Breastfeeding management

FACT SHEET

for health professionals

A tongue-tie exists when the tongue has limited range of motion and subsequently impacts function due to a restrictive lingual frenulum.¹ Neonatal tongue-tie has an estimated prevalence of 8%.²

Tongue-tie

Approximately 50% of infants with a tongue-tie encounter breastfeeding problems. The following breastfeeding problems may be related to tongue-tie:

- nipple pain and damage
- the nipple looks flattened after breastfeeding
- you can see a compression/stripe mark on the nipple at the end of a breastfeed
- the baby fails to gain weight well.

Since there are various reasons for breastfeeding problems, it can be helpful to refer to a lactation consultant who can carry out a full breastfeeding assessment and help determine what factors may be contributing to the breastfeeding problems. If it is determined that a tongue-tie is interfering with breastfeeding, then a frenotomy may be warranted.¹

Currently there is zero to inadequate evidence to support performing labial or buccal frenotomies to assist with breastfeeding.

Resources

Brodribb, W. (ed) 2019, *Breastfeeding Management in Australia*.
5th ed. Australian Breastfeeding Association, Victoria.

Australian Breastfeeding Association 2018, *Tongue-tie and breastfeeding*, Retrieved 18/1/20 from: https://www.breastfeeding.asn.au/bf-info/tongue-tie



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References

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2. Hill, R. R., Lee, C. S., & Pados, B. F. (2020). The prevalence of ankyloglossia in children aged <1 year: a systematic review and meta-analysis. *Pediatr Res.* https://doi.org/10.1038/s41390-020-01239-y