



The Mid Yorkshire Hospitals
NHS Trust

Parent information for breastfed babies with tongue-tie

This information leaflet explains what is meant by tongue-tie and how this may affect you and your baby while breastfeeding. It explains what options are available at The Mid Yorkshire Hospitals NHS Trust for mothers and babies while being cared for by maternity services, so that you can make an informed decision about whether a tongue-tie division should be considered.

What is a tongue-tie?

Ankyloglossia, also known as tongue-tie, is a condition which affects around 10% of babies and is more common in boys than girls. Most of us have a lingual frenulum (a membrane situated on the underside of the tongue) so the presence of a visible or palpable lingual frenulum is normal anatomy. However, in some babies this lingual frenulum may be short, tight and attached close to the tip of the tongue and/or on the gum and cause restrictions in tongue movement and function. These restrictions may then cause feeding difficulties.

Many tongue-ties do not cause problems and do not require treatment, with some resolving spontaneously over time. In some instances feeding support to improve attachment is all that is needed. However a division of the lingual frenulum may be recommended if the tongue-tie is causing problems with feeding. The medical name for this procedure is a frenulotomy.

How does tongue-tie affect breastfed babies?

Babies with a tongue-tie may not be able to open their mouths wide enough to attach to their mother's breast properly due to the restricted tongue movement. This can cause frequent and sometimes long unsettled feeding and ultimately poor weight gain. Mothers may experience painful or damaged nipples and sometimes blocked milk ducts or mastitis (painful and inflamed area of breast) as the milk is not removed from the breast effectively.

What are the treatment options for tongue tie?

If your baby has a suspected tongue-tie that is affecting feeding you will need to decide how it should be treated. To help you make this decision, you may be referred to a frenulotomy practitioner at The Mid Yorkshire Hospital NHS Trust. This is a midwife who has had specialist training in tongue-tie assessment and separation. They will assess your baby and discuss the following with you;

- The way your baby's tongue moves
- The way your baby is feeding
- What happens next

You then have some options but you do not need to make a decision straight away;

- You can agree for your baby to have their tongue-tie divided.
- You can decide not to have your baby's tongue-tie divided.

In either case you will be given information on how you can access feeding support.

What happens during a tongue-tie division?

A frenulotomy is a quick procedure, and in early infancy is usually performed without anaesthesia. The potential outcomes and risks of the procedure will be explained so that you can make an informed decision on whether to go ahead or not. You will be asked to sign a consent form prior to any intervention. Your baby will be wrapped in a towel and held gently to keep their head still. Their tongue will be lifted and sterile scissors will be used to divide the tongue-tie. After the procedure, pressure will be applied using a piece of sterile gauze under the tongue. Your baby will then be passed to you for feeding. You will be able to be with your baby at all times. Your baby may cry during the procedure and afterwards for a short time, and there will be a small amount of bleeding.

What happens after the procedure?

You will be given support with breastfeeding. After a frenulotomy, babies can be seen to move their tongues around, push them out, and have an improved latch. Some mothers report a significant improvement immediately after the procedure. However for others this may take several feeds with the baby having to adjust their feeding technique with a more mobile tongue.

What are the risks of a frenulotomy?

Current evidence suggests that there are no major safety concerns about division of Ankyloglossia (tongue-tie) and limited evidence suggests that this procedure can improve breastfeeding (NICE, 2005).

Potential problems

There is a small risk of bleeding, infection, ulcer, pain and damage to the tongue and surrounding areas.

There is usually only a small amount of bleeding and feeding may be resumed immediately. The frenulotomy practitioner will continue to press a piece of sterile gauze against the wound to stop bleeding. If bleeding persists a pediatrician may be called to review your baby. Before you leave the clinic, the frenulotomy practitioner will check there is no bleeding from the wound and give you aftercare information.

As with any procedure there is a small risk of infection. Sterile scissors, single use gloves and sterile gauze are used during the procedure. It is better to ensure you keep your hands clean and take care with nipple shields, dummies, teats etc until the frenulum has healed.

When the tongue-tie has been divided it opens into a diamond shape at the base of the tongue. This seals over quickly and then becomes a white patch which looks like an ulcer. This is part of the normal healing process. It gradually gets smaller and heals within one to two weeks. Babies may feel some pain after the procedure and if your baby does cry more than normal, this usually settles within 24 hours. Useful calming techniques include;

- Skin to skin contact, keep your baby close
- Continue to feed your baby as much as he/she wants to
- Baby massage
- Put your baby in a sling- rocking/ movement may help

- Bathe with your baby
- Consider dimming the lights and using soft music

In some babies the tongue-tie may reform. Regular breastfeeding may help your baby's future tongue movement and reduce the risk of reformation. However if your baby's feeding improves but then becomes a problem again, please contact your community midwife, health visitor or GP.

Benefits

Reduced nipple pain and a better milk transfer are often seen after the division.

Follow up

We strongly recommend that you access some feeding support. This can be from your community midwife, infant feeding specialist, health visitor, a local breastfeeding group or a breastfeeding helpline. This will help ensure that you and your baby are achieving a good latch.

Your GP will be informed that the procedure has been performed and it will be recorded in your child's health record (red book).

You will be contacted one week after the procedure. Please try to be available for this call on the phone number you have given us. We will make three attempts to contact you.

Tongue-tie and speech

In some children a tight frenulum may affect the ability to sound certain letters. However it is not possible to predict which children will be affected, or to determine whether intervention as a baby will prevent this. This is usually noticeable when your baby reaches three years of age and may necessitate referral to a speech and language therapist who will advise whether or not division of the tongue-tie will be of benefit.

Can I find out more?

You can find out more from the following web links:

- Division of Ankyloglossia (Tongue-tie) for Breastfeeding NICE Guideline available at - www.nice.org.uk/IPG149publicinfo
- Association of Tongue-tie Practitioners
www.tongue-tie.org.uk
- UNICEF - <http://www.unicef.org.uk/BabyFriendly/>
(search for tongue-tie)
- La Leche League GB <http://www.laleche.org.uk/>
- Breastfeeding Network
<http://www.breastfeedingnetwork.org.uk/>
- NHS Choices <http://www.nhs.uk/Conditions/tonguetie/Pages/Introduction.aspx>

National feeding help and support

National Breastfeeding Helpline (9.30am-9.30pm):
0300 100 0212

La Leche League Breastfeeding Helpline: 0345 120 2918
Association of Breastfeeding Mothers Helpline (9.30am-10.30pm): 0300 330 5453

National Childbirth Trust helpline: 0300 330 0700

Local help and support

If you need help with breastfeeding, you can contact your community midwife, infant feeding specialist, health visitor, a local breast feeding group or a breastfeeding helpline.

Further information

Professional Midwifery Advocates - 01924 541000

Infant Feeding Coordinator - 07824417802

Ref: NICE, 2005 Division of Ankyloglossia (tongue tie) for Breastfeeding.

We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: **01924 542972** or email: **myh-tr.palsmidyorks@nhs.net**

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