

Letter for Editor

Can Infants With Short Tongue-tie Be Successfully Breastfed

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Dear Editor,

Short tongue-tie (Ankyloglossia, linguistic frenulum) is a congenital condition that is characterized by an abnormally short, thickened or tight lingual frenulum which restricts the movements of the tongue.¹ Short tongue-tie is a potential cause of breastfeeding difficulties since it restricts the movement of the tongue. It has been reported that 25% to 80% of the infants with short tongue-tie have breastfeeding difficulties. In recent years, increased importance given to breastfeeding has resulted in an increased interest in functional short tongue-tie, which is one of the problems experienced in breastfeeding.² According to the results of the Canadian Academy of Pediatrics (CAP) in 2015, the incidence of short tongue-tie in newborns ranges from 4.2% to 10.7%.

The mothers of infants short tongue-tie may face various difficulties during breastfeeding. A breastfeeding mother may experience wounds on the nipples due to chewing, painful nipples, clogged channels, bleeding, nipple infection, and the symptoms of breast infection caused by friction due to abnormal language movements.³ The infants may not get enough milk since they cannot make an effective grip and cannot stick to the breast. Ineffective sucking may lead to a decrease in breast milk, growth of the breast, and rejection of breast. The infant may not gain enough weight due to insufficient intake of milk despite frequent breastfeeding. This may lead to fatigue during breastfeeding, long pauses for rest, shortening of time between two breastfeeding and

insomnia in mothers.^{1,2,3,4,5}

Frenotomy (surgical section of lingual frenulum) is mostly recommended to solve the breastfeeding problem. However, there are contradictions about it. CPS and the Japanese Association of Pediatrics indicate that short tongue-tie does not cause breastfeeding problems for all infants and routine frenotomy is not recommended. They stated that most of the infants with short tongue-tie were asymptomatic and had no nutrition problem. However, it has been also emphasized that frenotomy can be utilized in case of significant breastfeeding difficulties. However, there is a small risk that postoperative scar may further restrict language movement and require reoperation. Families are necessarily advised to consult a health care professional before applying for performing frenotomy.¹

However, in many studies carried out, it has been stated that the infants with short tongue-tie cannot do enough mobility, cannot grasp the breast well and cannot suck effectively since they cannot extend their language, and that frenectomy is required when such problems occur.^{2,6} After frenotomy, it was found that maternal breast pain decreased, the infant grasped the breast better, the number of sucking increased, the time between two breastfeeding was extended, and the symptoms related to sucking/swallowing/respiratory coordination were improved.^{4,5} Some researchers argue that short tongue-tie stretches spontaneously due to gradual stretching and thinning along with use.²

Short tongue-tie usually cannot be detected in the early period. Many health care workers have limited knowledge of tongue-tie and its potential impact on breastfeeding.⁶ The applications developed for the detection of short tongue-tie should be included in the newborn's routine controls that start in delivery room. It has been emphasized that early detection of the causes of sucking problems and timely intervention are very important for successful breastfeeding.³ It has been indicated that the evaluation performed for short tongue-tie during admissions to health care institution with breastfeeding problem should be included in all routine newborn controls. Nurses should not consider the breastfeeding problems of mothers having an infant with tongue-tie as a normal process. Nurses and pediatricians will be able to help families adequately for the potential difficulties that mothers may experience when they receive adequate education on tongue-tie.⁶ Breastfeeding education should be provided to the mother before and after the surgery to prevent the scar tissue when frenectomy is decided.³ There are also cases in which breastfeeding problems are not observed in infants with short tongue-tie. The observation of breastfeeding nurse in these infants and considering mother experiences are important.

References

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