

Tongue-Tie: Information for Families

Tongue-tie (ankyloglossia) is a condition in which the thin piece of skin under the baby's tongue, (the lingual frenulum), is abnormally short and may restrict the movement of the tongue. Sometimes tongue-tie causes no problems at all and requires no action. Tongue-tie can interfere with a baby's ability to suckle efficiently at the breast. This may lead to nipple pain and trauma, poor breast milk intake and a decrease in milk supply over time.

The decision to release a tongue-tie depends on the possible impact on feeding. Clinicians who work with breastfeeding mothers and babies will base their decision on management, following assessment of the baby's mouth, breastfeeding and maternal comfort. If breastfeeding is painful, there is poor milk transfer and there is a significant tongue-tie, then release has been found to improve the baby's ability to breastfeed.

Tongue-tie is slightly more common in boys (60%) and there will often be other family members who have this problem. The most immediate impact of tongue-tie is on the baby's ability to breastfeed effectively. There may be an effect on ongoing oral hygiene. The effect of tongue-tie on speech development remains controversial.

Indications that a baby may have a significant tongue-tie include:

- Nipple pain and damage
- A misshapen nipple after breastfeeding
- The baby often loses suction whilst feeding and sucks in air
- The baby often loses suction whilst the baby is feeding
- The baby fails to gain weight
- Tongue cannot protrude beyond the baby's lips
- Tongue cannot be moved sideways
- Tongue tip may be notched or heart shaped
- When the tongue is extended, the tongue tip may look flat or square instead of pointed.

Assessment:

A lactation consultant, midwife or experienced clinician will conduct a thorough assessment of breastfeeding and infant tongue mobility to determine whether release is required.

Tongue-tie Release:

The release of a tongue-tie involves the clinician numbing the area with anaesthetic paste, lifting the tongue by placing a finger and thumb or small specialised instrument under the baby's tongue to gain clear access to the frenulum. The frenulum is released with a small pair of sterile scissors.

A drop or two of blood at release site is normal and is rarely a problem. Many babies may actually sleep through the procedure whilst others may be unhappy at being held still and having fingers placed in their mouth. Occasionally an infant will startle when the release is performed but will settle quickly once comforted.

Possible complications of the procedure are bleeding or infection, but the incidence of these occurring are extremely rare. There is no specific aftercare required. Occasionally, during the healing process a small white patch may be seen under the tongue of some infants, this is normal and should resolve within two weeks of the release. If you have any concerns following the procedure please contact your dentist, lactation consultant, maternal and child health nurse, paediatrician or your local practitioner.