

Tongue-tie

A baby is said to have a tongue-tie when the bit of skin between the tongue and floor of the mouth (the frenulum) joins near the tip of the tongue rather than further back.

- This can have the effect of holding the tongue down so that it cannot move forward over the baby's lower jaw and lip, and the baby cannot poke out her tongue very far.
- If the tongue-tie is severe, this may affect breastfeeding, causing problems like sore nipples or low supply, because the baby cannot attach properly to the breast.
- In these rare cases, the frenulum can be snipped to free the tongue so that it can move properly.

Most times, the tongue-tie is not a problem, and it doesn't usually affect speech development.

For more information contact:

- **Local Community Child Health Nurse**
They can also refer you to your local Lactation Consultant. See inside your baby's purple 'All About Me' book (page 8), in the phone directory under 'Child Health Centres', or www.health.wa.gov.au
- **Australian Breastfeeding Association Helpline**
Phone 1800 686 2 686*
www.breastfeeding.asn.au
- **Ngala Helpline**
8:00am–8:00pm seven days a week
Phone (08) 9368 9368
Outside metro area – Freecall 1800 111 546*
www.ngala.com.au
- **Local family doctor**

* Calls made from a mobile phone may be charged at a timed rate.

To order this publication and others, phone 1300 135 030 or visit www.health.wa.gov.au

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breastfeeding
when babies
won't feed



Some new babies take a while to learn how to attach to the breast and feed effectively. Others feed well at first, then become fussy. These problems can be very distressing; seek help if these ideas do not help.

Attachment problems

Babies have a sucking reflex, but some need help to attach well to the breast and suck strongly. Some may be very small (e.g. born prematurely) or unwell at birth and unable to go to the breast straight away. They may need more help when they are able to feed.

- Hold the baby close, encourage (and wait for) a wide-open mouth, then bring the baby quickly onto the breast so most of the areola area is in the mouth.
- If your baby really won't attach, try expressing a little milk for the baby to taste. This may encourage a wide-open mouth. It may help to express even more so the areola is softened and the milk lets down. This way the baby will get an immediate reward when trying to suck.
- Stroke the baby's lips or cheek to stimulate the rooting reflex.
- Get the baby to suck on a finger then quickly transfer to the breast.
- You can put some expressed breastmilk in a syringe and trickle it onto your nipple as the baby tries to attach.
- If your baby is very sleepy, try to wake him by unwrapping and undressing him, and playing with his toes or hands.
- If your baby won't take one breast, offer the other.

Seek help. Don't stop trying unless you really want to. There is a lot of help available, and most problems can be overcome.

Not wanting the breast (breast refusal)

Sometimes a baby who has been feeding well does not seem to want the breast and may scream and push away. This can happen at any time, but often at around 3–5 months. It can be very upsetting as it seems like the baby doesn't want you.

It usually does not last long. If you are patient and continue to breastfeed it usually gets better by itself.

There can be many reasons why a baby won't take the breast.

Baby reasons

- Sore throat, sore ears or a blocked nose.
- Gastro-oesophageal reflux (see the topic '**Reflux**').
- Teething.
- Thrush in the mouth making the baby's mouth sore.
- Efficient feeding – as babies get older they empty the breast more quickly and get fussy if you push them to take more.
- Distractibility – the baby wants to look at other things, is easily distracted and so stops feeding. This is common after three months when babies grow more slowly so they are not as hungry as before.



Mother reasons

- Your milk supply is low, or you have a lot of milk that comes too fast for the baby.
- Changes in the taste of the milk if:
 - hormones change – when your periods start again or if you have become pregnant
 - you have eaten something different
 - you have been exercising just before the feed (the milk may taste different for a short time).
- You are not well or are taking medicines
- You have had mastitis recently.
- You have changed your soap, deodorant or bath powder.

What you can do to help if your baby does not want to take the breast

- Don't worry if your baby only wants a few minutes at the breast. By the time they are 3–5 months old, babies can take a lot of milk in two or three minutes.
- Feed in a quiet, dark room.
- Feed when the baby is asleep or sleepy (after the baby is three months old). This often works well.
- Give more feeds at night, especially in hot weather.
- Walk around and pat your baby while you are feeding.
- Express to get the milk flowing, then put the baby on the breast.
- Get your baby to suck on your finger or a dummy, and then quickly slip the breast in instead.
- If the baby refuses to feed for a few hours, you can express the milk to keep up your supply.