



## Prevalence of Tongue-Tie in Infants Weighing $\geq 1800$ g at Birth

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*To the Editor:* There is a scarcity of studies done to assess tongue-tie (TT) incidence due to a lack of awareness and skills owing to inconsistent diagnostic criteria. We conducted a survey of tongue-tie affecting breast-feeding in infants  $\geq 1800$  g birth weight using Hazelbaker Assessment Tool for lingual frenulum function [1].

Tongue-tie is a congenital anomaly with an abnormally short, thickened, or tight frenulum that may interfere with breast-feeding leading to early weaning [2]. We included 69 eligible neonates with TT. Mean gestational age and mean birth weight was 38 wk (0.9) and 3038 g (415). All neonates were followed every day till discharge and observed for feeding issues, need for expressed breast milk (EBM), or formula feeds. At one and two months, the telephonic assessment was done about the type of feeding and reason for not doing direct exclusive breast-feeding.

The reported prevalence for TT varies from less than 1% to 46.3% across various studies [3], and we found a prevalence of 17.7% using the Hazelbaker tool. Even after initiating skin-to-skin contact and breast-feeding within 1 h of delivery in 72% of subjects, we found a high percentage of formula feed usage (54%) within the first 24 h.

There was a male preponderance (62%). Exclusive breast-feeding was found in 68% of infants at two months which was less in comparison to 83% in another study [4]. Latching difficulties persisted even at one month and two months in 36% and 13% of infants, respectively. EBM supplementation was required for one month in 54% of subjects and till two months in 25% of subjects. Such high EBM usage can be well attributed to latching difficulty.

The prevalence of TT in the existing literature is very variable; nonetheless, latching difficulty due to TT is an important cause for breast-feeding failure.

### Declarations

**Ethics Committee Approval** Ethics Committee, Dr B. L. Kapur Memorial Hospital dated September, 12th, 2019.

**Conflict of Interest** None.

### References

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