Could your baby’s tongue be contributing to breastfeeding problems?

Babies have a thin membrane that stretches between their tongue and the floor of the mouth. Although this does not often cause a problem, occasionally this membrane may be tight and limit the baby’s tongue movement (tongue-tie). Restricted tongue movement may affect how easily a breastfed baby can latch on and get enough milk from mom’s breast resulting in struggling with feeds, maternal nipple soreness, painful latch or very long feeds at the breast. Long-term, this may lead to excessive baby weight loss or failure to regain weight appropriately.

Some infants may need treatment to release the tight membrane so the baby’s tongue can move more freely and make breastfeeding easier. The best time to have this done is early (within the first week of life) if the diagnosis is certain. Your hospital provider may ask you to follow up closely with your primary care provider to verify this is truly the issue or to see a specialist for evaluation soon after discharge from the nursery.

When babies feed they use compression and suction to express milk from a breast or a bottle. A baby with tongue-tie can have more difficulty latching to a breast as the baby must extend, cup, and massage the maternal breast with his tongue to effectively draw milk. Your baby’s health care provider and breastfeeding support persons are ready to help you continue giving your baby the special gift of your milk.

Things to remember while you are breastfeeding your baby in the first week:

- Feed at least every three hours during the day. DO NOT go more than 4-5 hours through the night without a feeding. Your goal is 8 or more feedings every 24 hours. It could be 10-12 times in 24 hours.
- If your breasts are too full or engorged – pump to soften your breast and pull out your nipple for the baby to latch on easier.
- If you are still struggling with engorgement – use ice packs on your breasts, take ibuprofen / motrin, and breastfeed the baby or pump your breasts every 2-3 hours. This will reduce the swelling and allow the milk to flow easily.
- Work on getting your baby to latch deeply onto your breast – the suckling should feel like a tug or pull on the nipple/breast – not a pinch or bite.
- Listen for swallows as your baby nurses. Swallows sound like a tiny puff of air or a “kaa” sound between sucks.
- If baby is not nursing well and often (15-20 minutes per each side approximately every 3 hours) pump 20 minutes every 2-3 hours to empty your breast and stimulate your milk production.
- Your baby should start to gain weight and be back to his birth weight by 10-14 days after birth. An average daily weight gain is ½ to 1 oz. per day after they are 4-5 days old.
- A reassuring wet diaper and stooling pattern of 6-8 wets and 4 or more good sized stools daily by the time your baby is 5 days old is another indicator feedings are going well for you and your baby. (Monitor wet and dirty diapers on the yellow First Week Feeding Log sheet)
- Mommy and Me, a breastfeeding group, meets on the 2nd and 4th Tuesday of each month in the East Tower Conference Center from 11 a.m. to Noon. You are welcome to attend for further breastfeeding assistance or to check your baby’s weight between doctor visits.
- Mercy Lactation Services office number is (515) 358-2082.
- If you are continuing to struggle with breastfeeding, poor baby weight gain, latching the baby on your nipples are sore or traumatized and are not getting better, please talk with your baby’s health care provider. They are trained to evaluate for the many causes of difficult feeding in the infant.