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Tongue-tie  
(ankyloglossia)

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Patient information

# Tongue-tie (ankyloglossia)



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[www.westhertshospitals.nhs.uk](http://www.westhertshospitals.nhs.uk)

## What is a tongue-tie?

A tongue-tie, or ankyloglossia, is the restricted movement of the tongue caused by a short and/or tight lingual frenulum (the 'stringy' membrane most of us have underneath our tongue). These restricted movements can result in issues with breastfeeding. The presence of a lingual frenulum does not necessarily mean that there is a tongue-tie. Tongue-tie appearance may vary, (example pictures below). To feed properly, your baby needs to be able to lift their tongue up and over their lower gum to cushion your nipple during feeding. Tongue-tie can stop your baby's tongue coming out far enough or prevent them from opening their mouth widely or moving their tongue effectively.

### Anterior Frenulum



(LEFT: Photo credit [www.breastfeedingbasics.com](http://www.breastfeedingbasics.com) 2022)

### Posterior Frenulum



(RIGHT: Photo credit Dr Ghaeri, [www.drghaeri.com](http://www.drghaeri.com)/2022)

## What are the symptoms in a baby?

- Inability to open their mouth widely
- Biting or chomping on the breast
- Unsettled behaviour during feeds
- Slipping off the breast
- Frequent or very long feeds
- Excessive early weight loss, poor weight gain or faltering growth
- Clicking noises and/or dribbling during feeds
- Colic or excessive wind
- Reflux (vomiting after feeds).

## Mothers may complain of:

- Sore or damaged nipples
- Nipples that look misshapen ('lipstick' shape, flat) or blanched after feeds (vasospasm)
- Mastitis
- Low milk supply or oversupply
- Exhaustion from frequent or constant feeding
- Distress due to breastfeeding not established.

### **How is it diagnosed?**

Tongue-tie should be diagnosed by a tongue-tie practitioner, who specialises in assessing and treating such condition. GPs, midwives, health visitors, paediatricians, are not always trained to diagnose a tongue-tie (this is why often it's not picked up at birth). However, they may use simple assessment tools to identify tongue restrictions and put a plan in place to support feeding. If your baby is between **four days and 28 days old** and is still struggling with feeding, you may be referred to the tongue-tie clinic.

### **How is tongue-tie treated?**

The procedure is called frenulotomy, or tongue-tie division, and is when the frenulum is divided to improve the tongue's mobility.

### **To treat your baby, we ask that:**

Your intention is to breastfeed, ideally, you should have a well-established milk supply, and baby has a full dose of vitamin K.

**Please note that we will not be able to treat your baby if breastfeeding is going well.**

### **What are the benefits of this procedure?**

To improve your baby's tongue mobility and to improve any feeding difficulties you may experience. You may see a gradual / immediate improvement with breastfeeding. Consistent improvements may be seen up to two to four weeks in certain cases.

### **What are the risks?**

#### **Pain**

- Local anaesthesia is not used for this procedure.
- Babies are swaddled and their mouth is opened to perform the procedure. This may cause them discomfort.
- The procedure is virtually painless, due to the structure of the lingual frenulum. However, babies may feel uncomfortable because they do not like to be swaddled and held for the procedure or they are hungry or tired. Following the cut, the practitioner will sweep their finger against the wound to ensure no more restrictions are felt.

#### **Bleeding**

- A small blood loss from the surgical site is expected and bleeding will normally stop within two to 10 minutes.
- If you observe bleeding from the diamond shape wound while at home firstly feed your baby. If the bleeding continues after feeding you can place a clean finger with gentle pressure on the bleeding point for five to 10 minutes. Do not keep checking during this time. If this continues after this time go to your nearest children's emergency department.

- Your baby will likely swallow some blood, so you may see some pink, red or brown streaks in their vomit, as well as a change in the colour of their stools (black, grey, brown or red flecks).
- If you are concerned about your baby, seek medical attention (call 999 or go to the emergency department / A&E).

### **Tongue-tie recurrence**

- The national rate for frenulotomy wound reattachment is 3 to 4%.
- The main causes of this can be due to the baby not moving their tongue effectively, extensive use of bottles and dummies, the moist area where the wound is and the fact that babies heal quickly.

### **Infection**

- The risk of infection low
- Breast milk and saliva keep your baby's mouth clean. Wash your hands with soap and water prior to oral exercises
- If the wound looks swollen, red, inflamed, and/or your baby develops a high temperature, contact your GP.

### **Alternative options to frenulotomy**

- Continue to feed your baby as usual
- Seek professional support for non-surgical alternatives (for example, adjustments with positioning and attachment, osteopathy, cranio-sacral therapy and exercises to improve tongue mobility)
- Bottle feed with your breast milk or formula.

### **Once at the clinic**

- Consent must be obtained
- Only one other person may attend the clinic with you and your baby
- An oral assessment will be completed
- Your baby will be swaddled, and a support worker will hold them
- After the division, you will be supported with breastfeeding
- The sublingual wound will be checked for bleeding prior to discharge.

### **Aftercare advice**

- Contact your community midwife, health visitor on 0300 123 7572. You can also contact your local family centre for follow-ups for additional feeding support here: [hertfordshire.org.uk/breastfeeding](http://hertfordshire.org.uk/breastfeeding)

### **During the first week post-division we recommend**

- Frequent feeds at the breast (for at least every two to three hourly) for one week
- Avoiding bottles and dummies
- Exercises to improve tongue mobility and face massage to release muscular restrictions if applicable (will be discussed at the clinic)
- Infant feeding team answerphone: 01923 436007

- You will see a red diamond-shaped patch under your baby's tongue. This will become white or yellow and shrink as it heals. This is normal and is not an infection.

### **Post-frenulotomy challenges**

- Most babies will settle at the breast within a couple of minutes after the procedure, others may cry for 10 to 15 minutes. Few babies may cry themselves to sleep and not feed at the clinic. All scenarios are normal, and we will be there to support you.
- Some babies may be unsettled and refuse to feed for a few hours or a few days after the procedure (temporary oral aversion). Follow your baby's cues, do lots of skin to skin.
- Feed your baby whilst they are sleepy or rock them gently if you are getting them to latch on. You can also offer them your expressed breast milk regularly.



(Photo credit Dr. Ghaeri, [www.drghaeri.com/](http://www.drghaeri.com/) 2022).

### **Other information and support**

- Association of tongue-tie practitioners [www.tongue-tie.org.uk](http://www.tongue-tie.org.uk).
- National Breastfeeding Helpline (0300 100 0212) [www.nationalbreastfeedinghelpline.org.uk](http://www.nationalbreastfeedinghelpline.org.uk).
- Scan QR code Breastfeeding and Relationship building



### **How to contact us:**

**Infant feeding team**

**Maternity**

**Women's and children's building**

[Watford General Hospital \(website\)](#)

Vicarage Road

Watford, Hertfordshire

WD18 0HB

Direct line: 019234 36007 (ext: 6007)

Hospital switchboard: 01923 244366

## Useful web address

### Tongue-tie service:

[www.westhertshospitals.nhs.uk/maternity/postnatalcare/infantfeeding/tonguetieservice.asp](http://www.westhertshospitals.nhs.uk/maternity/postnatalcare/infantfeeding/tonguetieservice.asp)

**PALS:** [www.westhertshospitals.nhs.uk/patientexperience/pals.asp](http://www.westhertshospitals.nhs.uk/patientexperience/pals.asp)

**Watford hospital information:** [www.westhertshospitals.nhs.uk](http://www.westhertshospitals.nhs.uk)

**Saba parking:** [www.sabaparking.co.uk/app](http://www.sabaparking.co.uk/app)

## Where can I park?

Car parking at Watford General Hospital is available in the [multi-storey car park](#). It's pay on exit, so you only pay for the time you need. You can pay by cash or card. The post code for the car park is **WD18 0LT**.

The external car park ticket machines on all sites **only accept cash**. However, you can pay by card via the [Saba parking app](#) (excluding AMEX), or search Saba parking app at the [App store](#) or [Google play](#).

**Please note:** due to current redevelopment works at St Albans, parking is very limited.

For more information about travelling to our sites and travel concessions, visit our [website](#).

## PALS

### Concerns, complaints or suggestions.

If you are unhappy with your experience or would like to give feedback, please contact our Patient Advice and Liaison Service (PALS). PALS is available to patients, relatives, carers and friends to raise concerns.

For more information, please scan the QR code or visit our [website](#).

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