Royal United Hospitals Bath
NHS Foundation Trust

Tongue Tie

Information for Parents

What is a tongue tie?

- A tongue tie is an extra piece of skin that goes from underneath the tongue to the floor of the mouth and restricts the tongue's movement.
- Sometimes it is attached to the tip of the tongue, sometimes further back under the tongue.
- Most tongue ties are very thin and long, a few are thicker and chunky.
- Tongue tie is more common in boys than girls and tends to run in families.

How does tongue tie affect feeding?

Recent research has suggested 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 onto the breast to remove an adequate amount of milk during feeding. Babies who are bottle feeding can also experience problems including dribbling and inability to create a seal around the teat so baby takes in air and becomes colicky and windy. However, all mums and babies are different and some will be more affected by a tongue tie than others. Signs that may indicate feeding 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 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.
- Mastitis - often reoccurring due to milk being left in the breast.

Some mothers and babies may have only one of these problems, others may experience more of them and some may feed without any problems.

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.

How is a tongue tie divided?

Tongue tie division is a very simple procedure in young babies. It takes only a minute or so, the baby is simply wrapped up to prevent wriggling and the tongue tie divided with blunt-ended scissors. Babies don't like being wrapped up and some will cry at that point. The baby does not require any anaesthetic or medication because the frenulum is poorly supplied with nerves and blood vessels. Some babies are asleep when the procedure is carried out and remain asleep.

Following division of baby's tongue tie

The baby is promptly unwrapped and returned to mother for a feed. The average length of crying is 15 seconds. A few drops of blood are normal, but this stops quickly. Feeding the baby immediately after division is the best way to calm the baby and stop any bleeding. The mouth heals very quickly. There is often a small diamond-shaped white or yellow ulcer on the underside of the tongue lasting 1 – 7 days. This does not appear to cause any discomfort and there is no need for any dressing or treatment.

Occasionally there may be a little bit of further bleeding at the site of the division if baby puts his/her fingers in the mouth and catches the newly healed site or if baby is being bottle-fed and the teat inadvertently slips under the tongue and disturbs the healing area. For this reason it is best to avoid using a dummy for at least 48 hours after the procedure to reduce the risk of infection.

Frequent feeding at least every 3 hours (including at night) will ensure the wound heals and helps prevent the tongue tie recurring. We recommend that you take time to focus on your baby and establish breastfeeding in the couple of days following the procedure. Skin contact with your baby will help keep you both calm and encourage lots of feeding.

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

- Poke your tongue out at baby and encourage him/her to do the same to you!
- Tease baby's mouth with your nipple before latching onto breast, this will encourage lots of rooting behaviours 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. Do this three times on each side whilst perhaps singing 'rub-a-dub-dub?' Make it fun.
- Rub the upper gum line to encourage your baby to lift their tongue. If they do then have a peek 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.

- 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 extra feeding support after your baby's tongue has been released please contact your midwife or health visitor for referral to specialist feeding support.

If you have any concerns or questions following this procedure, please contact:

Infant Feeding Specialist: joanne.coggins@nhs.net

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath BA1 3NG
01225 428331 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 or 826319