

Maternity

Tongue-tie

Information for patients, relatives and carers

Introduction

This leaflet gives you information about tongue-ties, how they can impact feeding, tongue-tie division and care post division.

What is tongue-tie?

A tongue-tie is when the tissue that attaches the tongue to the bottom of the mouth (the frenulum) is thicker, shorter or tighter than usual. This can restrict the movement of the tongue, which can cause difficulties with feeding. However, the majority of tongue-ties do not impact breastfeeding.

What are the symptoms of a tongue-tie that affect feeding?

Baby

- difficulty latching onto the breast
- starts a feed well but slips off the nipple
- biting or chomping on the breast
- unsettled during feeds
- frequent or very long feeds
- falls asleep quickly at the breast
- excessive early weight loss or slow weight gain
- clicking noises and/or dribble during feeds
- coughing or choking while gulping
- excessive wind/unsettled post feeds
- difficulty bottle feeding like struggling to hold the teat, dribbling, coughing, clicking, excessive wind

Mother/birthing parent

- sore/damaged nipples
- nipples that look misshapen ('lipstick' shape or flat)

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- recurrent mastitis (swollen, painful, red area of the breast, often because of infection)
 - low milk supply (when you're not making much milk)

You and your baby will need to have a feeding assessment. This is because many difficulties with feeding can be resolved by adjusting position and attachment.

How do I get a referral?

If your midwife or health visitor suspects a tongue-tie, they will do a feeding assessment and make a feeding plan. They will recheck this after 2 or 3 days to see if your baby's feeding has improved. If their feeding hasn't improved, your midwife or health visitor will do a second assessment and send a referral to the tongue-tie clinic.

We will give you an appointment in the tongue-tie clinic. This clinic happens once a week in the children's outpatient's department in Hammersmith Hospital.

While you wait for an appointment, consider expressing to protect your milk supply. Talk to your midwives for more information.

How to prepare for your baby's appointment:

- Make sure your baby is due a feed at the time of their appointment as they will need to feed during the assessment.
- Bring your baby's red book with you.
- If your baby's feeding has improved and you don't need the appointment anymore, please cancel by ringing the children's outpatients service on **020 331 35367**.

How do you treat tongue-tie?

During the appointment, the tongue-tie practitioner will ask questions about your baby's feeding and do an oral assessment to check the function of baby's tongue.

If they diagnose a tongue-tie that is affecting feeding, they will offer a tongue tie division in the same appointment. This is a simple, sterile procedure, using sharp, blunt-ended scissors. The practitioner will talk to you about the risks and benefits so you can make an informed choice.

Benefits

- improved tongue motor function
- improved and effective feeding

Risks

- bleeding – a small amount of bleeding is normal after the procedure, this usually stops after a few minutes
- infection – this is very rare
- reattachment – happens to 3 or 4 babies in 100 nationally

We will give you more information about these risks in your appointment.

Due to the small chance of bleeding, we won't do a tongue-tie division if baby did not receive vitamin K at birth.

After care

It is expected that a white diamond shape will appear under baby's tongue. This is part of the healing process and will disappear after 2 to 3 weeks.

Encouraging baby to move their tongue can reduce the chance of reattachment. Simple exercises include:

- frequent breastfeeding (at least 8 times in 24 hours)
- using your index finger, gently touch the tip of your baby's tongue and lower lip, this encourages them to stick out their tongue. You may find it helpful to also stick out your tongue. This encourages baby to copy you and increases their tongue mobility
- rubbing your clean finger along baby's lower gums from side to side. Your baby will follow your finger with their tongue, encouraging movement
- placing your index finger in your baby's mouth and gently pressing the roof of their mouth encourages them to start sucking. Gently pull your finger back to the point where they almost let go and then allow them to suck your finger back into their mouth. Repeat for a few minutes

If you are bottle feeding, please thoroughly sterilise equipment and ensure you place the teat on top of baby's tongue. This is to prevent the wound from bleeding underneath.

We do not offer routine follow up appointments in the tongue tie clinic. However, if there are no improvements to feeding after two weeks or the tongue-tie symptoms have come back, you can ring the children's outpatient department on **020 331 35367**.

Where can I get more support?

It can take from a few days to a couple of weeks for you to notice an improvement in how baby feeds. Please continue to get breastfeeding support after the procedure. To find out how to access more support within your borough, speak to your community midwife or health visitor.

To find more information on the Trust infant feeding padlet go to <https://padlet.com/imperialinfantfeedingteam/infant-feeding-and-relationship-building-54oyuep4bktf> or scan this QR code:



National Breastfeeding Helpline: 0300 100 0212 (09.30 to 21.30)

Association of Breastfeeding Mothers: 0300 330 5453 (9.30 to 22.30)

La Leche League: 0345 120 2918 (08.00 to 23.00)

National Childbirth Trust (NCT): 0300 330 0700 (08.00 to 00.00)