

# Information for Parents about Division of Tongue-Tie (Frenulotomy)

## Patient information Leaflet

September 2020

## Introduction

Your baby may have a tongue-tie causing feeding problems. The health professional suspecting this has referred your baby to the tongue tie service, run by the Infant Feeding Midwives. An appointment will be arranged for you and your baby to attend the Children's Outpatient's Department. The Infant Feeding Midwife will take a detailed feeding history from you and during the appointment will assess your baby's tongue function and appearance. Treatment may be offered at the appointment. In exceptional circumstances, the Infant Feeding Midwife may perform the frenulotomy whilst you and baby are still in hospital after the birth.

## What is a Tongue-Tie?

A tongue-tie (also named ankyloglossia) is when the membrane under the tongue (the frenulum) is tight or short and restricts the movements of the tongue. A tongue-tie at, or close to, the tip of the tongue can look blunt, forked or heart shaped in appearance. However, where the frenulum is attached further back (a posterior tongue tie) the tongue can look normal.

However, a tongue tie does not always affect feeding.



An example of an anterior tongue tie where the frenulum is short and tight and can be seen at the front of the tongue. Some tongue ties may be posterior and a more detailed assessment is needed.

## The Tongue and Breastfeeding

In order for mother and baby to breastfeed comfortably and effectively, it is essential that baby has normal tongue movement. The tongue extends when baby's mouth gapes and covers the lower gum when baby latches deeply onto the breast, protecting the nipple from damage. The breast tissue is drawn into the mouth and the tongue cups and spreads around the breast tissue in order to maintain attachment. It also lifts and creates a wave-like movement to effectively remove the milk and control the flow. A tongue tied baby may not be able to move the tongue normally and the mother and baby may experience the following problems:

### Mother:

- Sore, damaged or bruised nipples
- Misshapen or discoloured nipples after feeding
- Engorgement or mastitis (due to poor drainage)
- Reduced milk supply
- Exhaustion from excessive frequency of feeding
- Psychological distress from not achieving breastfeeding goals.

**Baby:**

Restless, unsettled feedings  
Difficulty achieving and maintaining a deep attachment at the breast  
Struggles to keep an attachment at the breast or bottle  
Premature ending to feeds due to tiring  
Frequent and or prolonged feeds  
Excessive early weight loss/ slow to gain weight  
Difficulty controlling the flow of milk, choking easily  
Clicking noises, spilling milk when feeding  
Colic, excessive wind, hiccups, flatulence

**These symptoms can be also caused by incorrect positioning and attachment at the breast. It is important that you are supported by a health professional who is skilled in breastfeeding before you are referred to the tongue tie clinic. If baby is having difficulty bottle feeding, an alternative teat could be tried to see if there is any improvement. Usually a longer softer teat works well.**

At Tameside hospital, the Infant Feeding Midwives see babies for feeding problems with suspected tongue-tie up to the age of 3 months. If you or your baby has a complex medical history, or if your baby is under the care of another hospital, your baby may be referred there.

**How is the tongue tie divided?**

After assessing your baby's tongue function, appearance and suitability for division of tongue tie, the frenulotomy procedure is performed very quickly. Baby is placed on a flat surface, swaddled in a blanket, with their head and shoulders supported by a member of support staff. A light will be used to look inside baby's mouth. The practitioner will lift baby's tongue and cut the frenulum underneath with a pair of blunt ended sterile scissors. You can be with your baby if you wish or wait in another room. The procedure is performed very quickly.

Your baby may cry and there may be a small amount of bleeding immediately after the procedure.

When the tongue tie has been divided, it opens up into a diamond shape at the base of the tongue. A small gauze swab will be placed on the area then quickly removed as baby gets ready to feed. As baby feeds, the tongue puts pressure on the small diamond shape under the tongue and this helps to quickly stop the bleeding. You may notice an improvement to baby's feeding straight away, or it may take more time as you both improve your technique.

The diamond shape under the tongue quickly becomes a white patch and takes approximately 1-2 weeks to heal.

**What are the risks?**

NICE (2005) states there are no major safety concerns around the frenulotomy procedure. However, although rare, there are some risks associated:

### Bleeding

Normally, there is a little blood after the tongue tie has been cut and this stops quickly when baby is feeding. In the rare event that bleeding continues despite feeding, the Infant Feeding Midwife will follow the bleeding management pathway. She will discuss this with you prior to the procedure being performed.

### Pain

This may be an uncomfortable procedure for your baby. Offering a feed to your baby immediately after the procedure is a way for you to soothe your baby. Babies can be unsettled after frenulotomy for 24-48 hours. Skin to skin contact is another way to comfort your baby. If your baby needs pain relief, paracetamol (Calpol) can be given to babies over 8 weeks. Follow the instructions and don't exceed the recommended dose. If baby is younger than this, paracetamol may be used if it is prescribed by a GP.

### Infection

There is a small risk of infection, as with any invasive procedure. If your baby is unwell, not feeding well, has a high temperature or is unsettled, seek advice from your GP, or if under the care of the midwives, you should contact the hospital. You will be given contact details should you need any further advice.

### Scar tissue

In approximately 4% of babies who undergo a frenulotomy procedure, the tongue tie may reform. When this happens, the initial problems return after a few weeks of improvement. You can contact the Infant Feeding Midwives if you feel this is a problem.

### Risk of damage to other structures

There is a small risk of damage to the other structures within the mouth, although this is rare because the baby is wrapped in a blanket and supported so they are still throughout the procedure.

After the appointment, you will be given contact details if you have any queries about the frenulotomy procedure and emergency telephone numbers. It is advisable to seek breastfeeding support to ensure baby is latching onto the breast effectively after a frenulotomy.

Home-Start Breastfeeding Support tel: 07802883947 (Tameside and Glossop Mon-Fri 9-6)

### **Need more Information?**

Association of Tongue Tie Practitioners [www.tongue-tie.org.uk](http://www.tongue-tie.org.uk)

Baby Friendly Initiative (search for tongue tie) <http://www.unicef.org.uk/BabyFriendly/>

NICE Guidelines [www.nice.org.uk/IPG149publicinfo](http://www.nice.org.uk/IPG149publicinfo)

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

**語言翻譯及病者支持服務 (LIPS):**

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

**Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):**

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگویج، انٹریٹیشن اینڈ پیٹنٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

**Document control information**

**Author:** Helen Howard  
**Reviewed by:** Hayley Coulson  
**Division/Department:** Women & Children  
**Date Created:** July 2012  
**Date reviewed:** September 2020  
**Reference Number:** OBS031.  
**Version:** 3.0