

Tongue Tie Assessment

What is a tongue tie?

A tongue tie is when your baby's tongue movement is restricted by a piece of membrane (frenulum). This membrane attaches your baby's tongue to the floor of the mouth.



During your baby's development this membrane is there to guide the formation of your baby's mouth. As you approach the end of your pregnancy the membrane normally thins and recedes into the back of the tongue before birth. This may not happen 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 a tongue tie.

Things you might have noticed?

- Your baby may not be able to poke his tongue all the way out; they may only be able to poke it over the lower gum line or lower lip.
- Your baby may not be able to lift his tongue to the roof of their mouth, you can see this when your baby cries.
- Your baby may have a heart shaped tongue, or a dimple in the centre, at the front of the tongue.

All of these can be a sign that your baby may have a tongue tie, but your baby's tongue function will need to be assessed, to see if anything needs to be done.

How will tongue tie affect my baby?

The presence of a frenulum may not affect your baby at all, but some babies may have difficulty feeding.

How can my baby's feeding be affected by a tongue tie?

Tongue tie can affect both breast and bottle feeding.

Effects on Breastfeeding

If your baby is breastfeeding they may:

- Have difficulty getting attached to your breast (after the first week)
- Have difficulty staying attached
- Be feeding for a long time
- Be unsettled and appearing hungry
- Not gaining weight as expected
- Make clicking noises
- Suffer with colic, wind, hiccups
- Have reflux (vomiting after feeds)
- Dribble milk when feeding

If the tongue tie is affecting your breast feeding, you may notice:

- Sore nipples, damaged or bruised nipples
- Misshaped nipples (after feeding)
- Lumps in your breast (blocked ducts) or engorgement
- Pain, swelling and/or redness of the breast and possibly flu like symptoms (mastitis)
- That your milk supply is low

Some mothers and babies may have some or all of the above symptoms and they may be due to the way your baby is feeding and not just because a tongue tie is present. We can give you support on how to achieve feeding positions which suit your baby. Reach out to local support groups for feeding support.

Effects on bottle feeding

If your baby is bottle fed they may:

- Take a long time to feed
- Drink only small amounts
- Dribble a lot of milk during feeds

- Find it difficult to attach to the teat
- Not be able to keep a dummy in (if you are using one)
- Make clicking noises
- Colic, wind, hiccups, flatulence
- Reflux (vomiting after feeds)

Frenulotomy

A frenulotomy is a simple and quick procedure. Your baby will be wrapped in a towel to keep them still and his head held secure.

They will then be placed on a bed and a light may be used to look into your baby's mouth. Sterile blunt ended scissors are used to cut the frenulum. You will be given the opportunity to be with your baby at all times if you wish.

Your baby may cry during the procedure and afterwards for a short time and there will be a small amount of bleeding immediately after the division.

When the frenulum has been cut it opens into a diamond shape at the base of the tongue. This seals over quickly and after around 48 hours it then becomes a white patch which looks a bit like an ulcer. This gradually gets smaller over a period of two weeks. If your baby is jaundiced it will be yellow.

After the frenulotomy you will be encouraged and supported with feeding your baby. For most babies there is an immediate improvement in feeding although it may take longer in some babies. The rate of improvement will depend on how your baby has been or is going to be fed and the age of your baby.

Are there any side effects to a Frenulotomy?

Pain: In normal circumstances no pain relief is required as there are no nerve endings. Some babies hardly cry at all or don't even wake up.

Bleeding: Is usually minimal. Approximately one in one hundred thousand babies may bleed for longer than expected. These babies do not lose large amounts of blood as the wound only oozes. The bleeding normally settles on its own with no further treatment or long term effects on your baby.

Infection: Evidence has shown that only one out of eleven thousand babies has a wound infection that requires antibiotics, but breastmilk and your babies saliva help to keep the mouth clean.

Reformation: In some babies the frenulum may reform. You may notice changes in your feeding if this happens you should contact a frenulotomy practitioner via the email address you will be provided with.

Risks vs. benefits will be discussed with you as part of your appointment at the clinic, so you can make an informed decision about the procedure.

After the frenulotomy?

You should care for your baby as normal. Some evidence suggests 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 has performed the frenulotomy will discuss this with you after the procedure.

Pain relief: It is rare for your baby to be unsettled after the procedure or require any pain relief. There are, however, pain relief options available.

For babies under 8 weeks: Paracetamol medicine can be prescribed by a GP.

If bottle feeding

Take care to place the bottle above the baby's tongue when feeding or using a dummy, as to not disturb the healing process.

Effectiveness of treatment

Research conducted by NICE evaluated the effectiveness for treating tongue-tie in babies with breastfeeding issues and published guidance in 2005 which clearly states:

Current evidence suggests that there are no major safety concerns about division of ankyloglossia (tongue-tie) and limited evidence suggests that this procedure can improve breastfeeding.

This evidence is adequate to support use of the procedure. Information written for the public on this guidance can be accessed at

<http://www.nice.org.uk/nicemedia/live/11180/31410/31410.pdf>

For parents wishing to review the evidence themselves this link will take you to a summary of the review conducted by NICE along with details of the studies.
<http://www.nice.org.uk/nicemedia/live/11180/31409/31409.pdf>.

These two more recent randomised controlled placebo trials found that tongue-tie division was associated with an improvement in breastfeeding:

1.) Berry J, Griffiths M, Westcott C. A double-blind, randomised controlled trial of tongue-tie division and its immediate effect on breastfeeding. *Breastfeeding Medicine*, 2012, 7: 189-193.

2.) Buryk M, Bloom D, Shope T. Efficacy of neonatal release of ankyloglossia: a randomized trial. *Pediatrics*, 2011; 128: 280-286.

It is important to remember that no medical treatment or procedure is effective for everyone and tongue-tie may not be the only factor interfering with breastfeeding. Birth trauma, milk supply issues, illness in the mum, prematurity or illness in the baby are just examples of factors that can co-exist alongside tongue-tie and jeopardise breastfeeding. All of these issues need to be addressed, making access to skilled breastfeeding support essential after the procedure.

Useful Resources and References

- 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 – <http://www.laleche.org.uk/>

- Breastfeeding network - <http://www.breastfeedingnetwork.org.uk/>
- Association of breastfeeding mothers – <http://abm.me.uk/frenulotomy-tongue-tie-release/>
- Prevalence, diagnosis and treatment of ankyloglossia – <http://www.cfp.ca/content/53/6/1027.full.pdf+html>
- Baby center <http://www.babycentre.co.uk/a552046/tongue-tie>
- NHS choices <http://www.nhs.uk/conditions/tongue-tie/pages/introduction.aspx>

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