My Baby Has A Tongue And Lip Tie: Now What?

By Dr. Saadia Mohammed

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As a first time mom, I remember wondering why breastfeeding was so difficult for me. I was baffled why my baby wasn't gaining weight and why I was constantly getting painful clogged ducts. I felt so alone and frustrated as everyone said 'this too will pass' or that it was 'normal' for breastfeeding to be painful. My second baby, I got smarter and hired an ihelpmoms.com lactation consultant to come. She instantly saw that the baby had a tongue and lip tie and she referred me to Dr. Saadia at Palm Beach Pediatric Dentistry.

She instantly put me at ease and her 10 years of pediatric experience, along with her gentle water laser equipment, helped me to feel confident I was making the right choice for my child. A minute after the correction my baby was breastfeeding comfortably! By the third baby, Dr. Saadia was my second appointment after giving birth!

Our ihelpmoms.com family experts like Dr. Saadia are here to educate and empower you to make informed decisions. Please share the information in this book so more moms and kids can access this amazing resource.
Chapter 1

What Are The Signs And Symptoms To Look For, In Lip or Tongue-tie?

Immediate Problems For Infant and Mother

Infant:
- Poor Latch Results In:
- Colic and excessive gassiness
- Reflux
- Difficulty with adequate milk intake
- Poor weight gain
- Falling asleep on breast
- Extended nursing episodes
- Unable to sustain latch
- Unable to develop a deep enough latch
- Unable to hold a pacifier
- Early weaning from the breast

Mother:
- Difficulty or unable to breasted
- Painful compression of nipples
- Mastitis, engorgement, thrush
- Vasospasm
- Anxiety, stress & fatigue
- Post-partum depression
- Slow weight loss from pregnancy
- Early cession of lactation
- Bleeding, cracked and flat nipples
- Low milk supply
- Feelings of guilt

What is a Tongue-tie or a Lip tie?

A tongue tie is when the fold of connective tissue or fascia, which attaches the tongue to the floor of the mouth, known as the frenulum (or frenum), is too short or too far anteriorly located.

The result of any tongue-tie is limited range of motion of the tongue, and may affect:

- Nursing
- Speech
- Chewing
- Breathing
- Functions of the tongue
- Development of the jaws
- Decay in teeth.
- Sleep, and cause sleep apnea
A **tongue-tie** is commonly first noted when difficulties during breastfeeding arise other times it is noted when a compensatory parafunctional habits (like grinding of teeth, excessive movement of the jaws, snoring, mouth breathing, and or open mouth chewing etc.) are observed.

A **lip tie** occurs when the frenulum under the upper or lower lip is too tight, too short or incorrectly positioned restricting the range of motion of the lip. The upper lip tie is seen most commonly affecting newborns and their ability to latch properly, due to the inability of the lip to flare on to the breast and form the seal necessary to allow correct suckling. The lower lip tie, though not as common, is also sometimes the culprit.

Our mouths have seven frenums and any one of them or all seven can be tied, restricting the range of motion and or causing excessive compensation during normal function. The general term for these tied frenums is “tethered oral tissue”. It is important to understand a frenulum is a normal fold of connective tissue, (which is part of the fascia) and only when restrictive is it considered a ‘Tie’.
Chapter 2

What Is The Link Between Breastfeeding and Tongue & Lip Ties?

The whole ‘experience’ of breastfeeding is a complex cascade of intricately linked chemical interactions designed to sustain the bond of love between a mother and her child (the highest form of unconditional love). The ultimate experience is for both baby and mother to thrive in a happy healthy atmosphere- for this there has to be ‘flow’.

In the presence of tethered oral tissues, the normal flow of nourishment, and love is either interrupted or compensated. Pregnancy is the time when the female body undergoes a multitude of chemical and hormonal changes, which help nourish and support the developing fetus. Breastfeeding is normal, natural and the best method for the baby to continue getting its basic need of nourishment (through nutrition and love from the mother). The experience of breastfeeding is vital for the mother’s health and well-being, because it allows her body to gradually transition from the post partum period back into her pre-pregnancy self physically and emotionally.

The goal here is to empower all mothers to make the best decision for themselves and their baby through awareness and understanding of the signs and symptoms associated with tethered oral tissue.

Compensatory behaviors are established, so that both baby and mother’s most basic needs of survival are met. Some of these behaviors are obvious whilst others are subtle and may easily go undetected.
Chapter 3

When Is The Best Time To Get A Tongue or Lip Tie fixed?

The earlier any tethered oral tissue is corrected the faster the baby will learn to breastfeed correctly and successfully.

Breastfeeding allows a baby to sustain its nourishment through breast milk, and establish a healthy oral and gut microbiome. Research has proven that the importance of healthy human microbiome is vital to immune health, digestive health and even brain health. Breastfeeding has profound benefits for both mother and baby.

The key is to be aware that something as minor as a Lip or Tongue-tie can and does impact one of the most important connective bonds; the bond between mother-child. Once the tie is identified, the problem should be corrected as soon as possible, allowing the health and love to flow through and restore normal and harmonious function of the breastfeeding experience.
Chapter 4

What To Expect During Your Consultation

1. A review of medical history of the baby.
2. A review of the Signs and Symptoms both you and baby are experiencing and exhibiting.
3. A clinical assessment of the babies mouth and the physical ‘ability’ of the baby to latch and the presentation of the latch on the mother’s breast.
4. Demonstration and instructions on the proper way to perform stretches, a review of postoperative care.

Remember the best time to get a lip or tongue-tie revised is sooner rather than later. Muscle has memory and the earlier any restrictions can be corrected the better the outcome!
Chapter 5

What Is The Procedure To Release Tethered Oral Tissue?

For each age group the procedure is basically the same with slight modifications to make it age appropriate for patient management.

For Newborns, babies and infants:

- The patient is swaddled and protective laser eyewear is placed on them.
- A laser is used to release the tethered oral tissue, coconut oil placed on release area. Baby is returned to mom for nursing immediately.
- For newborns and babies under the age of 6 months, it is common practice to not use local anesthetic. The rationale behind that is to minimize any chemicals to be introduced into the body. Also the pain management is easily achieved through comfort and skin to skin contact with parents.
For Toddlers:

- They are swaddled and protective laser eyewear is placed on them.
- Nitrous oxide (laughing gas) is used to help relieve anxiety and a few drops of local anesthesia administered to numb the area. (toddlers have greater sense of anxiety and typically increased chemical pain management is needed). The tethered oral tissue is released with a laser. A mixture of coconut oil and arnica placed on released area.

Children 6 and over and Adults:

- Nitrous oxide used to relieve anxiety.
- Laser protective eyewear placed on them.
- A few drops of local anesthesia administered to numb the area.
- The tissue is released with laser, coconut oil and arnica placed on released area.
Chapter 6

What to expect post surgery?

Recovery is different for each individual. Everyone tolerates pain and recovers differently.

What you can expect is as follows:

**Infant/Baby:**
Fussiness, potential discomfort for a day or two, easy to manage for stretches and post operative care, fast recovery.

**Toddler:**
Crankiness, some discomfort; a little more difficult to manage for exercises and post operative care, practice exercises at least a week before actual treatment, make stretches fun by turning them into a game, can communicate their discomfort so Tylenol, and coconut oil for pain.

**Children 6+ yrs of age and Adults:**
Some discomfort, equivalent to a canker sore in the mouth may be observed for a couple of days. In this age group it is recommended to have a myofunctional assessment done and the appropriate exercises practiced at least a week prior to the surgery. Pain control with Tylenol, Arnica and coconut oil is recommended.
Chapter 7
Post Procedures FAQ

Can I breastfeed my baby immediately after the release?

YES!!! Many of our mothers report an immediate relief and a rush of good feelings.😊

After your baby has received a frenectomy, I encourage you to breastfeed right away. We ask that you bring your baby hungry so that I may evaluate the latch and after the procedure your child can start to nurse right away.

The stretches required post surgery are extremely important.
Banish fear and spread love, especially when doing the post surgery exercises. If you do not feel comfortable performing the exercises, I recommend waiting to do the frenectomy until you are comfortable in performing the exercises.

Any open wound when left undisturbed will reattach, and reattachment especially if scar forms tissue is worse than unreleased tissue. This is an important point to be mindful of. Many parents get frustrated whilst doing the exercises, instead of being frustrated, focus on how you are helping your baby achieve their highest potential and love them through this gentle oral massage.
Dr. Saadia's recommendations of stretches after the procedure are as follows:

1. Start stretches 24 hours post surgery. Stretches should be done 4 times a day.

2. Place baby in a swaddle and position yourself at the 12 o'clock position at baby's head.

3. For latch retraining, place a little bit of coconut oil on your index finger and gently play and massage baby's lips so that they open. Also, do some latch retraining by having your baby latch on to your finger until the second knuckle. Once the baby has latched on gently tap downwards in the middle of the tongue (this activates the tongue to move in a wave motion, which helps the let down of the milk)

4. For the upper lip, apply some coconut oil to the released area and using both hands take your thumb and index finger grasp the upper lip and pull it up towards the nose gently stretching the released area, hold for a count of 3. Repeat this for a total of 9 times.

5. For under the tongue area, using both hands take your index fingers and gently push down on the floor of the mouth then lift the tongue towards the roof of the mouth in a forklift action, hold for a count of 3. Repeat for a total of 9 times.

6. Do not perform stretches right before nursing. Instead, plan stretches with diaper changes so your baby does not have a negative association with breastfeeding.
A Few Final Notes From Dr. Saadia To Remember:

All babies and mothers have an individual experience. It is important to understand that to resolve breastfeeding issues related to tethered oral tissue, the surgical release is only part of the solution. A correctly done surgical release, a compassionate lactation consultant, chiropractors trained in gentle pediatric care, are all resources which you can find on www.ihelpmoms.com and a body worker trained in babies allows for optimal breastfeeding success in babies with ties.

One of our goals at Palm Beach Pediatric Dentistry is to provide the most comfortable and technologically advanced care possible for our patients. We are proud to be the only pediatric specialist in South Florida to offer Solea and Waterlase gental dental lasers. The laser has revolutionized dental care as we can provide children with a new method of dental care, which often can be performed without injection of local anesthesia. These modern lasers are ideal for relieving tongue-tied conditions in children with a minimum of anesthesia, no sutures, and almost no bleeding.

We truly understand this can be a very stressful time for you and your family and our team at Palm Beach Pediatric Dentistry is committed to providing your child with the highest quality of care in a child-friendly environment.

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Dr. Saadia Mohammed is the first female board certified pediatric dentist in Boca Raton, and in private practice since 1998.

- NYU Dental School Class of 1994
- Mount Sinai Miami GPR 1995
- University of Connecticut Pediatric Dentistry Certificate 1997
- Fellowship at Yale New Have Hospital 1998
- Loving holistic and innovative care centered on prevention, education along with state of the art technology.
- Based on a true partnership with the parent and child, I develop a customized plan for optimal oral health by incorporating dietary habits, nutrition guidance, oral hygiene techniques and addressing the role of tethered oral tissue.
- My practice philosophy has been shaped by my personal journey. Growing up my father was part of the WHO, involved with public health initiatives for promoting Breast feeding and women's health and the integration of traditional allopathic medicine with homeopathic medicine.
- Dr. Deepak Chopra's teachings on spirituality and its role in holistic integrative medicine have played a key role in my present philosophy.
“I believe there are two primary driving forces: love and fear. Our practice environment is infused with aromatherapy, music and love not fear, it is all about love!”

—Dr. Saadia
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