TONGUE & LIP-TIE

A GUIDE FOR INFANTS
DENTAL & IBCLC PERSPECTIVES COMBINED

Tongue-tie (ankyloglossia) and lip-tie are something many families get to know with their little ones. This guide brings together what pediatric dentists and IBCCs each look for, so you feel equipped to recognize what you're seeing in your own baby, understand the type of tie involved, and know exactly who to reach out to next.

You know your baby best, and you have a whole care team in your corner as you figure this out, from lactation consultants to pediatric dentists. The sections below walk through what to watch for, what each type of tie looks like, and the typical path of care, so you feel informed and supported every step of the way.

SIGNS TO LOOK OUT FOR

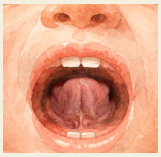
In Baby

- Shallow latch, or clicking/smacking sounds while nursing
- Falls off the breast repeatedly, or slides down the nipple
- Long feeds (over 30-40 min) or feeds every 1-2 hours around the clock
- Falls asleep at the breast without seeming satisfied
- Poor weight gain or slow growth
- Milk leaking or dribbling out of the mouth during feeds
- Excess gas, spit-up, or colic-like fussiness
- Tongue can't lift to the roof of the mouth or extend past the lower gum; notched or heart-shaped tip when crying

For the Nursing Parent

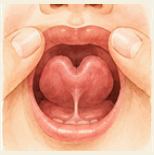
- Nipple pain that doesn't improve with repositioning help
- Nipples that look creased, flattened, or "lipstick-shaped" right after a feed
- Cracked, blistered, or bleeding nipples
- Recurrent blocked ducts, engorgement, or mastitis
- Low milk supply from inefficient milk removal
- A sense that something feels "off" about the latch even after several lactation visits

TYPES OF TIES - WHAT THEY LOOK LIKE



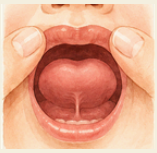
Normal

Tongue lifts freely, reaches the roof of the mouth and past the lower gum. Tip is smooth and rounded.



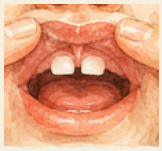
Anterior Tongue-Tie

Frenulum attaches near the tip, easy to see. Tip often looks notched or heart-shaped when baby cries or feeds.



Posterior Tongue-Tie

Frenulum attaches farther back, under the tissue. Tip can look normal. Harder to see, usually identified by feel during an exam.



Lip-Tie

Upper lip frenulum limits lip flange during latch. Graded Class I (mild) to IV (attaches deep between the front teeth).

WHO'S INVOLVED & THE CARE PATH

STEP 1
IBCLC First

A lactation consultant assesses positioning, latch, and milk transfer, and rules out other causes (undersupply, nipple shape, disorganized suck).

STEP 2
Functional Exam

If a tie is still suspected, a pediatric dentist evaluates tongue and lip function, not just appearance.

STEP 3
Frenectomy (if indicated)

A quick in-office laser release, seconds long, minimal bleeding. done with topical numbing. Many babies can nurse right after.

STEP 4
Aftercare & Relactation Support

A lactation consultant assesses positioning, latch, and milk transfer, and rules out other causes (undersupply, nipple shape, disorganized suck).

Bottom Line

- Start with a lactation consultant (IBCLC) to assess the latch and feeding pattern.
- Bring notes on the specific signs you're seeing (feed length, pain, weight gain) to your appointment.
- Ask which type of tie is present and how it's specifically affecting feeding
- If a frenectomy is recommended, ask about the aftercare and lactation follow-up plan alongside it.

Sources: American Academy of Pediatrics, Clinical Report on Ankyloglossia (2024). FROSTTIE randomized controlled trial (2023). Kotlow LA, classification systems for ankyloglossia. and lip-tie. La Leche League International, "Tongue and Lip Ties." Educational only; not a substitute for an individualized assessment from an IBCLC or pediatric dentist.

TONGUE & LIP-TIE

A GUIDE FOR OLDER CHILDREN SPEECH, AIRWAY & MYOFUNCTIONAL PERSPECTIVES COMBINED

Tongue-tie (ankyloglossia) and lip-tie are something many families get to know with their little ones. This guide brings together what pediatric dentists and IBCCs each look for, so you feel equipped to recognize what you're seeing in your own baby, understand the type of tie involved, and know exactly who to reach out to next.

You know your child best, and you have a whole care team in your corner as you figure this out. The sections below walk through what to watch for day to day, the typical path of care, and how a procedure and therapy tend to work together when one is needed, so you feel informed and supported every step of the way.

SIGNS TO LOOK OUT FOR

Feeding

- Gags on textured or mixed foods
- Packs food in cheeks or spits it out
- Picky about meats, mashed foods
- Eats slowly, tongue/jaw tired after meals
- Can't touch tongue past lower lip or to roof of mouth

Speech

- Trouble with L, R, S,Z, TH, SH sounds past the age they're expected to resolve
- Tongue tiredness when talking a lot
- Notched or heart-shaped tongue tip when stuck out

Airway / Sleep

- Chronic mouth breathing
- Snoring or restless sleep
- Dark circles under eyes
- Teeth grinding at night

Dental / Facial

- High, narrow palate
- Crowded teeth or open bite
- Gap between front teeth (lip-tie)
- Gum recession, lower front teeth

WHO'S INVOLVED & THE CARE PATH

STEP 1

Myofunctional Evaluation

From about age 4 up, an orofacial myofunctional therapist (OMT) assesses oral rest posture, tongue strength/range, and swallow pattern. Often the first stop, and can start "pre-hab" before any procedure.

STEP 2

Dental Exam

A pediatric dentist evaluates function (not just appearance) and decides whether a frenuloplasty is actually indicated for the goals identified

STEP 3

Frenuloplasty (if indicated)

A more involved release than an infant trenectomy, sometimes with sutures, under local, sedation, or general anesthesia depending on age, additional treatment needs, and cooperation. About 1-2 weeks recovery.

STEP 4

Myofunctional "Rehab" + SLP

Post-op therapy retrains the tongue's new range of motion and helps prevent reattachment. If speech sound errors persist, a speech-language pathologist continues that work directly.

Bottom Line

- Start with a functional evaluation (myofunctional therapist and/or SLP), not just a visual check for a tie.
- If frenuloplasty is recommended, ask about the pre- and post-op myofunctional therapy plan: the release is the start, not the finish.
- Track specific, measurable goals (which speech sounds, which foods, sleep quality) rather than treating "tongue-tie" itself as the diagnosis.

Sources: Lingual Frenuloplasty with Myofunctional Therapy: Improving Outcomes for Ankyloglossia (2024). Lingual and Maxillary Labial Frenuloplasty with Myofunctional Therapy for Mouth Breathing and Snoring (PMC6437727). ASHA Orofacial Myofunctional Disorders Practice Portal. IAOM (International Association of Orofacial Myology) FAQ. speech-language-therapy.com, Tongue-tie (Ankyloglossia): Information for Families." Educational only; not a substitute for an individualized assessment from a pediatric dentist, myofunctional therapist, or speech-language pathologist.