

# Tongue-tie (ankyloglossia)

## Maternity Department Patient information

This is information to help explain what tongue-tie is, how it might affect you and your baby, and what can be done to treat it. We hope it answers some questions for you. If you still have questions or are worried, please talk to someone on your healthcare team.

### What is tongue-tie?

A tongue tie is caused by a tight or short piece of skin under the tongue (called the frenulum). It connects to the bottom of the mouth. This may make the tongue appear blunt, forked, or heart shaped. Not everyone with this skin has tongue-tie. About half of babies with tongue-tie do not have problems feeding and treatment is not needed.



### How is it diagnosed?

An assessment is carried out if you or a healthcare professional thinks your baby might have a tongue tie. A practitioner will feel inside your baby's mouth and look at their feeding. Tongue-tie is usually checked for if there are problems with feeding (breastfeeding and/or bottle feeding).

### Who can check for tongue-tie?

Trained tongue-tie specialists can check for tongue-tie. Not all midwives, doctors, nurses, or health visitors know how to do this.

### What are the signs of tongue-tie?

Tongue-tie can cause some babies to have a little trouble feeding. For some babies it can make feeding very hard or even impossible.

Here are some signs for babies and parents:

Method of Feeding	Baby might	Parent might
<b>Breastfeeding</b>	<ul style="list-style-type: none"><li>• Have trouble staying on the breast</li><li>• Feed for a long time</li><li>• Get tired quickly</li><li>• Take short breaks between feeds</li><li>• Seem hungry all the time</li><li>• Be fussy</li><li>• Not gain enough weight</li><li>• Have lots of burps, hiccups, or gas</li><li>• Cough or choke while feeding</li><li>• Make clicking sounds when feeding</li></ul>	<ul style="list-style-type: none"><li>• Have sore or hurt nipples</li><li>• Notice nipples look flat after feeding (sometimes lipstick shaped)</li><li>• Feel like the breast isn't fully emptied</li><li>• Not make enough milk because the breast isn't emptied well</li><li>• Get breast infections more than once</li><li>• Feel really tired from feeding often and trying to calm a fussy baby</li></ul>
<b>Bottle feeding</b>	<ul style="list-style-type: none"><li>• Take a long time to finish feeding</li><li>• Get tired quickly</li><li>• Only drink a little milk each time</li><li>• Dribble a lot while feeding</li><li>• Have lots of burps or gas</li><li>• Not gain enough weight</li></ul>	<ul style="list-style-type: none"><li>• Try different bottle teats but still have problems</li><li>• Find that feeding takes more than 30 minutes</li></ul>

## What should I do if I think my baby has a tongue-tie?

Most families who have trouble breastfeeding need some extra feeding support first. You will get help feeding before your baby is checked for a tongue-tie.

If feeding is still difficult after support, you'll be referred to a tongue-tie specialist for an appointment. **Remember to bring your baby's health book (the red book) and information stickers.**

## How is a tongue-tie treated?

Blunt ended scissors are used to cut the tight skin (frenulum) under the tongue. This quick treatment helps the tongue move better. There is good evidence that this is a safe and effective treatment for tongue-tie.

We only cut ties if you and your baby are having feeding problems.

There is no age limit for the treatment, but we only treat babies who are six weeks old or younger. If your baby is older, you will be referred to Salisbury or Southampton Hospital.

## What are the benefits of the treatment?

The treatment helps your baby's tongue move better. This can make feeding easier.

Some families see feeding get better straight away. Others notice changes slowly. It can take up to four weeks to see full improvement.

In a few cases, the treatment may not fully fix the feeding problems.

## What are the risks of treatment?

- Too much bleeding (1 in 77,000)
- Infection (less than 1 in 10,000)
- Sores (ulcers) in the mouth
- Pain - babies are not given a numbing medicine
- Injury to the tongue or nearby areas

## What if the tongue-tie isn't cut?

It's your choice if you want the tongue-tie treated. If you don't, we will still help with feeding. You can try different positions to help your baby feed. You can also take your baby to an osteopath or chiropractor to have any muscle tension treated. This can sometimes help with feeding. It is not available on the NHS.

## Before the treatment:

We will explain the risks and benefits of the treatment so you can decide. You can ask any questions. You will then be given a consent form to sign.

Please tell us before your appointment if anyone in your family has problems with blood clotting.

Bring your baby a little hungry so they aren't full when you arrive. Feeding after the procedure is helpful.

The procedure will need to be rescheduled if your baby has oral thrush (white patches in the mouth).

## Does my baby need to have had vitamin K?

Vitamin K helps with blood clotting (stopping bleeding). This is important because tongue-tie treatment might cause a small amount of bleeding. Our local policy is to only treat tongue-ties in babies who have had vitamin K.

## This can be:

A vitamin K injection (a small shot given at birth),

OR

Vitamin K by mouth (drops) which is three doses:

1. first dose: at birth
2. second dose: around day 7
3. third dose: around day 28

Babies are given vitamin K to prevent bleeding from a very rare disease called haemorrhagic disease of the newborn. We do not know which babies may have this disease, so all babies are offered vitamin K. It is your choice whether your baby has vitamin K or not. If your baby has not had vitamin K you may be able to have their tongue-tie cut privately.

## During the treatment:

Your baby will be wrapped and held gently. The midwife will use blunt ended scissors to cut the tight skin under the tongue. A clean cloth stops any small bleeding. You can stay with your baby or wait outside.

After the procedure:

- When the procedure is done, your baby will be unwrapped and encouraged to feed right away. This helps your baby move their tongue. It might stop the tongue-tie from coming back.
- We will support you to feed your baby.
- Sometimes a small sore (ulcer) can be seen under the tongue for up to two to four weeks.
- Your baby might be upset for a few days after the treatment. Keep them close and comfort them a lot during this time.
- Feeding your baby often may help stop the tight skin from growing back.
- It might take about two weeks before your baby feels happy while feeding. Sometimes the treatment may not make feeding better.

**Please note that if you are late for your appointment, you may not be seen and will have to be rescheduled.**

## Contact numbers for information or to cancel your appointment:

Maternity reception 24hrs - **0300 019 2308**

## Appointment days:

Every Tuesday and every other Wednesday

## Useful links:

NHS Website: [www.nhs.uk/conditions/tongue-tie](http://www.nhs.uk/conditions/tongue-tie)

Association of Tongue-tie Practitioners Website: [www.tongue-tie.org.uk](http://www.tongue-tie.org.uk)

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