

# The tongue & lip tie

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nourish & nurture

### What is a tongue tie?

Tongue tie or Ankyloglossia is defined as a structural abnormality of the lingual frenum, the cord that stretches from under the tongue to the floor of the mouth. When the frenum is normal, it is elastic and initiates sucking, eating, clearing food off the teeth in preparation for swallowing and, of course, in speech. When it is short, thick, tight or broad it has an adverse effect on feeding and speech. There are four different types of tongue tie of which posterior tongue tie is the one most difficult to diagnose.

According to the the Kotlow assessment devised by an American specialist paediatric dentist, tongue ties are classified in four types according to the length of free tongue (the distance from the tip of the tongue to the attachment of the frenum). If the length of the tongue is anywhere abetween 12 to 16 mm it is mild, 8 to 11 mm is moderate, 3 to 7 mm is severe, less than 3 mm is complete.

Anecdotal data from across different countries indicates over 10% of babies suffer from tongue tie which often goes undiagnosed and reported figure shows about 2 to 3% in the population in Indian literature. Research is the need of the hour to determine the actual incidence in Indian population. Yasmin is working towards research of incidence in Indian population.

# Why it happens?

"The development of the tongue and the lips takes place during the embryonic stage between the 4 and 7 weeks of gestation in the mother's womb. The oral cavity differentiates into mature mobile mascular tongue and and separates from the floor of the mouth. The incomplete process of this growth stage leaves persistant frenums under the upper lip and the tongue. This is seen in isolation or other midline anomaly such as cleft palate among others " explains Yasmin.

# How it is diagnosed?

A knowledgeable International Board Certified Lactation Consultant (IBCLC).must take a closer look at the problem and do a detail oral motor assessment to check for any abnormalities. Also they check on the capability of the baby to suck. Often babies with problems like tongue tie and lip tie bite and not suck.

# **UNDERSTANDING TONGUE & LIPTIE**

# Possible symptoms in a baby:

Some of the symptoms seen in a baby may include:

- · Loss of suction in latch resulting in 'Clicking' sounds.
- · Inability to achieve latch or loses deep latch during breastfeeding
- · Choking, grasping, gagging or frequent nasal congestions
- · Constantly feeding round the clock with no signs of satisfaction.
- · Falls asleep often at the mother's breast only to wake up often crying to feed.
- · Not gaining weight despite frequent feeding or failure to thrive.
- · Refusal or fighting the breast
- · Arching the back and pushing the breast away.
- · Reflux or frequent spit ups
- · 'Colicky' or gassiness
- · Milk dribbling or spilling from baby mouth while breastfeeding.
- · Audible noises while feeding called 'Stridor'

# Possible symptoms in a mother:

Some of the symptoms seen in a mother if your child is suffering from a tongue tie or a lip tie may include:

- · Nipple trauma Soreness, bleeding or cracked open wounds
- · Excruciating pain during breastfeeding despite good positioning
- · Distorted shape of the nipples after feeding.
- · Low milk supply, severe engorgement, mastitis and/or abscess
- · Recurrent plug ducts or thrush
- · Sometimes no noticeable symptom.

# How is the condition treated?

Treatment is shown to be highly effective when it is integrative and comprehensive which involves:

Advanced clinical lactation protocol to support feeding challenges Frenotomy surgical procedure

Craniosacral Biodynamic treatment and/or other supportive body work

For a severe tongue tie a frenetomy is often advised, a small surgical procedure to clip the frenum and free the tongue or the lip using laser procedure which is accurate and often requires no anesthesia. Impacts of an untreated tongue & lip tie:

Other probable issues seen during the growing years of a baby if it remains untreated are:

- · Difficulty in accepting solids or chewing.
- Restricted normal oral development and dental issues such as tooth decay, crowded teeth or gaps between the teeth.
- · Delayed or impaired speech development.
- · Sinus issues or persistent digestion issues.
- $\cdot$  Related other pain or stiffness in joints and muscles in the body such as TMJ disorder (Temporo-Mandibular Joint disorder)
- · Bed wetting
- $\cdot \, \text{Snoring, sleep apnea, obesity leading to later cardiovascular diseases} \, \& \, \text{hypertension}.$