Tongue Tie

What is a tongue tie?

Tongue tie (also called Ankyloglossia) is a common 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. 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. They 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. If you are experiencing these problems talk to your Midwife or Health Visitor who may refer you to the Infant Feeding Clinic.

Would dividing the tongue tie be beneficial?

With help and support from the Infant Feeding Clinic, a tongue tie may only be a minor problem 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 with you, and your baby may be referred to have the simple procedure to release the tongue tie.

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. 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.

Author: E Jones
Issue date: April 2020
Review date: April 2023

Factsheet code: (ex WZZ1838)
Version: 4

Tongue tie division referral and procedure

The procedure to divide the tongue tie will 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 under 6 months old.

Following discussion and appropriate feeding support by the staff in the Infant Feeding 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 websites listed at the end of this leaflet.

Our guideline also states that babies undergoing a tongue tie division must have had Vitamin K, once via an injection or at least 2 oral doses, more than 24 hours before the procedure. This is to help with blood clotting. If your baby has not had this treatment for any reason then it can be arranged with your GP.

On the day of your appointment, you will meet the Tongue Tie Practitioner in **the Children's Outpatient department.** They will assess and discuss your baby's tongue tie, explain the procedure and ask you to sign a form giving your consent to the procedure.

If possible bring your baby to the appointment ready for a feed, bring a blanket to wrap your baby in, your red book for recording the procedure, a car seat to carry your baby inside the hospital and a feed if you are bottle feeding. Your consultation and procedure should take approximately 35 minutes.

Parents are very welcome to accompany their baby to the treatment room, where the baby will be wrapped in a blanket 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 a tongue tie division

Any crying and bleeding usually stops quickly and you will be encouraged to cuddle and feed your baby straight away to soothe them. 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 they need 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.

Approximately 4 in 100 babies present again with feeding issues following division. This may be caused when the wound heals in a way that the frenulum re-attaches. If you notice a deterioration in feeding 2-3 weeks following division, please contact the Infant Feeding Clinic to discuss this further.

Sometimes a baby may be unsettled and frustrated on the breast whilst learning to use their 'new' tongue. Extra cuddles and feeding little and often as your baby needs may help. Tongue exercises may be recommended, as outlined in this booklet.

Wound healing

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 the size of the wound will reduce and then disappear over the next 7-14 days.

Babies may be unsettled and clingy for a few days following the procedure. Lots of cuddles should be given and feeds offered frequently. In **babies over 8 weeks old** Paracetamol liquid (brands include Calpol®) can be administered as per package instructions to reduce pain, babies younger than this shouldn't require such pain relief.

You may be given a follow up appointment at the Infant Feeding Clinic.

Should you have any concerns following the procedure please contact the Infant Feeding Clinic on 07798520830, or your GP. In the event of an emergency contact Accident and Emergency

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, dummy/pacifier 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). Please take your baby's Child Health Record (Red Book) with you.

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 or contact 111.

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), this may be useful prior to feeding.

- Stimulate the area above the top lip to encourage your baby to open their 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.

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 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 their mouth.

Exercises following tongue tie division (as well as the above exercises)
After a tongue tie has been divided, a baby might need help to improve the forward and side to side movement of their tongue.

- Stick your tongue out for your baby to copy.
- Stimulate the area above your baby's top lip to encourage them 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.

If your baby becomes unsettled or distressed whilst attempting the above please stop.

APPOINTMENT INFORMATION:

Date: **Time:**

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

For more information or cancellations please call 07798 520830.

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://nursingnurture.co.uk/user/wp-content/uploads/2014/06/tongue-tie-booklet.pdf

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

http://www.ncbi.nlm.nih.gov/m/pubmed/21608523/?i=4&from=/15953321/related

Approvals:
Maternity Guidelines Group: Jan 2015, V3 May 2016, V4 Feb 2019
O&G SDU: Mar 2015, V3 May 2016, V4 Jun 2019
MSLC: Jan 2015, V3 May 2016, V4 Sep 2019
Equality Impact Assessment: Jan 2015, V3 Jun 2016, V4 Sep 2019
Patient Experience Group: sent 12.3.15, V3 Oct 2016, V4 January 2020