

# Trouble Shooting Ankyloglossia

Bonny Whalen, MD

6 for ME: Breastfeeding Learning Collaborative  
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# Assessing Ankyloglossia



# Restrictive Ankyloglossia & Breastfeeding

- **BF difficulties arise due to:**
  - Limited extension of tongue over lower gum line
  - Inability to grasp nipple/breast
  - Inability to maintain proper seal
  - Decreased strength of vacuum
  - Use of jaws to keep breast in mouth



# Types of BF difficulties

Mom	Baby
Persistent nipple pain/trauma	Fussiness
Impaired milk let down 2/2 pain	Poor milk transfer
Ineffective emptying of breast	Fatigue / sleepiness
Plugged ducts	Excessive weight loss
Engorgement	Poor weight gain
Low milk supply	
Mastitis	
<b>Early breastfeeding cessation</b>	

# Epidemiology

- **4.2% - 10.7% of neonates**
  - Varied prevalence in different studies due to lack of uniform definition / objective grading system
- **Male:Female - 1.5:1 to 2.6:1**
- **Family hx - 21%**



## ASSESSMENT TOOL FOR LINGUAL FRENULUM FUNCTION (ATLFF)

Appearance Item	2 	1 	0 	ATLFF Score
<b>Appearance of tongue when lifted</b>	Round OR square	Slight cleft in tip	Heart-shaped	
<b>Elasticity of frenulum</b>	Very elastic (excellent)	Moderately el 	Little OR no elasticity 	
<b>Length of frenulum when tongue lifted</b>	More than 1 cm OR embedded in tongue	1 cm 	< 1 cm 	
<b>Attachment of frenulum to tongue</b>	Posterior to tip	At tip 	Notched tip 	
<b>Attachment of frenulum to alveolar ridge</b>	Attached to floor of mouth OR well below ridge	Attached just below ridge	Attached at ridge	
			<b>Total:</b>	<b>/ 10</b>

[http://www.medicalive.net/144\\_frenotomy\\_assessment](http://www.medicalive.net/144_frenotomy_assessment)

<http://www.youtube.com/watch?v=-4G-yV11iYA>

Function Item	2	1	0	ATLFF Score
<b>Lateralization</b>	Complete 	Body of tongue but no tongue tip 	None 	
<b>Lift of tongue</b>	Tip to mid-mouth  	Only edges to mid-mouth 	Tip stays at alveolar ridge OR rises to mid-mouth only with jaw closure 	
<b>Extension of tongue</b>	Tip over lower lip 	Tip over lower gum only 	Neither 1 or 2 OR anterior or mid-tongue humps 	
<b>Spread of anterior tongue</b>	Complete	Moderate OR partial	Little OR none	
<b>Cupping</b>	Entire edge, firm cup	Side edges only, moderate cup	Poor OR no cup	
<b>Peristalsis</b>	Complete, anterior to posterior (originates at the tip)	Partial: originating posterior to tip	None OR reverse peristalsis	
<b>Snapback</b>	None	Periodic	Frequent OR with each suck	
			<b>Total:</b>	<b>/ 14</b>

Appearance Item	Kappa (P value)
Appearance of tongue when lifted	0.54 (<0.01)
Elasticity of frenulum	0.53 (<0.01)
Length of frenulum when tongue lifted	0.51 (<0.01)
Attachment of frenulum to tongue	0.39 (<0.01)
<b>Attachment of frenulum to alveolar ridge</b>	<b>0.62 (&lt;0.01)</b>

Function Item	Kappa (P value)
<b>Lateralization</b>	<b>0.71 (&lt;0.01)</b>
<b>Lift of tongue</b>	<b>0.67 (&lt;0.01)</b>
<b>Extension of tongue</b>	<b>0.65 (&lt;0.01)</b>
Spread of anterior tongue	-0.02 (0.74)
Cupping	0.01 (0.44)
Peristalsis	0.05 (0.07)
Snapback	0.03 (0.38)

Kappa = 0.4-0.6 - Moderate agreement/reliability  
Kappa = 0.6-0.8 - Substantial agreement/reliability

# Overcoming tongue-tie difficulties with optimal latch / position / help



# Which moms/babies might benefit from frenotomy?

## Functional endpoints:

- Presence of maternal nipple pain/trauma
- Inability for infant to:
  - sustain a latch
  - extract milk effectively from breast



# Frenotomy / frenectomy

