Tongue/Lip Tie and Breastfeeding

Tongue Tie
• Many people do not have a frenulum, or membrane, under their tongue.
• If a frenulum is present, it usually stretches over time and doesn’t affect speech.
• A tight frenulum sometimes interferes with latching, which might result in pain and trauma to the nipple.
• Before considering a procedure to clip the tongue tie, ask a lactation expert for help. Better positioning and technique can often compensate enough to avoid the need for a procedure.
• If technique is perfected but latch pain persists, you might decide that the potential benefits of frenotomy may outweigh the minimal risks of this minor procedure.
• Sometimes eliminating that possibility from the equation can simply help you move on.

The Procedure, Risks and Benefits
• The risks of frenotomy (clipping) include excessive bleeding and infection, but both are very rare.
• A potential risk is that scar formation at the site of clipping may create tightness, thus “undoing” the possible benefit of the procedure.
• An instrument is used to lift the baby’s tongue and a sterile scissors is used to clip the frenulum.
• Bleeding is stopped by applying gauze and pressure under the tongue.
• Put baby to breast within a few minutes.
• Sometimes the latch is better immediately, or it may take a while to notice a difference. Or it may not help at all.
• Extremely rarely, a previously nursing baby may refuse to nurse, but usually only briefly.

Upper Lip Tie
• There is no evidence that clipping an upper lip tie will make a difference with latching.
• It is possible that this membrane can affect how the lips “seal” during latching, but the potential risk of interfering with future orthodontics is too great to warrant clipping this membrane.
• A “lip tie” which causes a gap between the 2 front teeth may require a procedure during orthodontic care as an older child.