

After care

You will be shown tongue exercises so the frenulum stays free. You will be asked to bring your baby to the breastfeeding clinic for follow-up about a week later.

Further information

Talk to your Lead Maternity Carer

Ask to speak to a Lactation Consultant

Contact La Leche League

<http://www.lalecheleague.org.nz/>

Websites

International Professional Guideline

<https://www.nice.org.uk/guidance/ipg149/resources/division-of-ankyloglossia-tongue-tie-for-breastfeeding-pdf-304342237>

International advice for parents

<https://www.unicef.org.uk/babyfriendly/support-for-parents/tongue-tie/>



Tongue-tie

What you need to know

What is tongue-tie?

Tongue-tie, also known as ankyloglossia, occurs in about 5-10% of babies. It is a condition where the tongue cannot move freely because the frenulum, which ties the tongue to the floor of the mouth, is too tight or too short.

The tongue can be heart-shaped or forked at the tip. Often it is tied further towards the base of the tongue and not so obvious. Tongue-tie often runs in families and is more common in boys.



Will having a tongue-tie be a problem for my baby?

Tongue-tie often causes no problems at all and the condition often lessens as the tongue tip grows.

Tongue-tie may cause breastfeeding problems such as nipple pain or damage because babies may find it difficult to latch correctly.

Babies who are bottle fed can also have feeding difficulties.

Tongue-tie may also cause dental or speech issues - but this is rare.

Will my baby need treatment?

For most babies with tongue-tie, it is best to wait and see how feeding goes. There is no reason to treat tongue-tie urgently unless you are having breastfeeding difficulties.

If you are having breastfeeding difficulties, your baby will be assessed to see if treatment is needed.

You may need additional **lactation consultant** support to help your baby latch correctly so that you can feed without pain.

Your baby may be offered a **frenotomy**; this is a minor surgical procedure to release the tongue-tie and can be performed by a doctor or midwife trained in the procedure.

Your baby may be referred to a **specialist paediatric surgical service** if the tongue-tie is more complex.

Your baby may be referred to a **speech-language therapist** if there are more complex feeding issues.

What is a frenotomy?

This is a minor surgical procedure where the frenulum with scissors. Anaesthetic is not needed as the nerve endings are immature.

A staff member will hold your baby in position while the practitioner snips the frenulum. The procedure only takes a few seconds. The cut will bleed briefly and you should breastfeed immediately. You may see a small discoloured area under the tongue for a few days during healing.

What are the risks and benefits?

In most cases, a frenotomy helps babies to feed more easily and reduces nipple pain. This improves your ability to breastfeed successfully.

Complications are very rare but include bleeding, infection of the cut, and damage to the surrounding tissues. Sucking problems sometime continue and sucking exercises are required. Nipple pain may continue until baby's latching and sucking is corrected and any damage heals.