How can I help reduce Healthcare Associated Infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
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What is a Tongue tie?
Tongue tie is also called Ankyloglossia, which comes from the Greek for 'crooked tongue'. It is a congenital condition where the membrane that attaches the tongue to the floor of the mouth (the frenulum) is shorter or tighter than usual. Approximately 1 in 10 babies are born with a tongue tie with approximately half of those babies experiencing a feeding difficulty. Commonly more boys than girls are affected and there is often a family link. If there is restriction of tongue movement, this can cause problems with breast or bottle feeding.

Does a Tongue tie affect feeding?
Babies with a tongue tie may have problems achieving or maintaining a good latch on the breast, or may not manage a good suckling technique. This can lead to a mother experiencing sore nipples, misshapen nipples, poor milk drainage - which in turn may lead to blocked ducts, mastitis, reduced milk supply. A baby may be unsettled on the breast, sleepy, slip off excessively, be unsatisfied after feeds, want frequent, or prolonged feeds. He/she may dribble or splutter, make clicking noises, have poor weight gain, suffer from excessive wind or reflux. Bottle fed babies tend to dribble a lot or take a bottle very slowly or too fast causing coughing and spluttering.

Would dividing the tongue tie be beneficial?
With help and support from the Breastfeeding Clinic, a tongue tie may only be a challenge whilst mother and baby are learning to breastfeed. Many babies grow up to have no further problems. However if there are continuing feeding issues, the benefits and risks of tongue tie division will be discussed and your baby may be referred to have the simple procedure to release the tongue tie.

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:
Head of Midwifery
Women & Children’s Division
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
Some useful links regarding tongue tie in babies:-
www.nice.org.uk
https://www.nice.org.uk/guidance/ipg149/resources/division-of-ankyloglossia-tongue-tie-for-breastfeeding-304342237
http://www.tongue-tie.org.uk/index.html**
http://www.unicef.org.uk/BabyFriendly/Parents/Problems/Tongue-Tie/Locations-where-tongue-tie-can-be-divided/
http://www.telegraph.co.uk/women/womens-health/3353116/Breastfeeding-The-kindest-cut-of-all.html
http://www.ncbi.nlm.nih.gov/m/pubmed/21608523/?i=4&from=/15953321/related
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Studies reviewed by NICE (National Institute of Clinical Excellence) show that between 88 and 100 per cent of babies have improved breastfeeding following the procedure of tongue tie division.

Possible complications of tongue tie division
Complications associated with dividing a tongue tie are rare. There are very few nerve endings in that area of a baby's mouth, so there is little pain. There is usually a tiny amount of bleeding that stops within a couple of minutes. Research shows that the risk of excessive bleeding is 1 in 200.

The risk of infection is 1 in 10,000. Damage to the tongue or mouth area is extremely rare. Occasionally a tongue tie that has been divided can grow back or reattach especially if it is thicker and further back on the tongue. Some babies can be very unsettled for a few hours or days after the procedure and these babies may find latching and suckling more difficult for a while before any improvement is noted.

Tongue tie division referral and procedure
Should your baby have feeding difficulties thought to be linked to a tongue tie, the procedure to divide the tongue tie may be performed at Stoke Mandeville Hospital by a health professional with specific training as a Tongue Tie Practitioner, who is skilled and experienced in dividing tongue ties in babies.

Following discussion and appropriate feeding support by the staff in the Breastfeeding Clinic, you will be given an appointment for your baby's procedure. This will usually be within one to two weeks. Private practitioners are also available. See website listed on last page**.
On the day of your appointment, you will meet the Tongue Tie Practitioner in Children's Outpatient Department. He/she will assess and discuss your baby's tongue tie, explain the procedure and complete a consent form with you.

Useful things to bring to your appointment are: a blanket to wrap your baby in, your red book for recording the procedure, a car seat to carry your baby within the hospital and a feed, if you are bottle feeding. Your consultation and procedure should take approximately 45 minutes.

Parents are very welcome to accompany their baby to the treatment room, where he/she will be wrapped in a blanket on the treatment table, with the shoulders supported by a parent or member of staff. Using sterile gloves, the Tongue Tie Practitioner will gently lift the tongue with two fingers. Using sterile, blunt ended scissors, the Tongue Tie Practitioner will snip the frenulum with the other hand. The procedure takes only a few seconds. Your baby will immediately be picked up and cuddled and pressure applied under the tongue with gauze, to stem any bleeding.

**Following tongue tie division**
Any crying and bleeding usually stops quickly and you will be encouraged to cuddle and feed your baby straight away. This soothes him/her, and help with latching onto the breast will be given as needed. You may experience an instant improvement with your baby's feeding but sometimes it takes a few days to notice a difference. Occasionally there is no difference.

It is a good idea to feed your baby as frequently as he/she needs over the following couple of days. This helps to strengthen the tongue muscle for more effective feeding, encourages healing and reduces the risk of the frenulum re-attaching. Sometimes a baby may be unsettled and frustrated on the breast whilst learning to use his/her 'new' tongue. Extra cuddles and feeding little and often as your baby needs may help.

**APPOINTMENT DETAILS:**

Date: 
Time: 

Place: *Children's Outpatient Department, Stoke Mandeville Hospital HP21 8AL*

*For more information or cancellations please call 01296 315799*
**Press-down exercise**

An exercise for babies who elevate the posterior part of their tongue (as with tongue tie) but do not like having a finger in the mouth.

- Use your fingertip to touch your baby's chin, nose and area between top lip and nose (philtrum).
- When your baby opens the mouth in response, apply brief pressure to the humped area of the tongue and then withdraw quickly.
- Make silly sounds as you do this to make it fun and predictable, as well as smiling and making eye contact with your baby.
- Stop when your baby does not want to open the mouth.

A Tongue Tie Division is the procedure to release a tight frenulum in order to facilitate good tongue movement. After a tongue tie has been divided, a baby might need help to improve the forward and side to side movement of his/her tongue.

**Post Tongue Tie Division Exercises (as well as the above exercises)**

- Stimulate the area above your baby's top lip to encourage him/her to open the mouth. When the mouth opens place your fingertip on the centre of the outside of the lower gum ridge.
- Maintain contact with the gum and slide your finger round to one side.
- Lift your finger off and return to the central position. Repeat three times to the same area.
- Repeat to the other areas of the mouth, working on the lower gums first. The repetitions give your baby a chance to follow your finger with his/her tongue.

Tongue exercises may be recommended, as outlined in this booklet.

A white/yellow diamond shape area normally develops under the tongue after a couple of days, which is part of the healing process. This does not appear to be painful and lasts a few days while the area is healing.

Older babies may be unsettled and clingy for a few days following the procedure. Lots of cuddles should be given and paracetamol liquid (brands include calpol®) can be administered as per package instructions to reduce pain.

Some parents find Cranio-osteopathy helpful to facilitate optimal movement of the tongue area and improve suckling if there is excessive tightness around the jaw area. This can be discussed.

A follow up appointment for the Breastfeeding Clinic may be given.

Should you have any concerns following the procedure please contact the Breastfeeding Clinic on 01296 315799/ 07798520830 or Accident and Emergency as you feel appropriate.

**If your baby bleeds following tongue tie division**

There have been reported cases of bleeding which has occurred some time after tongue-tie division, usually on the same day, when the babies have returned home.

If this occurs the bleeding is usually very light and is triggered by strenuous crying (resulting in the tongue lifting and disturbing the wound) or when the wound is disturbed during feeding, particularly if the wound is caught by a bottle teat or tip of a nipple shield.
If you notice any blood in your baby’s mouth then offer the baby the breast or bottle and feed them. This will usually stop the bleeding within a few minutes just as it did immediately after the procedure. If the baby refuses to feed then sucking on a dummy/pacifier or your clean finger will have a similar effect.

If the bleeding is very heavy or does not reduce with feeding and doesn’t stop within 15 minutes then apply pressure to the wound under the tongue with one finger using a clean piece of gauze or muslin for 5 minutes. The practitioner will have given you some gauze during the procedure suitable for this. Do not apply pressure under the baby’s chin as this can affect breathing.

If bleeding continues after this time, continue to apply pressure to the wound and take your baby to hospital (call an ambulance if you live more than a very short distance from the Accident and Emergency Department).

As significant bleeding after tongue-tie division is a rare event please take this leaflet with you and inform health professionals that there is guidance on appropriate treatment in our Trust guideline 450 Complications associated with infant feeding.

Infection
The risk of infection is very rare. Sterilise any bottles, dummies or nipple shields carefully before use. If infection occurs your baby is likely to be generally unwell/very unsettled/lethargic with a fever. Pus under the tongue may or may not be present. If your baby has any of these symptoms please see your GP urgently.

Tongue exercises
When a baby has a tongue tie, the range of tongue movement is the most important factor in the ability to breastfeed successfully. If movement is restricted due to a short or tight frenulum, tongue exercises may help to improve tongue mobility and facilitate an efficient suckling technique.

When/if these exercises are recommended by a health professional they will be demonstrated to you.

Getting Started
Please ensure your hands are clean and your fingernails are short and filed.

Your baby should be in a quiet, alert or early active state so the exercises can be enjoyed and your baby can participate.

The exercises should be in a predictable sequence i.e. moving on when your baby is showing signs of anticipation of what’s coming next.

If the exercise is rejected by your baby, or being ineffective, then a different exercise should be used.

Tongue Massage
For babies who find it difficult to bring their tongue forward, (as with tongue tie) or when the tongue tends to hump in the middle. This may be useful prior to feeding.

- Stimulate the area above the top lip to encourage your baby to open his/her mouth.
- Place your finger pad side up in your baby’s mouth to encourage sucking.
- Gently turn your finger over and press down on the tongue, massaging in small circular motions. (Turn your finger back over if your baby tries to suck - to be soft on the palate.)
- Continue to gently massage the tongue forward by increasing circular movements towards the front of the tongue.