SPECIAL ISSUE
Tongue-Tie Expert Roundtable

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Editorial

For many years, I've watched as experts in tongue-tie fought to get health-care providers to recognize its existence. I still remember Cathy Watson Genna and Donna Geddes showing ultrasound videos of before and after a tongue-tie release. They made believers out of everyone in the room. Finally, at least some health-care providers were recognizing tongue-tie and were willing to do something about it.

More recently, however, I've seen the controversy surrounding tongue-tie grow, particularly on social media. The conversation has become so polarized that dissenting voices are shouted down, and people have even lost their jobs when they dared to differ from the prevailing orthodoxy.

How did we get here and what should our next steps be?

Caught in the middle of this mess are mothers, babies, and the IBCLCs who are trying to help them. That is why we have dedicated this entire issue to tongue-tie. I have asked Marsha Walker to join me in coediting this issue. Neither of us are experts on this topic, so we are neutral. What we do bring to the table is our knowledge of breastfeeding, which helps us know which questions to ask. In addition, we are both speakers who have traveled the world, which has helped us identify practitioners who are experts. We asked them to participate, and they graciously agreed.

What Should Our Goals Be Regarding Tongue-Tie?

When talking about an important clinical issue, we need to keep our goals in mind. Regarding tongue-tie, there are three important goals we have identified.

1. Helping mothers achieve pain-free breastfeeding. When mothers say that they are in pain, we need to hear them. So many mothers tell practitioners that they are in pain, and the practitioners either ignore them, or say, "It should get better eventually." Those responses are not acceptable. *Pain means something is wrong*, and tongue-tie might be the cause. It isn't always, but it is something we should consider.

   Some mothers think pain means *they* are doing something wrong. We also need to communicate that this is not their fault. We should let mothers know that we will work with them to figure out what is causing their pain so that breastfeeding will stop hurting. I believe that practitioners ignoring mothers' pain has led to much of what is happening on social media. We need to listen to what they are trying to say.

2. Helping babies get enough to eat. Mothers also reported that their babies were on the breast "all the time," never seemed satisfied, and had faltering weight gains. Again, these struggles were minimized and then mothers were told to supplement. In some cases, supplementing may have been necessary in the short term, as the babies may have been struggling and no one picked it up until there was a crisis. However, the mothers' stories reveal that babies' struggles to transfer enough milk were also ignored or minimized. A baby on "all the time" should also be evaluated. A tongue-tie is one possible reason, and it is a direct threat to the mother's milk supply.

3. Protecting breastfeeding. The mothers' stories we share are heartbreaking. It's amazing that these mothers persisted and continued breastfeeding. In some cases, the difficulties they encountered led to insufficient milk, and they never regained a full supply. Keep in mind that the stories we share are only from the mothers who continued. How many more did we lose along the way? If we want mothers to exclusively breastfeed for 6 months, we need to hear what they are trying to tell us. Tongue-tie might be one reason why they are struggling, so it's important for us to consider.

Important Questions

In addition to our goals, IBCLCs need answers to several practical questions.

1. If we suspect a tongue-tie, how should we assess the baby?

2. What are the best and most effective ways to treat tongue-tie? Where do we send mothers for treatment? How can we address tongue-tie in the least intrusive way?

3. What should be done for after care?

4. Are there alternatives to surgery?

Tongue-tie also raises some important scope of practice issues for IBCLCs. We are often the only practitioners to recognize a tongue-tie and, obviously, can't ignore it. What should be our role?

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The Expert Panel and Roundtable

With these questions in mind, Marsha and I assembled our panel of experts. We first identified people we knew who had international reputations as experts on tongue-tie. Our panelists suggested other experts to contact. We made sure that the panel represented a wide range of disciples (pediatrics, family medicine, dentistry, craniosacral therapy, speech and language pathology, and research).[1] Most of our experts were also IBCLCs and were from the United States, Brazil, Australia, and Spain.

Roundtable Format

About 10 years ago, I attended a session at American Psychological Association on the topic of cancer and posttraumatic stress disorder (PTSD). One speaker laid out all his reasons why he thought cancer caused PTSD. The next speaker laid out all his reasons why he thought it didn't. They didn't argue with each other. They simply presented their views. Both made many excellent points, and I found the conversation to be quite helpful. I have used that format to address other controversial questions such as whether prospective or retrospective findings were most accurate in child maltreatment research. Those articles get cited a lot.

We have adopted a similar format here. Marsha and I assembled a list of questions and asked our panelists to answer them. These are practitioners whose opinions we trust, and we know that they have the best interests of mothers and babies in mind. You will see that they don't always agree with each other in how to best address the issues they encounter. Our goal is not consensus but to show where we are now. Our experts disagreed the most on posterior tongue-tie and post-revision care. Even with disagreement, however, the conversation was civil and professional—exactly where we need it to be for us to move forward. It's helpful to see the views side by side.

We have also asked Liz Brooks to discuss scope of practice for IBCLCs regarding tongue-tie, including the most current guidelines. Mothers' stories are also part of this discussion, so we have included those as well. Finally, we have included some clinical pictures, links to videos, and two assessment tools.

We think this issue is a step toward reaching a consensus on this controversial issue. I think you will be impressed with the depth of our panelists' knowledge and their obvious compassion for mothers and babies.

We hope that this discussion is helpful in your practice. That has always been our chief goal for the journal. Thank you for helping mothers meet these challenges and attain their breastfeeding goals.

Kathleen Kendall-Tackett, PhD, IBCLC, RLC, FAPA

Editor-in-Chief

Note

1. Dr. Bobby Ghaheri was also invited to participate. He declined our invitation.

Systematic Review of Breastfeeding Outcomes From AHRQ

The Evidence-based Practice Center Program at the Agency for Healthcare Research and Quality will be developing a "Systematic Review of Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries." The purpose of the review is to examine the benefits and harms for maternal health outcomes among women who breastfeed, formula feed, and mixed feed. The research protocol is now posted online, and there will be an additional announcement about the opportunity to comment on the draft report when the public comment period opens. https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2455

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