

Ankyloglossia or “Tongue Tie”

Some babies have a frenulum – a band of tissue that connects the tongue to the floor of the mouth. In some babies, **the frenulum can restrict movement of the tongue**, interfering with the breastfeeding process.

A frenulum may keep a baby from moving his or her tongue past the bottom gum, or from lifting or cupping the tongue adequately. This may make latching to the breast difficult, as the baby is unable to obtain a deep “grasp”, often causing **sore nipples or poor transfer of milk and low weight gain**. The poor gain may not be evident until baby is three to four weeks of age or older.

A frenulum may be thin and stretchy or it may be short and thick. **It is hard to tell if a frenulum will cause a problem just by looking at it. The issue is whether it interferes with a baby’s ability to breastfeed comfortably and remove milk well.**

“**Tongue tie**” may not interfere with bottle feeding, as a baby does not need to “grasp” and compress the bottle in the same way as the breast. However, some babies with a tongue tie do have trouble drinking from a bottle and will lose milk out of the sides of their mouth or choke on the fast flow. In recent decades **when most babies were bottle fed**, a tongue tie was usually left alone, unless it resulted in problems with speech or teeth later in life. As more and more mothers began breastfeeding, frenulums have been recognized as a cause of difficulty with latch and/or milk removal.

Randomized, controlled trials have found that clipping the frenulum if it is causing problems with breastfeeding can be helpful. A **2002 study of 2,763 breastfeeding mothers** in the hospital found that ~3% of their babies had a tongue tie. Of 273 mothers having breastfeeding problems once home from the hospital, ~13% of their babies had a tongue tie. A frenotomy (clipping the frenulum to loosen the restriction) was performed **without any complications** on all infants when indicated. **In all cases, latch improved and maternal nipple soreness decreased significantly** (Pediatrics. Vol.110, No. 5, November 2002, pp. 63).

A randomized, controlled study published in **2011 showed that a frenotomy decreased maternal pain**.
<http://pediatrics.aappublications.org/content/128/2/280.full?sid=35aeab0c-9d16-444c-9e2e-5f624d83e48f>

A 2008 study looked at a small number of babies (8) and determined that **milk transfer was significantly improved by a frenotomy** (Pediatrics. Vol. 122, No. 1, July 2008).
<http://pediatrics.aappublications.org/content/122/1/e188.full?sid=35aeab0c-9d16-444c-9e2e-5f624d83e48f>

Dividing the frenulum, or a frenotomy, is a **minor procedure**. A sterile retractor is used to lift baby’s tongue and expose the frenulum. Sterile scissors are used to snip the frenulum and free the tongue and a piece of gauze is applied. The procedure usually results in just a drop of blood and baby is put to breast immediately. Sugar water may be given for pain before the procedure and Tylenol may be given to babies who are older than 2 months of age. Latch difficulties may resolve immediately, or it may take a few days for baby to learn to use their “new” tongue correctly.



Community
Breastfeeding
Center

5930 S. 58th Street
(in the Trade Center)
Lincoln, NE 68516
(402) 423-6402

MilkWorks O
10818 Elm Street
Rockbrook Village
Omaha, NE 68144
(402) 502-0617

For additional
information:



www.milkworks.org