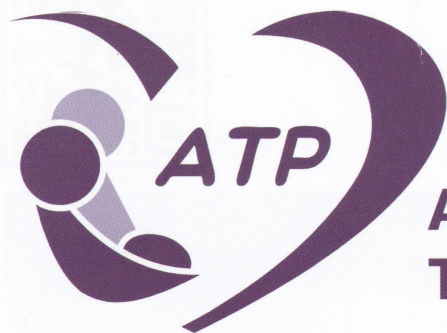


Tongue-tie & Infant Feeding

Information for parents and health professionals

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Association of Tongue-tie Practitioners

What is a tongue-tie?

A tongue-tie (also known as ankyloglossia) is when the membrane under the tongue (the lingual frenulum) is shortened or tight and restricts tongue mobility.

Where the membrane is attached at, or close to the tongue tip, the tongue tip may look blunt, forked or have a heart shaped appearance. However, where the membrane is attached further back, the tongue may look normal.

Posterior tongue-ties can be detected by feel and a more detailed assessment of tongue function. These photos show variations in appearance.

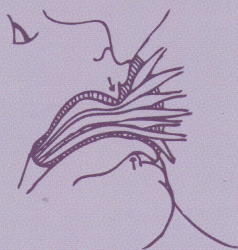


The reported incidence of tongue-tie is variable but could be as common as 1 in 10 with possibly half of these causing feeding issues

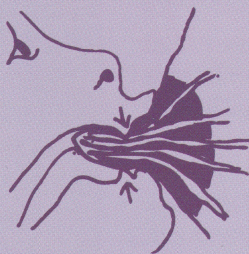
(Hogan, Westcott, Griffiths 2005)

Tongue-tie and infant feeding

The medical literature up to the 1990s makes little, if any, reference to tongue-tie and its impact on breastfeeding. Feeding problems were blamed on the mother's nipple anatomy or lack of milk supply. There is now evidence that tongue-tie can cause problems with both breast and bottlefeeding.



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For comfortable and effective breastfeeding normal mobility of the tongue is vital. The baby needs to be able to extend the tongue sufficiently with a wide mouth to be able to draw enough breast tissue in to gain a deep attachment.

The tongue needs to lift to be able to form a good wave-like action for effective milk removal and control of the milk flow.

The tongue also needs to cup and spread adequately to help maintain a deep attachment to the breast. A

tongue-tied baby may not be able to feed effectively because of restricted tongue mobility, and mother and baby may present with some of the following problems.

Possible problems due to a tongue-tie

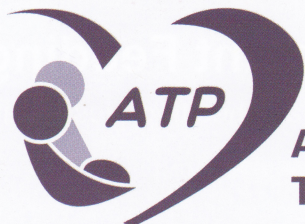
Mother

- Sore, damaged or bruised nipples
- Misshapen or discoloured nipples after feeding
- Engorgement / mastitis (from poor drainage)
- Reduced milk supply
- Exhaustion from frequent feeding
- Distress from failure to establish breastfeeding

Baby

- Restricted tongue and jaw mobility
- Restless and unsettled feeds
- Difficulty achieving and sustaining a deep attachment
- Difficulty staying attached to the breast or bottle
- Premature end of feed due to exhaustion
- Frequent and / or very long feeds
- Excessive early weight loss / failure to gain weight
- Difficulty controlling milk flow, choking easily
- Clicking noises while feeding, dribbling
- Colic, wind, hiccoughs or flatulence
- Difficulty with managing solid foods

Please note that you and your baby may not have all of these problems and there may be other reasons for the symptoms you are experiencing. It is therefore really important that you and your baby are assessed by a practitioner who is skilled in infant feeding support.



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Not all babies with a tongue-tie need to have it divided. Early diagnosis and extra support from an infant feeding specialist may prevent or solve problems. Changes to positioning and attachment may help to improve breastfeeding. Babies with bottlefeeding difficulties may be helped by changing to a different bottle teat. If problems persist, the baby should be referred for assessment and possible tongue-tie division as soon as possible.

Treating tongue-tie by frenulotomy

If problems persist despite specialist support then the tongue-tie can be divided to improve tongue mobility. This procedure is called a frenulotomy and is a simple surgical technique usually involving snipping the frenulum with sharp, round ended scissors. Anaesthetic or stitching is not common practice and the baby can feed straight after the procedure. Complications are very rare but may include infection, excessive bleeding and damage to the tongue and surrounding structures. Prior to the procedure the tongue-tie practitioner will explain the risk factors so that parents can make a fully informed decision.



The baby's head and shoulders are held securely. The tongue is elevated to reveal and stretch the frenulum.



Sharp, round ended scissors are used to divide the frenulum. The snip is very quick and does not harm the tongue. Blood loss is normally minimal and stops quickly.



The baby is immediately offered a feed. A finger or dummy to suck on can be offered if a feed is refused. Feeding should improve within a few days but it may take longer for the baby to get used to the new function of the tongue.



These two pictures show the usual appearance of the normal and expected healing process. Breastfeeding assists the healing process and the mouth usually recovers quickly. Further attention to positioning and attachment may be helpful.



Image © Carolyn Westcott RGN

Research

Hogan M, Westcott C, Griffiths M 2005. Randomised, controlled trial of division of tongue-tie in infants with feeding problems. *Journal of Paediatrics and Child Health*, 41 Issue 5-6:246-250

Conclusions: This randomised, controlled trial has clearly shown that tongue-ties can affect both breast and bottle-feeding, and that division is safe and successful. Treatment improved feeding for mother and baby significantly better than the intensive skilled support of a lactation consultant

Geddes D et al 2008. Frenulotomy for breastfeeding infants with ankyloglossia: effect on milk removal and sucking mechanism as imaged by ultrasound. *Paediatrics* vol. 122 no1:e188-e194

Conclusions: Infants with ankyloglossia and persistent breastfeeding difficulties showed less compression of the nipple by the tongue post frenulotomy, improved breastfeeding, increased milk transfer, and less maternal pain.

Websites for more research/ information

Association of Tongue-tie Practitioners:
www.tongue-tie.org.uk

Carmen Fernando, speech-language pathologist: www.tonguetie.net

International Affiliation of Tongue-tie Professionals: www.tongue-tied.net

Lactation Consultants of Great Britain:
www.lcgb.org

NICE guidelines:
www.nice.org.uk/ipg149

UK Baby Friendly Initiative:
www.babyfriendly.org.uk

Where to get treatment

Provision of tongue-tie division within the NHS is variable around the country. Ask your healthcare professional or breastfeeding supporter for details about what's provided locally. If local treatment is not available, please go to the Association of Tongue-tie Practitioners website www.tongue-tie.org.uk or the UK Baby Friendly Initiative website www.babyfriendly.org.uk for a list of centres to which referrals can be made within the NHS and privately.

NB When considering a frenulotomy, parents are advised to check that the practitioner performing this procedure is a registered health professional with appropriate training and professional indemnity insurance.