Tongue-tie
Tongue-tie is characterised by a short fraenum (string of tissue) under the tongue that stops the tongue from moving well. Tongue-tie can improve by the age of two or three years. Severe cases of tongue-tie can be treated by cutting the fraenum. This is called a fraenectomy.

Fraenula are little strings of tissue found in various parts of the mouth, such as underneath the tongue, inside the cheeks, near the back molars and under the top lip. While an embryo is developing in the womb, these strings guide the growth of some mouth structures. Once a baby is born, the fraenula are largely unimportant, although they seem to help in positioning the baby teeth.

The fraenum under the tongue is called the lingual fraenum. Tongue-tie is a condition where tongue movement is restricted due to a short lingual fraenum. For example, some people have difficulty licking around their lips, or raising the tongue tip inside their mouth. This can mean that they have difficulties with eating and pronunciation of certain letters of the alphabet. The medical name for tongue-tie is ankyloglossia.

Estimates vary, but around two per cent of babies may be affected by tongue-tie. Tongue-tie can resolve in early childhood if the fraenum ‘loosens’ by itself, allowing the tongue to move freely for eating and speech. However, in some cases, the child may need to have a surgical procedure known as a fraenectomy to release the tongue.

The symptoms of tongue-tie can include:

- the tongue can’t poke out past the lips
- the tongue tip can’t touch the roof of the mouth
- the tongue can’t be moved sideways to the corners of the mouth
- the tongue tip may look flat or square, instead of pointy when extended
- the tongue tip may look notched or heart-shaped
- a baby with tongue-tie may have difficulties breastfeeding or bottle-feeding
- the front teeth in the lower jaw may have a gap between them.

Causes of tongue-tie

There are two main causes of tongue-tie. Either the fraenum is too short and tight, or it failed to move back down the tongue during development and is still attached to the tongue tip. In the second case, a heart-shaped tongue tip is one of the obvious symptoms. It is not clear whether or not tongue-tie is inherited.

Many babies with a tongue-tie can breast and bottle feed successfully. However, a significant tongue-tie that restricts the movement of the tongue can interfere with a baby’s ability to breastfeed and, in severe cases, bottle feed.

Mothers may experience sore or damaged nipples, engorgement or mastitis due to poor attachment caused by a significant tongue-tie. As the breast is not drained effectively when the baby’s attachment to it is incorrect, these babies are often slow to gain weight, and are very unsettled.

Tongue-tie is hard to diagnose in newborn babies and many of the symptoms of a tongue-tie also occur with other feeding issues. Therefore, it is important to see your doctor, midwife, maternal and child health nurse or lactation consultant if you are having trouble breastfeeding.

Seek assistance if you are experiencing any of the following, as your baby may have a tongue-tie:

- sore nipples during and after breastfeeding
- squashed or flattened nipples after breastfeeding
- a compression mark, line or ridge on the nipple after breastfeeding
- the baby has difficulty latching on to the nipple, or appears to latch on and off repeatedly
- the baby’s mouth makes a clicking sound while feeding
- the baby is slow to gain weight.

Tongue-tie and speech problems

Tongue-tie in toddlers seems to be less common than in babies, which suggests that a short fraenum can normalise itself as the child grows. In persistent cases of tongue-tie, the child may have certain speech problems.

Difficulties can include creating sounds that need the tongue or tongue tip to:

- touch the roof of the mouth (to pronounce sounds such as t, d, n, l, s, z)
arch off the floor of the mouth (to pronounce sounds such as r).

Treatment for tongue-tie

In the past, the fraenum under the tongue was routinely cut in babies or children with tongue-tie. Today, doctors are more inclined to wait and see what happens to the fraenum with growth.

Fraenectomy

The surgical procedure performed to cut the lingual or labial (tissue in the centre of the upper and lower lip) fraenum is called fraenectomy. The technique differs according to the age of the person.

For babies less than 12 weeks old, the procedure may be done with local or topical anaesthesia, or occasionally using general anaesthesia. If using local or topical anaesthesia, the area is numbed, the baby’s head is held firmly and the fraenum is simply snipped (divided) with surgical scissors or a laser. Babies can be breastfed immediately after the procedure.

Studies of this procedure have found few risks and problems. Problems are likely to be very rare, but can include bleeding, infection, ulcers, pain, and damage to the tongue and surrounding area. Reports suggest tongue movement is normal within three months of the procedure.

For older children and adults, a general or local anaesthetic may be given beforehand. Stitches are needed when the tongue-tie has been surgically divided. It may take a few weeks for the mouth to heal. Older children and adults may need speech therapy after the surgery.

The main risk of this procedure is related to the anaesthetic, although like all surgeries, there is a risk of bleeding or infection. There is also a risk of damage to the tongue or the surrounding area. Generally, only severe cases of tongue-tie are divided.

Where to get help

- Your GP or paediatrician
- Maternal and child health nurse
- Lactation consultant
- Speech pathologist
- Your dentist
- Dental Health Services Victoria provides public dental services through the Royal Dental Hospital Melbourne and community dental clinics, for eligible people.
  For more information about public dental services Tel. (03) 9341 1000, or 1800 833 039 outside Melbourne metro
- Australian Dental Association ‘Find a Dentist’ search function or Tel. (03) 8825 4600
- Better Health Channel – Seeing a dentist or dental health practitioner

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More information

Mouth and teeth

The following content is displayed as Tabs. Once you have activated a link navigate to the end of the list to view its associated content. The activated link is defined as Active Tab

- Mouth and teeth basics
- Mouth conditions
- Dental care for children
- Dental care
- Dental procedures

Mouth and teeth basics

- Calcium
  If you don't have enough calcium in your diet, your bones will eventually become weak and brittle...

- Mouth
  The mouth helps us to digest our food and communicate through speech...

- Teeth
  Teeth have different shapes that reflect the different jobs they do in helping us eat and digest food...

- Tongue
  There are about 9000 taste buds on the average adult tongue...

Mouth conditions

- Cleft palate and cleft lip
  Most cleft palates and cleft lips can be repaired so that appearance and speech develop normally...
• Cold sores
  Cold sores are blisters around the mouth and nose, caused by the herpes simplex virus...

• Dental injuries - knocked out teeth
  A knocked out permanent tooth can survive if it is immediately put back. Do not put a knocked-out baby tooth back...

• Dry mouth syndrome
  A dry mouth is a symptom of an underlying problem, rather than a disease in itself.

• Gum disease
  Brushing teeth regularly helps to prevent gum disease and early treatment can help save affected teeth.

• Halitosis or bad breath
  Having halitosis or bad breath can have a major impact on a person.

• Mouth cancer
  Smoking increases the risk of mouth cancer six-fold.

• Teeth - gapped teeth
  In many cases, a gap between the upper front teeth will close by itself.

• Teeth grinding
  Teeth grinding (bruxism) is involuntary clenching or grinding of the teeth, usually during sleep.

• Tongue tie
  Tongue-tie is a condition caused by restrictive tongue tissue that stops the tongue from poking out past the lips.

Dental care for children

• Dental care - fluoride
  Fluoride in your drinking water is like a constant 'repair kit' for your teeth.

• Dental checks for young children
  Children should have an oral health check by the time they turn two.

• Dental injuries - knocked out teeth
  A knocked out permanent tooth can survive if it is immediately put back. Do not put a knocked-out baby tooth back.

• Dummies
  Dummy sucking should stop before school age to avoid teeth or mouth problems.

• Oral conditions - young children
  Oral thrush, mouth ulcers and cold sores are common oral conditions in babies and young children.

• Recent arrivals, asylum seekers and family support services
  Provides an overview of family support programs and health services available to refugees and asylum seekers living in Victoria.

• Seeing a dentist or dental health practitioner
  There are a range of dental services available to assist you with any dental health problems you or your family may have.

• Teeth development in children
  Teething symptoms are common in children and can be managed without medications.

• Thumb and finger sucking
  Finger or thumb sucking should stop before school age to avoid mouth problems.

• Toothbrushing - children
  Start cleaning your baby's teeth as soon as the first tooth comes through to help prevent tooth decay.

Dental care

• Teeth care
Tooth decay can be prevented with a good diet, regular tooth brushing and dental check-ups...

- 10 tips on how to eat more calcium
  Reduce your intake of coffee, alcohol and soft drinks...

- 10 tips to look after your teeth
  See your dentist for regular check-ups...

- Dental erosion
  Visit your dentist regularly so tooth erosion is detected early, helping prevent further tooth surface loss...

- Dental injuries - knocked out teeth
  A knocked out permanent tooth can survive if it is immediately put back. Do not put a knocked-out baby tooth back...

- Dentures
  It is important to look after your dentures and your gums to keep your mouth healthy...

- Gum disease
  Brushing teeth regularly helps to prevent gum disease and early treatment can help save affected teeth...

- Mouthguards
  A mouthguard provides the best protection for the teeth, lips and jaw during sport and leisure activities...

- Pregnancy and teeth
  It's important to look after your teeth and gums when you're pregnant, as gum disease can affect your baby...

- Recent arrivals, asylum seekers and family support services
  Provides an overview of family support programs and health services available to refugees and asylum seekers living in Victoria...

**Dental procedures**

- Cosmetic dentistry
  Discoloured, chipped or missing teeth can affect self-confidence but cosmetic dentistry techniques can help...

- Dental anxiety and phobia
  Dental anxiety is common, but there are ways to help you manage it. Talk to your dentist about which strategies are right for you...

- Dental fillings
  Dental fillings are used to repair worn, decayed or damaged teeth...

- Dental injuries - knocked out teeth
  A knocked out permanent tooth can survive if it is immediately put back. Do not put a knocked-out baby tooth back...

- Dental sealants
  A dental sealant is a coating applied to the permanent back teeth to prevent tooth decay...

- Dental treatment
  Modern techniques mean that dental and oral health treatment is almost always painless...

- Orthodontic treatment
  Orthodontics involves the use of a range of corrective devices, such as braces and plates, to encourage the teeth to align properly...

- Root canal treatment
  Root canal treatment is a dental procedure to replace a tooth's damaged or dead pulp with synthetic filling...

- Wisdom teeth
  Wisdom teeth that may cause problems are best taken out sooner rather than later...

**Related Information**

- Dry mouth syndrome
  A dry mouth is a symptom of an underlying problem, rather than a disease in itself...
• **Halitosis or bad breath**
  Having halitosis or bad breath can have a major impact on a person...

• **Mouth ulcers**
  In most cases, mouth ulcers are harmless and resolve by themselves in a few days...

• **Gum disease**
  Brushing teeth regularly helps to prevent gum disease and early treatment can help save affected teeth...

• **Cold sores**
  Cold sores are blisters around the mouth and nose, caused by the herpes simplex virus...

**Related information on other websites**

• The Women’s Hospital Melbourne.

**Content Partner**

This page has been produced in consultation with and approved by: Dental Health Services Victoria

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