

FASHION & BEAUTY

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Tongue tie can make life a misery for babies

DO you have a baby that is having difficulty feeding, whether by breast or bottle?

Are your children suffering from dental cavities, speech issues, mouth breathing, sleep disorders or overbite?

Although it is not commonly diagnosed, your child could have a tongue frenulum. Otherwise known as tongue tie, this occurs when the string on the underside of the tongue is so short, tight or thick that it interferes with tongue function.

It is said to affect between three and five per cent of babies.

It is such a tiny thing in the mouth, but it can lead to all sorts of complications, explains Galway GP Dr Vanessa Stitt, who has set up the first tongue tie clinic in Galway.

The tongue plays a vital and complicated role in feeding, both milk and solids, speech, dental hygiene, airway patency and posture.

"Some mothers are in crisis by the time they attend after seeing several health professionals," explains Vanessa.

"Some cannot feed at the breast at all due to poor latch or nipple pain, and some are having to supplement with formula, or have tried every bottle on the market but still their child struggles to finish a bottle inside an hour.

"Feeding the baby feels like a full-time job. Sometimes infants have lost weight and are failing to thrive."

Tongue mobility is the critical factor that affects breastfeeding.

Potential challenges for the breastfed baby with a tongue tie include difficulties in achieving and maintaining deep attachment to the breast, weight loss or challenges to gain weight, restless and unsettled feeds, noisy or clicking sounds during the feed, colic or reflux symptoms as a result of swallowing air during feeds.

Mums may notice a distorted nipple shape after a breastfeed and have bleeding, damaged or ulcerated nipples resulting in

nipple pain. The incomplete milk transfer by the baby may result in engorgement or mastitis.

Bottle fed infants are less likely to have problems with a tongue tie because the feeding mechanics are different but they too can have symptoms.

These include frequent small volume feeds, feeding taking long periods of time, slipping off the teat, difficulty keeping a soother in the mouth and the dreaded colic or reflux symptoms as a result of swallowing air during feeds.

The problems can continue during weaning. They may refuse food, finding it difficult to move on from very thin consistency foods. They are prone to choking or gagging.

Tongue tie is not a new condition. There are descriptions of it in ancient Greek literature and in the Bible, with stories of midwives using a sharp fingernail to separate a tongue tie post birth.

But frenotomy - or tongue tie division - fell out of favour with the advent of formula feeding. It was soon left out of medical textbooks and as a result GPs, paediatricians, midwives, public health nurses, dentists and speech and language therapists are not trained to identify and assess oral restrictions, of which tongue tie is one.

Awareness has grown with the increased popularity of breastfeeding, breastfeeding support groups and lactation consultants. Vanessa's medical indemnity insurance company have only just added tongue tie management to their cover.

The Newcastle GP first heard about the condition when her son, Lucas, had a tongue tie diagnosed when he was five weeks old.

"I had no idea what a tongue tie was despite having had 11 years of medical training. The procedure was simple and gave an immediate result of a deeper, less painful latch. The full effect of his new tongue mo-



Tongue tie special Dr Vanessa Stitt with her son Lucas.

bility became apparent in the weeks following the procedure.

"And so began my interest in all things tongue tie."

She set out to observe and perform as many procedures as she could both at home and in the UK and did the main body of her training in Belfast.

Since opening her clinic one afternoon a week in the Newcastle practise near University Hospital Galway, demand has increased and she plans to open it shortly every Friday.

"Prior to the clinic starting, a lot of babies and their families travelled long distances to see a tongue tie specialist. One of the main difficulties is the wait to be seen. If an infant has feeding difficulties, things can get worse quite quickly, and they need assessment as soon as possible."

It is not always necessary to perform frenotomy. With input from skilled lactation consultants and bodyworkers such as craniosacral therapists and cranial osteopaths, sometimes symptoms improve without need for the procedure.

"For this reason, I strongly advise that all breastfeeding mothers see a lactation consultant prior to attending the clinic."

Before the procedure which takes a few minutes, a numbing gel is applied to the area. The doctor uses a sharp edged, blunt ended scissors to cut through the fold of skin. The baby should be able to feed straight after having the procedure.

Children over one require either sedation or general anaesthetic to have a frenotomy and need extensive mouth work pre and post procedure so the earlier the procedure is performed the better.

"Families who have come to clinic have had great response post-release. There can be improved breastfeeding scores immediately.

"Those who have the best outcomes are those who have skilled lactation support following the procedure," she advises.

■ The tongue tie assessment costs €100 and the procedure if needed costs another €100. Phone 085 764 2095 for appointments.