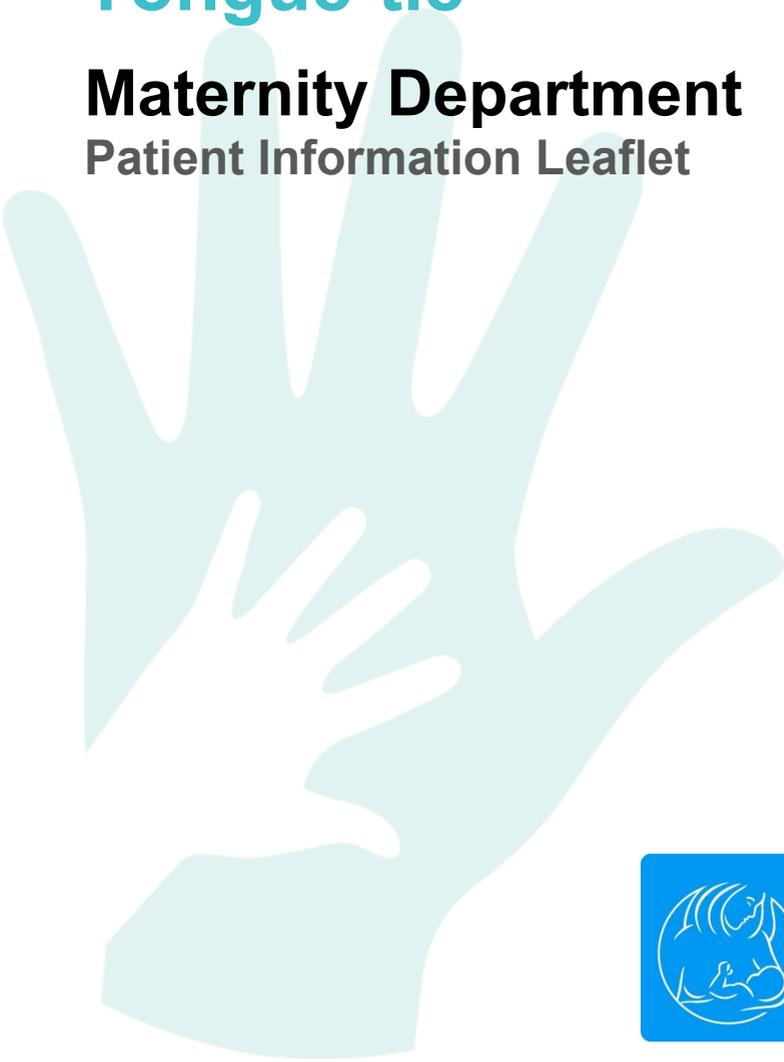


Tongue-tie

Maternity Department Patient Information Leaflet



What is tongue-tie?

Some babies are born with a tight piece of skin between the underside of their tongue and the bottom of their mouth (lingual frenulum), this is known as a tongue-tie. 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 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 or if there is a family history of tongue-tie. It occurs more commonly in boys than girls.

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 division.

How may my baby's feeding be affected?

Tongue-tie can affect both breastfeeding 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. A tongue-tie can prevent the baby's tongue from moving properly during this process, which can cause a range of breastfeeding problems.

If your baby is breastfeeding and has a tongue-tie they may:

- Have difficulty latching on to your breast
- Have difficulty in staying latched on to your breast
- Be feeding for a long time
- Become tired and 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, health visitor 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. 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 divided. The medical name for this is a frenulotomy.
- You can decide not to have your baby's tongue-tie divided.

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 divided?

Part of the tongue-tie may separate on its own, either in childhood or in adulthood. It may be beneficial to seek feeding support in your local area to ensure feeding continues to go well.

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 tongue-tie clinic 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 your local 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>

What happens during a tongue-tie division?

A tongue-tie division 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, a member of staff will support your baby's head and a light will be used to look into your baby's mouth. Sterile, 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

This may be an uncomfortable procedure for you baby. 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 used if 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).

Risk of damage to other structures

There is a small risk of accidental damage to the structures surrounding the frenulum. However, this is an extremely rare complication. Babies are wrapped in a towel with their head supported to prevent movement during the procedure.

Bleeding

There is usually only a little bleeding following a frenulotomy. Feeding your baby as soon as possible after the procedure helps to stop this by calming your baby and putting pressure on the frenulotomy wound site.

Before you leave the clinic, the tongue-tie practitioner will check that the bleeding has stopped and give you an information leaflet on caring for your baby after a tongue-tie separation. This will include information about what to do if your baby's frenulotomy site starts to bleed when you are at home.

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. When this happens, parents report that the improvements in feeding symptoms shown after the frenulotomy start to get worse again. If you are concerned about this, you should either:

- Contact a tongue-tie practitioner on the following 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 general practitioner (GP).

Potential relearning of how to feed

Most parents report an immediate improvement in feeding problems after a frenulotomy has been performed. However, some babies do take a period of time to relearn how to latch to the nipple or teat more effectively. It is important to access local feeding support to ensure your baby is learning to attach well to the breast after a frenulotomy.

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 the 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

We aim to contact you within seven days.

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/maternity/maternity-information-leaflets/>

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

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

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