



## Ankyloglossia or Tongue Tie

Ankyloglossia is a short tongue resulting from a lingual frenulum. The frenulum is a piece of skin that connects the tongue to the floor of the mouth. In some babies, the frenulum restricts movement of the tongue, thus interfering with the breastfeeding process.

**The most obvious sign of ankyloglossia** is a characteristic heart-shape tongue when baby cries. The tip of the tongue may appear to draw inwards, rather than extending out. A frenulum may keep a baby from moving his or her tongue past the bottom gum or from lifting or cupping the tongue. 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.**

**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 main issue is whether it interferes with a baby’s ability to breastfeed comfortably and remove milk well.

**Tongue tie is genetic**, thus it is often found in other family members. It may not interfere with bottle feeding, as the baby does not need to “grasp” the bottle. In recent years a frenulum was often left intact, unless it resulted in dental problems or a speech impediment. As more and more mothers are breastfeeding, frenulums are being recognized as a challenge in getting a good latch, thus causing many mothers to stop breastfeeding.

**A 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).

Either a physician or a nurse practitioner may perform the frenotomy. **It is a minor procedure.** The physician or practitioner uses a sterile retractor or their finger to lift baby’s tongue and expose the frenulum. Sterile scissors are used to snip the frenulum and a piece of gauze is applied. The procedure usually results in just a drop of blood and baby is then put to breast. While a baby may cry during the procedure, it is usually related to being wrapped securely in a blanket for several minutes. No anesthesia or medications are used.

Following the procedure, latch difficulties may resolve immediately or it may take a while for the tongue to completely extend. It may be necessary to use a nipple shield even after a frenotomy. Stroking baby’s tongue and encouraging baby to extend the tongue may also help to improve baby’s latch during this time period.

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