

advocates for
tongue-tie
education

INTRODUCTION

Advocates for Tongue-Tie Education (ATTE) is a grass-roots collective of parents and professionals increasing awareness about the effects of tongue-tie. Our goal is to accelerate the integration of research results on tongue-tie into clinical practice through evidence-based resources and collaborative networking between providers and community liaisons.

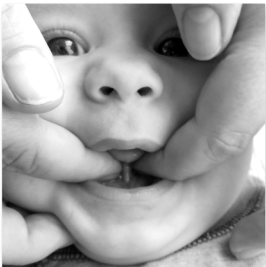
Tongue-Tie: Embryological remnant of tissue in the midline between the undersurface of the tongue and the floor of the mouth (lingual frenulum) that restricts normal tongue movement.

- International Affiliation of Tongue-Tie Professionals (IATP)

The assessment of tongue-tie should be functional as well as anatomical.



Anterior Tongue-Tie: A frenulum that is attached toward the front of the tongue, often visible and easy to identify.



Posterior Tongue-Tie: A newer term describing a frenulum that is not obvious, does not allow normal tongue movement, and can be hidden beneath the mucosa. This form can be hard to identify and relies on a functional evaluation to assess qualities such as tongue extension, lateralization, elevation, cupping, peristalsis, and snap back.



Maxillary Lip-Tie: There is a growing body of evidence that suggests lip-tie (restrictive maxillary frenulum) impacts breastfeeding as well.

Research is clear. Tongue-tie *can* cause breastfeeding problems, ranging from inadequate milk-transfer causing failure-to-thrive, to maternal pain resulting in premature weaning. Not all cases of tongue-tie cause medical issues. Current research estimates approximately 30% of individuals with tongue-tie will struggle from the effects of the condition.

While additional research is ongoing regarding other effects of tongue-tie, it is believed to be associated with speech articulation issues, reflux, indigestion, GERD, dental problems, headaches, TMJ disorder, snoring, and sleep apnea.

These handouts were created in conjunction with the Breastfeeding Alliance of Northeast WI and ATTE.

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Patient Handout

WHAT IS TONGUE-TIE?

- **Ankyloglossia** is the medical term for *tongue-tie*. This means the piece of tissue under the middle of the tongue (lingual frenulum) is too tight.
- While everyone has this piece of tissue, sometimes it is either too short or too thick.
- Tongue-tie can make it hard for a baby to move the tongue in order to feed, resulting in poor weight gain. Tongue-tie may also cause health problems later.
- In the past, medical experts thought 4-10% of people had tongue-tie. As more studies are being done, that number is likely much higher.
- A tongue-tie that goes all the way to the tip (anterior tongue-tie) is easy to see. Often the tongue is pulled into the shape of a heart when extended. People with this kind of tie usually can't stick their tongue out past their lower gum line.
- Tongue-ties can also be hidden under the skin (posterior tongue-tie), making them hard to see. People with this kind of tie can often stick their tongue out okay, but since the tongue is attached under the skin, the back of the tongue can't move well for things like swallowing.
- Not all people with tongue-tie will have problems. Some people can figure out other ways to use their tongue to eat and talk well.
- Tongue-tie can affect a baby's ability to breastfeed. Even if a baby looks okay, a baby may not be getting enough milk. If a breastfed baby is having weight or feeding issues, or a mom is having pain, it is very important to check for a possible tongue-tie

TONGUE-TIE CAN CAUSE...

Breastfeeding Problems:

- nipple soreness and damage
- poor suck, baby can't get enough milk
- poor seal on nipple, leaking milk
- trouble staying latched/sliding off breast
- long feedings
- poor weight gain/failure-to-thrive

Other Problems:

- dental decay
- delayed speech development
- indigestion/GERD/reflux
- snoring/sleep apnea
- migraines/headaches/TMJ Disorder
- personal (can't lick ice-cream, kissing)

HOW IS TONGUE-TIE TREATED?

Tongue-tie is treated by cutting the tight tissue under the tongue. A healthcare provider does this using scissors or laser. It is safe and allows baby to move the tongue normally. After the treatment, your baby will be learning to use the tongue in a new way. Some babies need no help at all, and some babies can be helped by other professionals. Lactation Consultants can help improve a baby's latch to ease sore nipples and increase the amount of milk a baby gets. Speech or Occupational Therapists can help the tongue relearn movements to get baby to eat better. Craniosacral Therapists and Chiropractors can help relax and move tight muscles.

MORE INFORMATION:

Websites:

- www.breastfeedingusa.org/content/article/tell-me-about-tongue-ties
- www.cwgenna.com/quickhelp.html
- www.kiddsteeth.com
- www.tonguetiehelp.org
- www.facebook.com/groups/tonguetiebabies
- www.facebook.com/groups/advocates.for.tongue.tie.education

