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## Tongue-tie in the newborn: early diagnosis and division prevents poor breastfeeding outcomes

### ABSTRACT

#### *Background*

In 2011, the Centenary Hospital Neonatal Department guidelines were modified and recommended delaying the division of infant tongue-tie (TT) until after 7 days of life. This paper looks at the effect of these guidelines in practice by comparing patient characteristics and breastfeeding practices before and after the change.

#### *Methods*

We used prospective data from mothers and babies who had TT division to compare breastfeeding practices in 2008 and 2011. Data included: gestational age (GA), birth-weight (BWt), gender, age at TT division, degrees of TT and maternal feeding pre/post TT division.

#### *Results*

There were no significant differences between the 2 years in the rate of TT division, 115/2471 (4.7%) vs 144/2891 (5.0%) (TT divided/birth number) or GA 39.6±1.2 vs 39.5±1.2 (weeks); BWt 3.48±0.45 vs 3.52±0.50 (kg); and Male:Female 77:38 (2.0:1.0) vs 91:53 (1.7:1.0). There was, however, an increase in the age the TT was divided 6.5±4.5 vs 9.7±6.2 (days)  $p<0.0001$ ; and an increased number of mothers unable to continue breastfeeding and providing expressed breastmilk: 4/115 (3.5%) vs 25/144 (17.4%)  $p=0.0004$  (expressing/divided). A majority (>90%) of mothers noted an immediate improvement in feeding and decreased nipple pain. No significant complications occurred.

#### *Conclusion*

The rate of TT division did not change after the implementation of new guidelines post 2011. However, there has been a significant increase in the age at TT division and the number of mothers unable to breastfeed, primarily due to nipple pain and poor attachment. If feeding is problematic, the TT should be divided as early as possible to reduce breastfeeding cessation and improve breastfeeding satisfaction.

**Keywords:** *breastfeeding, tongue-tie, division of tongue-tie, breastfeeding pain, expressed breastmilk*

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### BACKGROUND

Until recently there was considerable debate on the decision to divide a tongue-tie (TT) where there were feeding difficulties, but randomised controlled trials (RCT) have now significantly shown the benefits of TT division (Berry, Griffiths & Westcott, 2012; Buryk, Bloom & Shope, 2011; Bowley & Arul, 2014; Dollberg, Botzer, Grunis & Mimouni, 2006; Emond et al., 2014; Hogan, Westcott & Griffiths, 2005). Before the 1950s, TTs

were divided routinely and the introduction of artificial feeding delayed the significance of the impact of the TT (Cullum, 1959). The TT is the piece of skin or frenulum on the underneath of the tongue, which attaches the tongue to the floor of the mouth and often the alveolar ridge. Usually this is only a small piece of skin but it may affect movement and function even if it does not extend to the tip of the tongue (Hogan et al., 2005). It was thought that TTs do not affect infant feeding or speech and advice was