Breastfeeding Information Letter

Anatomical issues such as tongue ties and lip ties can hinder effective breastfeeding. The baby’s lips should flange out as this is necessary for a good latch. Lip ties can inhibit the upper lip from its natural ability to curl up and out by pulling it down and in, which affects the “gape” necessary for controlled breastfeeding latch. This effect can cause pain for the mother because the nipples will be gummed, flattened, blistered or chewed, instead of a proper compression and suck. If the mother’s nipples are flat, inverted or not elastic enough this can also compound the effectiveness of the latch. Pursing of the lips may also affect the baby’s ability to breathe normally as the upper lip is pushed up against the nose, resulting in a reduction in the size of the nostrils and reduced airflow.

In the case of a tongue tie, the natural movement of the tongue will be less effective as it will not extend to guide the mother’s nipple on to the back of the tongue so that it can then elevate and compress the nipple against the roof of the mouth (palate) to express breast milk. The tongue may have an anterior or posterior tie. These will cause abnormal shaping of the tongue, such as notching or forking of the tip of the tongue. There can be a folding down or humping of the tongue with attempts to extend it out. There can be cupping, or a heart shape when lifting up. This may also cause blanching of the tip of the tongue or the lower jaw gum line where the tongue tie inserts. A callus may also exist.

Should an infant have a combination of lip tie and tongue tie, there is an increased impact on the ability to nurse. A lactation consultant can help a mother identify this problem and also help with corrections.

You should have an evaluation for the possible existence of lip or tongue tie if:

- Your baby has a nursing blister on his /her lip, chronic burping, belly distention, arching back, clenching hands, milk leakage of his/her mouth or nose, a shallow and weak latch, frequent clicking noises with a loss of breast suck or cannot hold on to a pacifier without assistance.
- You have blistered, bleeding, raw, gummed, flattened nipples, thrush or mastitis etc.

The reasons for treatment can be singular or multiple. A properly trained physician or dentist, who is aware of the anatomy of the mouth of an infant, and the anatomy of the jaws and floor of the mouth, can perform the treatment. Treatment, if required, is medically necessary for care of the existing condition. After a thorough evaluation of your baby’s mouth, you will be presented with objective details regarding the oral conditions present. **The decision to treat is always the parents’.**
Treatment at Children’s Dentistry of Westerly and Wakefield is provided with soft tissue lasers, offering a kinder treatment than scissors or scalpel, and is ultimately safer. There is little to no bleeding and the recovery is relatively quick. In many cases recovery is immediate and with minimal discomfort. If discomfort or pain is a post-treatment problem, nursing or bottle-feeding can be very comforting. The newfound lip and tongue mobility may be confusing at first as your baby adjusts to improved muscle freedom.