**Baby Checklist for Tongue-Tie**

* **Slides or comes on & off the nipple**
* **Shallow latch at breast or bottle**
* **Clicking or smacking noises when eating**
* **Falls asleep while eating**
* **Gassy**
* **Torticollis**
* **Reflux symptoms**
* **Spits up often**
* **Gagging, choking, coughing while eating**
* **Hiccups often**
* **Poor weight gain**
* **Gumming or chewing nipple when nursing**
* **Lip curls under when nursing or taking bottle**
* **Pacifier falls out easily, doesn’t like, won’t stay in**
* **Snoring, noisy breathing or mouth breathing**
* **Short sleep requiring feedings every 1-2 hours**
* **Nose congested often**

**Breastfeeding Mothers**

* **Latching difficulties**
* **Bleeding Nipples**
* **Pain when latching**
* **Creased, flattened or blanched nipples**
* **Poor or incomplete breast drainage**
* **Infected nipples or breasts**
* **Plugged ducts/engorgements/mastitis**
* **Using a nipple shield**
* **Nipple Thrush**
* **Baby prefers one side over the other**