Dear (provider) ,

I don't know if you remember me and my (patient’s relationship and name), but when she was an infant we saw you with multiple issues around breast feeding and then later, bottle feeding. I would just like to highlight my journey for you and let you know how we resolved our issues and provide some information for further reading.

For me the symptoms were; pain, mastitis (recurrent, leading to sepsis), failure to bond, the pressures of express-feeding, worsening post-natal depression and ultimately feeling a failure for not being able to breastfeed my baby.

For my daughter her symptoms included; failure to breastfeed, falling asleep on the nipple or just failing to latch, reflux (silent and classic) and colic and choking on fluids. We saw everybody we could to try and "fix" the her latch on my breasts but unfortunately I became so ill with mastitis, including a 4 day stay in hospital, that everybody was telling me I had to stop as no one could tell me why I was getting the mastitis and what we could do to correct the issues.   
  
I saw the Breast Feeding Midwife at Stockport Maternity Unit, many midwives and a UK leading Breastfeeding Specialist in Chesterfield. All checked my daughter for classic "anterior tongue tie." Whilst their input was invaluable and helped me get as far as I possibly could, ultimately it took me investigating my daughter's symptoms as she grew to find out what was the likely problem.   
  
As my daughter grew she had continuing reflux and colic, texture issues around solids, yoyo-eating, difficulties around tooth brushing including classic symptoms of oral aversion, slight delay in speech, frequent night waking with the reflux and choking on fluids. Her nappies would often contain entirely undigested foods where she'd swallowed things whole. I could get treatment for each "issue" but there seemed to be no one linking the symptoms together.  
  
I noticed something wasn't "quite right" when her central incisors came through with a sizeable gap between them. I subsequently looked in to what could be done about this gap and this lead me to investigate "tied" and "extended frena" and the impact they can have. I was pointed towards a support group that includes pediatric dentists, International Board Certified Lactation Consultants, and others totaling over 9,000 members. I found out that our breastfeeding journey was in fact a classic example of "tied" frenulum and that basically all of our symptoms could be explained by my daughter's mouth not being able to perform as it should.

I investigated the possibilities around revision of her lip tie to prevent further issues & damage. My dental provider recognized that her lip tie could cause issues around decay and poor mouth health, but was unwilling to intervene at an early age (suggesting about 8 years old was when he usually revised ties.) This is problematic as by then adult teeth are often through and already damaged. The pain of extensive dental work, that ultimately has a high failure rate made me want to push for a further solution.

Again, I did my research and contacted a pediatric dentist in London who was willing to perform a laser frenectomy on my daughter. (Insert Provider’s Name)is a dentist who has been using laser to treat tongue ties. He assessed (patient’s name) and also discovered he had an upper lip tie, or maxillary frenulum and a posterior tongue tie. With a laser he quickly removed the upper lip tie. We opted not to have the posterior tie revised as it was marginal and the likelihood of success in a toddler was fairly low. Our breastfeeding journey had ended over a year before hand so that wasn't a factor for us to consider. Immediately afterwards we fed. This was the first step for everything getting better for us.

I felt it important to share with you some information about tongue ties and upper lip ties so you will know what we went through and what might be helpful for another family who has this issue. Tongue tie is when the lingual frenulum is tighter than it should be. An anterior tie is one that is easily seen, like a string under or at the end of the tongue; a posterior tie is one that is under the floor of the mouth and cannot be easily seen. Some reasons to suspect a posterior tongue tie can by finger sweeping under the tongue to feel for a bump, or watching a baby’s tongue while crying and seeing it curl or cup at the edges. With a posterior tie the tongue can often move past the lower gum line. The upper lip tie can interfere with how a baby latches and attaches to the breast…while a baby doesn’t always have to flange their upper lip to breastfeed successfully; when it is too restricted it can make breastfeeding painful as well as prevent a good seal to the breast.

I am including some additional information for you to read, as well as a patient handout you might find helpful to offer to other parents.

Thank you for your time.

Sincerely,