



ILCA's INSIDE TRACK

a resource for breastfeeding mothers

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Breastfeeding and Tongue-Tie

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What Is Tongue-Tie?

Most people have a little stretchy band of tissue between the tongue and the floor of the mouth. In some babies, this band (frenulum) is tighter than it should be. These babies are called “tongue-tied” because the tongue cannot move well. Doctors and midwives treated tongue-ties at birth for centuries. In the 1950s, many doctors stopped treating tongue-tie. Now that more women are breastfeeding, research shows that tongue-tie can be a problem:

- Babies are more likely to stop breastfeeding in their first week if they have a tongue-tie.
- Mothers are more likely to get sore or injured nipples.
- Latching can be difficult with a tongue-tie.
- Tongue-tied babies get less milk because they cannot suck well.

For babies to suck well, they need to be able to lift up their tongues when their mouths are open. When a baby cries, the tongue should go straight up. A baby also needs to stick the tongue out while the mouth is open. The tongue needs to be able to stay over the lower gum when the baby sucks. This prevents the baby from biting the breast.

Some tongue-tied babies can lift the sides of the tongue but not the middle. This makes the tongue tip look heart shaped. Not all tongue-tied babies

have a heart-shaped tongue. Some tongue-ties keep the tongue so flat that nothing can be seen. Lifting the tongue will show that there is a tight band underneath. Sometimes the band is hidden under the tissue of the floor of the mouth. This kind of tongue-tie may look like a very short tongue, but the tight band can be felt with a finger.

Breastfeeding a Tongue-Tied Baby

Some tongue-tied babies can breastfeed without treatment. They may need help latching well and may need to feed often. They also may breastfeed for a longer time at each feeding. This is because they get less milk with each suck. Think of yourself eating a large bowl of soup with a tiny baby food spoon. Your arm would get tired of lifting that tiny spoon so many times! After a while, your arm would get strong, and you would not be as tired.

Tongue-tied babies may have trouble getting their tongue out when they open their mouth to breastfeed. The tongue needs to touch your breast to tell your baby where to latch. Putting your baby to the breast with his chin to your areola (the dark area around your nipple) and his nose sniffing your nipple will tell him to “open big.” Letting him grab for the breast himself may help him to get a good mouthful. You might need to be patient. It can take a tongue-tied baby longer to get the tongue down and out to grab the breast. You can also shape your breast with one or two fingers to make a mouthful for the



baby to grab. A lactation consultant (IBCLC) can help you find the best way to help your baby. (Go to www.ilca.org to find an IBCLC in your area.)

Some tongue-tied babies gulp while they are feeding. The tight tongue is not as good at holding the milk so baby can swallow safely. Leaning back while your baby feeds is one way to help. This way, extra milk will flow toward his lips instead of to his throat.

If your tongue-tied baby is not treated, it is wise to have him weighed each week for the first few weeks. If the baby is not gaining weight, it is important to take milk out of your breasts about 8 times a day. You can pump or hand express milk and give the baby that milk along with breastfeeding. A lactation consultant can help you feed extra milk in a way that helps breastfeeding improve.

Even if breastfeeding is hard at first, keep trying. A tongue-tied baby may do better as the mouth grows and the tongue gets stronger.

Help for Tongue-Tie

New research shows that treatment helps when tongue-tie causes breastfeeding problems. Treatment improves latch and mother's comfort. Treatment also allows babies to get more milk when they breastfeed. These babies grow faster after they get help. Some tongue-tied babies are able to breastfeed without treatment. Tongue-tied babies may need help to breastfeed.

Sometimes it can be hard to find a doctor to treat a tongue-tied baby. Your lactation consultant may be able to help you find a doctor. Treatment is simple. It can be done in the doctor's office. The most common treatment is frenotomy, or snipping

the frenulum. Many doctors put medicine on the frenulum so it does not hurt. If the frenulum is thin, it may not need any medicine. A thin frenulum may have no pain nerves. The doctor will usually press on the area with gauze to stop any bleeding. The baby usually can breastfeed right after the treatment. Breastfeeding should work better within a few days. If treatment does not help quickly, see a lactation consultant (IBCLC). Some people worry that treating tongue-tie may cause problems. This is not usually true. The tongue is attached to the mouth by large, strong muscles. These muscles are not cut during frenotomy. The muscles may be a little weak at first because they could not move as much before treatment. Breastfeeding will make the tongue strong again. Most studies show that tongue-tied children with speech problems talk better after treatment. If a tongue-tied baby has a narrow jaw, treating the tongue-tie might help it spread. A larger jaw has more room for teeth and may improve breathing.

Consider seeing a doctor about your baby's tongue-tie if:

- Your baby can't latch.
- You have sore or cracked nipples.
- Feedings are very long.
- Your baby is gaining weight slowly.
- Breastfeeding seems difficult.