Indicators for Release of Tongue Tie

Information for General Practitioners

All babies are born with their tongues well anchored to the floor of their mouth. This gives the baby stability which assists feeding. A lingual frenulum (thin membrane under the baby's tongue) is normally evident in a newborn, but the tongue changes as the baby grows.

A true tongue tie is a very rare condition, in which the lingual frenulum both restricts movement of the tongue, and impacts on tongue function. What may look like a tongue tie in a young baby usually fixes itself as the baby's mouth changes. There is no need to be concerned about "lip ties" and "cheek ties" in infants as these are normal parts of the mouth.

Some babies with tongue-tie are able to attach to the breast and suck well. However, many have breastfeeding problems, such as nipple damage, poor milk transfer and low weight gains in the baby, and possibly blocked ducts or mastitis due to ineffective milk removal.

Newborn infant:

For breastfeeding infants, there is low to insufficient evidence in the literature that a tongue tie causes nipple pain. There is no evidence about impact of tongue tie on factors such as weight gain and milk transfer.

Consider a tongue tie if:

- Infant's tongue does not protrude to cover the lower gum whilst sucking at the breast.
- Infant's tongue tip does not lift 1 cm

And either:

- Mother is experiencing pain with breastfeeding
  Or
- infant has poor weight gain

And a lactation consultant has not been able to improve the feeding

Many breastfed babies with a mild to moderate tongue tie can manage without any issue. If a tongue tie is noted, and the mother has received appropriate breastfeeding advice with no improvement, and there is a risk of breastfeeding ceasing, the infant should undergo frenotomy by a trained professional. Often discomfort in breastfeeding can be alleviated with improved position of baby and mother. Learning to breastfeed can take 1-2 weeks for every baby and Mum. When a tongue tie is thought to be severe, care should be taken to minimize nipple trauma prior to an early frenotomy.

Impact on feeding:

- There is no evidence that a "lip tie" impacts on breastfeeding
- A tongue tie has no impact on bottle feeding

Older infants and younger children:

- There is no evidence that an unreleased tongue tie has any impact on speech or chewing.
- The speech sounds requiring the most tongue tip dexterity are the sounds 'r', 'l' and 'th'.
- Most children that have a true tongue tie will use compensatory movements to make these sounds.
- Some children are not able to use their tongue tip to clear food debris from their buccal cavity until they are aged 3.
- Parents need to adhere to guidelines for dental health.
- Children with issues with chewing or speech should be referred to a Speech Pathologist for assessment. It is extremely rare that their issues are able to be attributed to a tongue tie.

School aged children:

- There is no evidence in the literature that an unreleased tongue tie will lead to mechanical issues.
- An older individual may elect to have a release due to individual reasons -aesthetic or mechanical reasons e.g. being able to lick top lip, clear food from buccal cavity, kiss or lick an ice-cream.
- No child should be undergoing surgery as a preventative measure for problems which have no evidence base.
- Risks of surgical intervention include reattachment, infection, oral aversion and the scar tissue contraction causing greater reduction in mobility

For more information

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