

# Does My Baby Have a Tongue-Tie?

Your healthcare provider might tell you that your baby is having trouble feeding (e.g., latching to the breast, taking enough milk from the breast or bottle) or that their tongue is shaped differently than normal. Your healthcare provider might also see that you have cracked, bleeding, or painful nipples that aren't healing. You may need a referral to find out if your baby has a tongue-tie.

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## What is a tongue-tie?

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- The frenulum is the small band of tissue under the tongue. When a baby is tongue-tied, the frenulum may be tight and cause problems with how your baby moves their tongue. Because of this, it may be harder for your baby to stick out their tongue or suck properly.
- Sometimes you can see a tongue-tie when a baby tries to stick out their tongue. The tip of the tongue might make a slight heart or “W” shape because of the tongue-tie.
- About 4% of babies are tongue-tied, and it's more common in boys.

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## Can I breastfeed if my baby has a tongue-tie?

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- To properly latch onto the breast, your baby must be able to stick out their tongue. If your baby can't stick their tongue out far enough, it will rub the nipple. This can make breastfeeding painful and can cause sore, cracked, or bleeding nipples.
- If your baby can't bring their tongue forward far enough to cover the lower gum and lower lip, it will be hard to empty the breast. Without enough milk, a baby might not grow and develop properly. Breastfeeding works by supply and demand—the more milk your baby gets, the more milk you'll make. If your baby isn't taking enough milk from the breast, your milk supply may go down.
- If you're having problems with breastfeeding, talk to your healthcare provider (e.g., family doctor, pediatrician, midwife, public health nurse, lactation consultant).

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## **What happens if my baby needs a frenotomy?**

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- A frenotomy is a simple procedure done by a healthcare provider (e.g., doctor, dentist, midwife, nurse practitioner, specialist) to treat a tongue-tie.
- During the procedure, someone needs to hold your baby still. A parent or healthcare provider can do this. Your baby will likely be more upset about being held tightly than about the procedure.
- A small pair of sterile scissors is used to make a very small cut (incision) in the frenulum. The frenulum is then pushed back with sterile gauze. A frenotomy can cause a little pain, but it's usually gone in a few minutes. There will be a little bit of bleeding, which sometimes looks like more than it is because it mixes with your baby's saliva. The bleeding will stop in a few minutes.
- It's a good idea to bring your baby to the appointment hungry so they'll want to feed right after the procedure. The sucking will help stop the bleeding and comfort your baby. Most babies feel okay right after the procedure.

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## **After a frenotomy, how do I look after my baby?**

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- As the frenulum heals, it may look white or yellow under the tongue. This is normal. The cut will heal fast and will look diamond-shaped.
- If your baby doesn't move their tongue enough after a frenotomy, the diamond-shaped cut can heal back together again. Your healthcare provider will teach you stretches to stop this from happening, using a clean finger under the baby's tongue. These stretches let the frenotomy site heal without having the edges of the wound attach back together. Suck training exercises are also good for some babies, which your healthcare provider or lactation consultant can teach you how to do. It's important to see the healthcare provider who did the frenotomy after the procedure, to make sure it's healing properly.

For 24/7 nurse advice and general health information, call Health Link at 811. If your baby is younger than 2 months, call the Early Start Line at (403) 244-8351.