

Enough of the Medical Community and Press Degrading What We as Dentists do to Help Parents Breastfeed and have their Infant Grow Up Happy and Healthy

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As a parent you're excited to have your new baby; whether it's your first or 10th you look at each one as unique and as a parent want to give your baby the best chance in life so you choose to breastfeed. That first breastfeeding event turns into a painful toe curling 10 out of 10 and in some cases even a 21 out of 10. In the hospital you don't get any help because the pediatrician doesn't believe that the tongue can have any effect on the baby's ability to latch and the nurses and the lactation people within the hospital are prevented from doing a proper evaluation. In 2024 we read in the New York Times article, the ENT organization and if you listen some talk shows, talk about the dentist ripping patients off, paying for their lasers, creating a situation of a lack of real need but placing children under undue risk. So, let's talk about the risks. First of all so-called professionals who often never had any training in breastfeeding mechanisms, talk about risk of an infection, I have completed over 40,000 laser surgeries and even more when I used to use a scalpel or electro-surgical instrument and I've never seen an infection when releasing the tongue, so we can take that and say it doesn't exist under normal conditions in a healthy baby, secondly they talk about babies bleeding out and again properly doing the surgical procedure avoids that and if you do the procedures and get a little bit of bleeding you should understand how to stop the bleeding. We may get bleeding occasionally, but never anything that takes more than a few seconds to stop, the concept of the babies rejecting the breast afterwards is not something that really occurs in most cases, there are some babies who prefer the bottle over the breast and there are some that prefer the breast over the bottle and won't even take the bottle. When you look at all the negatives that the medical professionals talk about and calling it a fad and a rip off by Dentists, let's talk about the real effects these same individuals do allow. Unnecessary insurance costs, elimination diets for parents, placing infants or mothers on drugs, I would ask them the following questions:

1. What did you learn in medical school or your residency about breastfeeding?
2. How many infants have you treated in your office?
3. How many infants have you treated and observed the baby before and after nursing in your training?
4. If they use the laser what are the wavelengths they are using?
5. Do you understand the target tissue you are going to ablate?
6. When you use a laser, do you understand the difference between; Erbium, diodes, carbon dioxide and low-level lasers?
7. Do you understand the interaction of lasers with soft tissue?
8. How many women and infants have you observed breastfeeding in your office before and after nursing?

9. Define Colic (an excuse when the medical profession can't figure out what is causing an infant to cry)
10. Do you use drugs to treat infant air induced reflux or look at the cause?

These are the first questions you want to ask someone who says to you there's nothing wrong with your child and they put blame on you and say you're just a new mother and you're just anxious. The reality is these same doctors will spend weeks and months wasting insurance money and your money by placing your baby at risk by giving them adult anti-reflux drugs, which are useless, if Infants are having signs of reflux do these same primary care providers ever look at the tongue as part of a differential diagnosis? They don't feel the baby's belly or if it's hard they say well all babies have hard bellies. They will put a baby in the hospital for failure to thrive and even call child protective and have the baby taken away from you and say you can't nurse instead of using the tongue as part of a differential diagnosis. Most physicians don't treat RTOTS (restrictive oral tissues) early because either they're going to use a pair of scissors and not do the lip because they say it'll bleed, or they're used to going to the operating room under general and the baby is too little. These some physicians will tell you the upper lip doesn't need release, since when the baby falls that'll take care of it, yet that'll be too late for you to be able to complete your breastfeeding experience. There are many peer reviewed articles today that explain in detail about how breastfeeding improved growth and development of the upper and lower jaw the hard and palate and the maxillary sinus. I wear many different hats as a dentist, so when I see a woman or a family coming in with a baby, why are they there? They're there primarily because they have a plethora of, we used to call symptoms, but now we call them comorbidities and each one of these comorbidities may have a common source, however medicine is used to treating problems with medicine. The tongue is more than just a muscle, I think you need to ask your ENT.

1. What do you know about the tongue?
2. Ask your pediatrician what you know about your tongue.
3. How many nerves cranial nerves innervate the baby's tongue see if they have an answer because it's 5.
4. Ask them how many muscles are attached to the tongue they may not know because it's 8.
5. Ask them how many bones are attached to the tongue they may not know because there's three.
6. Ask them what happens to the hyoid bone when you do release the tongue.
7. Ask him what the effects of obstructive sleep apnea are on a newborn infant long term.

They will treat children with drugs that have supposedly ADD or ADHD and these children have never had their tongues looked at as part of an evaluation, but they have had endoscopies, if. The infant has been examined to rule out pyloric stenosis, they will place them on adult anti reflux drugs which are contraindicated according to the FDA and none of this is going to change anything because that's not the problem. The tongue should not be considered just the muscle that you use for chewing and taste, it's an organ that has very many different associated comorbidities when your tongue is ankylosed or tied. What happens the baby is unable to get milk out of the mother's breast and struggles? Ask your pediatrician or family members, how the baby gets milk out of her breast, how much compression does that baby need and when they tell you just a little bit of compression, that means they don't understand that, to nurse you need to create negative pressure and the tongue needs to move up and down at the base of the tongue. There are many articles out there supporting this information. When a parent calls my office, before I even see the infant, I have the filled out the paperwork which you can download from my website kiddsteeth.com and you'll see that as a dentist, unlike the medical profession, we ask many important diagnostic questions. One of the first things that I do when I see a baby is read the information that the parent has filled out prior to me even seeing the child and regardless of what some people try to get you to believe, the symptoms are often related, and everyone needs to work as a team. We need to work with body workers such as chiropractors or cranial sacral therapists because the tongue is attached to the body through fascia and if that baby spent a lot of time in the birth canal they may come out with a torticollis or they may come out with the inability to

latch because during the development of that child something called apoptosis doesn't occur and if that doesn't occur you can get can be born with web fingers, but we're just dealing with the mouth so you will have a tongue and a lip and perhaps cheeks which have attachments which didn't disappear in utero and now they are restrictive. We all have tethered oral tissues, but when there are restrictive that's when we need to take care of them. Most of this useless peer reviewed studies, that are done without placing the baby in the proper position and you have different individuals have tried to create a way of evaluating them for studies that doesn't work either because we all look at things differently and most doctors and physicians go in with a prejudice that there's nothing wrong. They ignore the ties and they don't know how to do a true physical exam which requires you to place the baby's head on the examiner's lap facing forward and you don't necessarily see any ties when examining the infant on the mother's lap on the mother's lap, but as soon as that baby's head is in your lap and you place your fingers in there you can feel the restriction, so when you need to do an evaluation the first thing you need to do is why are they there what are the comorbidities or symptoms. They're not going to be there if everything is going well, sometimes things can go well even though you do have significant ankyloglossia or a tongue tie, the idea of not doing the lip because there's some anti-lip releasers out there, failure to release the upper lip attachment will prevent a complete comfortable infant latch on to the breast, you're not going to get any place, so you want the tongue and the lip, not to suck on your index fingernail when you have them attempt sucking, A mother comes in and she's sad and crying, it's not necessarily because her baby may have to do a surgical procedure, it may be because everyone has told her breastfeeding is not supposed to be fun and pleasurable, well if you read my books you'll see that's wrong breastfeeding, is not meant to hurt it's, meant to be a time when you as the mother can bond to her infant and that bonding lasts a lifetime not just a few minutes. IF a mother doesn't bond with their baby, what occurs is your endocrine system goes to work and first of all your brain, when that baby is born, tells you to produce milk when that baby cries it tells you with another drug to allow the milk to be expelled and this is a cycle that goes on and on if you sit next to a woman who is nursing and that baby starts to cry and you're a nursing mother you may actually start to have milk flow out of your breast because it's a mental cue. When you do not bond to your baby, you may go into postpartum depression because you're failing to bond and they put you on drugs, when a simple procedure releasing the tongue and allowing the latch can avoid having you have to go on drugs. All too often if you see your OBGYN and complain of depression, they never ask about your breastfeeding. How often does your GI doctor watch you nurse and hear the baby sucking air into his or her belly, never and how many times has your pediatrician watch your nurse and listen to the baby sucking air into their belly causing reflux? I have patients who have been to 3/4 ibclc's pediatricians ENTs, GI, or neurologists, pediatric dentists and in each case, they've just told the mother there's nothing wrong she's just a new mother, now when I examine the baby and if they don't have comorbidities, if they don't have any problems, they're not going to be there they're not going to show up at my office. IF you break your arm and you go to the bone and joint center they're going to fix it every time, it may be done differently, sometimes they may cast it sometimes it's a hard cast a soft cast they may have to do surgery, but they're not going to tell you oh it'll heal by itself, When a physician can't identify the problem and you see an experienced pediatric or family dentist, all of these things that you're told that it's a fad used to pay for our lasers, these are because the medical community is ignorant they lack the ability to learn they don't want to learn and you have people in their leadership who are anti what they do they don't want dentists and physicians at the same professional level, dentists are physicians of the mouth ask your ENT what ENT stands for and he'll tell you ear nose and throat notice there's no mention of the oral cavity, there and there's a reason for that, the dentist is the physician of the oral cavity and that tongue is attached to the top of your head to your toes by body fascia, so when you have a newborn that infant should be evaluated properly by an educated lactation consultant in the hospital, the nurse or the OBGYN or pediatrician should take their finger and go across the floor of the mouth, if they feel any kind of an interference, they have an obligation to say to the parent, if you're nursing doesn't go well, if you're in pain. if you have the following symptoms you may need a release of the restricted tissues You can look at my website again and download symptoms or comorbidities and if you have a majority of these either as a mother or as an infant, then we know there's a good chance there are multiple restrictions, even before I will talk to the mother, I will show them a video explaining everything I've just written here and I'll try to explain the long term consequences such as failure to thrive Inability to chew, tooth decay, orthodontic problems, neurologic development because if you have obstructive sleep apnea especially in the 1st 90 days those neurons which are supposed to be oxygenated will die and never come back and that's where some children end up with their ADD and ADHD

because they've been misdiagnosed there have been some articles that stated if you put a hundred kids in a room and they were all diagnosed with ADD or ADHD, half of them would have airway problems. There are some excellent videos available, which identify the failure of the medical community to look at the tongue as part of their differential diagnosis and if they don't know what to look for they have an obligation as a physician to refer to an appropriate person who does these and understands and can evaluate and shrink no child is required to go to the operating room in most cases it can be done in the office now there's a question what's the proper procedure. I believe lasers are ideal because they reduce collateral damage there's no swelling reduced pain and they're fast it takes about 12 seconds when using the right type of lasers, the downside is they can run anywhere from \$2500 to \$150,000 and as I said earlier there are different types of lasers some which can take 3 minutes to do the same thing one another laser can do in 12 seconds so if as a parent you were having problems you need to ask the person who's telling you there's nothing wrong the questions that I mentioned in this article because if you don't, you're going to be told there's nothing wrong and you're going to go home and you're going to be sad depressed and can affect your entire family life.

This discussion is comprehensive overview highlighting the importance of recognizing and addressing tongue tie and its implications on breastfeeding and overall health. It is meant to bring attention to the need for collaboration between medical professionals and dental specialists to ensure infants and mothers receive the appropriate care they deserve. There is an emphasis on educating parents and advocating for proper evaluations which is crucial for promoting healthy breastfeeding experiences and future infant health.

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