



*Breastfeeding should be
fun and enjoyable*

Why does it hurt when I breastfeed?

Lawrence Kotlow DDS



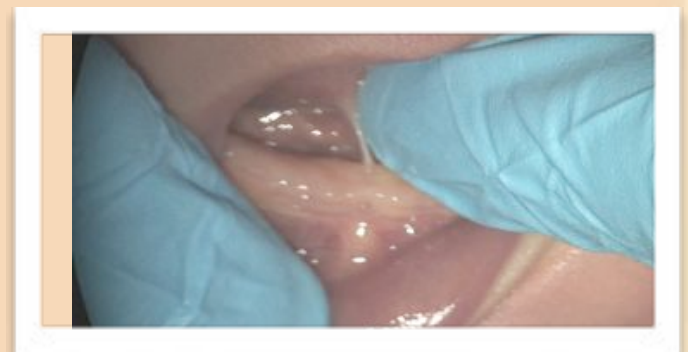
Why does it hurt me when I breastfeed my baby?

- Many mothers often mistakenly assume that if they cannot successfully breastfeed there is something wrong with them. The opposite is true. Infants are often born with a condition called ankyloglossia or a tongue-tie. A tongue-tie occurs when the embryological remnant of the tissue attaching the tongue to the floor of the mouth has not disappeared during fetal development.



How to determine if your newborn infant is tongue-tied

- Before an infant or a mother develops breastfeeding difficulties, use the following steps to check to determine if your infant may have a problem with the lingual frenum. Place your index finger under the tongue and sweep it across the floor of the infants mouth from one side to the other.
- A smooth mouth floor = No problem
- A small speed bump = Potential problem
- A large speed bump = Most likely will be a problem
- A small, medium or large membrane = Definitely will develop into a problem
- If the membrane feels very thin and strong like fine wire, push on it and look for tongue tip indentation and a slight bow of the tongue tip (submucosal posterior tie)



Common ideas and myths that interfere with proper care and treatment of newborns presenting with ankyloglossia



★ Tongue-ties do not exist.

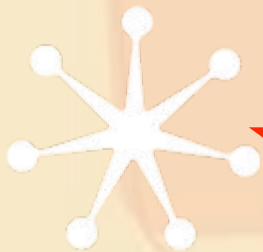
★ Tongue -ties will not effect nursing.

★ Tongue-ties will correct themselves.

★ A tight lingual frenum will stretch or tear without treatment.

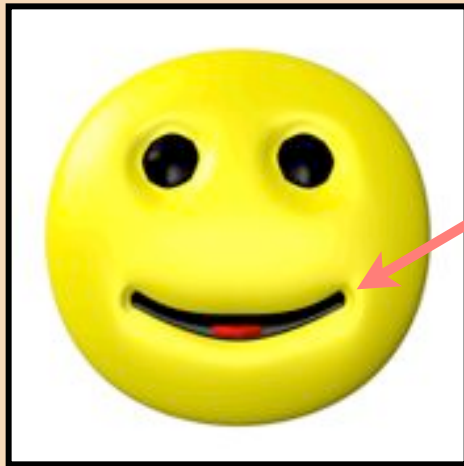
★ Ankyloglossia does not cause maternal discomfort.

★ Ankyloglossia does not effect developing speech.

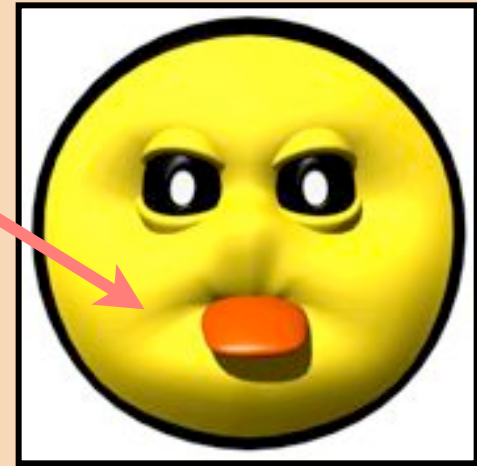


Examine your infant clinically

Ankyloglossia can be defined in two ways



Anatomic & clinical appearance



Ability to function

Examine for anatomic problems



Type 1(4) -total tip involvement



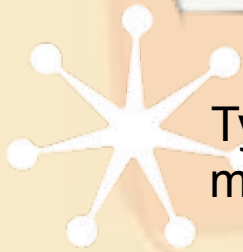
Type -II (3) Midline-area under tongue (creating a hump or cupping of the tongue)



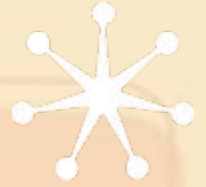
Type III (2) Distal to the midline. The tongue may appear normal



Type IV (I) Posterior area which may not be obvious and only palpable, Some are submucosally located



Examine for functional problems



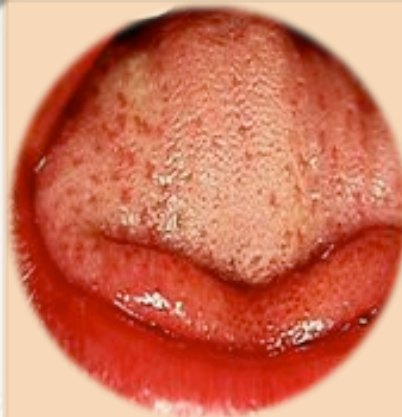
Total tie down resulting in lack of up or down mobility



Cupping and hump formation



Heart shape, pointed tip



Unable to elevate and touch the hard palate



No extension beyond the lips





Diagnostic criteria for neonatal tongue frenum revision



★ * Infant Factors to consider

- ★ No latch
- ★ Un-sustained latch
- ★ Slides off nipple
- ★ Prolonged feeds
- ★ Unsatisfied after prolonged feeds
- ★ Falls asleep on the breast
- ★ Gumming or chewing on the nipple
- ★ Poor weight gain or failure to thrive
- ★ Unable to hold pacifier

★ Maternal Factors to consider

- ★ Creased or blanched nipples after feeding: flattened
- ★ Cracked, bruised or blistered nipples
- ★ Bleeding nipples
- ★ Severe pain with latch
- ★ Incomplete breast drainage
- ★ Infected nipples
- ★ Plugged ducts
- ★ Mastitis & nipple thrush



Examination by Dr. Kotlow and Preparation for surgery



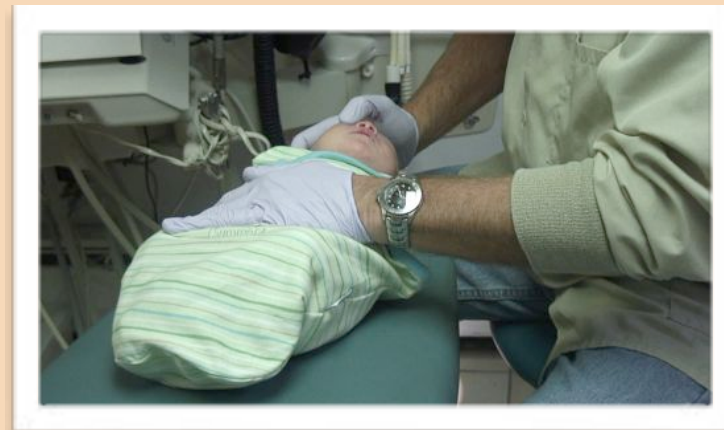
Examination on parent's lap



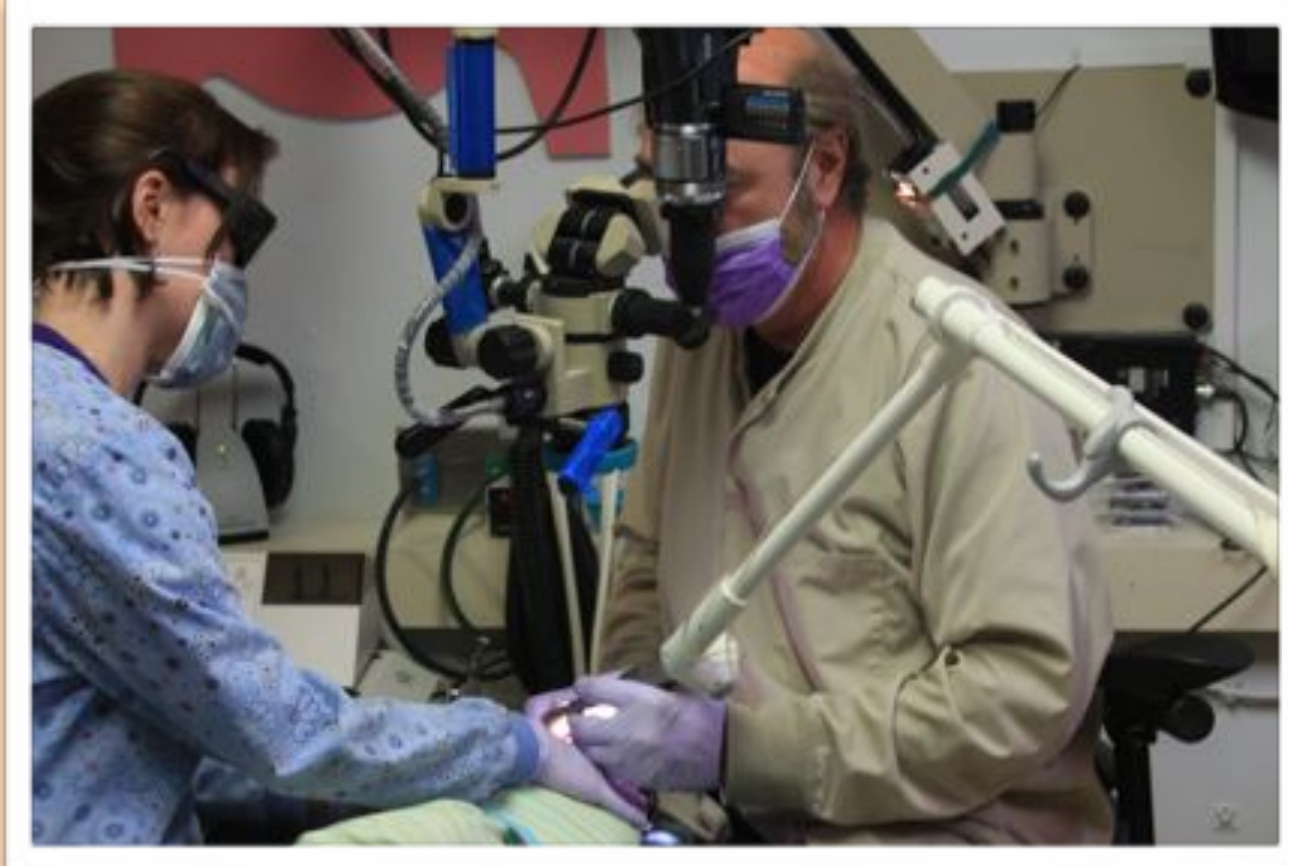
Infant being brought into surgical area



Infant placed in Swaddling blanket



Dr. Kotlow correcting abnormal frenum attachments



Surgical procedures completed in the dental office using surgical operating microscopes, no general anesthetic, no hospitals, no stitches are required.

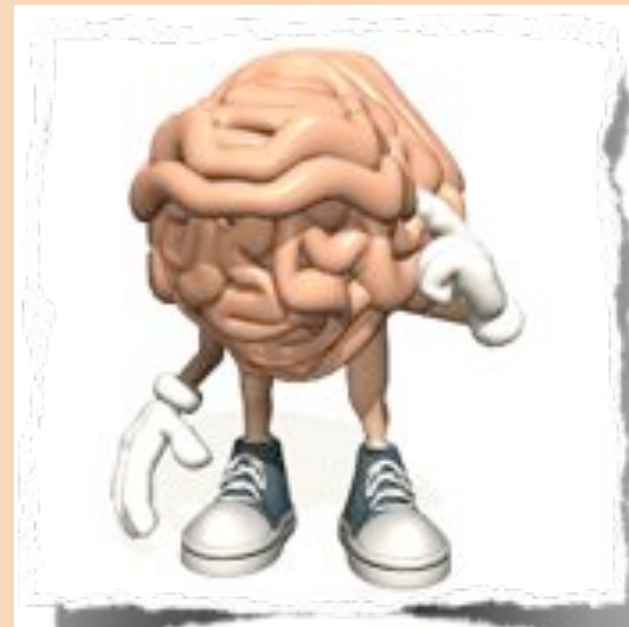


What might happen if we do not treat? ❄️

Potential problems that may evolve as newborn infants grow older

What problems we may not see immediately

- ❄️ Nutritional problems
- ❄️ Colic
- ❄️ GI problems: reflux
- ❄️ Drooling
- ❄️ Gagging
- ❄️ Sleep apnea
- ❄️ Changes in sleep patterns
- ❄️ Speech problems
- ❄️ Jaw growth & development



Future potential problems



Clefting of the border of the tongue
Heart shape, cupping



Dental decay



Creating a gap
between the lower
front teeth



Limited mobility and
function of the tongue

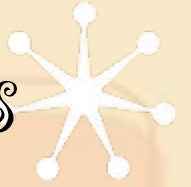


Pulling the lower teeth
towards the tongue



Orthodontics

Simple pleasures that may be effected by a tongue that lacks
proper function and mobility





Surgical release of the lingual frenum



Stretching the tongue upward to expose the frenum



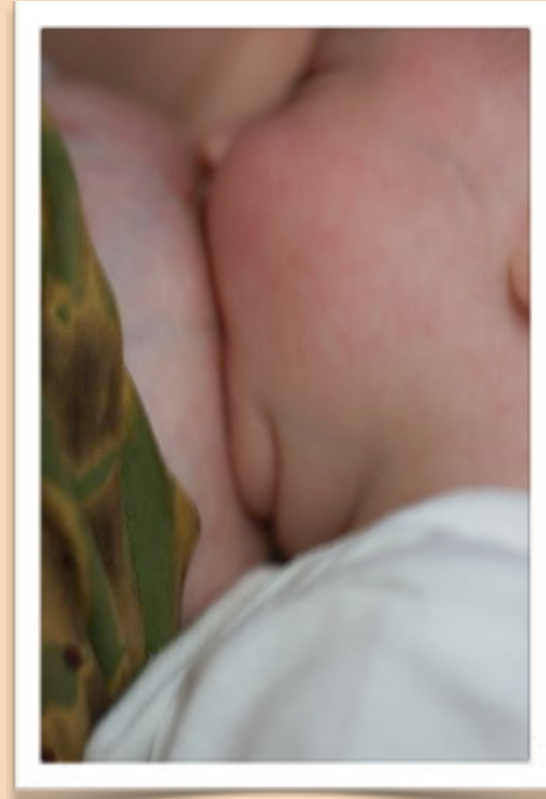
Completion of the frenum release



Lip, chin and breast positions after surgery!



Pre-surgery with breastfeeding difficulties due to poor upper lip latch due to the maxillary frenum and tongue-tie



Immediately post-surgery with improved upper lip latch & tongue seal resulting in improved painless breastfeeding

Lingual frenum revision post surgical care

Method one


Method two



Daily elevating of the tongue using a tongue blade to prevent reattaching.



Placing both index fingers under the tongue and pushing upward and backward to keep surgical site from reattaching.

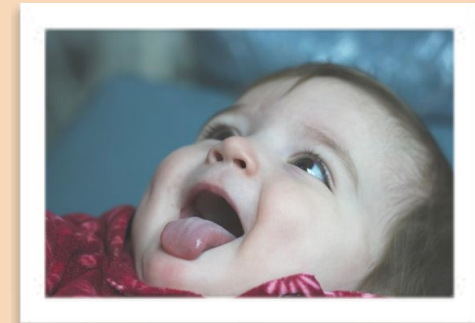
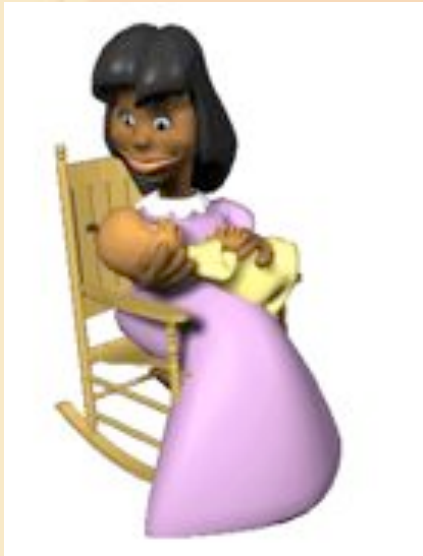
 Pain medication if needed
Ora-gel if needed

Changes in infant Breastfeeding immediately after treatment

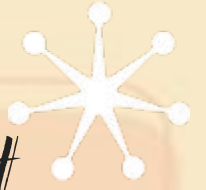
- The mother began nursing the infant as soon as the procedure was over and indicated 'this feels so much different'.

4 day follow-up

- Nursing less effort
- Slept longer between feedings
- Nursing was quieter: had been noisy and not very effective
- Nipples were healing
- Nursed for longer period of time
- Colic & gas disappeared



Abnormal maxillary frenum or labial frenum attachment



Latch Difficulties



Decay formation the
upper front teeth



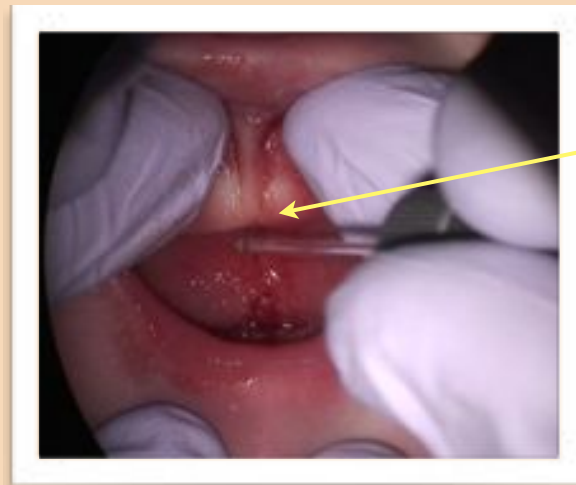
Potential complications due to the continued attachment of the
upper lip to the infant's gums

Kotlow Infant and newborn maxillary frenum classifications



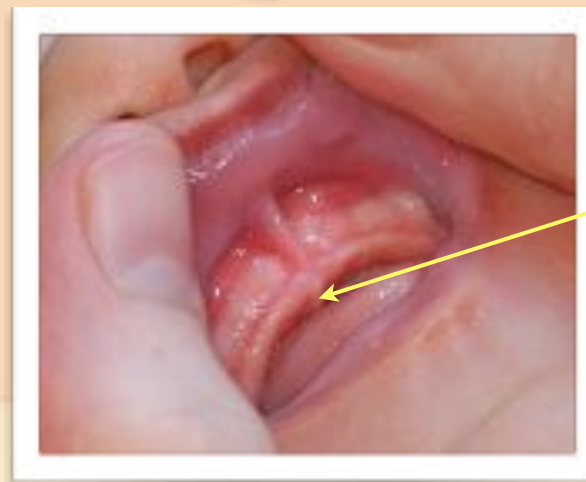
Class II

Attachment primarily into the gingival tissue



Class III:

*Inserts just in front of anterior
papilla*



Class IV

*Attachment just into the
hard palate or papilla
area*





Revising or releasing the upper frenum



*Attachment prior
to surgery*



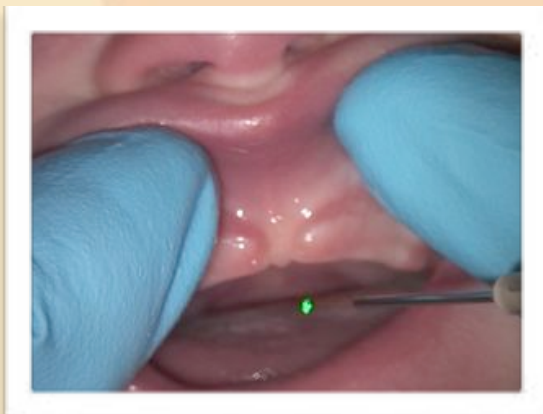
Area immediately post surgery



*Three week old with mother having mastitis and poor latch:
revising the tongue*



Revision using lasers , quick healing, little bleeding, no stitches



Revising the maxillary or labial frenum

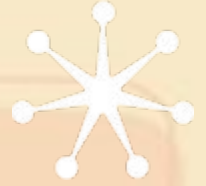
Post surgical care for the maxillary frenum



Appearance four days after surgery, the white area is normal healing

To prevent the reattachment of the upper lip to the gum, it is important to pull the upper lip upward to expose and open the surgical site at least two times a day.





Helpful Links to web sites that may help parents and professionals

- ◆ *Dr. Kotlow's website* <http://www.kiddsteeth.com>
- ◆ *Newman Breast feeding site:* <http://www.nbc.ca>
- ◆ *International Association of Tongue-tie Professionals website:* <http://www.tongue-tie.net>
- ◆ *Academy of Breastfeeding Medicine website:* <http://www.bfmed.org>
- ◆ *Carmen Fernando :* <http://www.tonguetie.net>





Acknowledgements

- *I would like to thank the following individuals for their assistance in allowing me to develop and understand the diagnosis, treatment and care of infants with breastfeeding difficulties.*

Dr. James Murphy

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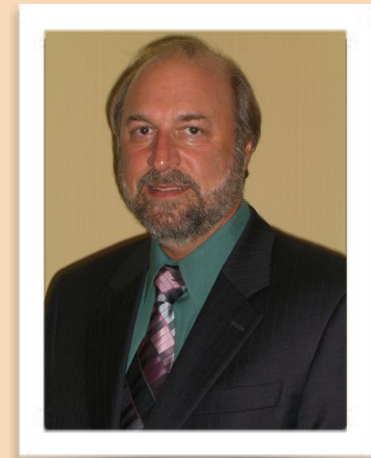
Dr. Alison Hazelbaker

Deborah Walsh





Dr. Lawrence Kotlow DDS
Practice Limited to Pediatric Dentistry
340 Fuller Road
Albany New York 12203
E-mail Kiddsteeth@aol.com
Website kiddsteeth.com



Practicing preventive and interceptive dental care for children since 1974

518-489-2571

Lawrence Kotlow DDS 2010

