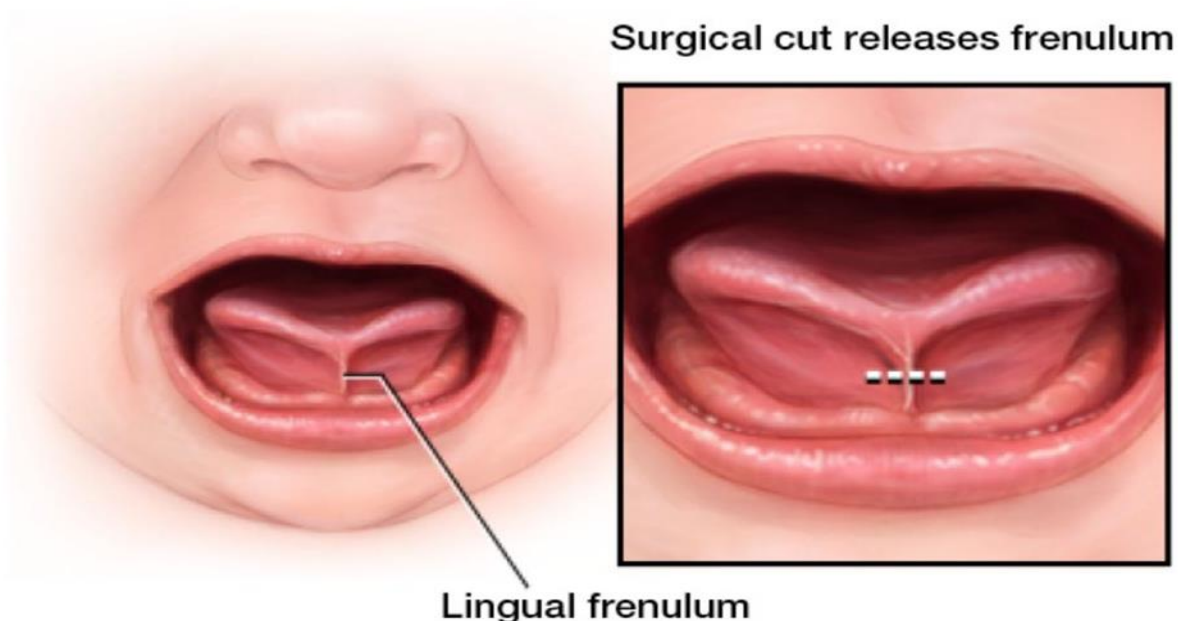


# Tongue Tie

Tongue tie, or a tight frenulum, holds the tongue down in the mouth. It has long been recognized as a barrier to successful breast feeding. Indeed in past centuries midwives had been known to keep one fingernail long to release the tie.

A tight frenulum, or ankyloglossia, will often cause trouble with breastfeeding, preventing the baby from creating a good latch, causing nipple pain for mom and poor milk transfer to the baby which will lead to failure to thrive.

As a pediatric provider, it is important to assess for this if there is any problem with breastfeeding. The tongue may appear heart shaped and the frenulum will be visibly tight beneath the tongue. The infant is unable to protrude the tongue past the gum line.



Release of this is simple, done in the office with a simple snip of scissors. The pediatric surgeons at Baystate will often be able to see babies on the same day. If this is the cause of the breastfeeding issues, things should improve almost immediately after the release.

Part of the controversy over the topic of tongue tie comes from the variety of providers who are offering expensive treatments for this issue. Laser procedures have become another option for release of tongue tie, with no advantage over the traditional simple release. Providers, including dentists, have been offering a variety of laser procedures, for issues other than a simple tongue tie. These include upper lip ties, lower lip and cheek ties. There is no evidence to support any of these procedures, and in fact they cause harm. They can lead to pain and oral aversion, leading to worse breast feeding outcomes. There is also no data to support exercises to stretch the mouth and tongue after any of these procedures.

The bottom line is that if you have a baby with breastfeeding problems, assess for tongue tie. Of course any breastfeeding problems should be seen promptly by a lactation consultant. If there is no breast pain and the baby is thriving no procedure is needed.

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