

Tongue and Lip Ties



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 his 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, mothers who breastfeed may run into difficulties that can be so severe it limits the duration of breastfeeding.



Many babies with a tongue tie, also have an abnormally tight membrane attaching their upper lip to their upper gums (the labial frenulum). This is called a lip tie.

Babies with a lip tie often have difficulty flanging their lips properly to feed and cannot create a proper seal at the breast.

This can cause them to take in excess air during breastfeeding, which often makes these babies gassy and fussy.

HOW AND WHY DO TIES AFFECT BREASTFEEDING?

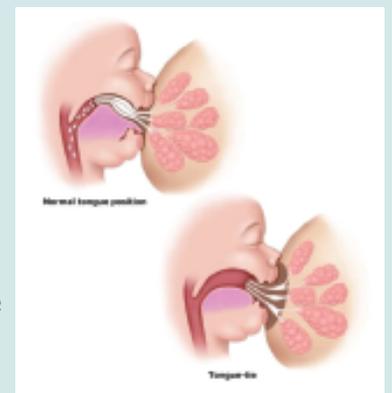
The mobility of the tongue is very important during breastfeeding, both for the mother and the baby.

A baby with a tied tongue may not be able to latch deeply onto the breast, past the nipple onto the areola. This compresses the nipple onto the hard palate in the baby's mouth, leading to nipple pain and skin breakdown for the mother.

A tongue tie often accompanies a high palate, which also decreases the suction and further reduces milk transfer.

Babies with ties may not maintain a latch for long enough to take in a full feeding, while others may remain attached to the breast for long periods of time without taking in enough milk.

Some infants will feed only during the mother's milk ejection reflex, or "let-down" when the milk ejects more freely, but will not continue to draw milk out of the breast when this slows.





Tongue and Lip Ties

MOTHERS MAY EXPERIENCE:

- ◆ flattened nipples after breastfeeding
- ◆ nipple pain and damage
- ◆ prolonged feedings
- ◆ poor breast drainage
- ◆ decreased milk production

INFANTS MAY EXHIBIT:

- ◆ noisy suckling or clicking
- ◆ popping on and off the breast
- ◆ leaking on the sides of the mouth
- ◆ poor weight gain
- ◆ coughing or gagging
- ◆ lip blisters
- ◆ gas pain
- ◆ reflux
- ◆ Colic symptoms

HOW ARE TONGUE AND LIP TIES DIAGNOSED?

Tongues and lips are only considered to be tied if their “movement is restricted, impairing mobility.”

Correct examination of infants requires the infant be placed on the examiners lap with the infant’s head facing the same direction as the person evaluating the infant.

It is important to note that not all ties cause problems and require correction.

Each case needs to be assessed by an educated and trained lactation consultant on an individual basis.

Tongue tie is a diagnosis based upon function, so what your baby’s tongue looks like can sometimes be less important than how it can move.

TREATMENT FOR TONGUE TIES AND LIP TIES

Tie revisions (called frenectomies) remove the tissue or tight frenulum under the tongue or upper lip.

This can be done by an ENT or Pediatric Dentist.

Most ENT doctors use scissors.

While this can work in areas where lasers are not available, laser treatment is the preferred method among lactation consultants.

Advantages of revising ties with a laser include:

- ◆ Minimal discomfort
- ◆ Minimal bleeding during and after the procedure -the laser aids in hemostasis
- ◆ Faster healing
- ◆ Bactericidal properties
- ◆ Increased precision and complete removal of a tie



Who Do I Call?

If you and your lactation consultant suspect your baby has a tongue tie or lip tie that is causing breastfeeding problems, you may contact:

Pediatric Dentists:

Dr. Richard Baxter
Alabama Tongue Tie Center
2480 Pelham Pkwy, Pelham, AL 35124
(205) 419-4333
www.tonguetieal.com

Dr. Ally Simmons
Pensacola Kids Dentistry
4541 N Davis Hwy #6b, Pensacola, FL 32503
(850) 549-3656
www.pensacolakidsdentistry.com

Dr. Kaitlin Forshee
Advanced Dental
4041 US-90, Milton, FL 32571
(850) 994-8185
www.advanceddentalconceptsinc.com

Ancillary Therapists:

Morgan Deale, LMT
Licensed Massage Therapist and Cranio-Sacral Therapist
125 S Alcaniz St, Pensacola, FL 32502
(850) 292-1242
www.morgandealelmt.com

Dr. Kaitlin Ross, DC
Chiropractor and Cranio-Sacral Therapist
2475 E 9 Mile Rd, Pensacola, FL 32514
(850) 791-6222
www.Jointventurechiropractic.com

Dr. Neina Ferguson, PHD, CCC-SLP
Tubes 2 Tables
1290 E 9 Mile Rd, Pensacola, FL 32514
(850) 857-9343
www.tubes2tables.com

A Team Approach

Post-op care is vital to the success of the release. Essentially, the baby must learn how to use his or her tongue in a new way. Some babies need no help at all and immediately breastfeed post-procedure, while other babies may need help from additional professionals.

- ◆ An International Board Certified Lactation Consultant (IBCLC) provides full feeding observation, latch/position adjustment, suck assessment, pre and post feeding weight checks and strategies for correcting problems and managing breastfeeding.
- A speech or developmental feeding therapist (SLP) can help babies learn to use their tongues for more effective eating and speech.
- ◆ A craniosacral therapist, osteopath, chiropractor, occupational or physical therapist can help babies to release tight muscles that have compensated for a tight frenulum or improper suck. Bodywork encourages an infant to express postural reflexes and explore natural movement inclinations through the nervous system.