

# BREASTFEEDING ANSWERS

## Tongue Tie & Breastfeeding

A baby with a tongue-tie or tight **frenulum** may have difficulty breastfeeding. A tongue tie may restrict movement of the tongue. Most babies with a tongue tie do not have feeding problems. You may consider **frenotomy** if feeding problems continue after you have received support from a breastfeeding specialist.

Frenulum – the tissue that attaches the tongue to the floor of the mouth

Frenotomy – a procedure which involves the “snipping” of the frenulum

### Your baby may:

- Not be gaining enough weight
- Refuse to feed at your breast
- Have a poor latch

### Mothers may:

- Have nipple pain and trauma
- Have low milk production

### How is a frenotomy done?

- You will be asked to sign consent for the procedure
- Local anesthesia may be used
- Your baby will be secured by being held by an assistant or by tightly swaddling him/her
- The doctor will make a careful incision with sterile scissors to release the tongue
- The site will be blotted with gauze – normally there is only a drop of blood or less
- Your baby may have acetaminophen if you desire
- Your baby will be returned to you to breastfeed immediately after the procedure

### How do I get a referral for a frenotomy?

- Your family doctor/walk in clinic will need to see your baby to send a referral to an Ear, Nose and Throat Specialist (or other doctor willing to do frenotomies)
- The office where the referral was sent will call you to set up a date and time for the appointment

After the frenotomy, most babies take the breast more easily, get more milk and nipple pain is reduced. This can happen immediately or for some mothers and babies can take a week or two.

If breastfeeding support is needed, please call us at 1-800-563-2808.

