Understanding a Tongue and/or Lip Tie: Why does it matter?

Many health professionals regard treatment of infant lip and tongue ties as controversial. The reasons are based on misconception, lack of understanding of the condition, little to no training, exaggerated concerns regarding possible complications, the belief that the “ties” will stretch, and the feeling that breastfeeding is a natural process that should be free of any problems, to mention just a few.

There definitely are congenital problems that hinder effective breastfeeding. Tongue ties and lip ties exist and there are established classifications of Types 1, 2, 3 and 4 and degrees of severity (i.e. thick, thin, tight, loose, webbed…).

The baby’s lips should flange out as this is necessary for a good latch and seal. Lip ties can inhibit the lips from their natural ability of flanging by pursing down, which affects the initial gape necessary for proper breastfeeding. 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, posterior or submucosal (more difficult to diagnose) 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 of the lower jaw gum line where the tongue tie inserts.

Should there be a combination of lip tie and tongue tie (that is, they co-exist), there is an increased impact on the ability to nurse. The shape of the palate may further compound this coexistence: if it is high arched or narrowed, it also affects the latch and compression of the mother’s nipple to express milk. Your lactation consultant can help you identify this problem and also help with corrections in technique. When the oral cavity is developing, the tongue acts like
a guide for the formation of the palate. If a tongue is restricted or tied to the floor of the mouth, the palate typically will form a higher arch. If a tongue is free to move during development it may form a shallower, more flattened out palate. This flatter palate makes it easier for the baby to express milk from the nipple and help control the flow.

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 location of the important anatomy of the jaws and floor of the mouth, can perform the treatment. Whether the malformation is congenital or developmental, treatment is necessary to provide for optimal quality of life, by therapeutic and preventive oral care. The decision to treat is always that of the parent. After a thorough evaluation of your baby’s mouth, you will be presented with objective details regarding the oral conditions present.

One of the most important aspect of the procedure is to do the stretching exercises after the procedure. If the lip was treated, the tissue will look white and diamond-shaped which will shrink down in size proportionally and end in a line, and finally, a dot of white. (The mouth is moist and does not allow for a dry, dark scab.) If the tongue was treated for an anterior tie, there will be a white line, and if a posterior tie was treated the area will initially appear diamond-shaped. You will receive instructions on how to keep the area stretched and clean to allow for proper healing during the day of the procedure in person. By following the post-treatment instructions, the chance of requiring a secondary revision due to reattachment is very slight, but still exists.