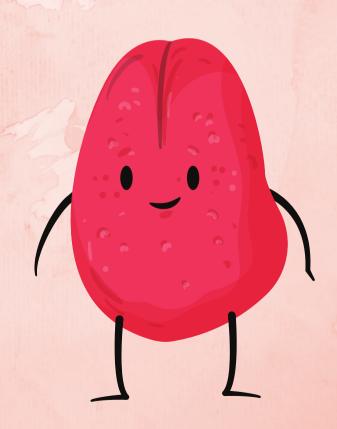


Your Guide to Tongue Tie Release





Medical Disclaimer

This guide offers an understanding of Tongue Tie and information on Tongue Tie Releases. <u>Baby Bonds</u> is offered strictly as an educational resource. By using the website, or any webpages or services related thereto, including but not limited to the Telehealth services or breastfeeding guide the user agrees that the Website and Services do not constitute medical advice and are not to be construed as giving or receiving medical advice, nor to set up a client/lactation consultant relationship. The Website and Services are not a substitute for appropriate medical care. Please consult with your medical/healthcare provider for medical advice and for specific questions relating to your medical situation. Telehealth visits, clinic consults, and home visits are available but will require a signature on a consent form before private services can be offered.

THIS IS NOT INTENDED TO REPLACE SEEING AN IBCLC BEFORE AND AFTER THE PROCEDURE.

IT IS CRUCIAL THAT YOU HAVE FOLLOW UP TO HAVE OPTIMAL RESULTS AND AVOID REATTACHMENT.

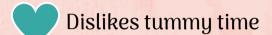


Tongue Tie Symptoms



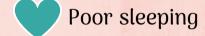


- Difficulty latching
- Gassy
- Poor weight gain
- Lip blisters
- Bubble or cathedral palate
- Tongue may be heart shaped









Significant jaundice

Prefers bottle feeding

Hypertonic-tight muscles



Mom's Symptoms

- Cracked, blistered, bleeding nipples
- Plugged ducts
- Discomfort while nursing
- Thrush
- Lipstick shaped nipple after feeding

- Mastitis
- Compromised milk supply
- Sleep deprivation because baby isn't able to nurse efficiently
- Vasospasms on nipples
- Postpartum anxiety/depression







Baby's Symptoms While Feeding

- Dimpling in cheek
- Clicking
- Unable to maintain a deep latch
- Choking on milk
- Popping on and off breast to gasp for air
- Unable to latch

- Chomping
- Biting
- Frustration at the breast
- Tires easily at breast
- Frequent and/or long feeds





Symptoms in Adults

Reflux

Recessed jaw or chin

Migraines or headaches

TMJ

Tight neck and back

Cavities

Constipation

Recessed gums

Allergies

Crowded teeth

Asthma

Choking on liquids

Sleep apnea

Speech issues

Forward head posture

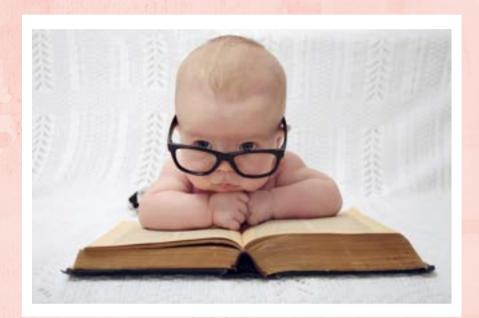






What To Do When Baby Has A Tongue Tie

- Make sure baby is getting enough
- Protect mother's supply
- Find an IBCLC with TT training
- Find a provider with good reviews
- Learn about the aftercare
- Pain relief purchased before release
- Chiropractic and craniosacral therapy before and after frenectomy is crucial for best results and to avoid reattachment







Protecting Your Supply

- Put baby to breast if possible
- Pump to remove milk after feeds, or when baby receives supplementation
- Check your pump parts
 - Ensure a good flange fit
 - Replace membranes if needed
- Breast compressions during feeds and/or hands-on pumping
- Keep your body hydrated and well-fed
- Diabetes, PCOS:

 Increasing Milk Supply





Herbal galactagogues

- Legendairy Milk Boosting Supplements
 - Cash Cow
 - Lactivist Torbangun Tincture



Avoid fenugreek

- Contraindicated for moms with PCOS, diabetes, thyroid conditions
- Negatively affects supply in about 50% of moms
- Makes mom and baby gassy



Priorities When Breastfeeding

1 Make sure baby is getting enough

2 Protect supply

3 Get baby to breast if possible





Increase Your Success

- Skin on skin as much as possible
- Healthy nutrition and enough hydration
- Breast compressions to increase transfer

- Biological breastfeeding to help babe stay latched
- Try to relax- babies can sense stress
- Nose to nipple and tummy to tummy





Aftercare Pain Relief

- Tylenol- research concerns
- Camilia Teething
- Rescue Remedy for Kids-4 drops for infants as needed
- Ibuprofen- 6 months and older
- Coconut oil on wound AFTER stretches for inflammation
- Amber Necklace- takes a few days to start working



Most babies tolerate the procedure and aftercare exercises well, especially with good pain management. It is ideal to purchase 2-3 pain relief options BEFORE the procedure. Pain relief is usually only needed for a few days, but may be needed up to a week post procedure. If babe seems to have an upset stomach, discontinue pain relief on day 3-4 as arnica and lactose in the pain relief can often upset tummy.



Comfort Measures

- Skin on skin
- Baths
- Infant massage
- Singing

- Breastmilk ice chips under tongue
- Hold baby more
- Dim lights
- Swaddle







Aftercare Exercises

- Skip first day
- Every 4-6 hours day and night
- Meet fingers together in center of wound and flatten the diamond making sure the tongue is stretched towards tonsils-hold for a few seconds
- Gently rub in the wound to flatten diamond
- Massage for 10 seconds just outside of the wound on both sides to release tension in the tongue
- Jaw massage
- Set alarm to remind







Avoid Reattachment

- Clip nails to avoid digging into the wound
- Wash hands
- Nitrile gloves when doing aftercare exercises- decreases risk of reattachment because it allows for a better grip on the tissue
- Take a picture with light the first day- wound will contract and become smaller with time but you should always be able to see a flat diamond
- Check daily to make sure wound is staying open
- Use gentle but firm pressure to lift tongue to stretch the tongue towards the tonsils and then flatten wound making sure you can see the diamond
- Apply coconut oil on the wound AFTER stretches-too slippery with coconut oil
- Follow up appointment with tongue tie trained lactation consultant 3-5 days, 2 weeks, 4 weeks after procedure





Importance of Gloves

- Keeps wound clean, decreasing risk of infection
- Helps prevent nails from digging in wound
- Descrease risk of reattachment because it allows for a better grip when lifting tongue
- Decrease risk of granuloma (large scar tissue) which they believe could be caused by introduction of bacteria into the wound







Vitamin E Oil

- If scar tissue forms this most often occurs around week 3-4
- Purchase food grade, high quality, soy free, vitamin E oil
- Use very sparingly- massage 1 small drop on the wound, after stretches, 2 times per day for 2 weeks
- Helps to soften scar tissue



- Check daily to make sure wound is staying open
- Use gentle but firm pressure to lift tongue to stretch and then rub in wound, making sure it stays flat in a diamond shape



Suck Training Exercises

Jaw Massage



Trace gum line, top and bottom to get tongue to lateralize



Push on the sides of the tongue



While sucking, gently pull forward with knuckle



Massage cheeks, one figer in mouth and one finger out



Windshield wiper on the palate-pressure on sides of palate only



<u>Suck Training Video</u>

Having some fun exercises help to decrease chance of oral aversion

Use singing and happy voice to distract baby

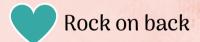
It is recommended to also do these before the procedure to get baby used to having someone in their mouth

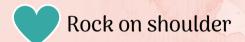




Rhythmic Movements

These exercises and stretches can help relax muscles, calm baby, and improve breastfeeding





- Happy baby pose rolling from side to side having cheek touch each side
- Back bend stretch before latching
- Stretch out arm and opposite leg, then bring together in midline touch
- Ribcage rock
- Tummy time bum rock







Tummy Time

- Make time for tummy time daily
- Start with newborn on your chest, lying at an angle
- Get down on the floor with baby to interact

- Always roll in and out of tummy time
- Helps strengthen muscles, and promotes optimal tongue position







Tongue Posture

- Entire tongue body should rest on the upper palate
- When sleeping, mouth should be closed
- To check tongue while sleeping, pull chin down



Check tongue while sleeping- if tongue is not on the upper palate, use finger under chin on soft area to push the tongue up to the upper palate







Why Body Work

- Releases tension caused from the compensation of a less functional tongue
- Calms the central nervous system
- Muscle will always win over bone, so if baby is tight from compensating the muscle will continue to pull the spine out of alignment
 - Why some babies need more body work

- Aligns the spine
- Helps to make new muscle memory
- Improves cranial nerve function. Muscles are directed to move by nerves. When nerves from the cranium are compressed there is poor oral function.





Body Work is Crucial

Chiropractic Doctors

- Dr. Kjersten Jones (208) 383-3703, Boise
 - Most insurances, but not Medicaid
- BODO Chiropractic (208) 342-7136, Boise Downtown
 - Most insurances, no Medicaid
- Dr. Todd Harrison (208) 965-8784, Nampa
 - Most insurances, no Medicaid
- Dr. Nichole Harvey (208) 342-9225, SE Boise
 - Most insurances, including Medicaid, but no BCBS
- Dr. Matt Ogle (208) 939-0775, Meridian
 - Most insurances, including Medicaid
- Dr. Anthony Cutting (208)345-3320. Meridian
 - Blue Cross, Anthem, Regeance
- Eric Dahl (208) 895-8595. Meridian Affordable private pay membership

It is ideal to have body work, both craniosacral and chiropractic care, within a few days before and a few days after release.





Body Work is Crucial

Craniosacral and Physical Therapists

Melanie Henstrom, Craniosacral Therarist/Fascia (208) 991-4488, Boise

• Cigna, BCBS, Anthem, Regence

Shellie Oakley, PT/Craniosacral Therapy (208) 982-0492, Boise

Takes most major insurances

Hay<mark>ley McDonald, or Magda *Waliszewska* (208) 428-4968 Craniosacral</mark>

Private pay only

Melanie Michaels, Craniosacral/Physical Therapist (907) 350-3657, Boise

Most insurances, including Medicaid

Vicky Schmadeka, Craniosacral Therapist/Kinesiologist (208) 451-5768, Meridian

• Private pay, provides superbill for reimbursement

Kim Moffett, Craniosacral Therapist (208) 866-5828, Boise

Private pay

Craniosacral Therapy (CST) is a gentle, hands-on approach that releases tensions deep in the body to relieve pain and dysfunction and improve whole-body health and performance. Using a soft touch which is generally no greater than 5 grams - about the weight of a nickel - practitioners release restrictions in the soft tissues that surround the central nervous system. CST is increasingly used as a preventive health measure for its ability to bolster resistance to disease, and it's effective for a wide range of medical problems associated with pain and dysfunction.



Tongue Tie Release Providers

Dr. Sam Zink

- Boise dentist
- Uses diode laser
- Schedule through Melanie Henstrom (208)991-4488
- Melanie Henstrom, IBCLC is present to assist with latch after revision and go over aftercare
- Shadowed Dr. Ghaheri and has extensive frenectomy training with individuals top in the field
- Private pay due day of procedure- will provide superbill you can submit to insurance for reimbursement



Tongue Tie Release Providers

Shannon Gardiner

- Boise ENT PA
- Uses scissor or diode laser
- Schedule through Melanie Henstrom (208)991-4488
- Melanie Henstrom, IBCLC is present to assist with latch after revision and go over aftercare
- Bills almost all medical insurances including Medicaid





Tongue Tie Release Providers

Dr. Bobby Ghaheri

ENT in Portland- uses laser

Send e-mail to Dr. Ghaheri- drghaheri@gmail.com





Links to Information

Dr. Ghaheri's

<u>Table of Contents</u>

Study showing effectiveness of frenectomy for breastfeeding

Breastfeeding:
A Guide to Success

Baby Bonds Blog

7<u>eeding, speech, and</u> <u>sleep improvements</u>

Aftercare Information

From confusion to clarity

Study on feeding and speech post-frenectomy

Study on frenectomy and reflux improvement

Lawrence A. Kotlow, Pediatric Dentist

Catherine Watson Genna, BS, JBCLC

Brian Palmer, DDS Sleep Apnea Articles

> Dr. Soroush Zaghi, ENT <u>Sleep Surgeon</u>

Nourish & Nurture



Frequently Asked Questions

- Can I just bottle feed? Yes, however, this is not just about breastfeeding. It can affect cranial development, eating solids, speech, sleep, etc.
- Will my baby feel pain? They use a topical numbing gel that helps with the pain. The first few days, they often have some pain, but it is usually managed well with homeopathic medicine and comfort measures.
- Will my baby be able to breastfeed following the procedure? Most of the time, yes, but sometimes due to numbing gel, or baby being upset, they may resist for a few feedings. We rarely see a feeding strike, and it rarely lasts more than a few hours.
- What if there is reattachment? The wound can be manually released up to a few weeks. Very rarely do we need to do another release with laser.
- Can I be there to watch the procedure? Due to safety regulations, it is not recommended to have parents present with a laser. However, if you want to be there, we will provide eye protective wear for one parent.
- Why is bodywork (craniosacral, physical therapy, and chiropractic) important? It helps us to get alignment and release tension from compensations baby has been making due to the tie. We are also more likely to see optimal results and less likely to see reattachment when the body work is done.
- Is laser better than scissors? If the provider is well trained, it does not matter what method is used. I prefer the laser because it cauterizes the site so there is minimal bleeding and less risk of reattachment
- I just don't think I can do the aftercare stretches. It does get easier with time and your IBCLC can teach you how to do them correctly. The best video to see how to get a good stretch is found here. Scroll down almost to the end to see how to appropriately lift the tongue and push it toward the throat to get the diamond in a flat and long shape.
- What pain relief should I purchase? My favorite options are Camilia Teething and Rescue Remedy for Kids. I carry these in my clinic for purchase, and allow you to return them if you do not end up using them.



Don't Worry, You've Got This!

Best wishes on your breastfeeding journey! Know that we are here for you if there is anything you need.

Home and clinic visits available in Boise, Jdaho. Virtual visits also available.



Find Baby Bonds here



Join Boise Breastfeeding
Support Facebook Group here

