



Ankyloglossia or Tongue Tie

Tongue tied babies have a frenulum – a band of tissue that connects the tongue to the floor of the mouth. In some babies, **the frenulum restricts movement of the tongue**, interfering with the breastfeeding process. 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 the baby is unable to obtain a deep “grasp”, often causing **sore nipples or poor transfer of milk and low weight gain**. The poor gain may not be evident until baby is 3 to 4 weeks of age or older.

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 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 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 do 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 years, **when most babies were bottle fed**, a tongue tie was usually left alone, unless it resulted in problems with speech or teeth. But as more and more mothers are breastfeeding, frenulums are being recognized as a cause of difficulty with latch and/or milk removal. As a result, more babies are having their frenulum “clipped” soon after birth.

A 2002 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).

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).

Another study published in **2008** looked at tongue movement by ultrasound before and after dividing posterior ties, and showed improvement. (*Pediatrics*. 2008;122:e188–e194)

Dividing the frenulum, or what is known as a frenotomy, **is a minor procedure**. Dr. Leeper uses a sterile retractor 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 put to breast immediately. No anesthesia is used, although Tylenol may be given to babies who are older than 2 months of age. Following the procedure, latch difficulties may resolve immediately, or, it may take a while for baby to learn to use their “new” tongue correctly. It may be necessary to use a nipple shield after a frenotomy to aid latching for a while, especially if it was used before the frenotomy.