Breastfeeding should be fun and enjoyable

Why does it hurt me 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 tongue-tied. A tongue-tie occurs when the embryological remnant of the tissue attaching the tongue to the floor of the mouth does not disappear when an infant is born.
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 infant's 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 I (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 (1) Posterior area which may not be obvious and only palpable, some are submucosally located

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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

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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

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Examination by Dr. Kotlow and Preparation for surgery

Examination on parent’s lap

Infant being brought into surgical area

Infant placed in Swaddling blanket

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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.

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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

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Future potential problems

Clefting of the border of the tongue
Heart shape, cupping

Dental decay

Limited mobility and function of the tongue

Pulling the lower teeth towards the tongue

Creating a gap between the lower front teeth

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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

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Lip, chin and breast positions after surgery!

Pre-surgery with poor upper lip latch and tongue-tie

Immediately post-surgery with improved upper lip latch and improved painless breastfeeding

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Lingual frenum revision post surgical care

**Method one**

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

- Pain medication if needed
- Ora-gel if needed

**Method two**

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

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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

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Revising or releasing the upper frenum

Attachment prior to surgery

Area immediately post surgery

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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

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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.nbci.ca
International Affiliation of Tongue-tie Professionals website: http://www.tongue-tie.net
Academy of Breastfeeding Medicine website: http://www.bfmed.org
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