Lasers Coming of Age: 21 Years of Enlightenment

A guide to understanding how to diagnose and treat tongue ties and maxillary lip ties in a pediatric dental office using lasers

Lawrence Kotlow DDS
Albany, New York 12203 USA

Disclosure:
I have assisted in the development of a variety of laser products, including Innovative optics (laser glasses) T4M (videos and webinars), Schick (Serona digital radiography), I am an investor in the development of the Solea CO2 laser and as such I am also on their professional advisory board. For all of these, I have been a beta tester of new products. I receive honoraria or supplies for my participation.

Breastfeeding should be fun and enjoyable 2014

A guide to understanding how to diagnose and treat tongue ties and maxillary lip ties in a pediatric dental office using lasers

Lawrence Kotlow DDS
Board Certified in the Specialty of Pediatric Dentistry
Albany, New York USA

*“Infant breastfeeding should not be considered as a lifestyle choice, but rather as a basic health issue.”

*“As such, the pediatrician’s role in advocating and supporting proper breastfeeding practices is essential and vital for the achievement of this preferred public

Updated policy of the American Academy of Pediatrics March 1, 2012
Somewhere on this journey we seem to have forgotten our goal is to improve breastfeeding and everyone should be working for a common goal.

---

**Benefits for mothers**

1. Maternal fulfillment
2. Reduces risks for breast cancer
3. Reduces risks for uterine and ovarian cancers
4. Reduces risks for type 2 diabetes, rheumatoid arthritis and cardiovascular disease
5. Lessens osteoporosis
6. Promotes emotional health "body and mind"
7. Promotes postpartum weight loss
8. Economic benefits of not using formulas

---

**Benefits for infants**

1. Benefits an infant's overall immune system
2. Allergy prevention
3. No preservatives always fresh
4. Emotional attachment
5. Protect against gastroenteritis, constipation and other stomach illnesses
6. Reduced risks of SIDS
7. Promotes proper facial development
8. Reduced risk of heart disease as adults

---

Why is breastfeeding an important issue in infant development?

---

Why is breastfeeding an important issue

---

**Environmental benefits**

1. Less sick days off for mothers
2. Less energy and waste for manufacturing formula
3. Cost if all mothers breastfed exclusively for the first 6 months $13 billion dollars a year (from Pediatrics 2010 125(5))
We have a serious dilemma facing our parents today
Missed Diagnosis & Delayed Treatment

Some practitioners fail to recognize the relationship between the lingual and maxillary attachments and breastfeeding

Some practitioners choose to ignore abnormal attachments as a cause for breastfeeding problems

Some practitioners do not understand we are all on the same team, have the same goals

Not everyone sees the same thing!

A maxillary lip-tie creating a diastema!

Everyone sees things differently

Each one of us contributes the building blocks of our total knowledge
All about what you did not learn in dental school or your residency program

Breasts are for providing an infant proper nutrition

Successful & comfortable breastfeeding is dependent on many components

There are many elements involved in breastfeeding that need to work in sync to make it a pleasurable experience for the mother & a beneficial experience for the infant.

The breastfeeding “DYAD”- the mother and infant

For an INFANT it is instinctive

For a MOTHER it is a learned experience

Or is it the “DYAD” tongue-tie and lip tie?

A good effective latch in one of the major components in successful breastfeeding

Breastfeeding should be enjoyable, not painful!

Careful observation and oral examinations by properly trained health professionals are also important components for teaching mothers good latching techniques that will support innate infant nursing and help mothers learn the proper mechanics of breastfeeding.

Breast issues
★ Inverted nipples
★ Short nipples
★ Sore nipples
★ Large breasts
★ Medical problems
★ Prior surgery

The impact of Lingual and lip ties

Lip-tie without any upper lip flanging

The tongue unable to elevate or extrude properly
Breastfeeding should be enjoyable

Today's goal is to take breastfeeding mothers from this

To this

Bruised, cracked & bleeding nipples

Engorgement

mastitis

biting

Why mothers give up breastfeeding

Two oral problems which result in mother’s giving up breastfeeding

Abnormal maxillary lip attachment (lip-tied)

Ankyloglossia or tongue-tie

*Formerly known as maxillary frenum

The Tongue and Myths(takes)

Comments made to parents by pediatricians, ENT physicians and dentists

★ Tongue-ties do not exist.

★ Ankyloglossia does not cause maternal discomfort.

★ Tongue-ties will correct themselves. A tight lingual frenum will stretch or tear without treatment.

★ Ankyloglossia does not effect developing speech.

Diagnostic Myth-stakes that interfere with proper care and treatment of newborns presenting with latch problems
Diagnostic Myth-stakes that interfere with proper care and treatment of newborns presenting with latch problems

Comments made to parents by pediatricians, ENT physicians and dentists

★Tongue-ties will not effect nursing. (as recently as February 2013 the Medical Director of an Insurance company with 45 years experience as a pediatrician told me “in his 45 years as a pediatrician he never saw one case where an infant was tongue tied and it caused any breastfeeding problems!”

★Posterior tongue-ties do not exist.

★The upper lip is not important in breastfeeding.

★If you release the upper lip, it will effect the roots of the baby teeth.

Surgical revision Myth-stakes that interfere with proper care and treatment of newborns presenting with latch problems

Comments made to parents by pediatricians, ENT physicians and dentists

★Revisions of tongue-ties are dangerous due to bleeding, cutting nerves or blood vessels.

★You need to wait until the baby is at least 4 years old.

★Surgery requires the operating room and general anesthetics.

★Lasers do not work & are not safe for children.

The infant will pull out the stitches and not be able to handle the healing time.

The post surgical exercises are too difficult and stressful for parents.

Surgical revision Myth-stakes that interfere with proper care and treatment of newborns presenting with latch problems

Comments made to parents by pediatricians, ENT physicians and dentists

★Inconsistent, inaccurate and conflicting information passed to parents.

★Information passed on by these health care providers is not based upon any real research or experiences.

★All of this creates barriers to inter-professional collaboration.

★Many children will fall and fix it themselves! When did it become OK to have a treatment plan based on the chance that the patient will FALL and INJURE themselves in the FUTURE?
It is completely unethical to perform laser frenotomy. Why? Because a simple scissor cut is equally effective and does not subject the patient to the added risk of laser which includes: airway fire, blindness, and burns to the skin. The only reason someone offers laser frenotomy is to make more money to pay for the expensive laser they bought for their practice.

Sincerely, Anna M pediatric ENT

Chief of ENT Necker Hospital Paris France

“to practice a frenectomy on an infant, is a sadistic and barbaric act....... Must be performed under GA and with a Z-plasty “

ENT comment to a parent: “If you cut the tongue the baby can suffocate and die.”

What happened to the idea of “do no harm”

There is an ever increasing dialogue on the internet by many different sources on the problems breastfeeding mothers may develop

★This is example of a statement by a IBCLC on a professional blog, “I guess our Drs. here are just awesome, then, the ones I refer to are 100%. “ This was in comments as to the need to redo scissors revisions.

Leaves open the question of, what constitutes a successful revision and what type of revisions are being completed. Lip-ties? Posterior ties? Or just simple thin anterior ties. Also what it the criteria for defining 100%?
Medically necessary care

*Medically necessary care* (MNC) is the reasonable and appropriate diagnostic, preventive, and treatment services and follow-up care as determined by qualified, appropriate health care providers in treating any condition.

A. Disease
B. Injury
C. **Congenital or developmental malformation.**

MNC includes all supportive health care services that, in the judgment of the attending dentist, are necessary for the provision of optimal quality **therapeutic and preventive oral care.**

*Academy of Pediatric Dentistry 2013

Lawrence Kotlow DDS Introduction to Lasers and Breastfeeding course

We need to define & clarify *anecdotal* evidence vs *evidence* based care

![Evidence based medicine diagram](image)


Lawrence Kotlow DDS

Post surgical questioner 2-3 weeks post surgery responses

**Statistics on 163 patients**

1. Poor latch 156/163 improved (96%)
2. Slides off of nipple 129/134 improved (96%)
3. Colic 83/91 improved (91%)
4. Reflux 69/74 improved (93%)
5. Chewing of nipples 113/125 improved (991%)
6. Poor weight gain 79/83 improved (95%)

Lawrence Kotlow DDS Introduction to Lasers and Breastfeeding course

Parent’s comments

1. “The improvement in our nursing experience was immediate.”
2. “Primary symptoms were eliminated and his feeding is now much more efficient and he is happy with his feedings”
3. “Thank you soooo much for changing the way I look at nursing, it is no longer painful, there are no more fears when the baby is fed.”
4. “Surgery had a tremendous impact on his feeding and weight gain.” (2lb inc.)
5. “Surgery has completely change my relationship with my daughter, instead of dreading nursing sessions, I look forward to them. I was told by other doctors that I just could not breastfeed.”
6. “My daughter was grunting in pain from age 4 days all because of gas pain and spitting up. After surgery she has not grunted. Thank you so much for helping my daughter be comfortable in her life.”

Lawrence Kotlow DDS Introduction to Lasers and Breastfeeding course
Putting the pieces together

Diagnosing the problem

Step one

What is a tongue-tie?

As defined by the International Affiliation of Tongue-tie Professionals (www.tongue-tie.net)
The Embryologic remnant of the tissue in the midline of the underside of the tongue and the floor of the mouth.

An (abnormal) attachment of the membrane that fastens the tongue to the floor of the mouth which may interfere with the normal mobility and function of the tongue.

What are the best criteria we can use to diagnose ankyloglossia?

Ankyloglossia can be defined in three ways:

- Anatomic & clinical appearance
- Ability to function
- Infant’s & mother’s symptoms

The most important diagnostic criteria

Classification of newborn abnormal lingual frenums: based upon anatomic appearance

Type I (4*) - total tip involvement
Type II (3) - Midline-area under tongue creating a hump or cupping of the tongue
Type III (2) - Distal to the midline. The tongue may appear normal
Type IV (I) - Posterior area which may not be obvious and only palpable. Some are not visible if they are submucosally located

Tight guitar string submucosal attachment

*Numbers in parenthesis = Dr. Kotlow
**Numbers outside parenthesis = LC
Diagnosis based on function or lack of function or should function?

- Total tie down resulting in No up or down function
- Cupping and hump
- Midline attachment
- Heart shape, pointed tip
- Unable to elevate and touch the hard palate
- Unable to extend tongue past alveolar ridge

What are the best criteria we can use to diagnose ankyloglossia?

- Infant's & mother's symptoms

Diagnostic symptoms as an aid for diagnosis

*Infant Factors to consider
- No latch or unsustained latch
- Shallow latch, sliding off the breast
- Breaks latch seal, clicking or smacking sounds, gassy, colic, reflux
- Prolonged feeding durations
- Unsatified after prolonged feeds, leaks milk
- Falls asleep on the breast
- Gumming or chewing on the nipple

Maternal Factors to consider
- Creased or blanched nipples: flattened
- Cracked, bruised or blistered nipples: gives it up
- Bleeding nipples
- Severe pain with latch
- Maternal exhaustion/depression
- Infected nipples
- Plugged ducts
- Mastitis & nipple thrush
- Engorged or unemptied breasts

A tongue-tie in utero presents a problem for a good latch
Clinical examination of some infants will indicate the presence of a high arched or deep palatal area. This can interfere with a good latch.

Hard palate formation, with good tongue placement

- Born with high palates due to tongue pressure in utero.
A 6-month-old term boy was hospitalized to evaluate the cause of his failure to thrive, mandated as part of an investigation by the Department of Children and Families after an allegation of medical neglect was made. On admission the patient was below birth weight, and a medical workup for failure to thrive was pursued; however, he was noted to have severe ankyloglossia and was an exclusively breastfed infant.

Can develop into severe medical condition with many different complications

1 Case Report Pediatrics vol. 125 no.6 June 2010
Ankyloglossia, Exclusive Breastfeeding, and Failure to Thrive
1. Gregory P. Forlenza, MD, Nicole M. Paradise Black, MD, Eoyane G. McNamara, OTR, (a), Sandra E. Sullivan, MD, IBCLC

ABSTRACT
A 6-month-old term boy was hospitalized to evaluate the cause of his failure to thrive, mandated as part of an investigation by the Department of Children and Families after an allegation of medical neglect was made. On admission the patient was below birth weight, and a medical workup for failure to thrive was pursued; however, he was noted to have severe ankyloglossia and was an exclusively breastfed infant.

Diagnosing lip and tongue ties

When?
A. The initial evaluation should be immediately after birth.

Where?
A. In the birthing or delivery area.
B. During a knee to knee examination.

How?
Using the finger sweep.
Lawrence Kotlow DDS

Diagnosing problems related to an infant with ankyloglossia (tongue-tied)

Preliminary initial evaluation
Just by running your finger under an infant's tongue from one side of the mouth the other side will give you an indication if the tongue attachment is a problem.

Parental abuse or medical abuse
My 9wk old baby was taken away from me by CPS 2.5 weeks ago on the grounds of neglect. Baby was born at 7lbs 2.5oz and had an initial weight loss of 13%. Lowest weight after this loss was 6lbs 2 oz. Baby was not even 3 days old before doctors started pushing formula supplementation. I supplemented with own pumped milk and donor milk. However, baby had slow weight gain. Baby would gain for a few days then not gain the next few days. Doctors labeled baby as failure to thrive based on the poor weight gain, development and other growth was “on track” 2.5 weeks ago, the doctor was not satisfied with the progress we were making/increasing/continued gain and poop daily vs the every 5 days baby was doing and little to no spit up which also had been an issue thus leading to a 72 hour observation. This was our second observational hospital stay, both times the doctors came off as bullying me to stop breastfeeding and try alternative feeding methods (formula/rescue feeding/etc.). Which we did, we supplemented with pumped breastmilk, donor milk, and she even got a bit of formula. I even had a private LC come to my home to observe latch and what have you. Both her and the LC at the doctor’s office observed a good latch with audible swallowing.

At this last hospital stay, the doctors forbid me from breastfeeding, and was told to bottle feed for the remainder of the observation. When being interviewed by CPS, my daughter started fussing. They didn’t yet have any bottles ready/available, so I offered my daughter my breast for a couple minutes to comfort her. Immediately, the CPS agent was up in arms about me somehow sabotaging the plan that was yet to be in place, and within 24 hours my daughter was placed into “protective custody.”

I’ve watched the doctors perform various tests to determine why baby was gaining so slowly. Blood, urine, stool, sweat, allergy, etc I have done everything to work with the doctors while still being a breastfeeding/breastmilk advocate. My daughter is now practically being force fed a mix of formula and fortified breastmilk at a rate of 4oz every hour and a half. Pretty much every time the baby cries. Baby is now 11 weeks old. Baby is also now the opposite of what she was...she was a very happy and alert baby but is now more towards the lethargic side and sleeps way more than she was. She is with a paternal aunt who has placed my baby with a sitter/daycare provider. Yesterday while with this stranger she got 28oz!

We have asked for her to be observed for a tongue tie of some sort, as based on the 2.5 days of pure pumped milk, there is a chance of it being a tongue tie issue preventing my daughter from completely emptying to breast. We were essentially told there’s nothing indicating that as an issue.
A quick assessment to determine need for further evaluation

Interpreting your assessment-completed in the delivery room

Feel for problems!

Use your finger moving under the tongue across the floor of the mouth.

A smooth mouth floor = No Problem
A small speed bump = Potential Problem
A large speed bump = Most likely will be a problem
A small, medium or large membrane = Definitely will develop into a problem.

If the membrane feels very thin and strong like fine wire, push on it and look for tongue tip indentation and a slight bow of the tongue tip.

Lawrence Kotlow DDS Introduction to Lasers and Breastfeeding course
Tight labial frenums also impact breastfeeding because they can alter the infant’s ability to latch-on. They DO NOT go away by themselves either.

Brian Palmer included the observations of Woolridge (England), Escott (Lactation Consultant-Australia) and Neil (Australia): “a normal suckle begins with a flanging of the lips to create a seal around the areolar tissue of the breast – much like the suction cup on a piece of glass.” He also states:” If the lip(s) cannot flange out (because of a tight labial frenum), a good seal cannot be created and a poor latch-on could be the result.

“A baby who cannot flange his/her upper lip because of a tight labial frenum may need to alter his/her nursing position or have it surgically released in order to permit effective nursing.”

Coryllos E, Genna C, Salloum A: Congenital tongue-tie and its impact on Breastfeeding

If you do a “maxillary frenectomy” it will cause scaring, wait until the child is older and after the orthodontics is completed

Academy of Pediatric Dentistry Guidelines
★”It is recommended that treatment be delayed until the permanent incisors & cuspids have erupted and the diastema has had an opportunity to close naturally.
★ If orthodontic treatment is indicated, the frenectomy should be performed only after the diastema is closed as much as possible to achieve stable results.”

If a false statement is repeated often enough it can sometimes become a fact, this is how this concept has endured and been quoted in so many articles and textbooks.

Kotlow Infant and newborn Lip-Tie classifications

Lawrence Kotlow, DDS
Kotlow Infant and newborn Lip-Tie classifications
Based upon Zone of attachment

Class IV: inserts into anterior papilla

Lingual frenum with two attachments
Alveolar ridge and posterior to salivary ducts

Lip callous
Maxillary lip-tie
Class IV tongue-tie
Anterior alveolar ridge attachment

Often mothers who have had “no problems breastfeeding”, begin to have biting pain once the upper front teeth erupt

Tooth imprints
Maxillary Lip-tie with central incisors showing decalcification

Revising the tongue may only be treating part of the problem. The upper lip needs to elevate adequately for the infant to be able to have a strong sucking ability.

Hyperplastic maxillary frena are associated with a diastema of the upper central incisors and traction of the attached gingiva. A diagnostic test for an abnormal frenum is to pull the upper lip forward to see whether blanching of the tissue occurs interproximally from the labial to the lingual.

Identifying the submucosal posterior tongue tie

The Posterior Tongue-tie
Defining a posterior tongue-tie
A fine thin attachment of the tongue to the floor of the mouth located at the base of the tongue.
Submucosal tongue tie with maxillary lip-tie

Slow motion of revision of lingual attachment

Revising the maxillary lip-tie

Revising the tongue-tie & lip-tie

Diagnosing and Understanding the Maxillary Lip-tie (Superior Labial, the Maxillary Labial Frenum) as it Relates to Breastfeeding

Lawrence Kotlow DDS

Introduction to Lasers and Breastfeeding course
Severe Class IV lip-tie with tongue-tie

Entire upper lip with callous

Healing nine days post surgery

Five days post surgery

Infant having colic symptoms: Aerophagia?

- Colic is an exhausting, unrelenting, and all consuming condition that causes an otherwise healthy infant to cry inconsolably. Occurs from about 2 weeks to 16 weeks.
- Aerophagia is excessive swallowing of air. When excessive amounts of air reach the stomach, abdominal distention, belching, vomiting and excessive gas may result.

The evening after surgery infant stopped crying, mother nursed longer and was without discomfort

Emmy’s Maxillary lip-tie release

8 months of age

The evening after surgery infant stopped crying, mother nursed longer and was without discomfort

Emmy age 5 post surgery post pacifier

Emmy age 9

one year post

Emmy age 11
Emmy’s lip-tie revision video

Benefits of early diagnosis and treatment

Christian Age 1 prior to Maxillary lip-tie release

Christian Age 4 after Maxillary lip-tie release

Revising the tongue-tie & lip-tie

Grooved Director & Safety Glasses

10-70 MILTEX Grooved Director, with Tongue Tie, 5" (12.7 cm) Available $14.73

10-72 MILTEX Grooved Director, with Tongue Tie, 5-1/2" (14 cm) Available $14.73

10-74 MILTEX Grooved Director, with Tongue Tie, 6" (15.2 cm) Available $15.46

10-76 MILTEX Grooved Director, with Tongue Tie, 8" (20.3 cm) Available $16.19

Available through Dental Supply Dealers

http://www.miltex.com
2013 Academy of Pediatric Dentistry’s Oral Health Policies

This is a document which establishes Standards of Care which are intended to be applied rigidly, versus Guidelines which are recommendations.

Policy: the use of lasers in the pediatric patient

1. Recommends that dentists receive additional didactic and educational training before using lasers on their patients.
2. Use protective eyewear specific for laser wavelengths during treatment for the DENTAL TEAM, PATIENT and any OBSERVERS.

Positioning the infant for treatment

1. Protective eye glasses on everyone in the surgical area
2. Excellent control of patient’s airway
3. Excellent control of infant’s movements
4. No chemicals, no injections or anesthetics
5. Completed in the dental office in less than 10 minutes

A well trained and understanding staff is essential.

Correcting an infant’s tongue-tie and lip-tie

To protect and control infant’s movements during surgery we gently place the baby in an infant swaddler.

ENT surgery under General 2x

Cut under tongue, not release of frenum
Ignored lip-tie
Scissors: cutting the attachment

Observed disadvantages of using scissors
- Limited view when approaching from front of infant.
- Most instances surgery is incomplete, posterior ties remain resulting in additional surgery to fully revise the tongue.
- Increase chance of bleeding for both lip and tongue revisions when surgery is fully completed.
- More potential collateral damage, swelling and edema post surgical.

Incomplete Initial frenum revision using scissors

Lawrence Kotlow DDS Introduction to Lasers and Breastfeeding course

Successful surgery and preventing reattachment is dependent on a parent’s ability to keep the surgical sites in both the upper lip and tongue from healing back together.

Method one: Place the index fingers on each side of the tongue and gently open the diamond shaped area with sufficient pressure to totally reopen the surgical site to prevent the reattachment. Some bleeding may occur when the sites are not kept apart and begin to heal together and this is not a concern.

Revision of posterior ties are most likely to reheat together.
Successful surgery and preventing the tissue from healing back together is dependent on a parent’s ability to prevent tissue rehaling in the surgical sites of both the upper lip and tongue.

Method two: This is often easier for parents to reopen the surgical area by placing a tongue blade above the area and push the lower jaw down and the underside of the tongue backward and upward using sufficient pressure to open the entire surgical area.

Post surgery a white area develops in the frenum area. This is normal and not an infection. This will disappear in another week.

The normal biological healing process involves tissue growing back together to create the same structure.

The normal biological healing process involves tissue growing back together to create the same structure.

Successful surgery, without reattachment is now dependent on the parent’s ability to gently elevate both the upper lip and tongue from the opposing tissue to prevent reattachments of the surgical areas.

Elevate the upper lip upward until it touches the infant’s nose using enough pressure to open the entire surgical site and prevent the lip from becoming tied again. Post surgery a white area developing in the surgical area. This is normal and not an infection. This will disappear in another week.

Explaining to parents

It is absolutely imperative that parents understand the necessity of the reopening of the wound using adequate force.

Stretch the middle finger and index finger with enough force to have the parent understand
Post-Surgery discussion with parent

Just revising the surgical sites and sending parents home, is incomplete care.

Achieving a good latch post surgically is important for the parent to achieve.

Lawrence Kodlow DDS Introduction to Lasers and Breastfeeding course

Manual Medicine Post-Surgical Care

Technique in manual medicine address the evaluation and diagnosis of structural dysfunction (a joint that does not move freely or in a full range of motion, a muscle that is short or lax, ligaments that have been injured, etc.).

Structural dysfunction can simply cause a structural dysfunction, like, if the joint between the jaw and the skull (temporomandibular joint) is misaligned because of manipulation at birth to assist the delivery, the infant’s jaw cannot open to encompass the nipple. Simple structural problem resulting in a feeding dysfunction.

Post-surgical pain control

★ Infants under 6 weeks are not given any type of oral or parenteral medications.
★ Hyland’s teething gel is used both after treatment and for home use.
★ Frozen mother’s milk post surgery
★ Above 6 weeks 80 mg of Acetomedaphen
★ The use of Low Level Laser Therapy
★ Above 6 months may get a little local in the lip-tie area
★ Above 1 year dramamine 50 mg
★ Sugar water

No scaring -migration together

Preoperative 2007
One year later 2013
The care and treatment of infants with breastfeeding difficulties involves many different disciplines.

A. Initial examination by a physician, nurse or lactation consultant for interfering lingual and lip ties.

B. Referral to healthcare provider who is knowledgeable in the evaluation, diagnosis, and laser correction of lingual and labial ties.

C. Post-surgical follow-up care by a knowledgeable lactation consultant and cranial-sacral therapist.

Create an awareness and understanding:

There are many stories out there of parents needing suffering.

a. The often long painful journey parents are forced to endure due to poor diagnosis, understanding, and care.
b. Develop an appreciation for the emotional trauma mothers, infants, and fathers go through.

A commentary on what is being uploaded to the internet worldwide:

Once it is out there it is out there forever.

No glasses on either mother or infant with laser active:

1. No glasses on Dentist
2. No glasses on Infant
3. No glasses on Staff
4. No glasses on Mother
5. Due to mother in chair requires three staff. Dr. has limited control of patient's movements.
6. Hair of both staff flying into area around surgery.
7. No gloves on mother.
8. Hair on mother not covered.
9. Staff forced to stand.

No glasses on either mother or infant with laser active:

Laser beam showing laser is on.
Thank you

Lawrence Kotlow DDS
Kiddsteeth.com
Albany, New York