Let's talk about TONGUE TIE IN INFANTS

Information for parents

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Tongue tie is a congenital problem where the frenulum under the tongue may be shorter, thicker, or tighter, which sometimes limits the movements of the tongue.

Reduced tongue movements have been linked to difficulties extracting milk, especially during breastfeeding. The exact cause of tongue tie is not yet known, but it tends to run in families. It is estimated that tongue tie affects approximately 10% of babies. The aim of this article is to provide practical information for parents concerned about tongue tie (ankyloglossia). In this article, we base the recommendations on our clinical experience and recent research evidence. What are the common symptoms related to breastfeeding which may suggest that a baby may have a tongue tie?

- Effortful, prolonged, not efficient breastfeeding
- Constant feeding (unsatisfied baby)
- Difficulties latching on or maintaining the latch • Disorganised suck, baby losing suction and sucking is noisy, sometimes clicks may be heard • Baby swallows more air during sucking which may cause excessive wind • Baby upset or unsettled during feeding
- Slow weight gain
- Deformity of the nipple after breastfeeding
- Nipple pain during breastfeeding, baby 'pinching' the nipple
- Damaged nipples, and sometimes blocked milk ducts or mastitis • Mother reports pain and discomfort •As a consequence of sucking difficulties, low milk supply may occur.

(Please note that the above symptoms may also be caused by other problems outside a tongue tie).

If a mother experiences difficulty during breastfeeding, it is advisable to assess the baby's sucking skills including the possibility of tongue tie. There are formal tools for assessing tongue tie, such as Assessment Tool for Lingual Frenulum Function, Bristol Tongue Assessment Tool, and most recent The Tongue-tie and Breastfed Babies (TABBY). These are usually administered by a professional. In our opinion, it is also very important that parents become familiar with the anatomy of their baby's mouth and observe their baby's feeding patterns. We propose some practical tips for parents, which may help them to recognise if their baby could potentially present with a tongue tie. How parents could check for a tongue tie? 1. First of all, parents should look for opportunities to observe baby's tongue as much as possible, for example during crying or yawning. They should get familiar with the anatomy of the mouth in a small baby. Parents could use a small torch to illuminate the inside of the mouth, but be careful not to upset the baby and not to shine the light into baby's eyes. Some positions may be easier for viewing the mouth than others, parents should experiment what works best for them.

2. Parents can use certain reflexes to learn about baby's mouth, such as a tongue thrusting reflex. If the tip of the baby's tongue is touched with a clean finger the baby should stick the tongue out a bit. This will allow parents to see the shape of the tongue (please note that this reflex disappears when the baby is 4 – 6 months old).
3. Parents should observe:

- The shape of the tip of the tongue: is it round and well defined? Sometimes, the tip of the tongue may be heart shaped if the tongue tie is present.
- How far does the tongue stretch out? Is the baby able to stick the tongue out beyond the lower lip, to the lower gums, or does the tongue stays inside the mouth behind the gum? Tongue tie usually restricts tongue movement and does not allow the tongue to stretch out of the mouth much.

4. When the baby's mouth is open (during crying or yawning) observe if the baby is lifting the tongue up at all, or if the tongue positioned low at the floor of the mouth. Note that the baby should be able to lift the whole front of the tongue, if a tongue tie is present the sides of the tongue may still curl up and backwards, but the tip of the tongue is usually kept down.

We must acknowledge, however, that there are different types of tongue tie, some may be relatively easy observed, but some may not. The management of a baby with suspected tongue tie

Often tongue tie causes no feeding issues. The feeding difficulties are present in approximately 25% of tongue-tied infants. Until recently, the consensus among paediatricians was that tongue ties do not cause problems and they should be left alone. Nowadays, there is an increasing body of evidence which supports division of tongue tie in selected infants. However, identification of those babies who will definitely benefit from the procedure is difficult. Indication for division of tongue tie is where the tongue tie is significantly interfering with feeding. Ideally, a feeding assessment should be carried out to identify the source of breastfeeding problems and recommend some strategies which may help. There could be other reasons causing problems with feeding and tongue tie may not be the primary issue. If this is the case, tongue tie division will likely not improve feeding. Sometimes, the feeding problems can be resolved without any medical intervention, for example, a change of the feeding position may improve baby's suck. Supplemental feeding technique may also improve baby's latch and suck. There are simple exercises, such as using a soother to improve the strength of the suck. The milk supply also influences the baby's ability to suck, and some babies with tongue tie find it easier to latch on a fuller breast. There is some clinical evidence that a therapeutic massage of the baby's tongue can improve tongue movements and subsequently improve feeding, but this technique is not commonly used in Ireland. However, if tongue tie continues to interfere with breastfeeding parents should consider medical help. Frenotomy is the most common surgical procedures applied to release tongue tie. During frenotomy, the tongue tie is clipped with scissors or laser. Frenotomy may resolve breastfeeding problems for some babies, but not for all. The review of international evidence concluded that although frenotomy improved nipple pain among mothers, it had inconsistent effect on baby's breastfeeding. Frenotomy failed to improve breastfeeding in approximately 20% of cases. Identification of those babies who will definitely benefit from the procedure is difficult. Timing of the procedure is also debatable. We would not recommend it before three weeks of age as the tongue tie may rupture of its own accord.

In vast majority of infants if frenotomy improved feeding, no other action is required.

If there is no improvement in feeding following frenotomy it is recommended that the baby is seen for a feeding evaluation by an infant feeding specialist such as a lactation consultant or speech & language therapist with appropriate expertise.

In any case, it is worth observing how well the baby manages solid food in the future, as sometimes tongue tie interferes with side-toside tongue movements which are necessary

for chewing solid food. Tongue and jaw move together as a one unit during sucking, but from about 4-6 months onwards the tongue should start moving independently from the jaw. With appropriate support every baby should be able to feed well and mealtimes should pleasant for any family. If you are worried that your baby may present with a tongue tie talk to a professional. Your GP, practice nurse