



Breastfeeding and Tongue-Tie

The medical term for tongue-tie is ankyloglossia. It is a relatively common problem. The tongue is attached to the floor of the mouth by a thin piece of tissue called the frenulum. For most people, it is attached at about the middle of the tongue, but for children with a tongue-tie the frenulum may go all the way to the tip of the tongue, or it may be very short and thick.

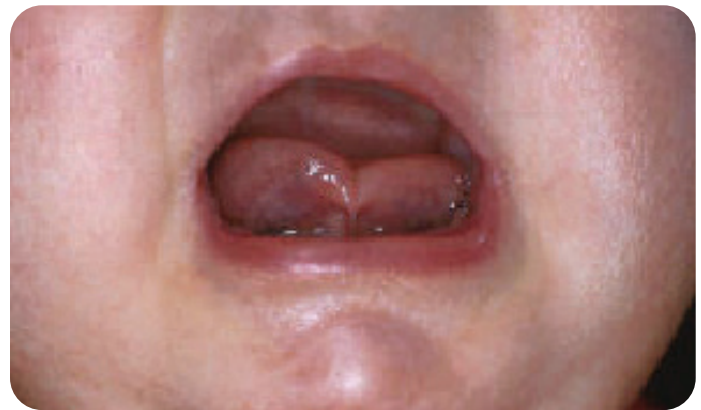
Babies with tongue-tie may not be able to breastfeed effectively. Difficulties may arise because the tongue is not able to move in a normal way and therefore cannot attach to the breast and suck properly. This may cause sore nipples and poor weight gain for the baby.

Many tongue-ties do not cause any symptoms and do not require any treatment. They may resolve on their own over time. In some children, support to improve the latch is all that is needed. However if adjusting the latch and position are not enough to achieve appropriate weight gain and comfort for the mother, parents may need to consider having the tongue-tie released.

The procedure to release a tongue-tie is very quick and there is very little blood loss. The mother will have the opportunity to feed the baby immediately after for comfort. Family doctors can refer to a specialist if they do not complete tongue-tie releases themselves. Dr. Newman's Breastfeeding Clinic in Toronto release tongue-ties without a referral, for a fee. Please see www.breastfeedinginc.ca to make an appointment for Dr. Newman's clinic.

Signs of Tongue-Tie

- Nipple pain and damage
- Misshaped nipple after breastfeeding
- A compression/stripe mark on the nipple after feeding
- The baby's mouth makes a clicking sound while feeding
- The baby fails to gain weight
- Tongue can't poke out past the lips
- Tongue tip can't touch the roof of the mouth
- Tongue can't be moved sideways
- Tongue tip may look flat or square, instead of pointy when the tongue is extended
- Tongue tip may be notched or heart-shaped



References:

- Dollberg, S., Botzer, E., Grunis, E., Mimouni, F.B. Immediate nipple pain relief after frenotomy in breast-fed infants with ankyloglossia: a randomized, prospective study. *Journal of Pediatric Surgery*. 2006 Sept., 41(9):1598-600.
- Kummer, A. (2005, Dec. 27) Ankyloglossia: To clip or not to clip? That's the question. *The ASHA Leader*. 10 (17): 6-7, 30.
- Ballard, J.L., Auer, C.D., and Khoury, J.C. Ankyloglossia: Assessment, Incidence and Effect of Frenuloplasty on the Breastfeeding Dyad. *Pediatrics*. 2002, 110: 63-71.
- Hogan, M., Westcott, C., Griffiths, M. Randomised controlled trial of division of tongue-tie in infants with feeding problems. *Journal of Pediatric and Child Health*. 2005 May June, 41(5-6): 242.
- Dr. Anne Rowan-Legg, Ottawa, Canada. Ankyloglossia and Breastfeeding - Community Paediatrics Committee. May 11th, 2015.

Updated February 2020