

Tongue-tie in babies explained

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Up to 10% of newborns are born with ankyloglossia, a condition more commonly known as tongue-tie. The most common symptom for infants is difficulty with breastfeeding or bottlefeeding. The American Academy of Pediatrics is raising concerns about the increasing use of surgeries, using scissors or lasers, to treat infants with tongue-tie, when

research suggests these surgical treatments may not be necessary.

Rebekah Huppert, nurse and lactation consultant at Mayo Clinic, discusses how latching and feeding challenges caused by [tongue-tie](#) can be addressed with or without the need for any procedure.

Latching and feeding challenges can be caused by a number of issues. Tongue-tie sometimes can be to blame.

"Typically, the things that we see the tongue causing problems with are going to be the latch. Primarily, it's difficult for baby to get a hold of the nipple and pull it into the [soft palate](#)," says Huppert.

With tongue-tie, an unusually short, thick or tight band of tissue tethers the bottom of the tongue's tip to the floor of the mouth, restricting the tongue's range of motion.

"The band of tissue is something that we can look for, but sometimes you can see it and the tongue moves great. And sometimes it's not super obvious and the tongue doesn't move well. So although that can be an indicator, it isn't the diagnosis just because it's there," says Huppert.

Some cases may require a simple surgical procedure for correction. But not all babies with tongue-tie require treatment. Some families and care providers choose a wait-and-see approach. In that case, Huppert suggests working with a lactation professional who can provide some strategies.

"We can work on different positionings with latch. One of the primary things that we like to do is what we call the laid-back position, where we have moms kind of laying back on their back. That's thought to have gravity bring that chin and tongue forward a little bit more."

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