

Why can't that baby latch? Tongue & Lip Mobility Restriction

Why can't that baby latch?
*How Tongue and Lip
mobility restriction can
affect breastfeeding*

~No disclosures of financial or other
conflicting interests to make~

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Objectives:

1. List five movements that a tongue with normal mobility can make
2. Explain the difference between an anterior and posterior tongue-tie
3. List at least three problems beyond breastfeeding that can result from significant tongue mobility restriction

How babies suck

Important players:

- Tongue- *cups to hold the breast, elevates & drops to create vacuum to draw out milk; grooves to help control milk bolus*
 - Cheeks
 - Facial muscles
 - Jaw
- } Help stabilize breast
- also facilitates tongue drop to draw milk
- Palate- *plays a role in creating vacuum; also closes off nasopharynx for swallowing*
 - Lips- form seal to maintain vacuum

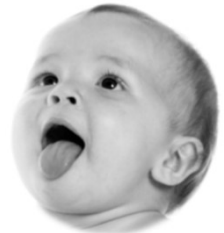
Tongue mobility:

an essential ingredient for suck

With mouth open, must be able to:

- ✓ Maintain extension
- ✓ Elevate
- ✓ Lateralize
- ✓ Cup
- ✓ Spread

= a variety of movements



Tongue also helps shape the palate

Restrictions can cause:

Bubble palate

High arched palate

Narrow palate



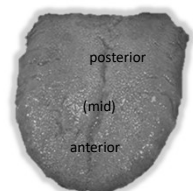
The unappreciated role of the *posterior* (back) tongue

Rise and drop creates vacuum to draw out milk

Bolus control

Swallowing

Airway protection



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Assessing Suck

Visual

- ✓ Anatomy
- ✓ Risk factors

Finger

- ✓ Tongue contact
- ✓ Seal
- ✓ Cupping
- ✓ Vacuum

Observation of function at breast

- ✓ Ability to transfer available milk

What happens if not all parts of the tongue can move properly and freely?

Suck problems: Tongue-tie

If lingual frenulum is too restrictive, tongue may not:

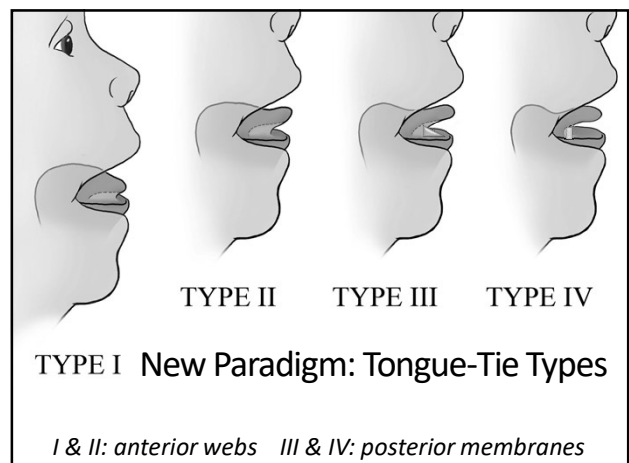
- ✓ *Extend* far enough to adequately grasp and stabilize breast
- ✓ *Cup* well enough to hold breast, maintain seal
- ✓ *Elevate* sufficiently to create necessary vacuum
 - Mid-posterior tongue vs Tip
- ✓ *Control milk bolus/swallowing*

What causes tongue-tie?

Failure of the tongue to separate completely from the floor of the mouth during pregnancy, leaving a piece of tissue that restricts full tongue motion and movement.



Familial tendencies



TYPE I New Paradigm: Tongue-Tie Types

I & II: anterior webs III & IV: posterior membranes

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Classic Type 1



Type 2



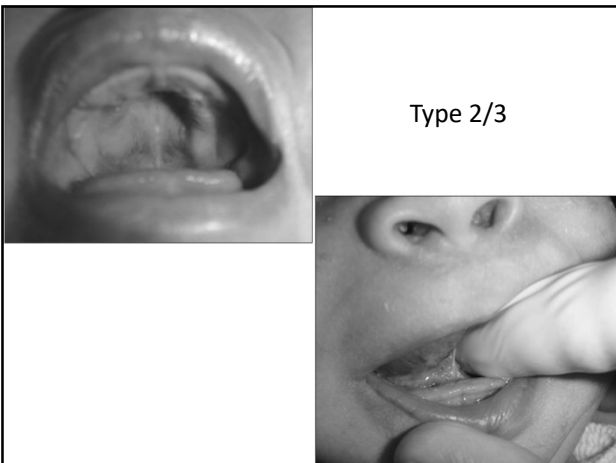
Posterior ties



Type 3



Type 2/3



Type 4 Posterior restriction

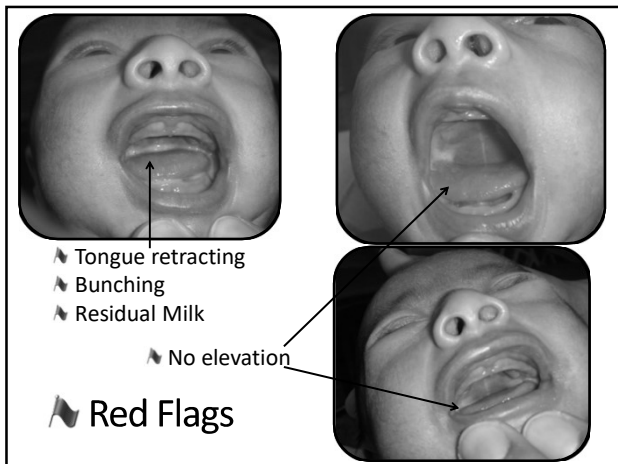


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Function: *How well does mother's breast fit with baby's suck/tongue issues?*

Breast size	Small gape
Breast density	Tongue curl back
Engorgement	Bunched tongue blocking
Breast pliability	Tongue thrust
Bulbous areola?	Tongue retractions
Nipple length	
Nipple diameter	
Nipple Inverted or retracting	



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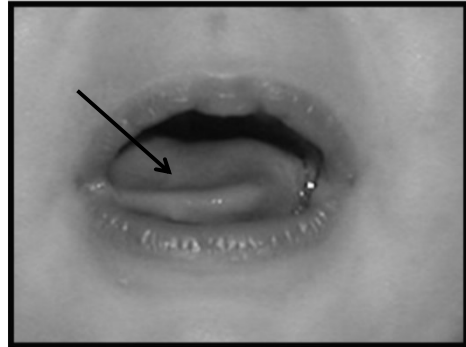
Red Flags



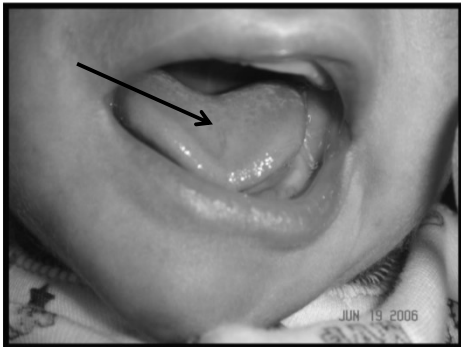
Bubble Palates



Frenulum pulls down center of tongue



"Taco Tongue"- frenulum pulls tongue down in a central line



Red Flags

Tongue retracts and/or bunches when mouth opens wide



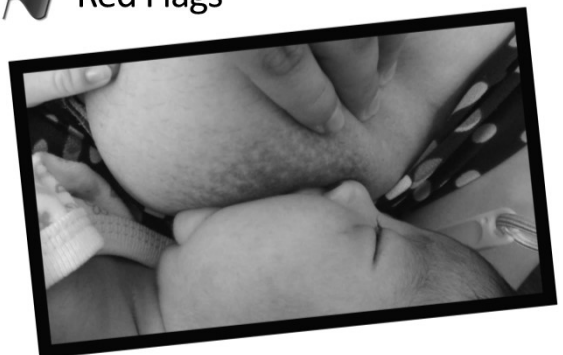
Red Flags



Frequent rests 🌀

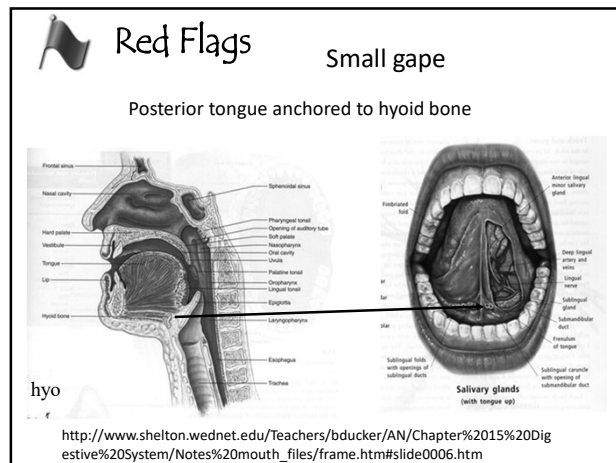


Red Flags



Frequently feeds with eyes closed 🌀

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Significant tongue-tie causes tongue mobility restriction

BUT

Not all tongue mobility restriction is necessarily caused by tongue-tie

~Some may be soft tissue restriction~

Differential Diagnosis

- ☐ Anatomical tongue mobility restriction
 - ✓ Floor of mouth tension/perioral tension
- ☐ Nerve impingements from birth
- ☐ Torticollis
- ☐ Long, thin tongues may be uncoordinated
- ☐ Facial or neck asymmetries can be associated with weak suck
- ☐ Underlying neurologic condition



Helping Baby do his job better

Positioning Changes:
Cradle vs Cross-cradle
Biological laid-back

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When the tongue gets in the way

Tongue tip obstructing entry

- ✓ Skin to skin facilitates drop of tongue
- ✓ Suck training before feed

Tongue humped/blocking

- ✓ Massage forward
- ✓ Suck train or finger-feed with counter pressure

Tongue retracted

- ✓ Skin to skin
- ✓ Massage forward

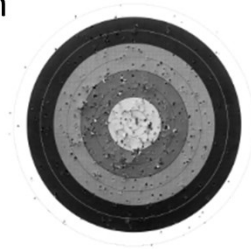
Breast shaping

The Classic Sandwich



Asymmetric Latch

Point nipple upward



Aim off-center so that nipple enters top of mouth

Nipple shields- *sometimes not so helpful*



Breast compression



If a bottle is necessary...



use it to teach breastfeeding skills

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Compensate until baby can do his job



Pumping is often essential to maintain supply

Therapeutic options for mechanical/TT issues

Positioning
adjustments
Massage
Speech
Pathologist
Occupational
Therapist
Chiropractor
Cranio-Sacral
Therapy
Suck training



*Appropriate for soft-tissue restrictions,
nerve compressions, traumatic birth;
pre- and -post frenotomy therapy*

The Next Step: *Frenotomy*

Releases the restrictive band

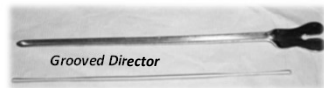
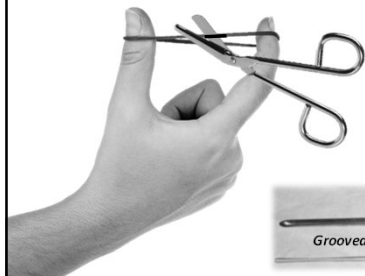
Usually done in office

Minimal anesthetic

Anteriors have very
little blood

Posteriors may have
a little more blood

Improvement may
be immediate



Potential problems when not treated: *Breastfeeding*

Baby

- Difficulty latching
- Clicking (suction breaks) with air swallowing
- Aspirating (breathing in) milk
- Early fatiguing resulting in need to feed very often
- Long feedings, baby never satisfied
- Poor weight gain

Potential problems: *Breastfeeding*

Mom

- ✓ Sore nipples
- ✓ Plugged ducts & breast infections from poor drainage
- ✓ Low milk supply
- ✓ *Frustration, feelings of helplessness, depression from pain, long feeds, work of pumping, etc.*

Potential problems: *Bottle-feeding & Solids*

Leaking milk from poor seal

Clicking & air swallowing

Choking from inability to control fast flow of bottle

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Potential problems: *Solids*

Oral sensitivity to unfamiliar textures

Gagging and choking on foods



Potential Problems: *Childhood and Adult*

Difficulty making certain sounds can result in problems with:

- ✓ Pronunciation (may need speech therapy)
- ✓ Quality of speech under stress
- ✓ Lack of control of rapid speech
- ✓ Rapid deterioration of speech with alcohol
- ✓ Tongue fatigue when speaking for periods of time

Problems: *Childhood and Adult*

Tongue mobility restriction can cause:

- ✓ Crooked teeth
- ✓ Hypersalivation (Excessive drooling)
- ✓ Excessive cavities in teeth due to extra food particles not swept away by tongue
- ✓ Digestive problems such as reflux from air swallowing, poorly chewed foods
- ✓ Difficulty swallowing foods
- ✓ Difficulty or inability to whistle, play a wind instrument, lick ice cream cone, french kiss

Problems: *Childhood and Adult*

- ✓ Poor oral airway development, airway obstruction, snoring, sleep apnea
- ✓ Lowered self-esteem
 - Who wants to kiss a dribbly child?
 - Eating issues: messy table manners, sloppy feeding, sensitivity to food
 - Teasing about speech, “splashing” when talking vehemently; sloppy eating, etc. may lead to depression, anger, social withdrawal
 - Stigma of being different, sent to speech at school
- ✓ May ultimately limit career opportunities!



Myth: “He’ll grow out of it”

Timing may be critical

Many practitioners want to “wait and watch” BUT accumulated experience now suggests that *success rate drops over time beyond 2 months*

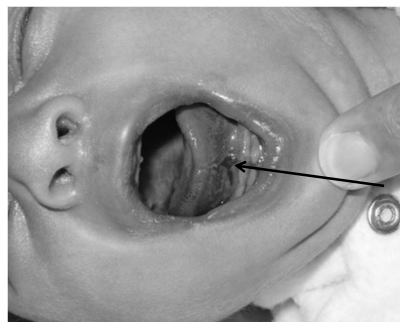
Donati-Bourne et al; 2015. Tongue-tie assessment and division: a time-critical intervention to optimise breastfeeding.

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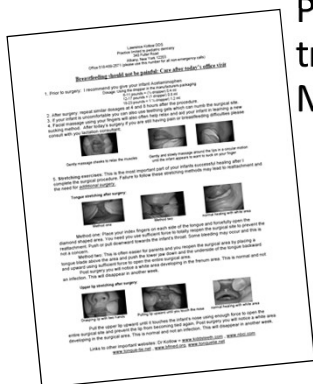
The dilemma of postponing tx

Learned behavior eventually overrides the instinct to seek and feed at the breast

Simple frenotomy



Open diamond



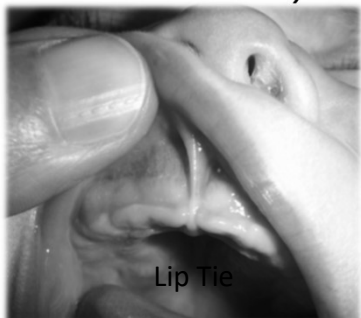
Post care treatment?
More controversy
→ Get it all
→ Massage to keep the area open
→ Coconut oil
→ Breastfeed!

But the job doesn't stop there



Lactation support helps optimize treatment results

New Territory: The Restrictive Maxillary Frenum



Kotlow, L. (2011). Diagnosis and treatment of ankyloglossia and tied maxillary fraenum in infants using Er:YAG and 1064 diode lasers. *European archives of paediatric dentistry* 12(2), 106-112.

Dental issue



Kotlow, L. A. (2010). The influence of the maxillary frenum on the development and pattern of dental caries on anterior teeth in breastfeeding infants: prevention, diagnosis, and treatment. *JHL*, 26(3), 304-308.

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