



Practice Advisory

**Position Statement on Ankyloglossia
and Breastfeeding**

Office of the Registrar

March 5, 2025

This document is created to provide guidance to your practice and help you prepare for future discussions with your patients. The New Brunswick Dental Society is supporting the position statement on ankyloglossia and breastfeeding released by the Canadian Academy of Pediatric Dentistry (CAPD).

March 1, 2025

The Canadian Academy of Pediatric Dentistry/Académie Canadienne de Dentisterie Pédiatrique (CAPD/ACDP) recognizes the role of dentists and dental specialists in the diagnosis and management of ankyloglossia. Ankyloglossia, commonly referred to as tongue-tie, is a variation of a normal oral structure and is defined as a restrictive lingual frenulum¹⁻³. A restrictive lingual frenulum may interfere with breastfeeding and increase maternal nipple pain by restricting the extension and elevation of the tongue to grasp the nipple while suckling⁴⁻⁵. The surgical release of ankyloglossia is commonly referred to as frenotomy or frenulotomy and may improve breastfeeding and reduce maternal nipple pain¹⁻³. The procedure is generally safe and well-tolerated.³

In alignment with the guidelines established by the American Academy of Pediatric Dentistry, Canadian Pediatric Society, American Academy of Pediatrics and numerous other organizations, the CAPD/ACDP supports the following recommendations: ^{1-4,6}

1. Suboptimal breastfeeding is a complex issue. Every nursing dyad with painful or ineffective feeding should undergo a complete breastfeeding assessment before any treatment is offered as ankyloglossia may be only one of multiple possible deficiencies contributing to difficulty breastfeeding. A comprehensive and multidisciplinary approach to diagnosis and management involving lactation consultants, pediatricians, family physicians, nurses, surgeons and/or dentists is crucial for successful breastfeeding.
2. General dentists and specialists, including pediatric dentists, are qualified healthcare professionals who can aid in the diagnosis and surgical management of ankyloglossia. Dental professionals have expertise on the anatomy and function of the oral and maxillofacial complex which allows them to assess the impact of frenal restrictions and provide appropriate management. Surgical release of ankyloglossia should be undertaken with the support of allied health professionals including lactation consultants, nurses, family physicians and/or pediatricians. A multidisciplinary approach is important in a potentially vulnerable population to ensure adequate support services, education and counseling, and shared decision-making.
3. As with any medical procedure, obtaining and documenting informed consent is essential when providing frenotomy or frenulotomy. The informed consent process should include a thorough discussion between the provider and the caregiver that consists of the relevant findings from the assessment, the diagnosis, the nature and purpose of the proposed procedure, the potential risks and benefits of the proposed procedure and the evidence-based alternatives including no treatment.

4. Further research, with long-term outcome measures, is necessary to develop a standardized approach to diagnosing and managing ankyloglossia in infants.

CAPD/ACDP is committed to advocating for best practices in pediatric oral health care, ensuring that children receive safe and effective treatment based on the most current scientific evidence.

References

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