

# Conscious Choices, Blissful Birth

## Module 7 - All About TOTs

While your lovely infant will eventually become a tiny tot, that's not what we mean here. TOTs stands for tethered oral tissue.

Tethered oral tissue is a “newer” topic on the scene and unfortunately that means that modern western medicine is years behind. Because of this, TOTs still often go undiagnosed, or misdiagnosed in many babies.

So what is it exactly? Tethered oral tissue is an excessive attachment of the normal connective tissue in our mouths. A frenulum is the little web area under the tongue or where your upper and lower lips attach to your gums. In some infants they are born with these attachments being too tight or attaching too far forward. This prevents the tongue and/or lips from moving correctly which in turn prevents proper feeding, among many other things. These are called lip and tongue ties. There are ties called buccal ties as well which involve the cheeks but are less common.

Babies with TOTs can have difficulty latching for breastfeeding and other symptoms which can include: crying, colic, reflux, gasiness, a clicking sound during eating, falling asleep frequently at the breast, slow or no weight gain, gumming and clamping nipple, excessive drool, and drips with breast or bottle feeding.

This list of symptoms can often be why women feel they are a “failure” at breastfeeding, when in fact their baby has a medical issue that prevents proper feeding. There will be symptoms for mom as well. Mothers who experience painful initial latching, extremely cracked/painful/blistered nipples, creased/white nipples after latching/feeding, low milk supply, clogged ducts, mastitis and prolonged feeding times may be dealing with a TOTs baby.

While some lip/tongue ties are very minimal and feeding can go ahead normally, some do much better when they are revised. A highly qualified pediatric chiropractor, certain infant ENTs and certain qualified dentists would be the ones to properly note and/or diagnose these TOTs. Once they have been diagnosed a proper revision would be recommended if needed.

These revisions are generally provided by a pediatric dentist specializing in lip/tongue tie revision. There are times that parents are told that their baby was checked for these things in the hospital, but it would seem that a large portion of these checks are being done improperly.

This can be detrimental as it makes the mother less likely to suspect TOTs if she is having difficulty feeding. This is why we recommend if you or your baby is experiencing any of the above mentioned symptoms that you seek out a qualified practitioner to have your infant rechecked just to be sure.

It is important to do your research so that you can make yourself part of this decision. You will also need to be prepared to help with the rehabilitation which, while simple does take some time and effort during the day. Some physicians use scissors and some will use lasers. Again, we recommend that you do your research on which of these methods you feel is best for your baby.

Even if you don't intend to breastfeed, or you are okay with bottle feeding, these are not reasons not to address the babes TOTs. There are symptoms that can transfer into adulthood if a moderate to severe tie goes untreated. These symptoms can include; dental hygiene issues, choking on liquids, headaches, pain with talking/eating/kissing, speech difficulty, swallowing trouble, sleep apnea, texture issues with food, and digestive problems. Many missed ties in infants show up in toddlers when they are trying to eat solid foods or start talking.