

Understanding the Complexity of Tongue Tie

Gina Weissman, DMD, RN, IBCLC, FABM

Laniado Maternity Hospital, Netanya, Israel

HalavM Breastfeeding Clinic

Background:

Medical diagnoses are not part of the scope of practice of Lactation Consultants. Hence, there is a lot of confusion among professionals (both Drs and LCs), sometimes resulting in over diagnosis and over treatment on the one hand, and under treatment on the other.

Methods:

We followed 233 mother– infant dyads that were seen at our clinic for evaluation of the infant's tongue. Breastfeeding outcomes were assessed following the procedure of frenotomy/ or the decision not to take surgical action.

Results:

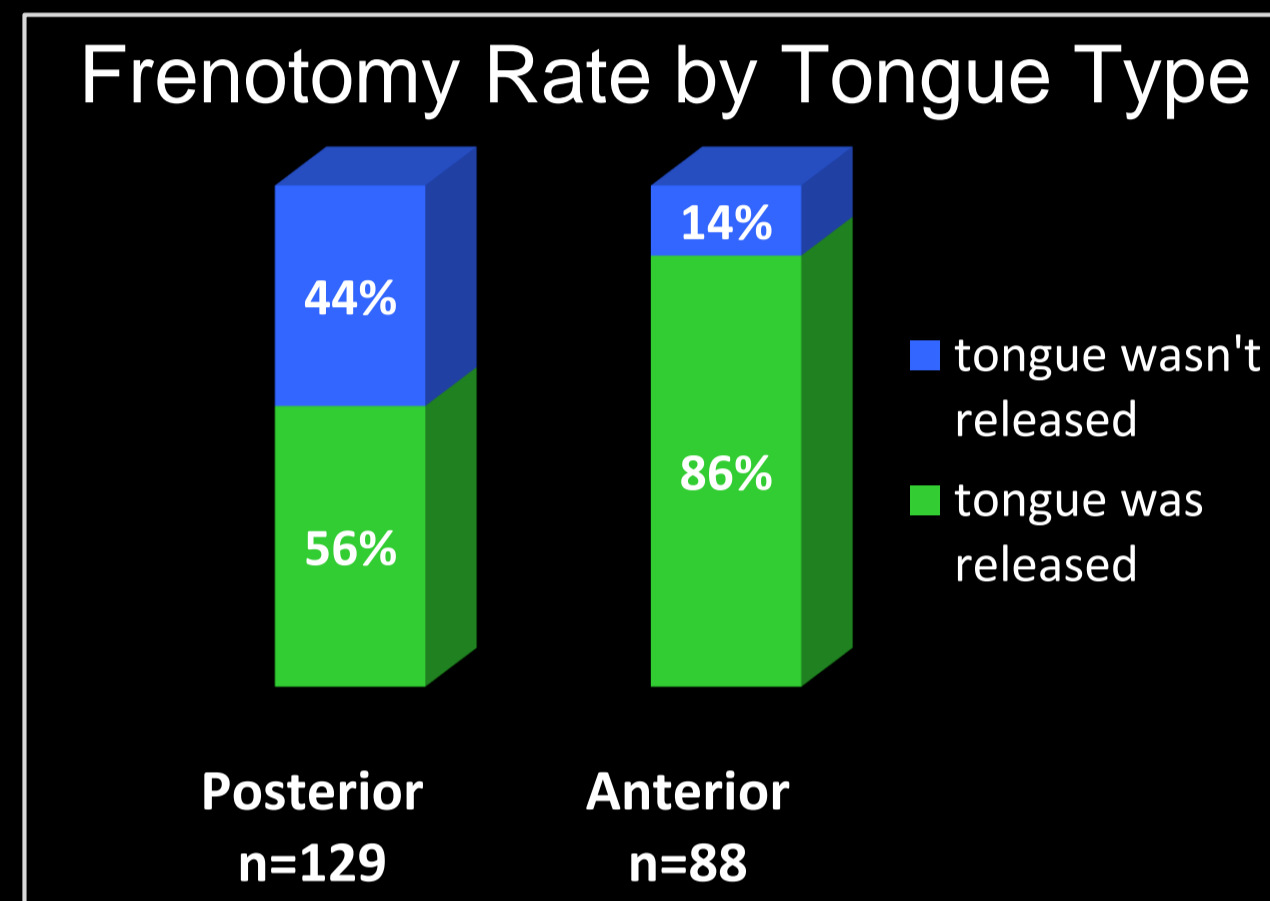
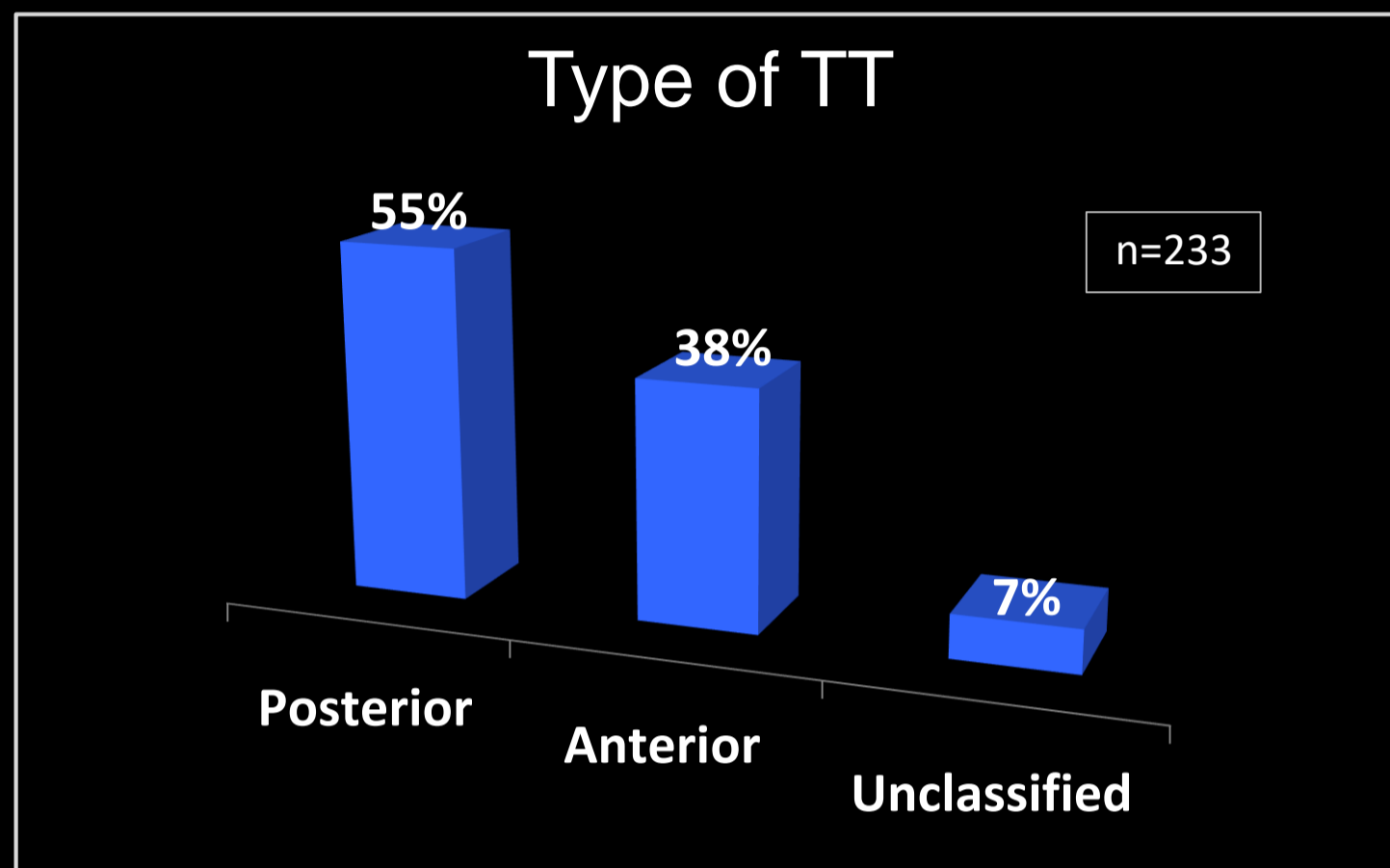
In total, 154 infants (66%) had frenotomy performed: 86% with anterior TT and 56% with posterior TT. 59% of the mothers to infants with anterior TT reported significant improvement in breastfeeding after the frenotomy and 52% reported significant reduction in nipple pain. Only 40% of the mothers to infants with posterior TT reported significant improvement in breastfeeding after the frenotomy and only 32% reported significant reduction in nipple pain. Of the dyads who had not undergone frenotomy, 16 reported receiving breastfeeding consultation. All had posterior TT. 44% of the mothers reported significant improvement in breastfeeding after the consultation and 29% reported significant reduction in nipple pain.

Conclusions:

Frenotomy has different effects on anterior versus posterior tongue ties regarding nipple pain and breastfeeding latch. In some cases of posterior tongue ties, good breastfeeding counseling can make the action of releasing the tongue redundant.

Funding Sources:

None

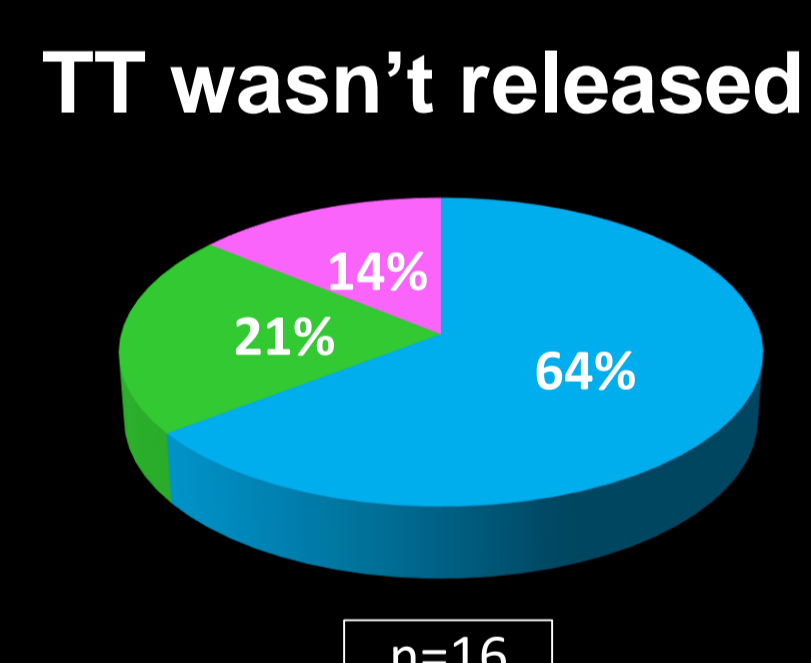
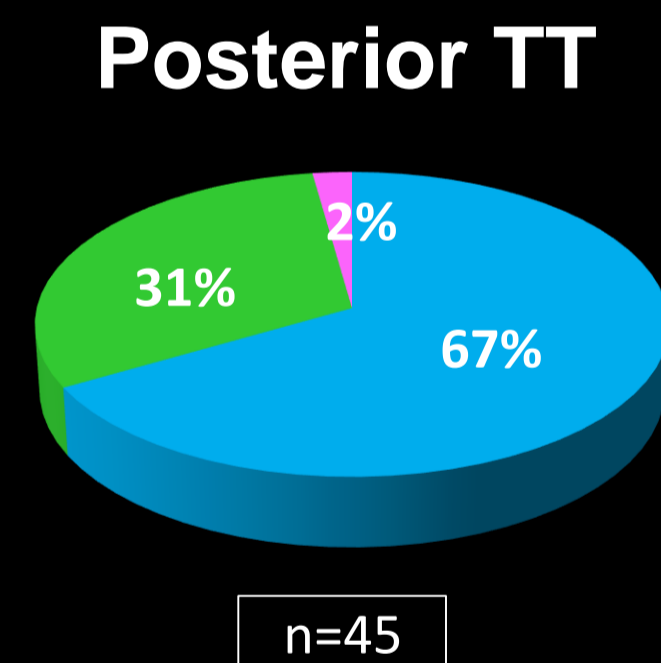
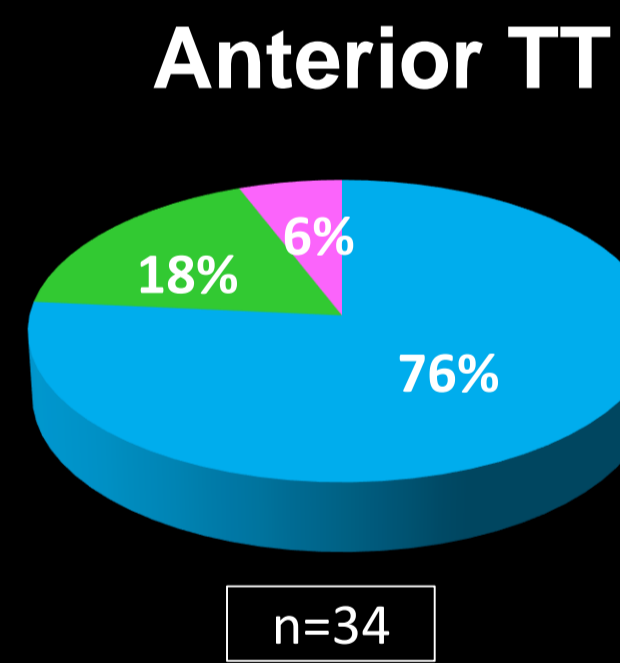


Type 1

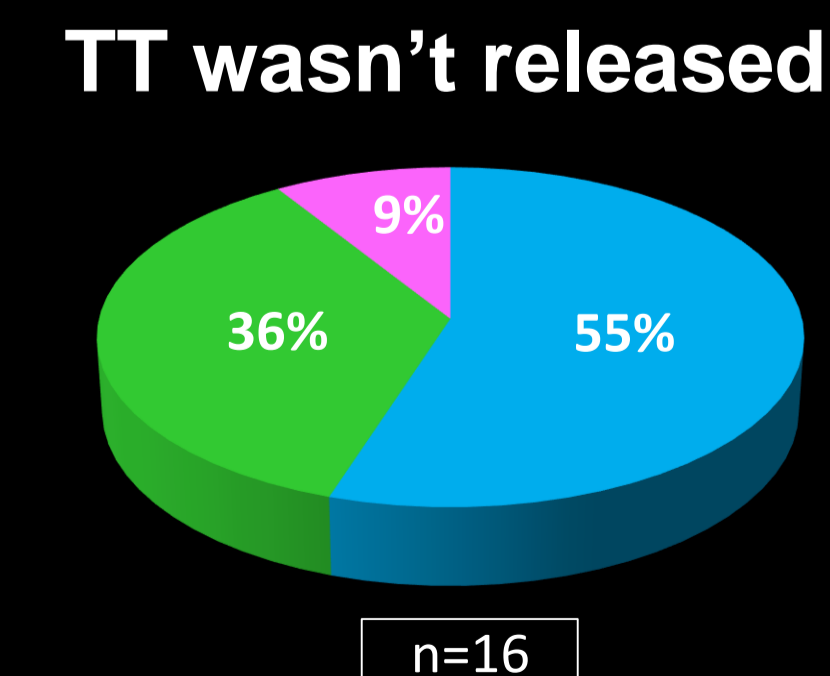
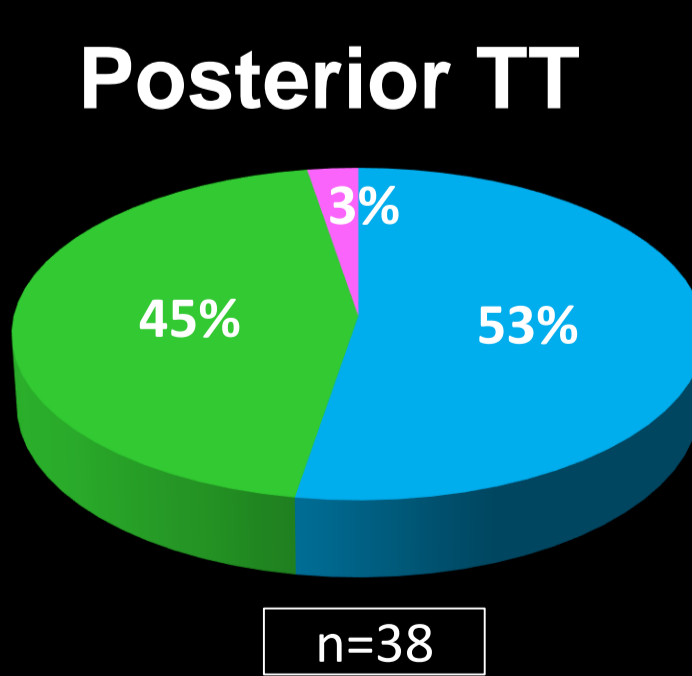
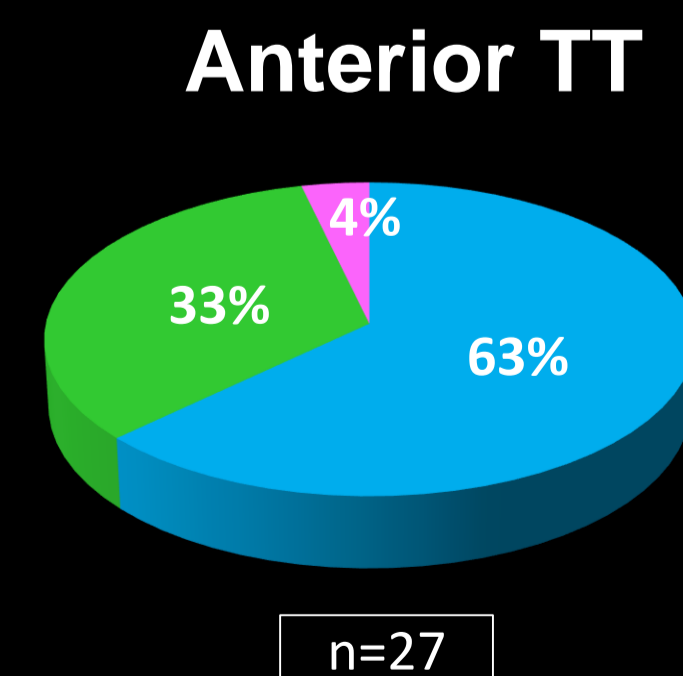
Type 2

OR

Effect of Frenotomy on BF Latch



Effect of Frenotomy on Pain and Sores



Type 3

Type 4

■ Improvement ■ No improvement ■ Don't know