

# Ankyloglossia or “Tongue Tie”



## Lingual Frenulums (AKA Tongue Tie)

The lingual frenulum is 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. When it is interfering, it is often referred to as a “tongue tie”.

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 slow 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?”**

**Releasing a lingual frenulum is a minor procedure.** The frenulum may be divided 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 bleeding. A baby can be put to breast immediately either procedure.

***Important Note:** MilkWorks will not perform a frenotomy if the baby did not receive their Vitamin K shot at birth due to the increased risk of bleeding after leaving our facility.*

**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, family medicine physician or nurse practitioner may do the 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**).

Most practitioners do not use anesthetics, but Tylenol may be given after a procedure 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**. In fact there is [one study](#) showing it made no difference when scissors are used. 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. **It is also important to note that a frenotomy does not always improve breastfeeding difficulties.**

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 the baby is a little older, has regained any lost weight, and mother’s milk supply is well established. **If breastfeeding is going well, a frenotomy may not be necessary.**

A **“tongue tie” often does 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** 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**. Many studies since that time have continued to show decreased pain and improved breastfeeding.

### **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. [In a 2022 study](#) involving 224 babies, 98% receiving a tongue-tie release alone had successful feeding after just releasing the tongue-tie, and only 5.8% of all infants then needed a lip tie release for successful feeding.

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 routine release of 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.

*Reviewed: December 2024*