

Websites

NICE guidelines: www.nice.org.uk/ipg149
UK Baby Friendly Initiative:
www.babyfriendly.org.uk

Contact details

Maternity – contact your midwife

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

The Health Information Centre
Poole Hospital NHS Foundation Trust
Longfleet Road
Poole
Dorset
BH15 2JB
Telephone: 01202 448003

www.poole.nhs.uk

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Tongue Tie



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What is Tongue Tie?

Tongue-tie (also known as ankyloglossia) is caused by a tight or short membrane under the tongue (the lingual frenulum).

The tongue-tip may appear blunt, forked, or have a heart-shaped appearance. The membrane may be attached at the tongue-tip, or further back.

Recent research suggests that as many as one in ten babies may appear to be tongue-tied, however less than half of them are likely to have feeding problems

Tongue Tie and Infant Feeding

The medical literature up to the 1990s makes little if any reference to tongue-tie and its impact on breastfeeding. There is now evidence that tongue-tie can cause problems with both breast and bottle-feeding.

For pain-free and effective breastfeeding, free movement of the tongue is vital. The baby needs to advance the tongue beyond the lower gum and take in a portion of the mother's breast tissue behind the nipple. This places the nipple near the back of the mouth.



In contrast, a tongue-tied infant cannot move the tongue freely. The baby may not be able to attach easily to the breast or bottle, and swallowing may also be difficult. The mother's nipples



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may get damaged and blocked ducts and mastitis may result. The pain can make it very hard to continue with breastfeeding.

Do all Tongue Ties need treating?

NO, not all tongue ties are the cause of feeding problems.

If you have problems breastfeeding it is more important to get a good breastfeeding assessment done and help with potential problems relating to positioning and attachment. Talk to your midwife or maternity support worker about this. You may also benefit from the support of a breastfeeding specialist.

Not all babies with a tongue-tie need treatment in the early days. Early diagnosis and extra support from an infant feeding specialist may prevent or solve problems. Many tongue ties are asymptomatic and do not require treatment and the tie may loosen or break on its own. **If problems persist, the baby should be referred for assessment as soon as possible**

Treating a Tongue Tie by Frenulotomy

A simple surgical technique is used to treat the baby as an outpatient. The base of the frenulum is carefully snipped with sharp blunt-ended scissors to free the tongue. No anaesthetic or stitching is needed, and there is little if any pain or bleeding. The baby can

feed straight after the snip, to avoid interruption of breastfeeding.

How is the Tongue Tie divided?

The extent of the tongue tie is carefully assessed, and baby's head and shoulders are held securely.



Sharp blunt-tipped scissors are used to divide the frenulum. The snip is very quick and does not harm the tongue. Blood loss is minimal, and stops quickly. (Babies may cry, as they don't like having their mouths held open)

The baby is immediately offered a feed. If the baby doesn't want to feed straight away, a finger or dummy to suck can be offered instead. Feeding should improve in the next few days.

Follow up support may be needed if there is little change.

Cancelling appointments

If you no longer require an assessment in clinic then please call 01202 442515 to cancel your appointment.