

Supporting Breastfeeding in the Presence of Tongue-Tie/Lip-Tie

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Objectives

Participants will be able to:

- list at least three symptoms present in a breastfeeding mother that may indicate the presence of a tongue tie and/or lip tie in her baby.
- list at least three symptoms present in a breastfeeding baby that may indicate that baby has a tongue tie and/or lip tie.
- describe at least two feeding plans that may help to maintain a breastfeeding relationship until a tongue tie and/or lip tie can be released.

Disclaimers

- In my private practice, I sell Medela and Mamivac nipple shields, and Medela, Ameda and Pumpin' Pal pump flanges.
- I rent Medela and Ameda hospital-grade pumps in my private practice.

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Complaints that may indicate ties

- Signs in Mother:
 - Tender, sore or cracked nipples; painful breastfeeding
 - Repeated "thrush"
 - Vasospasm
 - Repeated nipple blebs or plugged ducts
 - Low milk supply OR Oversupply

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Complaints that may indicate ties

- Signs in Baby:
 - Baby can't seem to stay latched
 - Baby not gaining well
 - Baby at breast for long periods of time OR very frequently
 - Baby coughs or chokes
 - Stools are just large stains on diaper

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Complaints that may indicate ties

- Signs in Baby (continued):
 - Baby needs supplement though mother has plenty of milk
 - Baby only sucks during letdown
 - Baby refuses breast even though never had a bottle
 - Baby has reflux or cries a lot
 - Baby frequently has stuffy nose

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Clues from observation of feeding

- Baby should keep both lips turned out
- In a young baby, outline of lips against breast should be almost straight up and down—no “>” in the corner where lips meet
- Cheeks should stay nice and round when chin drops to create suction

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Clues from observation of feeding

- Milk should stay in baby’s mouth
- Tongue should stay in place across gumline or lower teeth
- Clicking indicates a loss in seal of tongue against breast/bottle nipple
- Quivering indicates baby is working too hard

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Clues from observation of feeding

- Nipple should look the same before and after feeding
- Suck blisters indicate baby is using too much pressure with lips

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Clues from digital examination of mouth

- Try to check mid-feeding
- Alison Hazelbaker's Assessment Tool for Lingual Frenulum Function (HATLFF)
 - Tongue should stay in place with wavelike motion starting at tip
 - Should NOT: thrust in and out; snap behind gumline; quiver.
 - Should NOT feel like vacuum-cleaner suction

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Clues from digital examination of mouth

- Tongue tip should follow your finger as you move along lower gum
- Can he lift tongue high when mouth is open wide?
- Does entire tongue lift, or only portions?
- Does tip of tongue stay round, or notch (become heart-shaped)?

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Clues from digital examination of mouth

- Murphy Maneuver:
 - Place your finger under tongue on one side, all the way back to where tongue and floor of mouth meet. Slide your finger all the way across to the other side. Can you slide straight across or do you pull around a speedbump?
 - Is speedbump soft or stiff?

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Clues from digital examination of mouth

- Can you grasp upper lip with your fingers and turn it out?
- Are there “pockets” on either side of labial frenulum which may catch food?
- Where does labial frenulum insert into gum?

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Management suggestions

- Before ties are released:
 - Bodywork for baby
 - Can help “unbunch” muscles
 - Can help tight tissue stand out more clearly
- Nipple shield may help

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Management suggestions

- Before ties(s) is/are released
 - Give mother permission to skip bringing baby to breast, for some or all feedings
 - Respect her pain level and her time

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Alternative Feeding Methods

- Kassing Method of Bottle-feeding
 - Less risk of breast refusal if mom can do lots of skin-to-skin; comfort sucking (if mom not in too much pain)
 - If possible, have several shapes of nipples available to experiment with
 - Move toward narrow-based nipple as baby improves suck style
 - As baby does more-correct suck, gets bigger mouthful of milk

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Alternative Feeding Methods

- Tube-feeder on finger
 - Reward *any* suck, including wrong suck
- Syringe
 - Some babies create enough suction to pull plunger down
 - If parent pushes plunger, tendency to reward *any* suck

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Pumping

- Mother may choose to bring baby to breast for some or all feedings, or may choose exclusive pumping
- Not necessary if baby currently getting plenty of milk at breast
 - **HOWEVER:** continue to watch diaper count and baby's satisfaction level

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My usual suggestions

1. Breastfeed, limited to 5-10 minutes/breast
2. Supplement (preferably using bottle unless mother is opposed to it)
3. Pump for 10-15 minutes (if supply is low)

This allows mother to get physical and mental breaks from feeding.

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Before ties are released

- Explain to mother that it is rare for baby to immediately and consistently suck correctly as soon as ties have been released
- Mothers need to be aware that it can take a few weeks for baby to consistently suck well (Warn her: older baby *may* never change suck pattern)

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After ties are released

- ***Remind*** mother that it is rare for baby to be able to immediately suck correctly
 - (She didn't really listen to you ***before*** because she hoped you were wrong!)
- Same feeding methods OK, moving to more at-breast time as baby feeds better

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After ties are released

- More bodywork after release helps bunched muscles get into proper position more quickly, so baby may be able to learn a better suck more quickly.

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After ties are released

- Stretches
 - Disagreement about whether or not to stretch incision area
 - Do stretches at a separate time from feeding
- Suck training
 - Right after release vs after incision has healed

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Suck training

- Desensitize gag reflex, if overactive (bodywork can help)
- Ahhh game to reinforce wide mouth
- Pressing down on humped tongue
- Encouraging tongue to move forward
- Rubbing gum to get tongue tip to follow you

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Thanks You for attending
today's webcast !!