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Ankyloglossia: what are restrictive frenulums and why they can have a negative impact on breastfeeding

Definition:

A lingual (tongue) frenulum or ankyloglossia is a membrane that connects the floor of the mouth to the underside of the tongue. We are all born with this type of tissue, but in some cases the tissue is thick and/or not very elastic, preventing the tongue from moving well.

An upper lip frenulum is a short and/or thick membrane that connects the inside of the upper lip to the upper gum line, preventing the upper lip from moving properly.

Restrictive frenulums can cause breastfeeding problems:

The tongue should be able to move freely, including stretching forward to cover the lower gums, rising and undulating when sucking. In cases where a restrictive frenulum or tongue-tie is present, one may observe:

- Nipple pain: baby may find it difficult to get a deep latch and compress the nipple on the palate, causing friction, pinching, deformation, cracks, or wounds.
- Poor latch, difficulty everting the lips, loss of the seal on the breast, difficulty in creating suction (negative pressure) to extract the milk, aerophagia (swallowing air)
- Increased discomfort in the baby, possible reflux
- Low milk production and/or slow infant weight gain due to poor latch, poor milk transfer and poor breast stimulation.

- A high palate caused by poor tongue movement in-utero (during the pregnancy), which can worsen latch and milk transfer. The movements of the baby's tongue during pregnancy help form the hard palate.
- Muscle tensions due to an inability to move the tongue well and compensation with other facial muscles. This can create muscle tensions and make sucking more tiring for baby. Thus, baby can fall asleep on the breasts before finishing the feed, or feed more frequently.

Signs of restrictive frenulums:

These signs may also be related to other problems and are not just caused by restrictive frenulums. An evaluation by a health professional who is specialized in breastfeeding is essential.

In the baby:

- Difficulty maintaining a good latch: letting go often, slipping, or pinching with the gums or lips
- Clicking sound
- Dripping of milk from the sides of the mouth during sucking.
- Difficulty managing the rapid flow of milk: coughing, unlatching
- Difficulty coordinating the suck-swallow-breath cycle
- Falling asleep on the breast before finishing the feed
- Lip blisters
- Frequent feeds without being satisfied afterwards
- Gas or reflux
- Poor weight gain

In the mother:

- Sore nipples
- Nipple wounds
- Nipple vasospasm

- Recurrent engorgement, mastitis
- Decreased milk production

To make the diagnosis, the healthcare professional specialized in breastfeeding will not only base their diagnosis on the anatomy, but also on how breastfeeding is going.

Not all restrictive frenulums require immediate intervention or treatment.

A collaborative interprofessional approach is often necessary, including referral for manual therapy or bodywork.

Frenotomy:

This is the procedure by which the restrictive tissue under the tongue or upper lip is cut, in order to restore its full movement.

Research shows that a “frenotomy” (cutting the frenulum) is a safe and effective procedure. The frenotomy, like all medical procedures, can present certain risks: bleeding at the site of the cut, infection, injury to the salivary glands and/or tissue reattachment. It is also possible that this procedure will not solve all breastfeeding problems.

Current pediatric recommendations are to perform a frenotomy only to facilitate breastfeeding or feeding in babies.

The possible impacts on the older child are not taken into account in the decision-making process, because they cannot be predicted in a newborn. A procedure is possible at any age by other health care professionals, if non-breastfeeding related problems appear in the future.

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