

## Consultant's corner: a short frenulum

This mother contacted the consultant when her baby was 18 days old. She said that "right from the start in the maternity hospital my nipples were very painful and they were 'damaged'."

The comments and suggestions made to the mother were numerous, inappropriate and sometimes even decreased her confidence:

- She was told to vary the nursing position so that the baby's chin was pointing in different directions;
- She was told that her baby had a very strong suck and that there was nothing that could be done about it;
- She was told to use an electric breast-pump which then elicited comments on the quantity of milk expressed, which the pharmacist deemed insufficient ;
- She was told to use breast shields because she could no longer stand neither clothes nor bras (and yet she found herself soaked in milk which is surprising for a woman who supposedly lacked milk!)

When she expressed her milk her breasts were also sore. What's more, the baby only gained 50g that week.

As usual, the consultant examined the mother. Here nipples were very sore. The mother said "it feels like my breasts are being lacerated at each feed." The baby's mouth was then examined and a classic short frenulum was observed. The consultant hoped this was the only cause of the pain (but suspected a bacterial or a fungal infection because the pain was still present when the mother, to avoid the pain of nursing, expressed her milk.)

The frenulum was cut at the offices of an ENT. The mother wondered whether the procedure was necessary and her pediatrician, who thought that a tight frenulum did not affect breastfeeding, did not support her decision.

Two days after the frenulum procedure the mother saw the consultant again because her breasts were still sore. They were now raspberry colored and shiny. An anti fungal treatment was recommended for mother and baby. Despite being able to express good quantities of milk, the mother was worried about her supply and gave formula supplements when her baby cried.

It would have been worthwhile to perform a breastfeeding Apgar at birth which could have avoided a cascade of problems and the mother's loss of confidence.

Resources on the subject:

- Protocol ABM 11 – Ankyloglossia  
<http://www.bfmed.org/Resources/Protocols.aspx>
- ILCA "Breastfeeding and the short frenulum"

- By Catherine Watson Genna, BS, IBCLC and Elizabeth V. Coryllos, MD, FAAP, FACS
- The thesis book by Alison K. Hazelbaker. Tongue-Tie. Morphogenesis, impact, assessment and treatment.

The author invites us to "loosen our tongues, to ruminate on the topic, talk it over, and..... Translate it into French!"

<http://www.tongue-tie.aidanandevapress.com/index.html>