

## Upper lip ties

Upper lip ties are common and normal. They change as babies grow. They have become popular to clip but the evidence on the risks or benefits of doing so is not clear yet. We would advise caution. It can be very painful for the baby and bleeding is a risk. Again, different practitioners will give different opinions.

## Who can help?

- Your midwife plus staff at Tauranga Hospital and Bethlehem Birthing Centre
- Your GP
- Your Well Child/Tamariki Ora nurse
- A Lactation Consultant
  - Public DHB Lactation Consultants (free—referral needed)
  - Bethlehem Birthing Centre Lactation Consultant
  - Private Lactation Consultants are available for a fee (phone 0800 452 282)

\* La Leche League

## Who performs the procedures?

### Simple tongue ties:

If you are in hospital, a paediatrician may be available—arranged by the hospital based lactation consultants

Midwives, who have attended a specialised course

GP, Dr Jillian Caisley at Farm Street Family Health Centre phone.....07 575 4001.....

### More complex tongue ties:

Some dentists, who have had specific training

Oral surgeon or ENT surgeon. Referral is required.

It is important to have advice by your midwife or a lactation consultant before and after the procedure is done. Be sure you have all the information you need first.

Written in conjunction with Bay of Plenty District Health Board (BOPDHB) midwifery, lactation and paediatric staff. 2017

Thanks to Waitemata DHB “Tongue-tie Information for parents” for sharing their booklet.

# Tongue - Tie

## Information for parents and whanau

## Bay of Plenty area

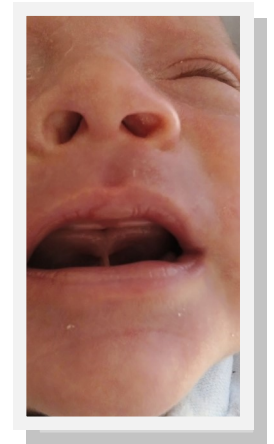
### What is a tongue-tie ? ( sometimes called ankyloglossia)

This is where the tongue is not able to move freely about in the mouth due to a tight ‘thread’ of tissue (frenulum) between the tongue and the floor of the mouth.

It is more common in boys, may run in families and approximately 5—10% of babies are born with this.

Mostly the tie is at the front of the tongue, is easy to see and feel—this is known as an anterior (or front) tongue tie. It may cause the tongue to be heart shaped.

*This baby has an anterior (or front) tie, which was easily clipped and his feeding improved*



### Does it cause any problems?

For many babies it does not cause any problems and no treatment is necessary, but for others it may cause problems with learning to breastfeed or the mother may experience a lot of pain with feeding.

Some complications of breastfeeding when baby is tongue tied are:

- Unable to latch on and get a good feed
- Very painful feeding for the mother which may lead to damaged nipples and possibly mastitis
- Baby has to work very hard to get enough milk and may tire before full
- Slow weight gains
- Low milk supply

In some cases, issues may happen with bottle feeding too.

A severe tongue tie may possibly cause dental or speech issues later, but this is uncertain when babies are very young. We do not recommended clipping tongue ties on infants unless it is for feeding issues.

## What can be done?

Many issues with tongue tie and breastfeeding can be sorted with extra help and support. Sometimes small adjustments to feeding positions can make all the difference.

There is no need to treat a tongue-tie urgently unless there are significant feeding issues.

If there are ongoing issues with breastfeeding, a midwife, doctor or lactation consultant will be able to examine baby's mouth, observe a feed and make recommendations.

A tongue-tie release (Frenulotomy) may be performed. This is where the tight thread or frenulum is cut, releasing the tongue to move about freely. This is usually simple to do, and can be done by a trained midwife or doctor in the hospital or in the community.

## The procedure

A tongue tie release is a relatively quick and painless procedure. Anaesthetic is not needed as the nerve endings are immature.

The part the baby does not like is being held very straight and still for a few moments. The 'clip' itself takes only seconds. Sometimes there is a little blood, but often not.

### How is this done?:

- Mother and baby are seen and assessed for tongue tie, usually by a Lactation Consultant or midwife/nurse. Watching how a baby feeds is very important.
- If the decision is made to 'clip', consent must be obtained and the risks and benefits discussed
- For Tauranga Hospital, a paediatrician will be asked to perform the procedure
- In the community, a GP, dentist or suitably trained midwife will be able to do the procedure
- Baby needs to have had vitamin K at birth
- Someone holds baby firmly. Most babies will protest a little over this and give a cry. This helps the tongue be more visible which helps with the procedure.
- A quick 'snip' with small scissors is performed
- Baby is quickly handed back to mum to breastfeed immediately.

A small discoloured area may be visible for a few days while it heals.

Some babies may be upset after the procedure but some hardly notice.

## Possible complications

- It may make no difference to your baby's feeding
- Bleeding
- Infection
- Baby fussing with feeding
- Breastfeeding problems may take a while to correct while baby learns to use his tongue differently
- Premature babies usually need more time to strengthen their feeding skills

Follow up by your midwife or a lactation consultant is recommended.

## Posterior tongue ties

This is where the thread (frenulum) is tight, thick and inelastic, sitting under the tongue on the floor of the mouth. This may restrict baby's tongue movements causing problems with feeding. These sorts of tongue ties are not always visible, so a full history, assessment and examination will be required. A skilled practitioner observing a feed is essential.

Different practitioners will have different views on this condition. Sometimes the feeding problems will sort themselves out with time and support but sometimes treatment is required.

Cutting these tongue ties (with scissors or laser) is often more painful for the baby and there may be risks of complications including bleeding, pain and distress with feeding afterwards.

Some parents may say "it is the best thing we ever did, it has made all the difference", others may say "I wish we had never got it done". Often the baby is unsettled for several days afterwards and reluctant to feed so caution is required.

There is not enough evidence to suggest this procedure should be done unless everything else has been tried first.

The hospital is unable to provide this service so you will need to seek a private provider and this will involve a cost.

*This baby has a posterior tongue tie.*

*Treatment worked well for her.*

*It may not for all babies.*

