



A ROADMAP TO

Tongue Ties

As babies form in the womb and oral structures take shape, a band of connective tissue recedes along the underside of the tongue and attaches into the floor of the mouth. This is normal anatomy, called the frenulum. However, in 5-10% infants this frenulum is tight, limiting the tongue's range of motion. **This** is a tongue tie, which can cause a host of issues, even beyond breastfeeding.

Let this guide be your roadmap. Whether you are ready to take action, unsure of where to turn, or just looking for more information on best practices, start here.



In this guide you will find:

Best practices in management, symptoms and long-term impact, FAQ

So, a tongue tie was diagnosed or suspected. What next?

1 A FUNCTIONAL ORAL ASSESSMENT

The provider diagnosing ties may be a feeding specialist- if so, skip to the next step. However, if ties were diagnosed by another provider, eg pediatrician, midwife, Google search, the next step is scheduling with a feeding specialist well versed in tethered oral tissues, who can assess and treat oral *function*. This may be a:

- IBCLC Lactation Consultant
- Speech-Language Pathologist
- Occupational Therapist



2 FEEDING THERAPY + BODYWORK

While you may be working with a release procedure in mind, therapy lays the foundation for optimal oral function and infant development. Your team will initiate therapy, and develop a personalized exercise program specific to *your* baby's needs. Therapy not only helps baby feel better and feed better, it is also critical in preparing the body for the best possible release outcome (ie, reduces risk of reattachment). Your feeding specialist may work in collaboration with a bodyworker, such as a:

- Chiropractor
- Cranial Sacral Therapist
- Physical or Occupational Therapist



3 RELEASE PROCEDURE

The family has been well prepared. Baby has reached maximum potential with therapy, and the next step is referral for surgical release.

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Follow up with feeding therapy + bodywork until goals are met.