

What is a Tongue Tie?

RESOURCE GUIDE

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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.



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?

- 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.



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