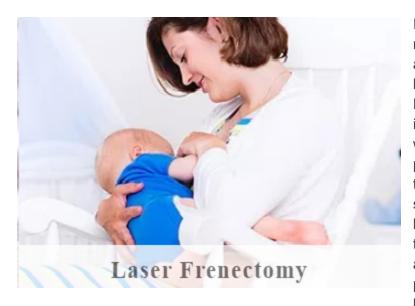


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Breastfeeding, Speech Development & Teeth Gaps

A few years ago, one of my close friends and dental colleague asked me about her <u>child's upper</u> <u>lip attachment</u> (maxillary facial frenum). She wanted to know if the attachment was normal and if not, should it be a concern? At that time I gave the best answer I could, based on my residency training but deep inside I was not fully satisfied with the information I gave her. I knew there was more to this question and as a pediatric dentist I needed to dig deeper into the subject.



In my years of private practice I've revised some upper abnormal lip attachments as well as abnormal lower lip and tongue attachments. However, I only did this when inquired by parents that were worried their child was not properly speaking despite speech therapy sessions, had a hard time sticking their tongue out, or had a large gap between their two front teeth they didn't find cosmetically acceptable. The interest to perform these procedures with a laser rather than the alternative

led me to a hands-on continuing education course on soft tissue dental lasers. During this course I learned of a pediatric dentist in the northeast who sub-specializes in lip-tie and tongue-tie revision. I found out there is much more to this soft tissue problem than just the cosmetic or speech development issues parents sometimes are concerned about. There is about a 3% of newborns that have a tongue-tie problem directly interfering with their ability to breastfeed creating a myriad of problems for both the child and the mother including but not limited to: no or un-sustained latch, prolonged unsatisfied feeds, poor weight gain, inability to hold pacifier; severe pain for the mother, inflammation, bleeding, plugged ducts, among other problems.

For toddlers and children with speech development problems, the tongue attachment when inappropriate makes it difficult and frustrating for the child despite the months or years in speech therapy. For adolescents with an inappropriate tongue or upper lip attachment it can continue to perpetuate cosmetic concerns such as a gap between the front teeth at a time when self-image and confidence are critical for any teenager. In addition, teenagers can develop periodontal



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problems as a result of a tight lip or tongue attachment that damage the gingiva, and if left untreated, can lead to bone loss.

While a soft tissue exam is part of the dental exam when you come to our office, let us know if you have any specific concerns in regards to your baby or child's tongue or lip attachment. With the integration of the Epic Biolase soft tissue laser into our practice, revision of the lip and tongue attachment is much less invasive, sometimes without the need for local anesthetic or sedation, shorter healing time, decreased discomfort following the surgery, and in most cases without the need to place your newborn baby under general anesthesia—you can even hold your baby while the procedure is done!

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