



## **Case Reports of Tongue Tie in the Private Practice of an IBCLC – Influencing Factors, Problems and Different Outcomes**

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Márta Guóth-Gumberger, Dipl.Ing, IBCLC, works in private practice with a special focus on relactation, induced lactation and breastfeeding special needs babies and gathered a lot of experience with weight gain of babies in case of breastfeeding problems. Together with Elizabeth Hormann she is author of the book Breastfeeding which was published in five languages and of a photo poster on the initiation of breastfeeding. She published the booklet, Parent-Info: Breastfeeding with the Supplementary Nursing System, and numerous articles. She is involved in teaching in VELB's training program, in translating and runs the website [www.breastfeeding-support.de](http://www.breastfeeding-support.de).

### **Objectives**

- Becoming familiar with the problems which can occur with a tongue tie in the private practice of an IBCLC and with possible ways of dealing with them

### **Abstract**

It is known from the literature that tongue tie may have a negative impact on breastfeeding, milk transfer and weight gain and that treatment may lead to improvement. However, this is not common knowledge amongst medical staff. Thus it is not easy to avoid the resultant problems. While a "classic" tongue tie with a heart shaped tip of the tongue is usually recognized, the restricted mobility of the mid-tongue is much more difficult to diagnose. With a thick tongue tie it is difficult to find a physician who has experience with clipping this type and is prepared to do it. Some case reports will be presented with individual weight curves, photos and videoclips of sucking. The problems encountered have been, among other things, the unwillingness of the physician to clip the tongue tie, or to do so only under general anesthesia, problems resulting from lack of treatment, recognizing it too late, even during hospital stays, parents' doubts about the necessity of clipping it, inconsistent information from professionals or unwillingness to increase breastfeeding frequency after frenotomy. The courses of these cases include timely, late or no frenotomy, suboptimal weight gain and failure to thrive, sore nipples, recurrent mastitis, supplementation with formula, prolonged use of a nursing supplementer, bottle feeding of breastmilk without sucking at the breast, untimely weaning and increasing milk production after frenotomy leading to long breastfeeding duration.



In order to be able to counsel adequately in the case of a tongue tie the following measures may be helpful for the IBCLC in private practice:

- keeping a list of the local treatment options and documenting the experiences with them
- building up interdisciplinary contacts for the diagnosis of tongue tie
- making oneself knowledgeable about the diagnosis of tongue tie
- carefully documenting the diagnostic process (examination of the mouth, visual examination, photos, videoclips)
- carefully documenting weight gain (weight-for-age in the WHO-Standards) on an appropriate scale and interpreting it together with observations, output and interventions

**Keywords:**

Tongue tie, ankyloglossia, frenotomy, inadequate weight gain, failure to thrive

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