

## Top Ten Tongue Tie Myths...



- 1. A tongue tied infant has a frenulum on the tip of their tongue - it's obvious to see if they have one! FALSE**

All tongue tie is, is a frenulum that is too short or tight. A frenulum can be anywhere down the tongue and may not be at all easily visible.

- 2. A tongue tied infant cannot extend their tongue past their lower gum/lip – FALSE**

Whilst some tongue tied infants are not able to protrude well, others can - particularly when the mouth is "small" ie just open wide enough for the tongue, rather than the large gape required to latch at the breast effectively. My son on the left has quite a restrictive tie yet he can protrude! It all depends where the tie is and what aspect of tongue movement it is hindering.

- 3. If an infant is tongue tied but can protrude the tongue, the tie wont impact on feeding – FALSE**

We see lots of infants who can protrude experiencing feeding problems. The tongue doesn't just need to protrude to feed [as this article discusses, it needs to do a whole host of things.](#)

- 4. As long as mum can breastfeed without pain, there is no reason to divide a tongue tie – FALSE**

We see infants feeding who are uncoordinated or disorganised and as a result splutter, cough, gasp, arch and scream. Nipples can be hugely compressed but mums appear sometimes to become almost numb to the pain. Baby may be windy/unsettled and sleeping poorly. Whilst some infants gain weight really well with a tongue tie (ie often a lot more than expected) some infants really struggle to grow at all.

## **5. A tongue tie cannot impact on speech – FALSE**

Whilst certainly not all tongue tied children have speech issues, others struggle with sounds that require certain tongue actions - particularly when the gape is wide ie "L" or when the tongue needs to do something more complicated ie "R", or when speech is rapid.

## **6. A person with tongue tie can't roll their "R's" – FALSE**

Again it depends on where the tie is and how it's hindering tongue movement. Some tongue tied people can roll their R's just fine, others can't.

## **7. Frenulotomy is an invasive aggressive procedure – FALSE**

Unless you also consider a heel prick test as such. It takes seconds and the difference is often apparent immediately (some infants, particularly older babies may need a little time to learn how to use their new found free moving tongue!) The NHS states crying time as approximately 15 seconds, however it is often significantly less if the baby is breastfed and mum is next to baby, enabling fast transfer to the breast post division. Often the babies have been crying significantly longer than that whilst we discuss the procedure!

## **8. GPs, International Board Certified Lactation Consultants (IBCLCs), Health Visitors, Midwives, Osteopaths and Speech and Language therapists are all able to identify a tongue tie – FALSE**

Whilst some can, others may not have had the specific training to orally examine properly under baby's tongue. However this information is not always provided and parents are frequently told there isn't a tongue tie when there is! Some breastfeeding counsellors and IBCLCs are often the most clued up, although some have little tongue tie experience - ensuring you seek out an "oral specialist" IBCLC is essential. If you are having trouble getting a diagnosis when your child exhibits several signs (please [click here](#) if you are unsure what these are), [this may help](#).

## **9. A tongue tied tongue makes the tongue deformed when the infant does attempt to protrude, resulting in a heart shape – FALSE**

Whilst some infants have a tongue that hearts, others do not! To the untrained eye the tongue may appear perfectly normal.

## **10. Tongue tie doesn't impact on any other area of health -FALSE**

[Dr Bryan Palmer](#) has studied extensively the impact of tongue ties. [As this article discusses](#), they are significantly linked with a high palate, resulting in high dental arches and potential dental issues, plus narrower airways. Releasing the frenulum early gives the tongue time to impact on the still forming oral cavity. Dr Palmer has also linked high palates, arches and reduced airways to other areas of health.