York and Scarborough Teaching Hospitals
NHS Foundation Trust

Tongue Tie

Information for patients, relatives and carers

ⓘ For more information, please contact:
The Breastfeeding Clinic Telephone: 07867 206431

Maternity Services
York Hospital, Wigginton Road, York, YO31 8HE

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What is tongue-tie?

Tongue-tie (ankyloglossia) is a condition in which the structure under the baby's tongue (the lingual frenulum) restricts the movement of the tongue. Sometimes tongue-tie causes no problems at all and requires no action.

Tongue-tie can interfere with a baby's ability to suckle well at the breast. This may lead to nipple pain, trauma and a decrease in milk production for mum and a poor breastmilk intake over time for baby. Bottle fed babies rarely need treatment for tongue tie as it usually has no impact on their feeding.

The decision to release or divide a tongue-tie is made after carefully considering the impact it is having on feeding. If breastfeeding is painful and /or there is poor milk transfer then a release may help to improve the baby's ability to breastfeed.

Tongue-tie is more commonly found in boys (60%) and there will often be other family members who have had this problem. The most immediate impact of tongue-tie is on the baby's ability to breastfeed well. There may be an affect on ongoing oral hygiene. The effect of tongue-tie on speech development remains controversial is not a reason to perform a division on a neonate.

Signs that a baby may have a significant tongue-tie include:

For mum:

- Nipple pain and damage
- A misshapen nipple after breastfeeding
- A compression or a stripe mark on the nipple after breastfeeding

For baby:

- Often losing suction whilst feeding and sucking in air
- A clicking sound may be heard whilst feeding
- Slow weight gain
- Tongue cannot protrude beyond the lips
- Tongue cannot be moved sideways
- Tongue tip may be notched or heart-shaped
- When the tongue is extended, the tongue tip may look flat or square instead of pointed.

Who will carry out the assessment?

Babies less than six weeks of age with feeding issues are assessed by specially trained midwives within the breastfeeding clinic. Most can be treated within this clinic, but a small minority of cases require onward referral to a consultant led service.

It is important that maternal breastmilk supply is stimulated and maintained during the period when you are waiting to attend your appointment. If your baby is unable to latch on the breast at all or frequently feeds for less than five minutes, it is suggested that breastmilk is expressed by either hand or using a breastpump x 8 in 24 hours. Videos on how to hand express are available on the Trust website within the ‘Maternity’ section and also at:

https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/ [Accessed August 2024]

What happens before the procedure?

Where possible, try not to feed your baby for one hour prior to the appointment as the clinician will want to observe them feeding.

Before the procedure, the clinician will check your child's details with you, explain the procedure and will ask you to sign a consent form (the reference for this form is FYCON115-3 Tongue Tie). The purpose of consent is to ensure that you:

- fully understand the procedure
- fully understand the risks and benefits,
- are aware of the alternatives, and
- agree to your child having the procedure.

Please ask if there is anything you do not fully understand about your child's treatment or if there is anything you are uncertain about.

How is a tongue-tie released?

The release of a tongue-tie involves the clinician placing fingers under the baby's tongue to gain clear access to the frenulum. The frenulum is released with a small pair of sterile scissors.

A drop or two of blood at the release site is normal and is rarely a problem. Typically, babies are unhappy at being held still and having fingers placed in their mouth but settle quickly once comforted after the procedure. Moments after the frenulum is released, baby is passed to mother for a feed as sucking is comforting to the baby and stops the bleeding.

What are the risks?

Possible complications of the procedure are; bleeding requiring prolonged pressure (less than one in 100) or other measures such as cauterisation (less than one in 500), infection (less than one in 1000), scarring of the floor of mouth and damage to submandibular ducts. Sometimes there can be difficulty latching to the breast following the procedure as the baby relearns how to do this with different tongue movement.

No specific aftercare is required. It is unclear whether tongue exercises after the procedure are of benefit and the clinician can discuss this with you. Care needs to be taken not to disturb the wound.

Occasionally, during the healing process, a small white patch may be seen under the tongue of some infants. This is normal and should resolve within two weeks of the release. Sometimes inflexible scar tissue develops on the underside of the tongue which can mimic the original tight frenulum.

Any concerns you have following the procedure can be discussed with the breastfeeding clinic and you will be routinely contacted by phone approximately one week later to evaluate its impact.

What are the benefits?

The benefit of having a tongue tie released is that breast feeding may feel more comfortable for the mother and the baby may be able to remove milk from the breast more effectively. It is important to note that an improvement in feeding cannot be guaranteed.

Are there any alternatives?

Conversative treatment involves supporting mothers to optimise the latch on the breast and maximise milk intake.

What if bleeding occurs at home?

It is very unlikely that your baby will bleed from the cut area after leaving the clinic. If you notice any blood in your baby's mouth then encourage your baby to feed. If the baby will not feed then sucking on a dummy or your clean finger will have a similar effect.

If, 15 minutes later, the area is still bleeding, apply backward and downward pressure to the wound under the tongue with one finger using a clean piece of gauze or muslin for 10 minutes. It is unlikely that bleeding continues with 10 minutes of pressure but, if so, the baby needs taking to A & E at the hospital.

In a scenario where the baby would not feed or suck on a finger or dummy, do 10 minutes of uninterrupted downward and backward pressure , check after 10 minutes and if still bleeding do another 10 minutes of pressure. If bleeding is visible following a total of 20 minutes of pressure then the baby needs taking to A &E at the hospital.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact the breastfeeding clinic on 07867 206431 or the infant feeding co-ordinator on 07766 498290.

An electronic version of this leaflet is available on Badgernet and our website.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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