



## Tongue-Tie (Ankyloglossia)

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Tongue-tie (ankyloglossia) occurs when the band of skin connecting the tongue to the floor of the mouth (lingual frenulum) is shorter, thicker, and/or tighter than usual. The condition is present at birth and limits the tongue's range of motion. Tongue-tie may make it difficult for a child to lift the tip of the tongue to the upper teeth, stick out the tongue past the lower teeth, and move the tongue from side to side. Some instances of tongue-tie may cause no problems, but tongue-tie may affect a child's feeding, swallowing, and speech. Tongue-tie is more likely to occur in boys and may run in families.



### Difficulties Potentially Resulting from Tongue-Tie

#### Breastfeeding

- Babies must keep the tongue positioned over the lower lip when sucking. Tongue-tie impedes a baby's ability to extend the tongue far enough to achieve sufficient suction. The inability to breastfeed, if not addressed, may lead to inadequate nutrition and failure to thrive.

#### Speech

- Sounds requiring tongue elevation, such as /t, d, z, s, th/ and /l/, may be difficult to produce. Some children may also struggle to produce an /r/ sound. The condition may also contribute to the formation of a gap between the front bottom teeth. It is important to note that no empirical evidence exists demonstrating tongue-tie as a direct cause of speech disorders. As with all non-developmental speech-sound production, a speech-language-pathologist can determine whether speech-sound errors warrant intervention.

#### Oral Hygiene

- The tongue plays an important part in cleaning the mouth of food debris. As children begin eating solid food, tongue-tie may obstruct a child's ability to sweep food from the teeth. Poor oral hygiene can lead to tooth decay and inflamed gums.

## Treatment Options

Some doctors and lactation experts recommend immediate treatment of tongue-tie, while others recommend waiting to see if the condition will resolve on its own. The lingual frenulum may loosen as a child grows or tongue-tie may not cause any feeding, swallowing, or speech difficulties. Treatment can occur immediately after birth, when a child is older, or when a child reaches adulthood.

Doctors may recommend a **frenotomy**, a simple procedure consisting of clipping the lingual frenulum. It is typically quick and painless and results in little to no bleeding. If the lingual frenulum is too thick, doctors may recommend a more extensive procedure called a **frenuloplasty**. This involves general anesthesia and sutures or stitches.

When deciding the best approach for addressing tongue-tie, parents would benefit from consulting with doctors, feeding specialists, and speech-language pathologists. A team approach can help parents make the best decision for their family.

### RESOURCES

"Ankyloglossia: To Clip or Not to Clip? That's the Question," American Speech-Language-Hearing Association, accessed October 9, 2017 <http://leader.pubs.asha.org/article.aspx?articleid=2278327>.

"Tongue-tie (ankyloglossia)," Mayo Clinic, accessed October 9, 2017, <http://www.mayoclinic.org/diseases-conditions/tongue-tie/basics/definition/con-20035410>

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## Helpful Products

The list of Super Duper® products below may be helpful when working with children who have special needs. Visit [www.superduperinc.com](http://www.superduperinc.com) and type in the **item name or number in our search engine**. If you're viewing this Handy Handout on a computer, click the links below to see the product descriptions.

*Small Maroon Spoons*  
[Item #OM-303](#)

*Chewy Tubes*  
[Item #OM-417](#)

*Jumbo Mighty Mouth*  
[Item #MOUTH-32](#)

*Flexi-Cut Cups*  
[Item #NZC-03](#)