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Tongue tie and breastfeeding – why the controversy?

A ‘fad’ that medicalises breastfeeding relationships and leads to loss of maternal self-efficacy, or very real maternal experiences of painful feeding and lack of support? A safe procedure that can aid breastfeeding, or an unnecessary surgical intervention with a lack of high quality evidence on effectiveness or safety?

These questions fuel the ongoing controversy around the diagnosis and treatment of tongue tie, a congenital condition in which the lingual frenulum is abnormally tight, restricting tongue mobility. Estimates of prevalence vary greatly, from 0.02-10.7% of newborns.¹

The National Institute for Health and Care Excellence (NICE) guidance in 2005 stated that division of tongue tie is a safe procedure that can aid breastfeeding² and ultrasound studies have demonstrated physical improvements such as reduced nipple compression following division.³

Yet several of the infant feeding lead respondents to an NCT survey on NHS tongue tie services⁴ reported opposition to setting up a tongue tie clinic, and the survey found considerable variation in the provision of tongue tie services across the UK – a postcode lottery that women report as a major barrier to their chances of being able to feed their babies the way they want to. How is it that health professionals and service managers who are not infant feeding specialists are denying there is a need for such a clinic?

Although 81% of women initiate breastfeeding in the UK, there is a very steep rate of drop off.⁵ Of those who stop breastfeeding in the first six weeks, eight out of 10 say they stopped before they wanted to. Supporting women who want to breastfeed to continue to do so would have a positive impact on emotional wellbeing and population health, and offer cost-saving benefits to the NHS.⁶⁻⁸ Reports suggest that tongue tie can affect breastfeeding in numerous ways, including nipple damage and pain, attachment difficulties, uncoordinated sucking, or frequent and continuous feeds.⁹ Studies have shown mother-reported improvements in breastfeeding after tongue tie division and a reduction in maternal nipple pain, an important cause of early cessation.¹⁰

However, research studies are relatively small, unblinded and/or lack a control group that continues without division. If the reality is that

division does not make a significant difference, then it is an unnecessary intervention for babies and their mothers, and an unnecessary cost to the NHS. While there is concern about the lack of long-term studies comparing tongue-tied babies who have and have not had the procedure, there is also a concern that it would be unethical to withhold the option of division for long for babies allocated to the control group in such a study.

There is also a genuine concern that tongue tie is over-diagnosed. Mothers often report experiencing breastfeeding as easy and enjoyable after division. These positive messages from mothers have spread to such an extent that parents sometimes see tongue tie division as *the* answer to breastfeeding difficulties. In the NCT survey, infant feeding leads reported large increases in demand in some areas, coupled with long waiting times and inadequate assessment.⁴ This is combined with insufficient specialist breastfeeding services in many areas of the UK, when support with attachment, positioning and confidence may often enable continuation of breastfeeding. In addition, not all health professionals working with mothers and infants have received training in supporting breastfeeding and, with all good intentions, may inadvertently give unhelpful information.

To conclude that tongue tie can cause infant feeding difficulties should *not* be controversial, so accessible good quality assessment and support services are required. However, carefully designed studies are needed to develop a more evidence-based approach to diagnosis and treatment. Meanwhile, and perhaps most importantly, mothers need to be able to access specialist



Mothers should be able to access specialist breastfeeding support in the early postnatal period.

breastfeeding support during the critical days and weeks of the early postnatal period. This is a time when so many women stop breastfeeding before they want to, and where good quality support could take the focus off a 'quick fix' for a complex issue.

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