

Tongue Tie

assessment

information

**For parents after a
tongue tie assessment
appointment has been
made**

A thick, light blue line that starts from the bottom left, curves upwards and to the right, then curves back down and to the left, ending at the bottom center. It has a smooth, flowing appearance.

Why have I been given this information leaflet?

You have been given this leaflet because your midwifery or health visiting infant feeding specialist thinks your baby may have a tongue tie and that this is causing feeding difficulties.

What is a tongue tie?


Everyone has a piece of skin (frenulum') connecting the underside of their tongue to the floor of their mouth. This is a normal part of our anatomy. In some people this is particularly tight and restricts the movement of their tongue; this is known as being 'tongue tied'. Research suggests tongue tie can run in families.

How does tongue tie affect feeding?

Research suggests that some babies with tongue tie may experience feeding difficulties. This is because a free moving tongue is vital to enable a baby to attach effectively to the breast to remove adequate amounts of milk during feeding. Babies who are bottle feeding can also experience problems creating a seal around the teat, thus dribbling excessively and taking a long time to feed. However, all mums and babies are different, and some will be more affected by a tongue tie than others. Some early signs of potential difficulties include:

For baby:

- Difficulty attaching to the breast and/or difficulty staying attached (seems to keep slipping off)
- Feeding for very long periods - almost continuously, due to baby being unable to obtain a good feed.
- Baby may be very unsettled and seem hungry most of the

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- time.
- Weight gain may be poor.

For mother:

- Pain and sore/damaged nipples due to baby clamping down on nipple to keep it in the mouth.
- Milk supply may dwindle due to baby not being able to remove milk from the breast adequately, disturbing the supply/demand cycle
- Mastitis - often reoccurring due to milk being left in the breast.

Some mothers and babies may only experience one of these symptoms, others may experience more – the good news is that many will find they resolve with extra feeding support in place.

What other potential problems are associated with tongue tie?

There is no research evidence to support a link between tongue tie and speech difficulties later in life or any complications with weaning.

How is a tongue tie divided?

Tongue tie division (also called a ‘frenotomy’) is a very simple procedure in young babies. It takes only a minute or so; the baby is wrapped in a towel or sheet to prevent wriggling and the tongue tie ‘divided’ with sterile blunt-ended scissors. Some babies cry a little bit at this point and some do not. The practitioner will place your baby back in your arms for a feed immediately following the procedure. The baby does not require any anaesthetic or

medication because the frenulum is poorly supplied with nerves and blood vessels.

Important information before your appointment to double check before you come to the assessment clinic:

We will have asked you these questions but please double check and if you answer yes to any of them, please contact us on ruh-tr.infantfeeding@nhs.net to discuss so that your time is not wasted.

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1. Has your baby not received Vitamin K?
 2. Do you or your partners family have a family history of coagulation (blood clotting) disorders?
 3. Did your baby bleed excessively when s/he has the day five screening test or at any other time?
 4. Does your baby have any current signs of infection including thrush?

What to take to the assessment appointment

- Your child's health record (red book)
- Some milk and a bottle if you are sometimes formula feeding or bottle feeding with expressed breast milk

Please avoid feeding your baby just before the appointment as we like to see your baby feed as part of the assessment and for comfort after the assessment / procedure

Important

We ask that if you need to bring an older child or children with you to the appointment, that you bring another adult with you to supervise them. Your assessment may not be able to go ahead if you bring older children without another adult. Apart from being potentially distracting for you and the practitioner during the assessment, there is a very small risk of your baby needing to be transferred to hospital following a tongue tie division and, in this event, your other children would need to be looked after by another adult.

Following division of baby's tongue tie:

After the procedure, we encourage you to feed your baby. It's normal to see a small amount of blood from the wound at this point; feeding the baby will not only help to stop this bleeding but will also help them, and you, to feel calm. The mouth heals very quickly and before you leave your appointment the practitioner will check the wound to ensure any bleeding has settled. There is often a small diamond-shaped white or yellow ulcer on the underside of the tongue lasting around a week. This does not appear to cause any discomfort and there is no need for any dressing or treatment (See picture)




Occasionally there may be a little bit of further bleeding at the wound site if baby puts his/her fingers in the mouth and catches it or if the baby is being bottle-fed and the teat inadvertently slips under the

tongue and disturbs the wound. For this reason, it is best to avoid using a dummy for at least 48 hours after the procedure.

Frequent, responsive feeding (including at night) will aid healing and help prevent the tongue tie recurring. We recommend that you spend the first few days following the tongue tie division really focusing on establishing breastfeeding and enjoying lots of skin contact with your baby to help you both feel calm and confident and to maximise your breastmilk supply. If you are bottle feeding your baby, skin contact is equally important as is limiting the people who feed your baby other than you.

Older babies may take a while to get used to their newly released tongue. If this is the case, then it may help to play tongue-stretching 'games'.

- Poke your tongue out at baby and encourage them to do the same to you!
- Tease baby's mouth with your nipple before latching onto breast, this will encourage lots of rooting behaviors which include protruding and stretching the tongue.
- With a clean finger touch the tip of your baby's tongue to encourage your baby to stick it out then run your finger along the gum line keeping your finger in contact with the side of the tongue. Whilst doing these two or three times – talk to your baby and smile for them to see. Make it fun!
- Rub the upper gum line to encourage your baby to lift their tongue. Look under the tongue to check the wound is healing, remember the wound can look pale yellow to orange and infection is very rare. Wound healing is usually 5-7 days.

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- Encourage your baby to suck on your finger. Place a clean finger, pad side up into baby's mouth, once he/she starts sucking on the finger, turn the finger slowly over nail side up and gently press down on baby's tongue which naturally 'humps' towards the back of the mouth. Draw your finger slowly out of baby's mouth 'pulling' their tongue with your finger encouraging your baby to stick their tongue out beyond their lips with their mouth preferably wide open. This will encourage the baby to follow your finger out with his tongue and thus give the tongue a stretch.

If you need further feeding support after your baby's tongue has been released please contact your midwife or health visitor for referral to their specialist infant feeding team.

What to do if you are concerned:

If you have any concerns following your baby's tongue tie division, please contact your midwife or Health visitor for ongoing support. **If you think your baby is unwell, please seek urgent advice from a healthcare professional.** If you have any concerns or questions that cannot be addressed by your Midwife or Health Visitor, please contact us:

Specialist Infant Feeding Team
ruh-tr.infantfeeding@nhs.net
Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath BA1 3NG
01225 821945 www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656.

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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The RUH, where you matter