



Tongue Tie & Lip Tie

Though not dangerous, tongue and lip ties can cause some complications

What is Tongue Tie and Lip Tie?

There are thin bands of tissue that connect the upper lip to the upper gums, lower lip to the lower gums, and tongue to the base of the mouth. These bands of tissue are called frenulums. Sometimes, this tissue may be too thick or stiff, preventing the free movement of the lips and tongue. This condition is called a lip tie or tongue tie.

Tongue ties are more common than lip ties, though there is a possibility that both conditions are genetic. These conditions are generally harmless, but may cause difficulties with babies when trying to breastfeed due to the lack of mobility in their lips or tongue. Similarly, the restriction in movement may cause additional difficulty when trying to eat from a spoon.

Symptoms of Tongue Tie and Lip Tie

The most common indications of a lip tie is difficulty with breastfeeding:

- difficulty latching
- difficulty breathing while nursing
- becoming fatigued or falling asleep often during feeding
- making clicking noises while nursing
- the desire for constant feeding/never seems full
- colic
- slow or noticeable lack of weight gain

With feeding difficulties due to a tongue or lip tie, babies don't typically get as much milk as they would otherwise get, so a nursing mother may notice:

- pain during or after nursing
- engorged breasts, even after feeding
- mastitis, or blocked milk ducts
- fatigue from the constant nursing as the baby never seems to be full



Treatment for Ties

Babies who have difficulties nursing should have a feeding evaluation to determine the cause. If the doctor determines that a tongue or lip tie is to blame, they can determine the severity of the condition and develop a treatment plan.

Level 1 and Level 2 ties are typically left alone, though the mother may be taught some therapy techniques that should be used to loosen the tie.

More severe Level 3 and Level 4 ties may require a procedure called a Frenectomy. This procedure, which neatly severs the problematic tissue, causes very little pain or discomfort to the baby and can often be done right in the pediatrician's or pediatric dentist's office (depending on the child's age) without anesthesia.



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