

Evaluation and management of Oral Restrictions

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1. **Definition:** Congenital abnormalities of various parts of the mouth medically known as Ankyloglossia or more commonly known as tongue and/or lip ties affect up to 12% of breastfeeding newborns. It is suspected to be caused by genetic and/or environmental factors which have been shown to be a major cause of early weaning due to the pain felt by the lactating person (see Objective Signs) and a major cause of negative issues in the infant (see Subjective Symptoms); Male infants are affected 3 times more often and female infants are more likely to have fibrous restrictions under the tongue. Oral restrictions are defined as:

- **Lingual Frenulum** – is the membrane that connects the floor of the mouth to the bottom of the tongue towards the tip. A non-restrictive frenulum is considered to be 16 mm or more from the tip of the tongue. The severity of the oral restriction is classified here:
 - Mild- 12 mm – 16 mm (Class I)
 - Moderate- 8 mm - 11 mm (Class II)
 - Sever – 3 mm -7 mm (Class III)
 - Complete- < 3mm (Class VI)
- **Submucosal Restriction** – known as a posterior tie, a fibrous, thick cord of tissue that connects the base of the tongue to the floor of the mouth. It restricts the tongue from lifting upwards.
- **Buccal Frenulum** – is the membrane that connect the cheek to the gums
- **Superior Labial Frenulum** – is the membrane that connects the upper lip to the upper gum.
- **Lower Labial Frenulum** – is the membrane that connects the lower lip to the bottom gum.

2. Assessment

A. Risk Factors

- A family member that has/had a upper lip, tongue, posterior tongue or buccal tie
- A baby that has a high percentage of weight loss from their birth weight after 3-4 day from birth. (11%+ loss)
- A baby that is not back to their birth weight by two weeks
- A lactating parent who is experiencing pain and or nipple erosion due to nursing

B. Subjective Symptoms

- A baby who falls asleep quickly at the breasts
- A baby that is nursing in very short intervals
- The baby who does not have enough output
- A baby that makes sounds while nursing
- A baby that is very hard to wake up to eat
- A baby with reflux

- A lactation parent with low milk supply
- Excessive pain during nursing

C. Objective Signs

- *A lactating nipple that is eroded, cracked or bleeding*
- *After nursing the nipple is misshapen*
- *A hardened area indicating a plugged duct*
- *Ineffective suck- baby fall off of the nipple*
- *Improper latch- chewing motion*
- *An infant that makes a clicking sound when nursing*

D. Clinical Test Considerations

- *Assessment of the latch*
- *Hazelbaker Tool for Lingual Frenulum Function (HATLAFF)*
- *Kotlow's classification of upper lip-tie*
- *Coryllo's classification of tongue- ties*

3. Management plan

A. Therapeutic measures to consider

- *Frenotomy – release of the restricted tissue*
 - *Performed by using a laser or scissors*
 - *Lingual frenulum*
 - *Buccal frenulum*
 - *Upper or lower Labial frenulum*

B. Complementary measures to consider

- Assistance with positioning and latching
- Encourage skin to skin as much as possible
- Provide information about pain management options
 - Homeopaths
 - Bach Flower Remedies
 - Aloe Vera Gel
- Provide information on exercises

C. Considerations for pregnancy, delivery and breastfeeding

- Expecting parents should have access to this information during pregnancy
- Oral restrictions do not usually affect the infant's ability to self-attach immediately after birth.
- Oral restrictions that are left untreated can affect their ability to thrive, swallow solids, and properly form specific sounds to speak.

D. Client and family education

- *Frenotomy greatly improves an infant's latch most of the time*
- *Instruction on how to do exercises and stretches post revision*
- *Client Handout: What is an Oral Restriction?*

E. Follow-up

- *Assessment of healing with care provider that did the revision*
- *Baby weights during all postpartum visits*

4. Indications for Consult, Collaboration or Referral

- Referral to an International Board Certified Lactation Consultants (IBCLC) or Certified Lactation Counselor (CLC) to assist client in the management of blocked ducts or mastitis due to baby's inability to transfer milk.
- Referral to a skilled Dentist, ENT, or Neonatologist to perform the procedure. If there is an upper labial frenulum... there is also a posterior tie.
- When a baby does not pass the Hazelbaker or Ghaheri assessment, refer for a revision, as soon as possible.
- If client request's a referral

5. References

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