Elliot Hospital: Ask the Pediatric Surgeon

Q.

Dr. Soukup, My lactation specialist noticed a tongue tie on my 5 day old baby. Breastfeeding has been difficult and painful. What should I do?
Angela S.

Dear Angela,

A tongue tie refers to a short, thin membrane underneath the tongue that restricts normal movement of the tongue. It is present in about 3-5% of babies. Good mobility of the tongue is important for a deep latch during breastfeeding to promote a mother's milk supply and prevent soreness of the nipples. Many babies have a family history of tongue tie, so parents may notice it right away. Usually, however, it is diagnosed by pediatricians or lactation specialists before babies are referred to see me. When a tongue tie is causing symptoms, such as difficulties with nursing and nipple soreness, then it makes sense to release the frenulum. This is actually quick to do in the office or at the bedside, and is well tolerated by the babies. I swaddle the baby so they are comfortable, and then snip the frenulum which takes less than a second to do. Most of the time, babies don't even cry or they settle immediately. I will usually have mom nurse or feed a bottle right away, and many moms tell me they notice a difference in the latch right away. I have the family do some little tongue stretches and massage with their pinkie finger for a week or two to keep the frenulum from reattaching as it heals. Even when there is no difficulty with nursing or bottle feeds, we do know that down the road, some speech difficulties can arise in the setting of tongue tie, so I still think it make sense to release the frenulum as a newborn. Waiting until children are older with speech impairments can make this more difficult to treat, because it requires a general anesthesia, and more complex repair, and may require ongoing speech therapy. I will say, that if you research this question online there is a wide range of opinions and practices which can be very confusing. However, based on my understanding of the medical data as well as the hundreds of babies I have cared for, this approach makes the most sense to me. As a final note, I always look at the upper lip frenulum during my exam. There is naturally a membrane here, which I usually leave alone, except in unusual cases where the lip seems very restricted. This also is straightforward to release in the office, but is less commonly needed.
Thanks for your question!

-Dr. Soukup

Elizabeth S. Soukup, M.D., M.M.Sc.
Pediatric Surgeon

Dr. Soukup is a Pediatric Surgeon at the Elliot Hospital and has an interest in educating families about pediatric health and wellness. Her mission is to provide expert specialty care for children of all ages in New Hampshire - newborns through teenagers - striving to keep them close to their families and communities. If you would like more information, call 603-663-8393 for an appointment, or visit our website at http://elliothospital.org/website/pediatric-surgery.php

Dr. Soukup earned her Bachelor of Science from the Massachusetts Institute of Technology and her Doctor of Medicine from the University of Chicago Pritzker School of Medicine, where she received the Outstanding Achievement Award in Medicine, graduating first in her class. She completed her General Surgery training at the Massachusetts General Hospital and her fellowship in Pediatric Surgery at Children's Hospital Boston. During her time in Boston, she also completed a Masters of Medical Sciences degree in clinical investigation from Harvard Medical School. She is board-certified in both Pediatric Surgery and General Surgery.

She has specialized training and experience in minimally invasive surgical treatment for babies, children and teenagers. Her practice includes all areas of general pediatric surgery, including common pediatric surgical problems as well as neonatal surgery, congenital anomalies, minimally invasive surgery, and complex thoracic surgical problems.

Please send your questions to:
askthepediatricsurgeon@elliot-hs.org

Elliot Health System
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