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# Tongue Tie and Frenotomy Explained

## Maternity



## References

National Institute for Health and Clinical Excellence 2005.  
Division of ankyloglossia (tongue-tie) for breastfeeding –  
guidance No. IPG0149. [www.nice.org.uk](http://www.nice.org.uk)

**Parent's questions to ask the infant feeding advisor can be noted here:**

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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movement. Touch bottom lip so baby sticks out tongue. Poke your tongue out at your baby at close range so they copy you.

## **What to do in the rare event of bleeding when I get home.**

This should be a rare event but excessive crying may cause the wound to reopen. If this happens follow the next few steps.

1. Put some gauze on the raw diamond under the tongue and hold in place firmly with one finger. Sit down with the baby sitting up on your knee and continue to press for at least 5 timed minutes. When applying pressure ensure that the baby's airway is maintained. Keep baby warm and calm.
2. If the gauze becomes soaked while you are pressing, you are not pressing in the right place. Replace the gauze and check you are pressing under the tongue on the raw diamond, but now press with two fingers, side by side, to ensure you are pressing on the outer edges as well as the center. Sit down again and wait for at least 5 timed minutes.
3. Do not continually remove the gauze to see if the bleeding has stopped – wait for at least 5 minutes and then look. This should control 99.7% of bleeding.
4. In the event the bleeding continues after 2 lots of pressure for 5 minutes call an ambulance and take the baby to A and E. Take this leaflet with you to explain what procedure your baby has had.

## **What is a tongue-tie?**

This condition occurs when a thin membrane underneath the tongue is very tight, or near the tongue-tip, limiting its movement. Recent studies have shown that some tongue-tied babies don't feed well, and will benefit from having the tie divided.

## **How is it diagnosed?**

A tongue-tie is sometimes identified in the routine examination soon after birth, but it is not always apparent and may not be picked up until your baby has difficulty breastfeeding.

## **How can it affect feeding?**

Babies need free tongue movement to feed well. When babies are breastfeeding, they need to draw the nipple to the back of the mouth and keep it there. If the tongue movement is restricted, they may not attach fully to the breast.

### **Babies**

- may have difficulty latching on to the breast and / or staying attached, sometimes making "clicking" sounds
- may feed frequently, and / or feed very slowly
- may dribble at the bottle
- may have poor weight gain
- Colic, wind, hiccoughs
- Reflux (vomiting after feeds)
- Small gape resulting in biting / grinding behaviour.

## **Breastfeeding mothers**

- may find feeding very painful because of sore, damaged nipples
- may find their milk supply reduces over time
- may develop mastitis from poor drainage and nipple trauma
- Exhaustion from frequent / constant feeding
- Distress from failing to establish breastfeeding

Sometimes advice from an infant feeding advisor or a midwife with positioning and attachment is all that is needed to get your baby to attach more deeply to the breast. If there is no improvement, further assessment and treatment may be needed. Exercising the tongue and massaging the tongue-tie may also improve the problem. If this doesn't help she can arrange referral to the 'Well baby clinic' for further review.

## **How can tongue-tie be treated?**

At ASPH, babies are treated in accordance with the National Institute of Clinical Excellence (NICE) guidance. We aim to support breastfeeding and midwives who run the 'Well baby clinic' are trained to recognize and treat tongue ties that are impacting on pain free effective feeding.

If treatment is decided upon, we obtain verbal informed consent from the parent(s) the tongue-tie is snipped with blunt end scissors and pressure is then applied using a piece of sterile gauze under the tongue. You will be asked to feed baby immediately afterwards. It is a simple procedure which takes approximately 2 seconds to complete. It does not require an

anaesthetic or pain relief as the frenulum is poorly supplied with nerves and blood vessels. During the procedure your baby will be wrapped tightly in a towel to stop the wriggling, babies don't usually like this and start to cry. As soon as the procedure is over the towel is unwrapped and most babies stop crying immediately. Experience shows that babies do not appear to be in pain; in fact some babies sleep right through the procedure! There is very little bleeding, although one or two drops may be seen. Complications include excessive bleeding and infection, but in practice these are rare. Post procedure a diamond shaped ulcer will be visible under the tongue but should heal and disappear within 36 to 48 hours. Your community midwife will visit to assess feeding is going well and look at the wound to ensure there are no signs of infection. Our surveys of babies treated show that treatment often improves feeding, with no complications reported. If there is no improvement, we review mothers and babies for other possible reasons for the problem.

## **What can happen if the tongue-tie is not treated?**

Some mothers are unable to continue direct breastfeeding if there are severe difficulties, but expressed milk can be given by bottle instead. In some babies, the tie stretches or breaks on its own.

## **What should I do after the procedure?**

There is some evidence to say that performing simple exercises after the procedure will improve the strength and movement of baby's tongue. Make these exercises into a game with your baby. Run your finger over the gums so babies tongue follows. Press the cheeks on the outside gently to encourage tongue