

Ankyloglossia or “Tongue Tie”

Lingual Frenulums (AKA Tongue Tie)

Some babies have a lingual 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 a baby is unable to obtain a deep “grasp.” This may result in **sore nipples or poor transfer of milk and low weight gain**. If a mother initially has a generous milk supply, poor weight gain may not be evident until a baby is three to four weeks of age or older. When a baby does not remove milk well, a mother’s milk supply may gradually decrease, resulting in poor weight gain.

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 question is: **“Does a frenulum interfere with a baby’s ability to breastfeed comfortably and remove milk well?”**

Clipping, or releasing a frenulum is a minor procedure. The frenulum may be divided (incised) with a pair of scissors, or the frenulum tissue may be removed with a laser. In either case, a tool or gloved fingers are used to lift a baby’s tongue to expose the frenulum. Sterile scissors or a laser are used to release the frenulum and free the tongue. If scissors are used, a piece of gauze is usually held over the area briefly as the procedure may result in a small amount of blood. If a laser is used, the procedure may take a bit longer. It also results in a diamond shaped wound. A baby can be put to breast following a frenotomy.

There is no research comparing the effectiveness of laser vs. scissor frenotomies. Most breastfeeding experts feel the skill of the practitioner performing the procedure is more important than whether a frenulum is clipped or lasered. A baby’s pediatrician or family medicine physician may recommend a frenotomy, or a mother may choose to take her baby to an ear, nose and throat (ENT) specialist, a dentist, or a breastfeeding medicine specialist (MD) for the procedure.

A lingual frenulum may attach close to the tip of the tongue (often called a classic frenulum), or further back (often referred to as a posterior frenulum). Many breastfeeding experts caution against aggressive removal of a deep posterior frenulum because of the lack of research and the potential for a baby to refuse the breast short term.

Sugar water may be given for pain before the frenotomy and Tylenol may be give after to babies who are older than two months of age. Some providers encourage **“stretching”** the wound area daily, however, **there is no research indicating that this is beneficial**. Following a frenotomy, latch difficulties may improve, or resolve, immediately, or it may take a few days for a baby to learn to use their “new” tongue correctly.

If the frenulum attaches near the tip of the tongue and a newborn is having difficulty latching or removing milk, some parents may opt to pursue a frenotomy procedure sooner rather than later. Other parents may choose to wait until a baby is a little older, has regained any lost weight, and a mother’s milk supply is well established. **If breastfeeding is going well, a frenotomy may not be necessary.**

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A “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 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 resumed breastfeeding, tongue ties 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. The **largest study to date** (conducted in 2002) followed 2,763 breastfeeding 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 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).

[A randomized, controlled study](#) published in 2011 showed that **a frenotomy decreased maternal pain**.

Labial Frenulums (AKA Lip Ties)

Some babies with a lingual (tongue) tie also have what is referred to as a labial frenulum, or a lip tie.

This is a piece of skin that connects the upper lip to the upper gum. **There are no randomized, controlled research studies showing whether releasing a lip tie improves breastfeeding.** [A 2016 study](#) looked at improvement in pain, milk removal and symptoms of reflux, following laser release of tongue and lip ties. However, all but one infant had both a lip and tongue tie released at the same time, which does not help us understand if a lip tie release is beneficial:

The bottom line is that we do not know whether clipping lip ties is helpful. While it is tempting to hope that removing a lip tie will improve breastfeeding problems, there is concern that creating two laser wounds in a small baby’s mouth may create enough pain to cause further breastfeeding problems. At this time, due to a lack of research and demonstrated outcome, MilkWorks does not recommend releasing lip ties for breastfeeding problems.

Other Treatments

Some health care providers feel that restricted tongue movements during breastfeeding can be the result of muscular tension, or that muscular tension can be caused by a tongue tie. They suggest that a baby who is not breastfeeding effectively may benefit from soft tissue work. Soft tissue work can include physical therapy, massage, and craniosacral therapy (CST). CST has its origins in osteopathic medicine and may be practiced by trained physical therapists or osteopathic physicians. Soft tissue work may enhance the outcome of a frenotomy or replace a frenotomy. Research is not available on using soft tissue work with infants, and CST is not acknowledged by many health care providers. However, anecdotal evidence has demonstrated improvement with some infants when soft tissue work is administered by a skilled provider.

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