

Oral Health Care Case – WCAAP Oral Health Resources

Lip Tie

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At a newborn check, the mother lifts her baby's upper lip and asks if her baby has a lip tie, as shown in this picture.

She has heard that lip ties can cause breastfeeding problems. Though neither mother nor baby is experiencing any problems with breastfeeding, the patient's mother tells you that she has also heard that lip ties increase the chance that her baby will get cavities on the top teeth and that the lip tie will cause her child to have a big space between the two upper front teeth that will need braces later on. She wonders if her baby should undergo laser removal of the lip tie. How do you reply?

You could say: There is no good reason to have your baby undergo a procedure to remove that piece of tissue, which is called a frenum (or frenulum, the terms are interchangeable). There is no evidence that the appearance of this frenum in a newborn baby plays any role in breastfeeding problems, cavities, or the later need for braces. There has been very little research done in this area and recommendations about removal of this frenum are based on opinion, not high quality studies.

What you, the pediatrician, should know: Concern about "lip ties" and questions about surgical management are very popular right now. Some health care providers including lactation consultants and dentists as well as lay posts on social media sites have been promoting this concern and urging parents to pursue intervention for a "lip tie" to prevent future problems.

The appearance of the superior maxillary frenum (where the lip tie is purported to occur) in infants is quite variable. There are no research studies showing that removal or division of this

frenum leads to better breastfeeding, lowers the risk of caries or decreases the risk of an inter-incisor diastema (space between the upper central incisors) in the permanent teeth.

In fact, there is some recent research demonstrating that the superior maxillary frenum plays a negligible role in latching at the breast and that there is no relationship between the appearance of the superior maxillary frenum and LATCH scores or maternal pain with breastfeeding.

The American Academy of Pediatric Dentistry recommends waiting until after the permanent upper incisors have fully erupted (ie, tween years) before addressing any concerns about interincisor diastema (because it often corrects on its own before then).

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