

Is the Medical Profession Following the Hippocratic Oath by doing No Harm when Mothers and Infants are Allowed to Suffer Needlessly when they are Told nothing is Wrong when Tethered Oral Tissues are Either Ignored or Misdiagnosed?

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Introduction

It both amazes me and gets me upset when I see so many infants referred to my office by friends, relatives, some lactation consultants and body workers with ignored tethered oral tissues. What are tethered oral tissues? The majority are tight and restrictive lingual and upper lip attachments which prevent the infant from getting a tight, secure, painless latch during nursing onto the areola.

The tongue should not be looked at as just a simple muscle but rather as an organ that can affect many systems of the infant's body. When an infant is born, the mother's high hopes of a wonderful bonding event should occur when she begins to breastfeed and has great expectations for motherhood. Unfortunately for too many mothers, breastfeeding becomes a toe-curling, painful experience because of poor or missed diagnoses of tethered oral tissues such as tongue-ties and lip-ties.

Among the many symptoms a mother may see develop include; nipples may become raw, bleeding, flattened, and painful. Mastitis plugged ducts and thrush may occur. The wonderful mother-child bond that was expected does not arrive; instead, maternal frustration and depression begin to develop. For an infant, a bloated belly and excessive gas with associated gastrointestinal pain develops, and a baby that experiences constant crying, sleepless nights, failure to thrive, and sleep apnea.

While still in the hospital, mothers often ask to see a lactation consultant and speak to a medical doctor. Everyone says, "Oh, you're just a new mother. Everything looks okay. Things will improve in a day or two."

A mother will ask, "Do you think something is wrong? Could my baby be tongue- or lip-tied?" They all look at the baby resting in the mother's arms or belly say, "There is nothing wrong. There's nothing to indicate the presence of any tongue or lip-tie." Or worse, they say, "Oh, there is only a minor tie, but it will not have any effect on your infant's ability to breastfeed."

Too many mothers and fathers are sent home, confused and concerned. Maternal instinct knows something is not quite right, but all of their support systems are dismissing concerns as a new mother.

Mothers can develop both physical and emotional symptoms:

Physical symptoms:

1. Lipstick-shape nipples after the infant latches
2. Flattened, blistered, bruised, cut, or bleeding nipples

3. Moderate to severe pain when your infant attempts to achieve a latch
4. Infected nipples
5. Plugged ducts
6. Mastitis
7. Nipple thrush
8. Engorged or unemptied breasts
9. Premature self-weaning
10. Premature reduction of breast milk supply

Emotional symptoms:

1. Frustration due to lack of answers
2. Exhaustion
3. Depression
4. Lack of infant-mother connection
5. Premature weaning due to pain and frustration
6. Family conflicts and/or unjust accusations from child protective services

Infants can develop symptoms:

1. A short shallow ineffective latch
2. Unsustained latch
3. Sliding off the nipple
4. Prolonged episodes of non-nutritional breastfeeding attempts
5. Unsatisfied nursing episodes
6. Falling asleep before satisfied while attempting to nurse
7. Unable to hold onto a pacifier
8. Poor weight gain, resulting in diagnosis of a failure to thrive infant
9. Chronic crying episodes
10. Can only sleep when held upright or in a car carrier
11. Signs of morning congestion-silent sleeping stomach reflux

12. Infant gastroesophageal reflux
13. Clicking and swallowing air when latched (aerophagia)
14. Leaking milk
15. Hospitalization due to failure to thrive

There are many unfortunate barriers for mothers getting good sound advice and a diagnosis of tongue-ties and lip-ties as the cause of their maternal and infant breastfeeding difficulties. The first problem, and one of the most difficult, is changing old medical concepts—believing that doing no treatment is better than doing any surgical treatment. Often the medical Hippocratic Oath of “doing no harm” is misrepresented as just watching and waiting.

When an infant is in pain due to reflux or presents failure to thrive, is this better treated by doing nothing or by surgical intervention? When mothers who cannot bond with their infants due to being unable to breastfeed and in consequence suffer from post-partum depression, when they resort to pumping to maintain adequate breast supply to provide their infants with breast milk, is this better treated by doing nothing or by surgical intervention?

The concept of treating and diagnosing tongue-ties is not something new, nor is it a fad in today’s world. In the beginning of life as we know it, those infants who could not achieve a good latch would have most likely died if they were not able to get proper nourishment. It was survival of the fittest. In the Bible, Mark 7:32–37 states that he enabled a man to speak by grasping his tongue and once he released the binding and loosened his tongue he could speak.

Although there are many competent surgeons using scissors to release or revise the lip and tongue, today’s state-of-the-art treatment is using a dental laser to ablate soft tissue. Parents often go back to their primary-care physician and ask his or her opinion about revisions or release of the upper lip-tie or lingual attachment. Unfortunately, since this is really a dental question, and not a medical one, the information they receive is often both incomplete and just plain wrong. Mothers and fathers look to find an answer as to why their lives have been turned upside down with the birth of their infant. Many healthcare professionals with whom they depend on and seek out for answers and help do not provide answers and worse can be met with indifference.

For a complete text concerning tethered oral tissues see the Test book: SOS 4 TOTS Tethered Oral Tissues™ • Tongue-Ties & Lip-Ties

Available through. Kiddsteeth.com or Amazon.com

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