

## Patient information factsheet

### Tongue-tie

#### What is a tongue-tie?

The underside of the tongue is connected to the floor of the mouth by a piece of skin known as the lingual frenulum. However, in babies described as 'having a tongue-tie' this piece of skin is shorter than usual, causing restriction in the movement of the tongue. The medical name for this is ankyloglossia.

The purpose of this factsheet is to explain the implications of a 'tongue-tie' for both you and your baby and to ensure you are aware of the management options available, thus enabling you to make an informed decision about 'tongue-tie division' should this be considered appropriate for your baby.



#### Identifying a tongue tie

The reported incidence of 'tongue-tie' varies; however, it affects approximately one in ten (10%) babies and is more common in boys than girls. About half of babies with a tongue-tie have someone else in the family who also has one.

Some tongue-ties are easily seen and are identified during your baby's initial examination. Others are less obvious and are identified as a consequence of difficulties with feeding.

#### Implications for you and your baby

All babies are different, some may be affected by the presence of a 'tongue-tie' and others may not. If the 'tongue-tie' is causing your baby to experience difficulty with feeding, you and your baby may experience one or more of the following symptoms:

Chosen method of feeding baby	Implications for baby	Implications for mother
Breast feeding	<ul style="list-style-type: none"> <li>• Difficulty attaching to the breast and /or staying attached.</li> <li>• Feeding for a long time, having a short break, and then feeding again.</li> <li>• Baby unsettled and appearing to be hungry most of the time.</li> <li>• Weight gain may be poor.</li> </ul>	<ul style="list-style-type: none"> <li>• Sore and damaged nipples.</li> <li>• Not enough milk</li> <li>• Mastitis, often occurring more than once.</li> </ul>
Bottle feeding	<ul style="list-style-type: none"> <li>• Feeds take a long time.</li> <li>• Some babies can only take a small amount of milk at each feed.</li> <li>• Babies may dribble a lot during the feed.</li> <li>• Baby may be very 'windy'.</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent lengthy feeds</li> <li>• Changing the bottle teat may not help.</li> </ul>

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Some mothers and babies have only one of these problems, others may have more. Understanding why your baby may experience difficulties with feeding is essential if improvements are to be made.

During breastfeeding, your baby may experience difficulty 'latching on' due to a combination of factors; baby is not able to open his or her mouth widely, the tongue is unable to cover the lower gum and the movement of the tongue during sucking differs from the usual rhythmical pattern. This prevents baby from removing milk from the breast efficiently and causes baby to 'nipple feed' rather than breastfeed, preventing baby from feeding properly and causing damage to the nipples.

If your baby is feeding from a bottle, difficulties with creating a seal around the teat may be experienced, causing baby's suck to be inefficient and the feed to take longer.

**If you are concerned about your baby's feeding and think they may have a tongue-tie, please speak to your midwife or health visitor, who will arrange an appointment with the 'tongue-tie specialist midwife'.**

**Alternatively you can arrange an appointment for a feeding assessment by telephoning 'Breastfeeding Babes' using the contact details listed under 'Further Information'**

## Dividing a tongue-tie

University Hospital Southampton NHS Foundation Trust 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.

Where possible this assessment will take place prior to your discharge home if your baby is born at the Princess Anne Hospital, alternatively you will be given an appointment with the 'tongue-tie specialist midwife' for a feeding assessment. Please bring your midwifery notes and/or your baby's red book to this appointment.

If division of your baby's tongue tie is recommended the procedure will be discussed with you and you will be asked for your consent prior to any intervention. This is a very simple procedure, particularly in babies under six months of age as it only takes a few seconds and does not require an anaesthetic. It is not thought to hurt the baby as research has shown that babies often sleep through the procedure.

## Tongue-tie Division

- Your baby will be taken to a quiet room, wrapped securely in a blanket and held gently to keep their head still. Some babies may not like this.
- You may accompany your baby if you wish; however, you will not be expected to hold your baby during the procedure.
- The tongue-tie is snipped using sterile, sharp, round ended scissors, pressure is then applied using a piece of sterile gauze under the tongue. Usually there are only a few drops of blood.
- As soon as the tongue-tie has been divided, your baby will be unwrapped and encouraged to feed as soon as possible. This encourages baby's tongue to move and prevents re-fusing of the tongue-tie.

You will be given support with feeding after the procedure and a management plan will be discussed with you to help you with your ongoing feeding experience.

On the following day, or the day after that you may notice a small white blister under the tongue, which takes 24-48 hours to heal. As far as we know, this is painless and does not interfere with feeding.

## Benefits and potential problems

A review of research examining the benefits and potential problems associated with 'tongue-tie' division has been undertaken by the National Institute of Clinical Excellence (NICE). A reduction in nipple pain and an improved ability to latch on to the breast has been consistently identified and while potential problems such as bleeding, infection, ulcers, pain and damage to the tongue and surrounding area are possible they are very rare. Very occasionally a few tongue-ties may recur as the frenulum re-fuses.

Consequently the use of tongue-tie division is supported by NICE as it is considered a safe and simple intervention which demonstrates significant improvements in feeding, particularly breastfeeding.

## Adopting a conservative approach

Should you prefer not to consider tongue-tie division following your baby's feeding assessment, you and your baby will continue to receive feeding advice and support.

## 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 necessitate referral to a speech and language therapist, who will advise you as to whether or not division of the tongue-tie under a very short general anaesthetic will be of benefit.

## Further information

### Tongue-tie specialist midwife

#### Breastfeeding Babes

Broadlands birth centre

Princess Anne Hospital

Coxford Road

Southampton

**07786 267584**

Breastfeeding Babes is open Monday to Friday from 10.00am until 13.00pm. An answer machine is available outside of these hours. Please leave your name and telephone number and your call will be returned as soon as possible.

### Community Co-ordinators Office

New Forest birth centre

Ashurst Hospital

Lyndhurst Road

Ashurst

**02380 747693**

### National Institute of Clinical Excellence (NICE)

[www.nice.org.uk](http://www.nice.org.uk)

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