

Tongue-tie



Information for patients, relatives
and carers

What is a tongue-tie?

This is where the frenulum, a thin membrane underneath the tongue is unusually short or tight, restricting the tongue movement.

How can it affect feeding?

All babies are different, some may be affected, and others may not. Often this depends on the mobility of their tongue. When babies are breastfeeding, they need to draw the nipple to the back of the mouth and keep it there. If the tongue movement is restricted, they may not be able to attach effectively at the breast. Occasionally babies may find it difficult to bottle feed.

Breastfed babies

- May have difficulty latching on to the breast and/or staying attached, sometimes making 'clicking' sounds
- May feed frequently, and/or feed very slowly
- May have poor weight gain
- Colic, wind, hiccoughs
- Reflux (vomiting after feeds)
- Small gape resulting in biting/grinding behaviour

Bottle fed babies

- May find it difficult to bottle feed
- May take a long time to feed
- Drink only small amounts
- Dribble a lot of milk during feeds
- Make clicking noises during feeding
- Have Colic, wind, hiccoughs
- Have reflux (vomiting after feeds)

Breastfeeding mothers

- May find feeding very painful because of sore, damaged nipples
- May develop mastitis from poor drainage and nipple trauma
- May find their milk supply reduces over time
- Exhaustion from frequent/constant feeding
- Distress from failing to establish breastfeeding

How is it diagnosed?

You will receive support with breastfeeding whilst in the hospital and once you return home by your community midwife. If, following support with positioning and attachment, you and your baby are still experiencing difficulties with feeding and a tongue tie is suspected or diagnosed then you will be referred to our infant feeding team. You will then be offered an appointment in one of our breastfeeding clinics where we can support you with breastfeeding and assess whether the tongue tie appears to be affecting feeding. You will then be referred to our tongue tie clinic where a general surgeon will assess and divide the tongue tie if appropriate.

What happens during the tongue-tie clinic?

Our general surgeon will assess the tongue-tie and advise you whether the tongue- tie would benefit from being divided. If so, the infant feeding specialist midwife/support worker will hold and support your baby's head, whilst the surgeon performs a small cut with blunt ended curved scissors to divide the tongue-tie. This is a relatively painless procedure as there are few nerve endings in the frenulum of a newborn baby. There is normally a few drops of blood and your baby may feed straight away. A small white patch will appear under your baby's tongue resembling an 'ulcer' which may last a week or two. This is the normal healing process and your baby should continue to feed at least 8 times in 24 hours.



References

National institute for health and clinical Excellence 2005. Division of ankyloglossia (tongue-tie) for breastfeeding

Community feeding support

Our breastfeeding clinics are currently appointment only. Please contact your community midwife or health visitor for referral and then an appointment into one of these clinics.

How can I find out more?

- Division of Ankyloglossia (Tongue-tie) for Breastfeeding NICE Guideline available at www.nice.org.uk/IPG149publicinfo
- Association of Tongue-tie Practitioners www.tongue-tie.org.uk
- UNICEF <http://www.unicef.org.uk/Babyfriendly/> (search for tongue-tie)
- La Leche League GB <http://www.laleche.org.uk/>
- Breastfeeding Network <http://www.breastfeedingnetwork.org.uk>
- NHS choices <http://www.nhs.uk/Conditions/tongue-tie/Pages/Introduction.aspx>

For a translation of this leaflet or for accessing this information in another format:



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