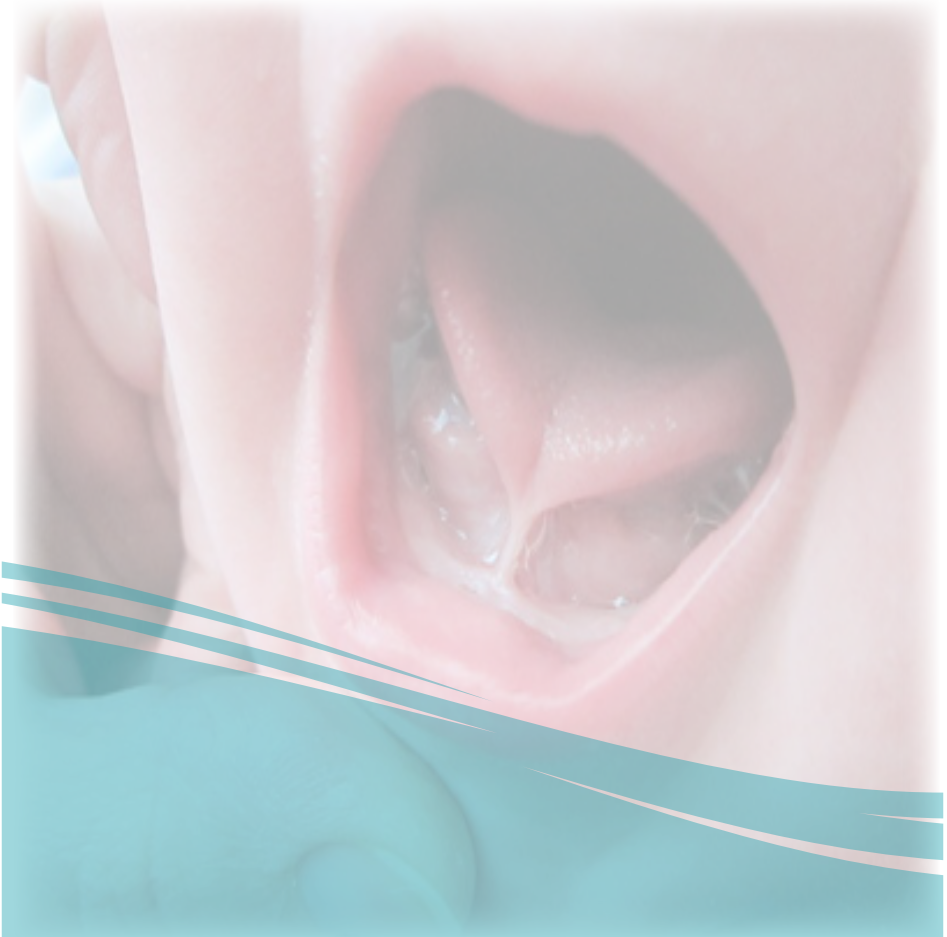


Information for parents about **Tongue-tie**



What is tongue-tie?

Tongue-tie is the common name for a piece of tissue (frenulum) joining the underneath of the tongue to the floor of the mouth.

The tongue-tie may be only at the base of the tongue or go part way or all the way to the tip of the tongue.

Babies are born with tongue-tie and often more than one family member has the condition. It occurs relatively often: between 4% (4 out of 100) and 11% (11 out of 100) of babies are born with it.



How do we diagnose tongue-tie?



Many babies with tongue-tie will have no difficulty with feeding and the tongue-tie may go unnoticed. Some babies with tongue-tie will have difficulty breastfeeding or taking a bottle.

In the early days, initially in hospital and then at home, staff will observe how well your baby

attaches to the breast. If your baby is breast feeding well and you don't have any discomfort, we do not need to treat the tongue-tie.

However, if your baby is not feeding well, or if you have sore nipples or any other discomfort when feeding and your baby has tongue tie then your midwife, health visitor or doctor can refer you for a further assessment and possible tongue tie division.

Why don't they diagnose tongue-tie at birth?

Currently it is not part of the newborn baby check. Many babies have tongue-tie and do not need treatment. It is important that your midwife or health visitor assesses your position and attachment at the breast to make sure you are receiving the information that you need.

Some babies don't feed well in the early days and there are many reasons for this. It may take a few days to tell if a tongue-tie is the cause of the problem.

In some cases, it is also more difficult to achieve a good division just after the birth when the baby's head and jaw shape is "moulded" from the birth. This "moulding" is just the normal change in head, face and jaw shape that the baby goes through to be born safely and sorts itself over the first few weeks.

What is the treatment for tongue-tie?

The treatment is **tongue-tie division** which involves cutting the tissue with scissors to free up the tongue.

Who will do the tongue-tie division?

Tongue-tie division is only carried out by healthcare professionals who are properly trained and registered to carry out the procedure.

What are the benefits of dividing a tongue-tie for breastfed babies?

There is some research which shows that for breast fed babies with feeding difficulty and where other causes have been ruled out, dividing the tongue-tie can help. Current evidence suggests that there are no major safety concerns about tongue-tie division.

Some mum's will feel an immediate improvement but most will

notice that feeding improves over the next few days. It may feel more comfortable and your baby's feeding may become more effective removing milk better and more quickly. In some cases this may be more gradual over a number of weeks.

What about bottle fed babies?

There is no clear evidence about whether bottle-fed babies with feeding problems are helped by having tongue-tie division. We will review each case on an individual basis. Ask your midwife or health visitor if you have any concerns with bottle feeding.

How do I get a referral to the tongue-tie clinic?

Your midwife, health visitor or doctor will refer you to the tongue-tie clinic if they feel that the tongue-tie is affecting feeding. (Sorry, you cannot self refer.)

You will then receive a letter confirming your appointment.

Appointment waiting times

The waiting time for an appointment can vary from one to three weeks depending on the number of referrals we receive. We try very hard to keep the waiting time as short as possible by making sure we only see babies with a feeding problem.

We only have a small number of staff that can provide the service in addition to other duties and our appointment slots are always busy. Therefore, urgent feeding referrals get priority. We will always try to fill any cancellations as soon as we get them.

If we can get you an earlier appointment we will phone you. We would ask that any questions you have about the waiting times for your appointment, or if there are any changes in your baby's feeding then you should discuss these with your midwife, health visitor or doctor.

If you have had this procedure carried out in the private sector, please cancel your appointment at the hospital.

What happens when I come to my clinic appointment?

We will assess your baby's mouth. If we identify a tongue-tie and it is suitable for division, a doctor or nurse trained in dividing tongue-ties, will discuss the risks and benefits and ask you to read and sign the consent form.

They will then carry out the tongue-division - this happens on the same day. We will swaddle (wrap your baby in a blanket) and hold them tightly to stop them wriggling. The tongue tie has little nerve and blood supply therefore your baby will not need any anaesthetic, medication or stitches. It only takes a few seconds and we will return your baby to you for a breast feed. This will comfort them and encourage tongue movement.

Are there any risks of carrying out the procedure?

This is a minor procedure carried out by trained staff who frequently carry out this procedure. Therefore the risks are minimal and uncommon.

Bleeding: We will check that there are no inherited bleeding conditions in the family such as haemophilia that could increase the risk of bleeding. We will also check that your baby had vitamin K at birth. Usually there is a little bit of bleeding and this stops quickly as your baby feeds. We will check that any bleeding has stopped before you leave the clinic.

Infection: Once we divide the tongue-tie it will be slightly raw for a short period but it soon forms what looks like a small white or yellow ulcer. This is normal. Infection in this wound is extremely rare but you should avoid putting fingers or dummies into your baby's mouth for a few days.

Once a day, when your baby cries, check the wound and if it looks greenish or very inflamed then take the baby to your GP for a check up.

No improvement in feeding: In at least 20% or 1 out of 5 cases there will be no improvement but in some situations this may be higher. If your baby has never attached to the breast it is sometimes more difficult to resolve this.

Damage: Similar to all surgical procedures, there is a small risk to other parts of your baby's mouth. There could be damage to the tongue and mouth but this is extremely unlikely and rare.

Where can I get further support with breast feeding?



There are a number of voluntary organisations and groups who support breast feeding women. You will have a list of contact numbers about local groups and national helpline numbers in other baby information you already have.

Please see the website 🌐 www.parentclub.scot for more information on where to get support and advice.

You can also call the National Breastfeeding Helpline on:

☎ **0300 100 0212**

If you live within NHS Greater Glasgow and Clyde and you need ongoing support, your health visitor can arrange follow up for you at a breast feeding clinic if required.

Should I be worried about possible speech problems?

Many parents worry about the effects of tongue-tie on speech. There is no evidence that babies with tongue-tie are more likely to have speech problems. Many children stretch or tear the tongue-tie by themselves when learning to feed with a spoon or by pushing a toy into their mouth. If there are any concerns at a later date your health visitor can refer your child to speech and language therapy.

What about “lip tie”?

Currently there is no published evidence supporting a link between breastfeeding issues and lip tie therefore training is not available in the UK.



The regulating bodies for doctors and nurses state that they must only provide care that they are trained to do. Care must also be based on the best available evidence or best practice’ evidence.

On the rare occasions that lip ties are divided by surgeons in the NHS it is usually done in relation to concerns about dental issues, not breastfeeding. If you have concerns about lip ties we suggest you discuss this with your dentist.

The Donor Breast Milk Bank

Could you be a breast milk donor? Breast milk is especially important for babies who are sick or premature.

By expressing off your milk for a few minutes every day, you can help many babies.

For more information: contact the donor breast milk bank at the Queen Elizabeth University Hospital, Glasgow on

☎ **07790 940 194**

or ✉ **Donor.MilkBank@ggc.scot.nhs.uk**

