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The diagnosis of short lingual frenulum and how to promote breastfeeding

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To promote breastfeeding is a commitment of all of us. We are convinced that this sentence reflects what almost 100% of *Archivos Argentinos de Pediatría* readers feel. But how can we achieve it?

The first thing that comes to mind is "accompanying the family". This needs to be more specific. To accompany you must know how, and we have learned the relevant role of breastfeeding support and counseling groups over many years.[1]

These teams work on the most critical aspects that mothers often need and for which scientific evidence shows effectiveness, such as skin-to-skin contact and initiation of breastfeeding in the first two hours after birth in the delivery room or operating room, frequent and on demand feedongs (with the implications that this concept implies for the family and the society), avoidance of early formula supplementation, infant positioning during breastfeeding, resting time, and mother's hydration and nutrition, among other factors.

Those of us who promote breastfeeding must also be respectful of mothers who cannot or do not want to breastfeed. Putting pressure, generating guilt, and not attending to personal history are the most common mistakes health caregivers can and must avoid.

Rossato's excellent article in this issue of *Archives*[2] brings up a topic less considered as a cause of lactation failure: short frenulum and ankyloglossia. The authors of this editorial feel we we are not experts on the subject. Still, we know of the longstanding and enormous commitment of the lactation support teams in our institutions, with excellent documented results in patients' follow-ups. Reflecting on our experience with any case in which the short frenulum has been implicated in our institutions as a cause of breastfeeding failure in an infant without obvious craniofacial malformations is hard for us to remember. Does this imply a typical "If I did not see it, it does not exist"? No, not at all. But we are concerned about the fact that recently, there have been babies who, in the first week of life, faced with difficulties in latching on to the breast, have been rapidly referred to "specialists" on the frenulum and, in many cases, have undergone surgery to cut it (with methods ranging from sophisticated ones such as laser to others that are homemade and seem cruel such as scissors). Added to this are the subsequent recommendations for massage and stretching, among others, and the risks inherent to any surgical procedure from which frenotomy is not excluded.[3]

As commented by Rossato and demonstrated

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by Feldens's study, which was conducted with a vast experience in Brazil, ankyloglossia is not exceptional, but severe cases are very infrequent. Even the most critical cases are not the leading cause of breastfeeding difficulty in these children, and, in this series of patients, none was treated with frenotomy, and breastfeeding was highly successful.[4] A systematic review found no relationship between short frenulum and breastfeeding failure.[5] It is essential to recognize the risk of an "epidemic" of unnecessary frenotomies for commercial reasons or to simplify complex problems.[6]

We understand that there may be a patient with evidence of severe ankyloglossia requiring treatment, in many cases associated with craniofacial malformations. Therefore, it is good that teams can resolve the problem surgically and safely. Simultaneously, it is crucial to understand that the anatomical diagnosis of a short frenulum does not imply a surgical indication since such a physical aspect rarely results in the actual cause of a functional disorder that hinders breastfeeding.

In 2024, the slogan for World Breastfeeding Week is "Bridging the Gap, Support Breastfeeding for All." As professionals on teams that assist births, the initial stages of breastfeeding and its support call us to work interdisciplinary to achieve them based on everything we have learned and with evidence-based decisions.

The success of breastfeeding depends on many aspects, and ankyloglossia is not an impediment. Even if it were, different disciplines can contribute before deciding on surgery.

We should be concerned about the diffusion in social networks and in the media of short frenulum as a cause of breastfeeding failure. The search for quick solutions with a simple and easy appearance can lead to an increase in treatments with unnecessary risks and to the postponement of the use of the most efficient instruments with actual evidence to support breastfeeding. ■

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