

Tongue-Tie

Definition

- Tongue-tie is when the lingual frenulum is too tight.
- The frenulum is the normal band of tissue that connects the tongue to the floor of the mouth.
- In tongue-tie, it connects to the tip of the tongue and limits tongue movement.
- The medical name for tongue-tie is ankyloglossia.

Health Information

Normal Lingual Frenulum

- All babies are born with a band of tissue that connects their tongue to the floor of the mouth. This band of tissue is called the lingual frenulum.
- Most often the lingual frenulum connects under the middle of the tongue.
- Sometimes it connects under the front of the tongue. This is normal. It does not cause any symptoms.
- In 1% of newborns, the frenulum connects to the tip of the tongue. This is considered abnormal and called tongue-tie. This limits tongue movement.
- Some people with short tongues have a frenulum that looks closer to the tip. This is not a tongue-tie. Shorter tongues can easily stick out past the gumline.

Tongue-Tie: How It's Diagnosed

To have a true tongue tie, the child must have:

- Lingual frenulum attached to the tip of the tongue.
- Tongue notched or indented at the tip.
- Tongue that can't stick out past the gumline.
- Tongue can't be moved side to side.

Tongue-Tie Symptoms

- Many children with tongue-tie have no symptoms.
- More than half of babies with tongue-tie have no trouble nursing. They don't have any problems bottle feeding.
- Sometimes tongue-tie can cause problems with breastfeeding. Examples are trouble keeping a latch, nipple pain and poor weight gain.
- Severe tongue-tie may cause some problems with speech clarity at age 3 or 4. Can't predict in advance and it gets better with speech therapy.

Cause of Tongue-Tie

- The cause of tongue-tie is probably genetic. It can run in families.
- It's a normal variation in mouth anatomy.
- Occurs normally in about 1% of newborns.
- In the last 20 years, it's being diagnosed more often than before. Now up to 10% of newborns are reported to have it. This is called "over-diagnosis".
- Social media has made people more aware of the lingual frenulum.

Care Advice

1. **Key Points**
 - Sometimes true tongue-tie can cause breastfeeding problems.
 - It does not affect bottle feeding.
 - For any nursing issues, seek help from a lactation specialist.
 - Consider frenulum clipping only if symptoms do not improve with lactation support.
 - Here is some information that should help.
2. **Normal Shorter Tongue: No Treatment Needed**
 - Some babies have normal shorter tongues.
 - The lingual frenulum is shorter than average. It attaches to the front half of the tongue (but not the tip).
 - This frenulum normally stretches some with time, movement, and growth of the tongue.
 - Shorter tongues do not cause any symptoms. They do not cause trouble nursing, swallowing or breathing.
3. **Breastfeeding Problems: Seek Lactation Consultation First**
 - Breastfeeding challenges are common and have many causes.
 - Most nursing problems are not caused by tongue-tie.
 - Always seek help from your child's doctor or a lactation specialist.
 - Consider frenulum clipping only if symptoms do not improve with lactation support.
4. **Tongue Tie: Frenulum Clipping Option**
 - Clipping is making a small cut in the frenulum with scissors. This is called frenulum release or "frenotomy".
 - The cut is squeezed for a minute to stop any bleeding.
 - A nerve block or anesthesia is not needed. Reason: there aren't many nerves in the frenulum.
 - The procedure should only be performed by a health care professional or pediatric dentist.
 - This quick procedure is safe. It's covered by health insurance.
5. **Misinformation About Tongue-Tie**
 - **Normal short frenulum.** This is being over-diagnosed as tongue-tie. The lingual frenulum comes in a range of sizes. Having a shorter than average frenulum does not cause any symptoms. See the requirements for an accurate diagnosis of tongue-tie above.
 - **Breastfeeding problems.** These are common. The mother and baby need time to learn how to work together achieve good milk transfer. Tongue-tie clipping is not a magic solution.
 - **Preventing future problems.** Future speech or other problems is never a medical reason to perform frenulum clipping in a baby.
 - **Perspective.** If you are not breastfeeding, don't worry about your baby's frenulum. It causes few if any symptoms or problems.
 - **Caution.** Lots of unnecessary frenulum clipping is being done. Tongue-tie treatment is controversial. For more information, see the American Academy of Pediatrics (AAP) August 2024 report on ankyloglossia.
 - **What to do.** Don't agree to any tongue-tie treatment until you have discussed it with your baby's doctor.
6. **Other Tongue-Tie Treatments to Avoid**

Here are some treatments that don't help, but will cost you money.

 - Tongue stretching exercises.
 - Labial (lip) frenulum release or buccal (cheek) tie release.
 - Laser treatments instead of clipping with a scissors. Some dentists are using lasers to remove the frenulum. This is not advised by the AAP.

7. **Trusted Resource**

- American Academy of Pediatrics parent website. www.healthychildren.org. See the article "Tongue Tie in Babies".

Call Your Doctor If

- You are having problems breastfeeding
- You think your child needs to be seen
- You have other questions or concerns

Pediatric Care Advice

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