Dear

We saw you *April, 2013* with our new baby, *Name*. At the time I was having extreme nursing pain and we were there for his well-baby visit. I asked if his mouth looked okay and you said you didn’t see anything that would cause a problem. You suggested we follow-up with a lactation consultant if things didn’t get better.

We did meet with *name of lc*, IBCLC. She was very helpful and did a full assessment. She discovered our baby had a posterior tongue tie and this was the reason I was experiencing so much pain. She explained that tongue ties can make it so a baby can’t use their tongue the right way and this can cause pinching and damage to the nipple. *Name* suggested asking my OB, *name of OB*, for a prescription of Newman’s All Purpose Nipple Ointment, and she referred us to *Name of Recommended Provider and Location.*

*Provider* is a dentist who has been using laser to treat tongue ties. He assessed *Baby* and also discovered he had an upper lip tie, or maxillary frenulum. With a laser he quickly removed both the tongue tie and the upper lip tie. Immediately afterwards we nursed. This was the first step for breastfeeding to get better for us, and now at *weeks/months/time frame*, we are still nursing.

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 baby 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 taking the time to listen to our story.

Sincerely,