

What is a Tongue-Tie?

RESOURCE GUIDE

Helpful Links

- [Parent Tongue-Tie Support Groups](#)
- [Find a Pediatric Chiropractor](#)
- [Craniosacral Therapist Directory](#)
- [Myofunctional Therapists Directory](#)
- [Breastfeeding with a Tongue-Tie](#)
- [Tongue-Tie Aftercare](#)
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What is a Tongue-Tie?

RESOURCE GUIDE

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What is a Tongue-Tie?

Class Notes

Tongue-Tie Definition

- Also called Tethered Oral Tissues (TOTs).
- Tongue-ties usually cause the tongue to not be able to extend outside of the mouth, move side to side, or elevate to the roof of the mouth with ease.
- Tongue-tie restrictions can interfere with the following:
 - Breastfeeding
 - Speech
 - Teeth alignment
 - Eating
 - Sleeping
 - Certain respiratory issues

Tongue-Tie Formation

- Tongue-ties are a genetic trait that occur in utero when the tissue under the tongue does not properly separate.



What does the tongue need to do to function properly?

- **EXTENSION**

- The tongue needs to be able to extend past the bottom gum line while the mouth is wide open, for efficient extraction of the breast milk.

- **ELEVATION**

- The tongue needs to be able to elevate to the roof of the mouth for an intraoral suction or seal.

- **CUPPING**

- The tongue needs to be able to cup the breast so the mouth forms a vacuum/negative pressure to drain the breast.

To Revise or Not to Revise

- Not every tongue-tie needs a release.
- It's important to prioritize function over appearance.
- It's essential to consider the symptoms of baby and mom when deciding how to manage a tongue-tie.
- A tongue-tie release may not fix all feeding troubles.



Tongue-Tie Release Methods

- Scissors
- Laser
 - A laser is a popular method for tongue-tie release.
 - This technique can be less painful and more accurate than a release with scissors.
 - There is also minimal to no bleeding.

Tongue-Tie Symptoms in Infants

- Shallow, painful latch
- Coming off and on the breast
- Slipping off the breast
- Poor milk transfer
- Prominent lip blisters
- Clicking when feeding
- Baby seems to nurse “constantly”
- Slow weight gain
- Asymmetry of the face or body
- Sleepy at the breast
- Fussy at the breast
- Gassy
- Poor tongue elevation or extension

Tongue-Tie Symptoms Beyond Infancy

- Speech issues
- Gap between the front teeth
- Cavities
- Teeth grinding
- TMJ
- Migraines
- Snoring



Oral Assessment

- A Lactation Consultant can perform an oral assessment to look for signs/symptoms of oral ties (tongue, lips or cheeks).
- This may involve:
 - Checking baby's lips and posture at rest.
 - Assessing the shape and range of motion of baby's tongue.
 - Assessing baby's palate and suck.
 - Assessing baby's lip elasticity.
 - Referring baby to a pediatric ENT, pediatric dentist or bodyworker for further evaluation.

Frenulum Release

- A pediatric dentist or ENT will do an assessment and complete the release if needed.
- Babies should breastfeed immediately after a tongue-tie release.
- As a frenotomy heals:
 - It might bleed a little in the first day.
 - A white or yellow soft scab will form over the wound.
 - Full healing takes about 2-3 weeks.
 - Open wounds in the mouth tend to close and heal toward the center.
 - The raw wound surfaces could reattach.
 - Follow your care team's instructions for pre and post release care.
- **Tongue-Tie Aftercare**



Bodywork

- Any bodywork should be used in conjunction with lactation consultant care.
- Bodywork before and after a tongue-tie release is key to successful tongue and body movement.
- Bodywork can be performed by:
 - Pediatric physical therapist
 - Craniosacral therapist
 - Chiropractor
 - Infant massage therapist
 - Myofunctional therapist
 - Osteopath

So...your baby has a tongue-tie? What's next?

- **Breastfeeding with a Tongue-Tie**
- Make an appointment with a lactation consultant.
- If baby is not feeding at the breast, pump every 3 hours for 15-20 minutes to maintain a good milk supply until you can get baby back to the breast.
- Ensure baby is receiving enough milk.
- Baby should have 6 wet and 3 poopy diapers a day by 1 week old.
- Supplementation may be needed if baby is not transferring milk at the breast.
- After a revision, consider doing a pre and post feed weight to see how much milk baby is able to transfer from the breast.
- Seek out emotional support from your family, friends and community.



Directories for Tongue-Tie Support

- [Parent Tongue-Tie Support Groups](#)
- [ICPA Chiropractor Directory for Webster Technique](#)
- [Craniosacral Therapist Directory](#)
- [Myofunctional Therapists Directory](#)

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References

- <https://onlinelibrary.wiley.com/doi/full/10.1111/apa.14924>
- <https://www.sciencedirect.com/science/article/pii/S0165587622002038>
- <https://medlineplus.gov/ency/article/001640.htm>
- <https://www.sap.org.ar/docs/publicaciones/archivosarg/2021/v119n6a14e.pdf>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10167863/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4072276/>
- <https://llusa.org/tongue-and-lip-ties/>
- <https://onlinelibrary.wiley.com/doi/full/10.1002/lary.29140>

Disclaimer: This class is intended for general education purposes only and should not replace any medical direction from your healthcare provider. Please seek advice from your own healthcare provider and lactation consultant (IBCLC) for individualized recommendations.

