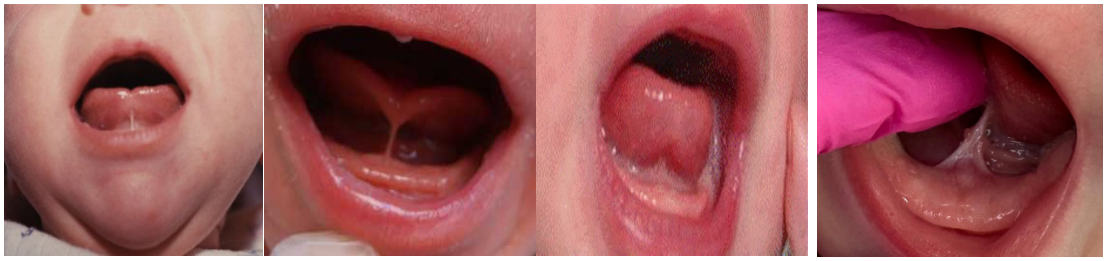
Tongue-Tie: Parent Information

What is a tongue-tie

The medical term for tongue-tie is Ankyloglossia, where the piece of skin on the underside of the tongue (lingual frenulum) and the floor of the mouth is tight or restricts the movement and mobility of the tongue. Here are some examples below, but there are many variations.



During the baby's development in the uterus, this piece of skin or membrane is there to aid the formation of the mouth. Towards the end of the woman's pregnancy, the membrane usually thins and by birth, the membrane is attached loosely to the base of the mouth and tongue. All humans have a frenulum; it is an important structure that stabilises the tongue to the floor of the mouth.

How may tongue-tie affect your baby?

The presence of a lingual frenulum may not affect your baby at all; however, some babies do have difficulty with breast feeding or they may adapt quickly to a way of feeding that is effective for them but can cause trauma to nipples or other issues. Babies who are bottle feeding may also have problems and struggle with effective feeding.

Breast fed babies

To breastfeed successfully, the baby needs to attach to the breast correctly by taking the nipple and breast into the mouth. The tongue needs to come forward to cover the lower gum and ensure the baby has a large mouthful of breast. Babies with tongue-tie often struggle to open their mouth wide enough to take in the breast; they may try to 'hang' on with their lips, causing a sucking blister, or they use their gums. This causes damage to the nipples and pain for the parent.

Babies often feed ineffectively; take a long time to feed and get tired. Not draining the breast may cause engorgement, leading to mastitis or over supply of milk in addition the baby may need to feed little and often.

If your baby has a tongue-tie, there may be some of the following issues:

- Difficulty with attaching to the breast correctly
- Difficulties staying attached or must be removed
- constantly due to incorrect and ineffective attachment.
- Feeding for less than 5 minutes or over an hour at every feed.
- Feeding more than 12 times in 24 hours, taking small amounts only
- Fall asleep or become disinterested during feeds.
- Be fussy, head banging, fists clenched when preparing for a feed.
- Be unsettled in between feeds.
- Lose more weight than expected in the first week of birth or slow to regain birth weight and poor weight gain thereafter.
- Suffer with excessive wind.
- Reflux (vomiting after feeds-more than the normal possit).
- Be noisy feeders when they lose suction or you may hear a constant click throughout the feed.

For Parents, there maybe:

- Sore damaged nipples.
- Exhausted from frequent feeding.
- Misshapen nipples after feeding.
- Lumpy breasts (from blocked ducts) leading to pain, redness and possibly mastitis (infection in the breast).
- An oversupply of milk with engorgement, which can then lead to a low milk supply as the breasts are not drained sufficiently by efficient feeding.
- Breasts that still feels very full even after feeding.

If your baby is bottle feeding, they may:

- Find it difficult to bottle feed.
- Take a long time to feed > 1 hour.
- Drink only small frequent feeds.
- Dribble a lot of milk from the sides of the mouth.
- Take in excessive air.
- They may not be able to keep a dummy in the mouth (if you are using one).

Lip Tie (Labial Frenulum)

Lip ties are normal anatomy, everyone including adults has one; currently there is no published evidence to show that it interferes with feeding. It usually recedes as your baby grows and as the top teeth erupt. However, for some children, a tight lip tie can affect tooth alignment causing a gap between the top teeth. Most people do not require any intervention unless they decide they do not want a gap or the orthodontist advises that it is necessary for dental problems. In this case it is usually corrected (if necessary) during the teenage years by the dentist/oral surgeon or orthodontist.

Non-Surgical treatment

Surgical release (frenotomy) for tongue-tie is a very common treatment but, it's not always necessary.
There are some non-surgical options that can offer a viable and effective treatment path, particularly in infants.
These options focus on managing the effects of tongue-tie on feeding, speech, and other functions through exercises, body work , using cranial osteopathy, adjustments to feeding techniques utilising breastfeeding support , and sometimes speech therapy in older children.

Oral Motor Exercises:

These exercises will be demonstrated by a therapist or tongue tie practitioner to strengthen the tongue and surrounding muscles in the oral cavity and improve co-ordination. Examples include tongue stretches, sucking and lateralisation exercises, and mouth stimulation.

Lactation Consultant Support:

A consultation with a Breastfeeding specialist such as a lactation consultant can help with breastfeeding techniques, positioning, and latch to improve feeding and address potential issues related to tongue-tie. Some positions such as:

- Laid-back breastfeeding
- Side-lying
- Or the koala hold can be helpful.
- For bottle-feeding, paced bottle-feeding and finger feeding may be useful.

Cranial Osteopathy:

Cranial osteopathy can be a supportive therapy for babies with tongue-tie. It works by gently addressing the tension and restriction in the head, neck and jaw that may result from tongue-tie.

Monitoring:

In some cases, tongue-tie may not cause significant problems at all and may resolve or improve over time on its own, with some support.

Surgical treatment

Assessment:

During the appointment the practitioner will take a history and then they will look inside the baby's mouth and physically assess the mobility and function of the tongue. They will be looking at the extension, lateralisation, and elevation of the tongue specifically. Once assessed most of our practitioners will offer division there and then as part of the same single appointment. These appointments typically take between 1 and two hours. If your baby has already been assessed by someone else, this stage still needs to be repeated by the practitioner who will undertake the procedure.

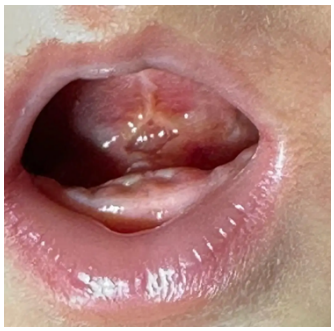
Treatment:

The practitioner will perform a small surgical procedure where they cut the lingual frenulum with a pair of scissors specifically designed for this purpose. This is called a **frenotomy** (also known as Frenulotomy, or tongue-tie division). This service can be performed in either a clinic setting or in your own home.

Tongue-tie surgery causes minimal discomfort for infants and is done without the need for anaesthesia. Some parents may choose to give paracetamol prior to the procedure if the baby is old enough for over-the-counter medication.

As with any surgical procedure, a tongue-tie procedure carries risks of complications, including:

- Some bleeding is expected in all cases
- Bleeding requiring additional treatment at home or in clinic or hospital observation, 1 in 3-5000
- Bleeding requiring medical treatment in hospital 1 in 10,000
- Infection 1 in 10,000
- Injury to the saliva ducts in your mouth less than 1 in 10,000



After the division, there will be a small triangle under the tongue. It is important to follow the aftercare advise below so that this will heal well and not re-attach.

Aftercare

After the procedure is performed our practitioner will demonstrate and talk through some exercises that will help to optimise the chances of a successful division which hopefully leads to a better feeding journey. They will also assist with feeding positions and latch. You will then have access to the practitioner for at least a week after the division via WhatsApp .

Further information on Tongue-Tie

You can find out more information from the following web sites

- NICE Guideline available at www.nice.org.uk
- Association of Tongue-Tie Practitioners www.tongue-tie.org.uk
- UNICEF http://www.unicef.org.uk/BabyFriendly/ (search for tongue-tie)
- La Leche League GB
- Breastfeeding Network
- Association of Breastfeeding Mothers