Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Tongue Tie v6

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Tongue Tie

Patient Information

Maternity Services

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What is a tongue tie?

Tongue tie is a problem that occurs in babies who have a tight piece of skin between the underside of their tongue and the floor of their mouth. During your baby's development, this membrane is there to guide the formation of your baby's mouth. As you approach the end of your pregnancy, the membrane normally thins and recedes into the back of the tongue before birth. This may not happen for a number of reasons: for example, when babies are born early. Around one in ten babies has a tongue tie. It occurs more in boys than girls, and where other members of the same family have a tongue tie.



How can my baby's feeding be affected by a tongue tie?

Tongue tie can affect both breast- and bottle-feeding babies. The Maternity and Community Infant Feeding Team, Midwives and Health Visitors are available to help you.

Effects on breastfeeding babies

If your baby is breastfeeding, they may:

- Have difficulty getting attached to your breast (after the first week)

- Have difficulty in staying attached
- Be feeding for a long time
- Be unsettled and appearing hungry
- Not gaining weight as expected
- Make clicking noises
- Suffer with colic, wind, hiccups
- Have reflux (vomiting after feeds)

If the tongue tie is affecting your breast feeding, you may notice:

- Nipples that are sore, damaged or bruised
- Squashed nipples (after feeding)
- Lumps in your breast (blocked ducts)
- Pain, swelling and/or redness of the breast, and possibly flu like symptoms (mastitis)
- Your milk supply is low

Effects on bottle feeding babies

If your baby is bottle fed, they may:

- Take a long time to feed
- Drink only small amounts
- Dribble a lot of milk during feeds
- Find it difficult to attach to the teat
- Not be able to keep a dummy in (if you are using one)
- Make clicking noises
- Suffer with colic, wind, hiccups, flatulence
- Have reflux (vomiting after feeds)

Wrightington Wigan and Leigh NHS Teaching Foundation Trust (WWL) will only divide your baby's tongue tie if your baby is having feeding problems. If your baby was found to have a tongue tie during a routine examination, this will only be divided if a feeding assessment confirms there is a feeding problem. This assessment will take place prior to your discharge home if your baby is born at WWL, or by your Community Midwife or Health Visitor around day 5- 10.

What are the treatment options for tongue tie?

Once your baby has been diagnosed with a tongue tie that is affecting their feeding, you will need to decide on which course of treatment you wish to follow.

Making your decision

You can use a decision-making tool called B.R.A.I.N.S to help you decide what is best for you and your baby.

B Benefits – what are the benefits of having this procedure?

R Risks – what are the risks of having this procedure?

A Alternatives – are there any alternatives?

I Intuition – how do I feel? What as parents do we think?

N Nothing – what if I decide to do nothing / wait and see what happens?

S Space – time and space to consider the options if needed

To help you make this decision, you may be referred to the Infant Feeding Team, who have received further training in tongue tie. They will discuss and assess:

- your baby's tongue movement
- feeding history
- family history of tongue tie

- treatment options

You then have two options:

- do nothing
- have a Frenulotomy (procedure to cut the frenulum, often referred to as division of tongue tie)

Do nothing

If you choose to do nothing, the frenulum may tear on its own, either in childhood or in adulthood. As the tongue grows from the tip forward during childhood, so tongue movement may improve as your child grows.

If, at a later date, you decide you would like further assessment and consideration for a Frenulotomy, you can discuss this with your Midwife or Health Visitor.

What is division of tongue tie?

This procedure is called Frenulotomy and is considered as a minor surgical procedure. It takes a few minutes from start to finish. There is research evidence to show that it is a safe procedure and that it helps with breastfeeding. A Frenulotomy can be undertaken up to 16 weeks of age. After the age of 20 weeks, we would refer your baby to an ENT specialist for further advice.

What will happen at the clinic?

- As soon as possible from receipt of the referral, the baby will be seen in clinic at Thomas Linacre Centre Paediatric Outpatients for assessment.

- The person with parental responsibility must attend clinic. If the decision is made during the appointment to divide a tongue tie, written consent must be obtained.

  Failure to obtain consent will mean a delay in treatment and another visit to clinic

- After the procedure, your baby will need a feed. A detailed history is taken during discussion with you, and your baby will be examined. If division of a tongue tie is recommended, the procedure will be discussed and written consent will be obtained.

Pre-procedure Vitamin K dose

We would prefer that babies having a tongue tie division have 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. If you do not wish your baby to have Vitamin K, this will require further discussion with the Infant Feeding Midwife.

How is the tongue tie divided?

A Frenulotomy is a simple and quick procedure. Your baby will be wrapped in a towel to keep them still and secure. They will then be placed on a bed, and a light may be used to look into your baby's mouth. Blunt-ended curved scissors are used to cut the frenulum. You will be given the opportunity to always be with your baby.

Your baby may cry during the procedure and afterwards for a short time, and there will be a small amount of bleeding immediately after the division. When the frenulum has been cut, it opens into a diamond shape at the base of the tongue. This seals over quickly and then becomes a white patch which looks a bit like an ulcer. This gradually gets smaller over a period of a week. If your baby is jaundiced it will be yellow.

After the Frenulotomy, you will be encouraged and supported with feeding your baby. For most babies, there is an immediate improvement in feeding, although it may take longer in some babies. The rate of improvement will depend on how your baby has been or is going to be fed.

Will my baby cry?

Some babies sleep all the way through the procedure. Some babies cry, but usually no more than during a nappy change. They often cry because they don't like being held still and because someone is holding their mouth open even before the tongue tie is divided.

Will my baby's mouth be numbed?

- The frenulum has a poor blood and nerve supply.
- Giving a local anaesthetic by a needle is more likely to be as painful as dividing the tongue tie itself.
- Numbing the area may make it less likely that the baby feeds well after the procedure and feeding afterwards is essential.
- Giving anaesthesia prolongs the procedure, and it is already distressing for your baby to have his/her mouth held open.

Will my baby's mouth bleed?

Occasionally there is no bleeding: rarely, a baby's mouth will bleed for a few minutes. The Infant Feeding Midwife will press a piece of sterile gauze against the cut. It is similar to a child falling over and biting the inside of their mouth or tongue. The baby will then be able to feed, which treats this best, as feeding will compress the floor of the mouth. 1 in 300 babies will require an extra 5 minutes of pressure with a gauze swab compressing the floor of the mouth. This should control 99.9% of oozing. If despite successful pressure control the oozing continues, then further pressure will be reapplied. 1 in 10,000 babies may be required to be transferred to hospital for further treatment.

Is there a risk of infection?

Research evidence shows that this is a safe procedure. Sterile scissors, gloves and swabs are used. The mouth is not a sterile area and as babies grow, they explore the world by putting things into their mouths. However, it is best to avoid possible sources of infection (such as dummies, teats or nipple shields) until the frenulum has healed (a few days). Evidence has shown that the risk of infection is 2 to 3 babies in every 7,000 who will require antibiotics.

Re-formation

In some babies, the frenulum may re-form (return). You may notice changes in your feeding; if this happens, you should contact the Infant Feeding Team on 01942 778557. They will contact you within 14 days, or you may wish to contact your Health Visitor, Community Midwife or General Practitioner.

Risks and benefits will be discussed with you as part of your appointment at the clinic, so you can make an informed decision about the procedure.

Effectiveness of treatment

Research conducted by NICE evaluated the effectiveness for treating tongue tie in babies with breastfeeding issues, and published guidance in 2005. This clearly states:

current evidence suggests that there are no major safety concerns about division of ankyloglossia (tongue tie) and limited evidence suggests that this procedure can improve breastfeeding.

This evidence is adequate to support use of the procedure. Information written for the public on this guidance can be accessed at:

Overview | Division of ankyloglossia (tongue-tie) for breastfeeding | Guidance | NICE

These two more recent randomised controlled placebo trials found that tongue tie division was associated with an improvement in breastfeeding:

1.) Berry J, Griffiths M, Westcott C. A double-blind, randomised controlled trial of tongue tie division and its immediate effect on breastfeeding. Breastfeeding Medicine, 2012, 7: 189-193.

2.) Buryk M, Bloom D, Shope T. Efficacy of neonatal release of ankyloglossia: a randomized trial. Pediatrics, 2011; 128: 280-286.

It is important to remember that no medical treatment or procedure is effective for everyone, and tongue tie may not be the only factor interfering with breastfeeding. Birth trauma, milk supply issues, illness in the mother, prematurity or illness in the baby are just some examples of factors that can co-exist alongside tongue tie and cause problems with breastfeeding. All of these issues need to be addressed, making access to skilled breastfeeding support essential after the procedure.

If you are worried about your baby at all, you can phone your Community Midwife, Health Visitor, Infant Feeding Co-ordinator (IFC) or GP. The Infant Feeding Co-ordinator will contact you to find out if there has been an improvement in your baby's feeding.

Advice Post Procedure

During the healing process, a white diamond-shaped patch may form under your baby's tongue. This may be yellow if your baby is jaundiced. It gradually shrinks and will usually disappear around a week after the procedure.

What should I do once I get home?

You should care for your baby as normal. Feed your baby at the first signs of them wanting a feed: do not leave them to cry.

What if there is bleeding from the wound?

Before you leave the clinic, the midwife will ensure there is no bleeding from the wound. There is a possibility that bleeding may start after you leave clinic, but this is rare and may occur if your baby is crying. If this happens:

- Feed your baby, as this helps to stop any bleeding

or

- Apply continuous pressure for **5 minutes** with a clean dry cloth or gauze swab - **DO NOT USE COTTON WOOL** - and the bleeding should stop.

If after 5 minutes the bleeding has not stopped, place a fresh clean dry cloth and then compress the wound again for a further **5 minutes**, being careful when applying pressure over the raw area. Hold the swab at all times and **DO NOT LEAVE THE SWAB IN THE MOUTH**.

If after feeding or applying pressure the bleeding has not stopped, attend your local Accident and Emergency Department. Keep continuous pressure under the tongue using a clean swab until the bleeding has stopped or you have arrived at A&E. On arrival at A&E, give the staff your red book.

Call the Ambulance Service if at any time you feel you need support

What follow up care will my baby receive?

The day after the procedure, a member of the Infant Feeding Team will ring you, so please try to be available for this call on the phone number you have given us. We will try and make three attempts to contact you.

The future

If your baby is feeding well, tongue tie division is not considered necessary. Indeed, as your baby grows, the tongue tie may stretch or naturally divide. However, it is important to reconsider dividing your baby's tongue tie if the transfer of food from the front to the back of the mouth and ability to chew properly appears to be affected when you introduce solid foods. Tongue tie division may then prove beneficial. However, babies over the age of nine months may need a light general anaesthetic, as they are less likely to remain still during the procedure.

Occasionally tongue ties persist and while the majority of children have no difficulties with their speech, the presence of a tongue tie has been shown to influence the ability to pronounce certain sounds in some children. However, it is not possible to predict which children will be affected, or to determine whether intervention as a baby will prevent this. This is usually noticeable when your baby reaches three years of age and may require referral to a Speech and Language Therapist, who will advise you as to whether or not division of the tongue-tie is necessary.

Useful Resources and References

NICE Guideline available at http://guidance.nice.org.uk/IPG149/PublicInfo/pdf/English

www.tongue-tie.org.uk

UNICEF: www.unicef.org.uk/BabyFriendly/ (search for tongue-tie)

Milk Matters: http://milkmatters.org.uk/international-service-tongue-tie-talk/

La Leche league: www.laleche.org.uk/

Breastfeeding network: www.breastfeedingnetwork.org.uk/

Association of tongue tie practitioners - www.tongue-tie.org.uk

NHS choices http://www.nhs.uk/conditions/tongue-tie/pages/introduction.aspx

If you have any questions or if there is anything you do not understand about this leaflet, please contact the Infant Feeding Team on 07917580276 or telephone 01942 778557 and leave a message.



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