Why can’t that baby latch? Tongue & Lip Mobility Restriction

Objectives:
1. List five movements that a tongue with normal mobility can make
2. Explain the difference between an anterior and posterior tongue-tie
3. List at least three problems beyond breastfeeding that can result from significant tongue mobility restriction

How babies suck

Important players:
- Tongue: cups to hold the breast, elevates & drops to create vacuum to draw out milk; grooves to help control milk bolus
- Cheeks
- Facial muscles
- Jaw
  -also facilitates tongue drop to draw milk
- Palate: plays a role in creating vacuum; also closes off nasopharynx for swallowing
- Lips: form seal to maintain vacuum

Tongue mobility:

With mouth open, must be able to:
- Maintain extension
- Elevate
- Lateralize
- Cup
- Spread

= a variety of movements

Tongue also helps shape the palate

Restrictions can cause:
- Bubble palate
- High arched palate
- Narrow palate

The unappreciated role of the posterior (back) tongue

Rise and drop creates vacuum to draw out milk
Bolus control
Swallowing
Airway protection

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Assessing Suck
Visual
✓ Anatomy
✓ Risk factors
Finger
✓ Tongue contact
✓ Seal
✓ Cupping
✓ Vacuum
Observation of function at breast
✓ Ability to transfer available milk

What happens if not all parts of the tongue can move properly and freely?

Suck problems: Tongue-tie
If lingual frenulum is too restrictive, tongue may not:
✓ Extend far enough to adequately grasp and stabilize breast
✓ Cup well enough to hold breast, maintain seal
✓ Elevate sufficiently to create necessary vacuum
  → Mid-posterior tongue vs Tip
✓ Control milk bolus/swallowing

What causes tongue-tie?
Failure of the tongue to separate completely from the floor of the mouth during pregnancy, leaving a piece of tissue that restricts full tongue motion and movement.

Familial tendencies

New Paradigm: Tongue-Tie Types

TYPE I New Paradigm: Tongue-Tie Types
I & II: anterior webs III & IV: posterior membranes
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Classic Type 1

Type 2

Posterior ties

Type 3

Type 2/3

Type 4 Posterior restriction

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Function: How well does mother’s breast fit with baby’s suck/tongue issues?

- Breast size
- Breast density
- Engorgement
- Breast pliability
- Bulbous areola?
- Nipple length
- Nipple diameter
- Nipple Inverted or retracting

Red Flags: Clicking

- Tongue retracting
- Bunching
- Residual Milk
- No elevation

Red Flags: Persistent or severe sucking blisters

- Ansty feedings, coming off, regardless of flow;

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Red Flags

Bubble Palates

Frenulum pulls down center of tongue

“Taco Tongue” - frenulum pulls tongue down in a central line

Tongue retracts and/or bunches when mouth opens wide

Red Flags

Frequent rests

Fatiguing

Frequently feeds with eyes closed

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Red Flags: Leaking

Red Flags
Small gape
Posterior tongue anchored to hyoid bone

http://www.shelton.wednet.edu/teachers/bducker/AN/Chapter%2015%20Digestive%20System/Notes%20mouth_files/frame.htm#slide0006.htm

Red Flags

Significant tongue-tie causes tongue mobility restriction
BUT
Not all tongue mobility restriction is necessarily caused by tongue-tie

~Some may be soft tissue restriction~

Differential Diagnosis
- Anatomical tongue mobility restriction
  - Floor of mouth tension/perioral tension
- Nerve impingements from birth
- Torticollis
- Long, thin tongues may be uncoordinated
- Facial or neck asymmetries can be associated with weak suck
- Underlying neurologic condition

Helping Baby do his job better

Positioning Changes:
- Cradle vs Cross-cradle
- Biological laid-back

OUR JOB: Breastfeeding interventions to maximize baby’s effectiveness

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**When the tongue gets in the way**

- **Tongue tip obstructing entry**
  - ✔ Skin to skin facilitates drop of tongue
  - ✔ Suck training before feed

- **Tongue humped/blocking**
  - ✔ Massage forward
  - ✔ Suck train or finger-feed with counter pressure

**Tongue retracted**

- ✔ Skin to skin
- ✔ Massage forward

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**Breast shaping**

The Classic Sandwich

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**Asymmetric Latch**

- Point nipple upward

Aim off-center so that nipple enters top of mouth

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**Nipple shields- sometimes not so helpful**

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**Breast compression**

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**If a bottle is necessary...**

use it to teach breastfeeding skills

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**Why can’t that baby latch? Tongue & Lip Mobility Restriction**

**Compensate until baby can do his job**

Pumping is often essential to maintain supply

**Therapeutic options for mechanical/TT issues**

Positioning
Massage
Speech
Pathologist
Occupational Therapist
Chiropractor
Cranio-Sacral Therapy
Suck training

Appropriate for soft-tissue restrictions, nerve compressions, traumatic birth; pre- and post frenotomy therapy

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**The Next Step: Frenotomy**

Releases the restrictive band

Usually done in office

Minimal anesthetic

Anteriors have very little blood

Posterials may have a little more blood

Improvement may be immediate

**Potential problems when not treated:**

**Breastfeeding**

- Difficulty latching
- Clicking (suction breaks) with air swallowing
- Aspirating (breathing in) milk
- Early fatiguing resulting in need to feed very often
- Long feedings, baby never satisfied
- Poor weight gain

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**Potential problems: Breastfeeding**

**Mom**

- Sore nipples
- Plugged ducts & breast infections from poor drainage
- Low milk supply
- Frustration, feelings of helplessness, depression from pain, long feeds, work of pumping, etc.

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**Potential problems: Bottle-feeding & Solids**

- Leaking milk from poor seal
- Clicking & air swallowing
- Choking from inability to control fast flow of bottle

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**Potential problems: Solids**

- Oral sensitivity to unfamiliar textures
- Gagging and choking on foods

**Potential Problems: Childhood and Adult**

Difficulty making certain sounds can result in problems with:
- Pronunciation (may need speech therapy)
- Quality of speech under stress
- Lack of control of rapid speech
- Rapid deterioration of speech with alcohol
- Tongue fatigue when speaking for periods of time

**Problems: Childhood and Adult**

Tongue mobility restriction can cause:
- Crooked teeth
- Hypersalivation (Excessive drooling)
- Excessive cavities in teeth due to extra food particles not swept away by tongue
- Digestive problems such as reflux from air swallowing, poorly chewed foods
- Difficulty swallowing foods
- Difficulty or inability to whistle, play a wind instrument, lick ice cream cone, french kiss

**Problems: Childhood and Adult**

- Poor oral airway development, airway obstruction, snoring, sleep apnea
- Lowered self-esteem
  - Who wants to kiss a dribbly child?
  - Eating issues: messy table manners, sloppy feeding, sensitivity to food
  - Teasing about speech, “splashing” when talking vehemently; sloppy eating, etc. may lead to depression, anger, social withdrawal
- Stigma of being different, sent to speech at school
- May ultimately limit career opportunities!

**Timing may be critical**

Many practitioners want to “wait and watch” BUT accumulated experience now suggests that **success rate drops over time beyond 2 months**

**Myth: “He’ll grow out of it”**

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The dilemma of postponing tx

Learned behavior eventually overrides the instinct to seek and feed at the breast

Simple frenotomy

Post care treatment?
More controversy
→ Get it all
→ Massage to keep the area open
→ Coconut oil
→ Breastfeed!

But the job doesn’t stop there

Lactation support helps optimize treatment results

New Territory:
The Restrictive Maxillary Frenum

Lip Tie

Dental issue

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Politics and Egg Shells: What can I say? What should I *not* say?

*It depends.....*

Reports vs Phone Calls

*What do you want?*
- Pediatric evaluation
- Pediatric treatment
- Referral to specialist

Will the mother be able to articulate the issue sufficiently?
Will the mother be assertive enough to advocate for her baby

Feedback is important: The power of the Testimonial

Plan B: The Second Opinion

Resources

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