



# ILCA's *Inside Track* for breastfeeding mothers

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## My Baby Has Tongue-Tie: What Does This Mean?

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Like most mothers, you decided to breastfeed; you know that breastfeeding is important for your baby's health and your own. It's also a lovely way to nurture and connect with your baby. But breastfeeding has not been going as well as you had hoped. It hurts, you have had problems latching your baby onto the breast, and you worry that your baby isn't getting enough milk. Your experience is not unusual. You have been told that your baby has a tongue-tie but you are not sure what this means.

- It can be thick or stiff. This stops the tongue from moving well.
- Tongue-tie is common (it happens in 5%–10% of babies); there is often a family history, and it's more common in boys than girls.

### What Problems Can Tongue-Tie Cause for Breastfeeding?

Babies with tongue-tie might have a heart-shaped tongue and may not be able to poke their tongues beyond the lips. Because tongue-tie can restrict the tongue, and the baby uses the tongue to "milk" the breast, your baby may have problems latching on and feeding. If the baby cannot latch well, the baby may not get enough milk, may grow poorly, and may feel hungry and want to breastfeed all the time.



Frenulum of infant with tongue-tie.

### What Is a Tongue-Tie?

- Babies born with a tongue-tie have a thick, tight, or short membrane (string) under their tongue.
- The medical term for this membrane is *frenulum*. Everybody has one. The usual frenulum is thin, stretchy, and far back along the tongue.
- When a baby has a tongue-tie, the frenulum can attach too closely to the front of the tongue or too tightly.



Poor (shallow) latch of infant with tongue-tie.

For mothers, friction from the baby's tongue may cause painful and bleeding nipples. Some mothers may



stop breastfeeding earlier than they had planned and feel failure or distress. Latch problems may stop the breast from emptying properly, which may lead to overfull and engorged breasts, reduced supply, blocked milk ducts, and mastitis.

## Treatment for Tongue-Tie

Almost all tongue-ties can be treated with a very simple procedure called a *frenotomy* (also known as a *frenulotomy*).

- Frenotomy is a minor surgical procedure to cut the *frenulum*. It is done using sterile scissors and does not need an anesthetic.
- A frenotomy should be done only by a trained clinician.
- Laser treatment has been used for older children and adults. There is no research on laser treatment of babies with tongue-tie.
- No complications, except minor bleeding, have been reported after frenotomy.
- Your baby may cry a little when the tongue-tie is separated, because their mouth is held open and their tongue lifted so that the frenulum can be cut.

A thin frenulum has no nerve endings. Releasing it should not hurt. If the frenulum is thick, numbing medicine is often used.

- Some babies sleep right through the procedure.
- Usually, a frenotomy is very quick and your baby can breastfeed as soon as it is done.
- As a frenotomy heals, you may see a white patch under the tongue. This will go away within a few weeks.

## What if I Decide not to Have My Baby's Tongue-Tie Separated?

To help your baby latch, shape a mouthful of breast with your fingers. Tongue-tied babies may tire when breastfeeding. They may need small rest periods during feeding, because they have to feed longer and more often than other babies. You may need to express milk after a feed. Most babies breastfeed better as they practice and grow. If you cannot latch your baby on at all, feed baby breast milk in a cup, via a finger feed with a supply line, or in a bottle. To make sure you keep a good milk supply, you should express milk from your breast by hand or with a breast pump at least 8 times in 24 hours.

### Find Help Fast

An IBCLC® is an "International Board Certified Lactation Consultant®": someone with special training to help breastfeeding families. Go to "Find a Lactation Consultant" at [www.ilca.org](http://www.ilca.org) to locate a lactation consultant in your area. You can also ask your doctor or a nurse at your hospital.

Your local lactation consultant: