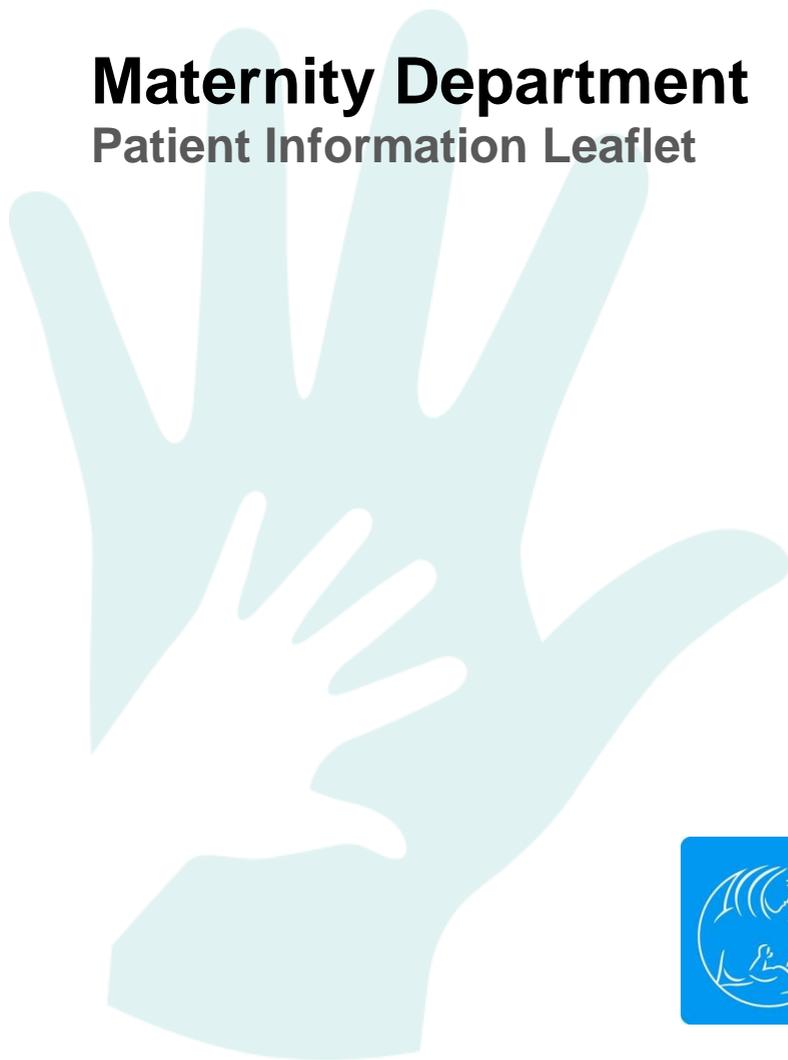


Tongue-tie

Maternity Department Patient Information Leaflet



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What is tongue-tie?

Tongue-tie is a problem affecting some babies where they have a tight piece of skin between the underside of their tongue and the bottom of their mouth (lingual frenulum). The medical name of tongue-tie is ankyloglossia. See figures 1 and 2 for examples of tongue-tie.



Figures 1 and 2 show examples of tongue-tie

During a baby's development this piece of skin, known as a membrane, is there to guide the formation of their mouth. As a woman approaches the end of pregnancy, the membrane normally thins and by the time the baby is born, the membrane loosely attaches the tongue to the base of the mouth.

In babies with tongue-tie, this piece of skin is unusually short and tight, restricting the tongue's movement.

This happens for a range of reasons, for example, when babies are born early. Tongue-tie occurs more in boys than girls, and where other members of the same family have had tongue-tie. It can prevent the baby feeding properly and also cause problems for the mother.

How may tongue-tie affect my baby?

The presence of a tongue-tie may not affect your baby at all; however, some babies may have difficulty feeding.

If your baby has a tongue-tie that is causing a feeding problem, they may be referred to a tongue-tie practitioner at The Dudley Group NHS Foundation Trust. This is a midwife who has specialist training in tongue-tie assessment and separation.

How may my baby's feeding be affected?

Tongue-tie can affect both breast and bottle feeding. If this happens, midwives, health visitors and feeding support workers are available to help you.

Possible effects on breastfeeding

To breastfeed successfully, the baby needs to latch on to both the breast tissue and nipple, and their tongue needs to cover the lower gum so the nipple is protected from damage.

Babies with tongue-tie cannot able to open their mouths wide enough to latch on to their mother's breast properly. For this reason, they tend to slide off the breast and 'chew' on their mother's nipple with their gums.

This is very painful and the mother's nipples can become sore, with ulcers and bleeding. Some babies feed badly and get tired, but they soon become hungry and want to feed again.

Often, these feeding difficulties mean the baby fails to gain much weight.

If your baby is breastfeeding, they may:

- Have difficulty latching on to your breast
- Have difficulty in staying on your breast
- Be feeding for a long time
- Fall asleep during feeds
- Be unsettled and seem hungry
- Not gain weight as expected
- Make clicking noises
- Suffer with colic, wind, hiccoughs
- Have reflux (vomiting after feeds)

If the tongue-tie is affecting breastfeeding, you may have:

- Sore nipples
- Misshapen nipples after feeding
- Lumps in your breast (blocked ducts)
- Pain, swelling and/or redness of the breast and possibly flu-like symptoms (mastitis)
- A low or decreasing supply of milk
- Breasts that do not feel emptied after feeding

These problems may be due to the way your baby is feeding and not just because a tongue-tie is present. Your midwife or breastfeeding support worker can advise you on breastfeeding and on the way your baby is positioned during feeds.

Possible effects on bottle feeding

Tongue-tie may also affect your baby's feeding if they are bottle-fed. They may:

- Find it difficult to bottle feed
- Take a long time to feed
- Drink only small amounts
- Dribble a lot of milk during feeds
- Make clicking noises
- Have colic, wind, hiccoughs
- Have reflux (vomiting after feeds)

In addition, they may not be able to keep a dummy in (if you are using one).

What are the treatment options for tongue-tie?

If your baby has been diagnosed with a tongue-tie **that is affecting their feeding**, you will need to decide how it should be treated.

To help you make this decision, you may be referred to a tongue-tie practitioner. At The Dudley Group, this is a midwife with specialist training in tongue-tie. They will assess your baby and discuss the following with you:

- The way your baby's tongue moves
- The way the your baby is feeding
- What happens next

You then have some options but you do not need to make a decision straight away:

- You can agree for your baby to have their tongue-tie separated. The medical name for this is a frenulotomy.
- You can decide not to have your baby's tongue-tie separated.

In either case, we will give you information about how you can get support in your area with feeding your baby.

What happens if my baby does not have their tongue-tie separated?

Part of the tongue-tie may separate on its own either in childhood or in adulthood.

Where can I get advice?

You can ask your health visitor, community midwife or GP for advice at any time and they may refer your baby to the Tongue-tie Clinic.

What if I change my mind?

If at a later date you decide you would like your baby to be assessed and considered for a frenulotomy, you can organise this as follows:

For babies up to 10 weeks old (from your expected date of delivery)

Email the Association of Tongue-tie Practitioners at the following address:

tonguetie.assessment@nhs.net

A tongue-tie practitioner will contact you within seven days of receiving your email to arrange an appointment at the Tongue-tie Clinic.

To have an appointment at the Tongue-tie Clinic, your baby must be fit and well and not awaiting any investigations or follow up hospital appointments, or be on any medication.

For babies over 10 weeks old (from your expected date of delivery)

You can either:

- Ask your GP to refer your baby to an Ear, Nose and Throat (ENT) specialist consultant at hospital or
- Find a local specialist tongue-tie practitioner on the Association of Tongue-tie Practitioners' website on:

<http://www.tongue-tie.org.uk/index.html>.

Please note that the Tongue-tie Clinic at The Dudley Group cannot accept referrals if your baby has already had a frenulotomy performed by another frenulotomy service.

What happens during a tongue-tie separation?

A tongue-tie separation is a simple and quick procedure. It can be performed either while you and your baby are on the maternity ward or as an outpatient at the Tongue-tie Clinic.

Your baby will be wrapped in a towel to keep them still. They will then be placed on a bed and a light will be used to look into your baby's mouth. Blunt-ended, curved scissors are used to cut the tongue-tie. You will be able to be with your baby at all times.

Your baby may cry during the procedure and afterwards for a short time and there will be a small amount of bleeding when the tongue-tie is cut.

What happens after the procedure?

When the tongue-tie has been cut, it opens into a diamond shape at the base of the tongue. This seals over quickly and then becomes a white patch which looks a bit like an ulcer. This gradually gets smaller and heals over a period of one to two weeks. If your baby is jaundiced, it will be yellow.

After the frenulotomy, you can offer your baby a feed. For most babies, there is an immediate improvement in feeding although it may take longer in some babies.

What are the risks of a frenulotomy?

Pain

Immediately after the procedure, babies should be offered a feed. This is a way you can give comfort to your baby. Babies can be unsettled for 24 to 48 hours after the frenulotomy. In some cases your baby may need pain relief.

Pain relief options available:

For babies under eight weeks: Paracetamol medicine may be prescribed by a GP.

For babies over eight weeks: Paracetamol (e.g. Calpol) can be given without a prescription (always read the label and do not exceed the recommended dose).

Bleeding

There is usually only a little bleeding. Experience has shown that sometimes the wound can bleed slightly for up to 24 hours after the frenulotomy. The bleeding normally settles on its own with no further treatment or long term effects on your baby.

Before you leave the clinic, the tongue-tie practitioner will check there is no bleeding from the wound and give you an information leaflet on caring for your baby after a tongue-tie separation.

If the wound starts to bleed once you and your baby get home:

- feed your baby for at least 15 minutes as this helps to stop bleeding.

or

- apply continuous pressure for **five minutes** under the tongue on the diamond-shaped area (wound) with a clean dry cloth or gauze swab. **Do not use cotton wool.** The bleeding should stop.

If after five minutes the bleeding has not stopped, use a fresh clean, dry cloth or swab and apply continuous pressure to the wound again, for a another **five minutes**. Make sure you are applying pressure to the wound. Hold the cloth or swab at all times – **do not leave it in your baby's mouth without holding it.**

If after feeding or applying pressure the bleeding has not stopped, or if at any time you are concerned about your baby's wellbeing, we advise you to either:

- Contact a tongue-tie practitioner. To do this, call 01384 456111 ext. 3887 or Russells Hall Hospital switchboard on 01384 456111 and ask them to bleep the tongue-tie practitioner on Bleep 5050. The service is available on clinic days which are 9am to 5pm on Mondays, Wednesdays and Fridays.

or

- Go to your local Emergency Department (ED). Keep continuous pressure under your baby's tongue using a clean cloth or swab until the bleeding has stopped or you have arrived in the ED.

When you arrive at the ED, give staff the letter you have been given by your tongue-tie practitioner. This letter may have been put in your Red Book.

Infection

As with any operation, there is a small risk of infection. After the procedure, if your baby shows any signs of infection such as a high temperature, not feeding well and they are unsettled, it is important to contact your GP for advice.

Reformation

In some babies, the tongue-tie may reform. You may notice changes in your baby's feeding and if this happens you should either:

- contact a tongue-tie practitioner on the email address:

tonguetie.assessment@nhs.net

they will contact you within seven days of receiving your email.

or

- you can contact your health visitor, community midwife or GP.

How do I care for my baby after a frenulotomy?

You should care for your baby as normal. Some research suggests that it may help your baby's tongue movement and reduce the risk of reformation if you encourage your baby to poke its tongue out. The midwife who performs the frenulotomy will discuss this with you after the procedure.

Can I find out more?

You can find out more from the following web links:

- 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)
- Milk Matters <http://milkatters.org.uk/international-service-tongue-tie-talk/>
- La Leche League GB <http://www.laleche.org.uk/>
- Breastfeeding Network <http://www.breastfeedingnetwork.org.uk/>
- Association of Breastfeeding Mothers <http://abm.me.uk/frenulotomy-tongue-tie-release/>
- Baby Centre <http://www.babycentre.co.uk/a552046/tongue-tie>
- NHS Choices <http://www.nhs.uk/Conditions/tongue-tie/Pages/Introduction.aspx>

Contact information

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

A tongue-tie practitioner. To do this, call 01384 456111 ext. 3887 or Russells Hall Hospital switchboard on 01384 456111 and ask them to bleep the tongue-tie practitioner on Bleep 5050. The service is available on clinic days which are 9am to 5pm on Mondays, Wednesdays and Fridays.

For non-urgent queries you can email a tongue-tie practitioner at: tonguetie.assessment@nhs.net

You will be contacted within seven days.

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/maternity/tongue-tie-assessment-clinic/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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