

Tongue-tie

The purpose of this information sheet is to explain about tongue-ties and how they might be managed. It will also give you information on what to expect if your baby requires a procedure to release the tongue-tie and about aftercare.

This is only general information. Please always discuss the individual treatment of your child with the appropriate member of staff and do not rely on this leaflet alone for information about your child's treatment.

Why have we been referred to you?

You have been referred to us as it has been identified that your baby may have a tongue-tie. Our professional opinion might differ from the professional who referred you to us. Please be reassured that we will always aim to work with you to achieve the best outcome for your child.

What is a tongue tie?

A tongue-tie is a condition at birth that can restrict movement of a baby's tongue. A piece of skin, called a lingual frenulum, connects the tongue to the floor of the mouth. In some babies this piece of tissue is more prominent and causes restriction in tongue movement. This is called a tongue-tie, also known as ankyloglossia.

A tongue-tie can extend all the way to the tip of the tongue, halfway under the tongue or be further back at the base of the tongue. Some tongue-ties are easily identified during the baby's initial examination. Others are less obvious and are identified because of difficulties with feeding.

Tongue-ties are common and affect approximately 1 in 10 babies, with boys more commonly affected. About half of the babies with a tongue-tie have someone else in the family with one.

What problems can a tongue-tie cause?

Tongue-ties do not always cause a problem, but there are times when it does, as explained below.

Feeding

For some babies having a tongue-tie can interfere with feeding. Babies with a tongue-tie may have difficulty attaching or staying attached to the breast or may have difficulty massaging the breast efficiently.

Some babies with a tongue-tie may struggle to get a good seal around the nipple when breast feeding; this can result in the baby using their gums to help them feed and in doing so may cause nipple pain, bleeding and mastitis (inflammation of the breast). Similarly, babies may dribble a lot

during the feeds and become very windy due to not getting a good enough seal around the nipple or bottle. Some babies will take longer to feed and may fall asleep whilst feeding and wake soon after, hungry and unsettled. The baby may not gain weight as quickly as they should. You may hear clicking noises when your baby feeds.

Breast milk supply

Any interruption to the breastfeeding routine may affect the mother's milk supply. If your milk supply has reduced or stopped, you may be able to increase your milk supply by **relactation**.

Your GP or health visitor should be able to support you with this. For further information on relactation, please visit the links below:

- **Association of Breastfeeding Mothers: Relactation**
<https://abm.me.uk/breastfeeding-information/relactation>
- **The Breastfeeding Companion: Relactation**
<https://thebreastfeedingcompanion.com/project/relactation>

Breastfeeding support is available after the procedure, and you can also contact your midwife. Please see 'Further information and support' and 'Useful contact details' on pages 5 and 6 for additional information.

What other problems can a tongue-tie cause?

Oral hygiene

Having a tongue-tie can affect tongue movement and the ability to lick the teeth or lips and to clean food from the back of the mouth. It may also prevent from sticking the tongue out and licking an ice cream.

Speech

Most children with a tongue-tie will have no difficulties with their speech. Some children may have difficulty pronouncing certain sounds later in life due to their tongue-tie. It is not possible to predict which children will be affected, or to determine whether intervention as a baby will help to prevent this.

Speech difficulties are usually noticeable by the time a child reaches 3 or 4 years of age. If you think your child's speech is affected or they are having problems caused by a tongue-tie, contact your GP or health visitor and they will be able to refer your child to a speech and language therapist for an assessment.

Speech difficulties can be related to several causes, only one of which is a tongue-tie. The speech and language therapist can help determine if the speech difficulty is due to the tongue-tie or not.

Do all tongue-ties need treatment?

The clinician you see will be able to advise you on whether your baby's tongue-tie requires treatment as each baby is different.

For some babies, a simple procedure called a tongue-tie release (lingual frenotomy) may be necessary. For other babies, a conservative approach or no treatment may be necessary.

A conservative approach

If your baby does not have a severe tongue-tie and is not having any issues with feeding, it may be best not to release the tongue-tie and adopt a watch and wait approach. The clinician you see will explain if this is an appropriate option for your baby.

Some tongue-ties do not require any treatment and can divide, stretch naturally or tear on the lower teeth when they erupt. If you decide not to have your baby's tongue-tie released, then your baby will be discharged from our clinic.

Tongue-tie release

Tongue-tie release is a very simple procedure, particularly in babies under 6 months of age. This procedure is also known as tongue-tie division or lingual frenotomy.

Your baby should have had their vitamin K injection or the second dose of oral drops (if oral vitamin K) more than 24 hours before the procedure.

If you or your baby's father has a blood clotting disorder, or there is a family history of blood clotting disorders, please discuss this with us before the procedure.

The procedure takes a few seconds and does not typically require an anaesthetic (medicine to numb the area). Your baby will cry during and immediately after the procedure and this can be emotional for any parent or relative. It may take a few minutes after the procedure to stop the bleeding, and this is normal. If you would prefer not to be in the same room during the procedure, please let a member of our team know.

The use of tongue-tie release to improve feeding, particularly breastfeeding, is supported by the National Institute of Clinical Excellence (NICE) as it can help to reduce nipple pain and improve the ability to latch on to the breast.

Risks of a tongue-tie release procedure

All procedures carry some risks. Release of a tongue-tie is a quick, simple, low risk and safe procedure. The procedure is virtually painless, however, babies may feel uncomfortable because they do not like to be swaddled and held for the procedure or are hungry and tired. Most babies will settle within a couple of minutes, others may cry for longer and then eventually feed, a small number may cry themselves to sleep and not feed at the clinic.

Less commonly, some babies may be unsettled and refuse to feed for a few hours or a few days after the procedure (temporary oral aversion). In these instances, offer feeds frequently and encourage skin-to-skin contact with your baby. Try to feed your baby as often as possible including while they are sleepy. Try breastfeeding but if this is not possible try to feed with a bottle.

A small amount of bleeding from the wound is expected and will normally stop within 2 to 10 minutes. The clinician will apply direct pressure to the wound using sterile gauze to help stop the bleeding. We will make sure your baby stops bleeding before you leave our clinic.

A tongue-tie may reoccur in 3-4% of babies who have had their tongue-tie released. This may be due to a residual frenulum or the development of scar tissue. If this happens, a further procedure may be necessary. This can be caused by the baby not moving their tongue often, extensive use of bottles and dummies, the moist area around the wound because babies heal quickly.

Other less common risks include prolonged or heavy bleeding, swelling, bruising, scarring under the tongue and damage to the tongue or adjacent salivary ducts.

The risk of infection is very rare. Breast milk and saliva keep your baby's mouth clean. If the wound looks swollen, red, inflamed, oozes pus or your baby develops a high temperature, contact your GP.

Feeding difficulties can be related to a number of causes, only one of which is a tongue-tie. It is important to be aware that the procedure might not improve your baby's ability to feed or improve breastfeeding.

Aftercare following a tongue-tie release procedure

If your baby has had a tongue-tie release, we will encourage you to feed your baby soon after the procedure. We will aim to provide you with a room for privacy to feed your baby, however if our clinic is exceptionally busy, we may ask you to feed your baby elsewhere.

After the procedure, breastfeeding should be more comfortable for you and your baby should be able to feed better. You may notice an immediate improvement although it can take some days or weeks before you notice any improvement. This is because your baby may need time to adjust and learn to use their newly released tongue. Occasionally your baby's ability to feed may not improve following the procedure.

In the first few days after a tongue-tie release procedure, you may notice a small white blister develop under your baby's tongue. This is painless, does not interfere with feeding and does not require any treatment. It is normal for your baby to become fussy and unsettled for a few days after the procedure and it can take a few weeks before they are completely comfortable with feeding.

You may notice a little blood in your baby's mouth at home from time to time after a tongue-tie release procedure. This is because as your baby cries or feeds they may move their tongue and may stretch the wound, causing the area to bleed. The tip of your nipple or bottle teat may also catch the wound and cause bleeding. A small amount of bleeding can also be expected when practicing the wound massage during the first 7 to 10 days.

Managing bleeding at home

If you notice bleeding in your baby's mouth, offer the baby the breast or bottle and feed them. This will usually stop the bleeding within a few minutes. If your baby refuses to feed, then offer them a dummy or your clean finger and this will have a similar effect.

- If the bleeding is heavy or does not stop with feeding or within 15 minutes, apply pressure to the wound under the tongue with one fingertip using a clean piece of gauze or muslin for 10 minutes. Ensure your hands are cleaned beforehand.
- Do not keep checking the wound during this time.
- Do not apply pressure under the baby's chin as this can affect breathing.
- Ensure you are firmly gripping the gauze at all times so that it does not fall down your baby's throat and affect breathing.
- Your baby may swallow some blood, so you may see some red or brown streaks in their vomit, as well as a change in the colour of their stools (black, brown or red flecks).
- If the bleeding continues after this time, then continue to apply pressure to the wound and take your baby to hospital. If you live more than a short distance from the Accident and Emergency Department, call an ambulance.

If you are concerned, please call the emergency contacts shown on page 6, or call NHS 111, or take your child with you to the nearest Accident and Emergency Department.

Wound massage

To prevent the tongue-tie from reoccurring, you can massage the area from the day after the procedure. It involves 6 seconds of massage twice a day. This is optional as babies may find it uncomfortable, and you may find it challenging too.

1. Ideally massage before a feed is due and wash your hands with soap and water beforehand.
2. Lay your baby on a firm surface (such as a changing table) and gently hold their head by resting it in the palm of one hand, placing your thumb on one ear and your smallest finger on the other ear.
3. With your free hand, place your clean thumb under your baby's chin and your index finger under their tongue, as far back as possible.
4. Gently sweep your finger under their tongue, then move directly to the wound and press firmly using your fingertip and massage with a very small 'wiggle' for six seconds. Repeat the gentle sweep at the end of the massage. You may notice bleeding afterwards; this is normal. Clean their mouth with a clean muslin and put your baby to your breast for a feed. This will help settle your baby and stop the bleeding.
5. Keep massaging the wound twice daily for 7 to 10 days until it heals, and you see a diamond shaped scar.

After this point you will carry out a different kind of massage, which will be aimed to stretch the scar tissue and make it thinner and soft.

1. Position and hold your baby's head as above.
2. Gently sweep under your baby's tongue and, place your finger horizontally in front of your baby's mouth and use the pad of your index finger to apply pressure on the scar and then stretch it in an upwards and downwards movement for 6 seconds. Repeat the gentle sweep at the end of the massage.
3. Keep stretching the scar at least twice a day for a further 5 weeks. This will help the scar to become flat and soft.

Further information and support

- **NHS Website** www.nhs.uk/conditions/tongue-tie/
- **Hertfordshire Family Centre Service** (Support for whichever way you choose to feed your baby) https://www.hertsfamilycentres.org/info-and-advice/parents-and-mums-to-be/feeding-your-baby.aspx#DynamicJumpMenuManager_1_Anchor_1
- **Association of Tongue-tie Practitioners** www.tongue-tie.org.uk
- **Association of Breastfeeding Mothers** www.abm.me.uk
- **The Breastfeeding Network** www.breastfeedingnetwork.org.uk
- **La Leche League** www.laleche.org.uk
- **National Breastfeeding Helpline** www.nationalbreastfeedinghelpline.org.uk
- **Infant Feeding Social Groups in Hertfordshire** <https://directory.hertfordshire.gov.uk/Search?CategoryId=77&SM=ServiceSearch&SME=True>

Emergency contact details

If there are any problems, please contact the Oral and Maxillofacial Department directly as below:

Lister Hospital, Stevenage:

- Telephone 01438 284060

New QEII, Welwyn Garden City:

- Telephone 01707 243573

Opening hours: Monday to Thursday, 8.30am - 5pm and Friday 8.30am - 1pm
(excluding bank holidays)

At other times outside of the above working hours, please contact:

Luton and Dunstable University Hospital (out of hours service):

- Telephone 01582 491166 - ask for the maxillofacial on-call doctor

Other useful contact details

East and North Hertfordshire NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Infant Feeding Support, East and North Hertfordshire NHS Trust:

- Website www.enherts-tr.nhs.uk/services/maternity/our-specialist-services/infant-feeding/
- Email (Infant feeding coordinators): infantfeeding.enh-tr@nhs.net

Leaflet information

**You can request this information in a different format or another language;
please speak to your doctor or nurse.**

Date of publication: June 2024

Version number: 1

Author: Dr Basmal Ria

Reference: OMFS

Review Date: June 2027

© East and North Hertfordshire NHS Trust
www.enherts-tr.nhs.uk