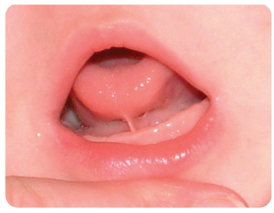
LACTATION CONSULTANTS *of* GREAT BRITAIN

Tongue-tie & Infant Feeding

Information for parents and health professionals

Based on fuller information available on **www.lcgb.org**

What is a tongue-tie?



Tongue-tie (also known as ankyloglossia) is caused by a tight or short membrane under the tongue (the lingual frenulum). The tongue-tip may appear blunt or forked, or have a heart-shaped appearance. The membrane may be attached at the tongue-tip, or further back. Recent research suggests that as many as one in ten babies may appear to be tongue-tied, with half of them likely to have feeding problems.

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. This may be because bottle-feeding can be easier than breastfeeding for a tongue-tied baby. There is now evidence that tongue-tie can cause problems with both breast and bottle-feeding.

For pain-free and effective breastfeeding, free movement of the tongue is vital. The baby needs to advance the tongue beyond the lower gum and take in a portion of the mother's breast tissue behind the nipple. This places the nipple near the back of the mouth.

(upper diagram: ©Ros Escott IBCLC with permission)

In contrast, a tongue-tied infant cannot move the tongue freely. The baby may not be able to attach easily to the breast or bottle, and swallowing may also be difficult. The mother's nipples may get damaged, and blocked ducts and mastitis may result. The pain can make it very hard to continue with breastfeeding.

(lower diagram: ©Trisha Whisker IBCLC with permission)

How can tongue-tie affect mother and baby?

Mother

- Sore, damaged nipples; painful feeding
- Mastitis/breast infections (from poor drainage)
- Reduced milk supply
- Exhaustion from frequent feeding
- Distress from failure to establish breastfeeding

Baby

- Difficulty in staying attached to breast or bottle
- Frequent and/or very long feeds
- Excessive early weight loss/failure to gain weight
- Clicking noises while feeding, dribbling
- Colic due to poor attachment

Treating a tongue-tie by frenulotomy

A simple surgical technique is used to treat the baby as an outpatient. The base of the frenulum is carefully snipped with sharp, blunt-ended scissors to free the tongue. No anaesthetic or stitching is needed, and there is little if any pain or bleeding. The baby can feed straight after the snip.

NB Not all babies with a tongue-tie need treatment in the early days. Early diagnosis and extra support from an infant feeding specialist may prevent or solve problems, and the tie may loosen or break on its own. If problems persist, the baby should be referred for assessment and treatment as soon as possible, to avoid interruption of breastfeeding.

For local support and treatment, contact:

PTO for details of other help available

This leaflet is dedicated to the memory of Mary O'Shea IBCLC (1969-2008), the original author.

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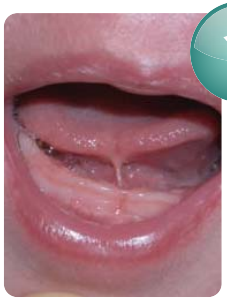
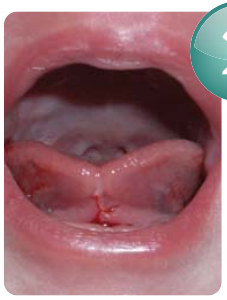
How is the tongue-tie divided? *(Procedures may vary between treatment centres)*

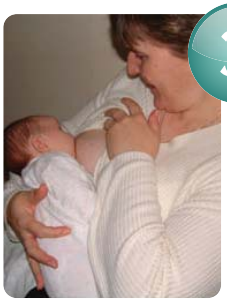


1 The extent of the tongue-tie is carefully assessed, and the baby's head and shoulders are held securely.



2 Sharp, blunt-tipped scissors are used to divide the frenulum. The snip is very quick and does not harm the tongue. Blood loss is minimal, and stops quickly.

(Babies may cry, as they don't like having their mouths held open!)



3 The baby is immediately offered a feed. If the baby doesn't want to feed straight away, a finger or dummy to suck can be offered instead. Feeding should improve within a few days. Follow-up support may be needed if there is little change.

4 All better now!

Research

Hogan M, Westcott C, Griffiths M, 2005. Randomized, 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 randomized, 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. *Pediatrics vol 122 no1: e188-e194*

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

Websites

Carmen Fernando, speech-language pathologist: **www.tonguetie.net**
NICE guidelines: **www.nice.org.uk/ipg149**
UK Baby Friendly Initiative: **www.babyfriendly.org.uk**

*for other published articles and website information, see **www.lcgb.org** Tongue-tie & Infant Feeding*

Where to get treatment

If local treatment is not available, see the UK Baby Friendly Initiative website for a list of centres to which referrals may be made. This list, and more information on tongue-tie, is given in the Parents section on **www.babyfriendly.org.uk**.

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