

Breastfeeding with Tongue, Lip, or Buccal Ties

Welcoming a new baby into your life is a joyful and life-changing experience, but it can also come with unexpected challenges. If you're having problems with breastfeeding, it's important to identify the cause to make feedings more comfortable and not so frustrating. New parents often think that their breastfeeding issues are due to a single cause, but in reality, there are many factors that can affect a baby's ability to latch and gain weight, and sore nipples and other problems may have multiple causes. Finding the right help and support is key to solving these problems and making breastfeeding more enjoyable.

What is a Tongue Tie?

Tongue tie, or ankyloglossia, is found in about 4-11% of babies. It happens when the band of tissue (called the frenulum) that connects the bottom of the tongue to the floor of the mouth is shorter or tighter than usual. The frenulum can be attached toward the tip of the baby's tongue or further back. This can make it hard for the baby to move their tongue properly, open their mouth wide, extend or lift their tongue, and latch onto the breast effectively leading to feeding difficulties. Breastfeeding often improves once babies are treated for tongue tie. 2

What is a Lip Tie?

In infants, the frenulum that is found under the top lip is frequently attached at or just slightly above the gumline. The problem isn't how the frenulum looks or where it is attached, but how tight and inflexible it is. Like a tongue tie, a lip tie occurs when this tissue is too short or tight and makes it hard for the top lip to flange properly during feedings. This can make it difficult for the baby to get a good seal on the breast, often sucking in extra air. There is a study that shows an improvement in reflux symptoms in over half of babies diagnosed and treated for lip ties. 4

What is a Buccal Tie?

A buccal (pronounced like "buckle") tie is when the frenulum connecting the baby's cheeks to their upper or lower gums is tight or short. This band of tissue is located near where the first molars will eventually erupt. There is a lack of agreement among doctors and dentists about how common these ties are, how they contribute to breastfeeding problems, and whether there is a benefit to treatment or not.

Symptoms of Ties in Baby:

- **Difficulty Latching:** Does your baby seem upset during feedings or keep coming off the breast?
- **Shallow Latch:** Does your baby have trouble opening their mouth wide and keeping a deep latch?
- **Sore Nipples:** Are your nipples sore, cracked, or damaged?
- **Clicking:** Does your baby make a clicking sound while feeding?
- Curling in the Top or Bottom Lips: Does your baby have trouble flanging their lips during feedings?
- Misshapen Tongue: Does your baby's tongue look heart-shaped or like a taco shell when they cry?
- Leaking from the Corners of the Mouth: Are breast or bottle feedings messy?
- Short, Ineffective Feedings: Does your baby feed more often than expected, fall asleep quickly during feeds, or seem unsatisfied?
- **Poor Weight Gain:** Are diaper output or weight gain a concern?

Symptoms for Mom:

- **Nipple Pain:** If you have severe nipple damage or soreness lasting beyond the first couple weeks, it might be because of a poor latch caused by tongue tie.
- **Nipple Blanching:** If your nipple turns white after feedings and hurts, it may be caused by nipple compression or creasing from tongue tie.
- **Breast Pain:** Engorgement, plugged ducts, and mastitis are often the result of ineffective milk removal when babies are not latched or emptying the breast well.
- Milk Production: If your baby is having trouble latching or not getting enough milk, without pumping, milk supply can decrease over time.
- **Pumping:** Do you need to pump because your breasts are too full or because your baby isn't getting enough milk?

What if Your Baby May Have a Tongue Tie?

The American Academy of Pediatrics (AAP)⁵, the American Academy of Pediatric Dentistry (AAPD)⁶, and the Academy of Breastfeeding Medicine (ABM)⁷ all recommend a team approach to solving breastfeeding challenges. They all recommend consulting with an IBCLC (International Board Certified Lactation Consultant) who can observe a feeding, identify any underlying breastfeeding issues, and perform a thorough oral exam on the baby. Often, simple adjustments like improving latch and positioning, soothing sore nipples, or increasing milk

supply can make a big difference. This may help you avoid the need for more invasive treatments. If further help is needed, an IBCLC can connect you with resources for evaluation and treatment.

Treatment Strategies:

- Lactation Support: Work with a lactation consultant to develop a plan to ensure your baby is getting plenty of milk and growing well.
- **Perfecting the Latch:** There are many strategies for achieving a "good latch" one that is comfortable for you and efficient for your baby.
- **Bodywork:** Some families find that gentle infant massage, chiropractic care, or oral myofunctional therapy helps relieve tension and muscle tightness that can contribute to latch difficulty.
- Wait and See: For many babies, a little time might be all that is needed. Many babies begin to breastfeed better after the first few weeks, when they are back to birth weight and more alert.
- Frenotomy/Frenectomy: If other solutions don't work, a procedure to release the tie might be needed. While the procedure is not without risk, it is generally considered quite safe. Pediatricians, pediatric dentists, and ENT¹⁰ (Ear, Nose, and Throat) specialists can all perform this office procedure to release the tie.
- Options: There are several ways that doctors and dentists can perform the procedure, but the most common are sterile scissors and lasers. When scissors are used the procedure is called frenotomy and when laser is used it is called frenectomy. All of the major medical associations agree that there is no preferred method of frenotomy/frenectomy.

Caring for Your Baby After

After a frenotomy/frenectomy, your baby will need some extra care to ensure everything heals well and to make the most of the procedure:

- Pain Management: Use of gentle pain relief medications, recommended by your
 pediatrician or pediatric dentist, can help ease your baby's discomfort. Lots of
 skin-to-skin, babywearing, and frequent feedings can help comfort and support your
 baby.
- **Gentle Stretches:** While there is no universal agreement on "aftercare", your healthcare provider might suggest specific tongue exercises to encourage proper tongue movement and prevent the frenulum from reattaching. 11
- **Frequent Feedings:** Continue to respond to your baby's feeding cues. Focus on improving latch techniques to maximize milk transfer.

- **Supplementation:** If you are pumping and supplementing, ensure your baby receives adequate supplementation to grow as expected until feedings improve.
- Regular Check-Ups: Attend follow-up appointments with your baby's healthcare provider and your lactation consultant to ensure that baby is healing and gaining well.
- Physical/Occupational Therapies: For babies still struggling, additional therapies can be used to improve tongue range of motion, coordination, and oral strength. Many of these feeding specialists offer services that are covered by insurance. Your baby's pediatrician should be able to connect you with local resources for extra help.

Conclusion

Dealing with a tongue tie can be stressful, but you're not alone. By understanding the symptoms, exploring treatment options, and connecting with lactation support, you can overcome your breastfeeding challenges and meet your goals.

What If I Have Questions?

If you are interested in learning more, these Aeroflow classes expand on some of the topics discussed above:

- What is a Tongue Tie?
- Ultimate Breastfeeding Prep

To register for these classes, log into your portal or click <u>here</u>.

Want More Info?

For a directory of Aeroflow's other Care Guides offering information on pregnancy, baby care, and more, browse our comprehensive list of titles:

https://www.hersourcehealth.com/aeroflow-care-guides/

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