Tongue Tie and Breastfeeding

Having a tongue tie means that a person has a tight lingual frenulum. This often runs in families. The lingual frenulum is a piece of skin that connects the under side of the tongue to the floor of the mouth. Many people do not have a noticeable frenulum. However, other people may have a frenulum which restricts movement of the tongue. Most people with a frenulum do not have problems with speech or other issues, so in recent years, tongue ties were rarely clipped. However, a tight frenulum can often times interfere with breastfeeding. Some babies have a mild tongue tie and can nurse just fine. But the most common reason to clip a tongue tie is so that a baby can nurse more effectively and latch without causing trauma to the nipples.

**We will check your baby for a tongue tie,** which often is identified when the tongue looks like a heart shape when the baby cries or yawns. The frenulum might prevent a baby from sticking his tongue out past the bottom gum and the tip of the tongue may appear to draw inwards, rather than extending out. If your baby can’t lift or cup the tongue, it will be hard for him to grasp the nipple deeply, which ultimately causes sore nipples. With a poor latch, it is hard for a baby to remove enough milk to gain weight well.

**Clipping the frenulum.** After discussing the risks and benefits of the procedure, we will decide together if a frenotomy is desired. The risks include excessive bleeding and infection, but both are extremely rare. If you agree to the procedure, you will be asked to sign a consent form.

No anesthesia or medications are needed. A nurse will assist the doctor, and parents can observe if you want to. A sterile instrument is used to lift the baby’s tongue out of the way, and a sterile scissors is used to clip the frenulum. There is usually a small amount of bleeding, so pressure is applied with gauze to the area under the tongue. Baby is then put to breast within a few minutes. In some babies, the latch improves immediately. In other babies, it may take a while for the tongue to completely extend once the frenulum is clipped. Stroking baby’s tongue and encouraging baby to extend the tongue may also help to improve baby’s latch during this time period. Extremely rarely, a previously nursing baby may refuse to nurse, but usually only briefly.

There are more studies being done that show that the benefits of clipping a tight frenulum far out weigh the minimal risks of this very minor procedure. Realize that a frenotomy will not resolve all breastfeeding problems, and sometimes the procedure won’t help much at all. But if a tongue tie is present, and you want to eliminate that from even possibly being a part of the problem, then clipping the tongue tie might be warranted.

PHOTOS ON OTHER SIDE   LincolnPedsGroup.com   402-489-3834   8/13
"Frenotomy" is a surgical procedure in which a medical provider clips this web of tissue.

Kotlow Diagnostic criteria for clinically apparent tongue ties in infants

**Type I (4LK) - total tip involvement**

**Type II (3LK) Midline-area under tongue (creating a hump or cupping of the tongue)**

**Type III (2LK) Distal to the midline. The tongue may appear normal**

**Type IV (1LK) Posterior area which may not be obvious and only palpable, Some are submucosally located**

Tongue Positioning with and without tongue tie