East and North Hertfordshire NHS
NHS Trust

Parent Information

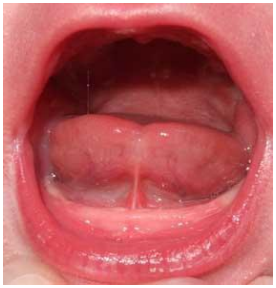
Tongue-Tie and Infant Feeding

Women's and Children's Services

Introduction

This leaflet provides information for the parents of a baby who has been diagnosed with a **tongue-tie** (sometimes referred to as **ankyloglossia**, which is the medical term) and where breastfeeding difficulties are being experienced.

What is a 'tongue-tie'?



The picture shows what a tongue-tie looks like.

In the mouth there is a piece of tissue (frenulum) that attaches the tongue to the floor of the mouth. If the frenulum is short or tight, or is attached to the tip of the tongue and restricts movement of the tongue, it is described as a tongue-tie. The amount of "tethering" varies. It may be mild where the tongue is bound only by a thin mucus membrane or it may be more severe where the tongue is completely fused to the floor of the mouth. The tip of the tongue may appear heart-shaped or blunt in some cases.

How is tongue-tie identified?

Tongue-tie is not always readily seen, and may not be diagnosed until or if breastfeeding difficulties occur.

Can tongue-tie cause breastfeeding difficulties?

Some babies with slight tongue-tie can breastfeed perfectly. Other babies have difficulty breastfeeding and a few have difficulty bottle feeding. This is because a baby needs to make a rippling action with their tongue, pushing the nipple and areola to the roof of their mouth to release milk. If the baby is unable to do this, due to restricted tongue movement, difficulties may occur.

Possible Symptoms

For baby:

- Difficulty latching onto your breast and/or difficulty staying attached once latched onto your breast (seems to keep “slipping off”).
- Feeding for very long periods - almost continuously, due to baby being unable to obtain a good feed.
- Baby may be very unsettled and seem hungry most of the time.
- Weight gain may be poor.
- Excessive wind, dribbling or vomiting.

For mum:

- Pain and sore/damaged nipples due to baby clamping down on nipple to keep it in the mouth which is not corrected by improved positioning and attachment.
- Milk supply may dwindle due to baby not being able to remove milk from your breast adequately.
- Mastitis - often recurring due to milk being left in your breast.

Some mothers and babies may have only one of these problems, others may experience more of them, and some may feed without any problems.

What needs to be done?

- If a tongue-tie is identified and there are breastfeeding difficulties, breastfeeding should be closely monitored and skilled assistance will be offered with positioning and attachment to enable your baby to breastfeed.
- Your midwife will refer you and your baby to the infant feeding advisor for a further breastfeeding assessment.
- If breastfeeding cannot be improved after this assessment, the breastfeeding advisor will discuss a procedure called **frenulotomy** or tongue-tie division.
- A full explanation about this procedure and its benefits will be given by the infant feeding advisor, and the referral procedure, if required, will then be discussed.

What happens at frenulotomy?

Tongue-tie division in small babies is usually a simple, safe procedure that only takes a minute or two. It involves dividing the tissue between the tongue and the bottom of the mouth and takes a matter of seconds.

Dividing a baby's tongue-tie does not require a general anaesthetic in babies less than three months of age. The baby is wrapped in a towel and the tongue-tie is divided by a trained health professional using sterile scissors. Some babies may cry for one to two minutes after the procedure, and a couple of spots of blood may occur, but many babies will sleep through it all.

Breastfeeding can restart immediately after the procedure with ongoing support to enable normal breastfeeding to continue.

It is not possible to guarantee that separation of a tongue-tie will solve all pre-existing breastfeeding difficulties, however, you will be given information about local breastfeeding clinics to discuss any ongoing feeding problems.

Does it hurt?

Logically, dividing a tongue tie ought to hurt. However, about 1 in 6 babies are asleep when their tongue-tie is divided and remain asleep during the procedure.

Older babies might object to being wrapped up and it can sometimes be quite difficult to know whether dividing their tongue-tie is actually painful as they are already complaining at being wrapped. Following the procedure some babies will cry for up to 60 seconds, but the average is just 15 seconds. Therefore, for some babies division does not hurt at all and for the rest it does not hurt very much at all.

What about the wound?

A few drops of blood are normal, but this stops quickly and is not a problem. Often there is a white patch under the tongue that takes 24 – 48 hours to heal. This does not seem to cause the baby any discomfort. The inside of the mouth heals much faster than other parts of the body and this healing happens even quicker in babies, so there is no need for any form of wound management, the baby just needs to be fed.

What happens if the tongue-tie is not divided?

If the baby is breastfeeding or bottle feeding well, then the tongue-tie does not need to be divided.

Most tongue-ties in newborn babies are thin, but those remaining in three year olds are mostly thick. The thin ones can be accidentally torn, perhaps by a toy or a teaspoon being put into the baby's mouth under, rather than over, the tongue or as baby develops the tongue-tie may recede naturally.

Although some babies can breast or bottle feed well, they may have problems at a later date coping with lumpy food. They may not be able to transfer food from the front of the mouth to the back, or chew properly. Tongue-tie division at any age will help these babies.

A few tongue-ties do persist and may cause speech or other problems, but this will not be really apparent until the child is at least three years old. If there is a problem, the tongue-tie can be divided under a very short general anaesthetic. Most children with a tongue-tie and a speech problem improve following division.

Please use this space to write down any questions you may like to ask:

Useful contact telephone numbers

If you have any concerns or questions, please telephone:

Infant Feeding Specialist Midwife, Lister Hospital: ☎ 01438 284071

Further information

www.babyfriendly.org.uk

www.lcgb.org

www.nice.org.uk

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Thank you for choosing East and North Herts NHS Trust

Acknowledgements

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