suck it back in. This strengthens the tongue itself. This can also be done with a pacifier.
- Let your baby suck your finger and apply gentle pressure to the palate, and then roll your finger over and gently press down on the tongue and stroke the middle of the tongue. Alternatively, once the baby starts to suck on your finger, just press down with the back of your nail into the tongue. This usually interrupts the sucking motion while the baby pushes back against you.
- With one index finger inside the baby's cheek, use your thumb outside the cheek to massage the cheeks on either side to help lessen the tension.

Preferred Providers:

Dr. Chelsea Pinto, DDS, Westwood, 310-579-9710
Dr. Shari Carroll, DDS, Redondo Beach, 310-357-4414
Dr. Tracy Tran, DDS, South Redondo, 323-303-6291
Dr. Jessica Choi, DDS, San Marino, 626-360-4500
Dr. Anna Lee, DDS, Glendora, 626-335-5114
Dr. Lydia Elias, DO, Torrance, 310-953-0020
Dr Alexis Riber, ENT, Pasadena, 626-796-6164
Dr Elena Rumack, DDS Encino, 818-943-8228
Kittie Franz, NP, USC, MediCal, 323-409-2236
Dr. Abhay Vaidya, ENT, Thousand Oaks, 805-379-9646
Dr. Sherry Sami, DDS, Agoura Hills, 818-578-4894



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The California Tongue Tie and Lip Tie Support Group on Facebook is a good parent resource. After care: After the frenotomy, you may need to stretch the tissue under the lip and tongue to keep it from reattaching. The best video for how to complete the stretches is found on Dr. Chelsea Pinto's website: www.drchelseapinto.com

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