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**. If you remain concerned, the team can also advise on how to make a formal complaint.

You can also share your feedback with our Maternity and Neonatal Voices Partnership (MNVP) via email **asphmvp@gmail.com**

We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

You can use Text Relay to turn telephone communications into text. Use the Relay UK app on your phone, tablet or PC. You can also use Relay UK via Minicom or Uniphone.

اگر نیاز به ترجمه دارید، لطفا با شماره 01932 723553 تماس بگیرید.

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اُردو زبان میں ترجمہ چاہتے ہیں، تو براہِ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Together we care

NHS
Ashford and
St. Peter's Hospitals
NHS Foundation Trust

Tongue Tie and Infant Feeding

Maternity

Published: February 2025

Patient information

This leaflet is adapted from the resources provided by the Association of Tongue-tie Practitioners. Please visit https://www.tongue-tie.org.uk for more information.

What is tongue tie?

A tongue tie (also known as ankyloglossia) is when the membrane under the tongue (the lingual frenulum) is shorted and or tight and restricts tongue mobility.

The visible appearance of the tongue does not define a tongue tie but sometimes restricted tongue movement can contribute to possible feeding problems.

There are several causes of feeding problems in the early days including:

- Shallow attachment
- Incorrect positioning
- Small or tight jaw
- Tongue tie

Many feeding issues are resolved through adjustments to feeding techniques.

Attend a drop-in feeding support group so our skilled feeding team can help you with feeding and refer you to the correct specialist help, including a tongue tie practitioner, if needed.

Scan the QR code for our current list of community feeding support groups

Notes

Notes

Possible feeding problems

Talk to your community midwife, come to a drop in community feeding support group or email the feeding team on asp-tr.infant-feeding@nhs.net if you experience any of the following:

Parent:

- Sore, damaged or bruised nipples
- Misshapen or discoloured nipples after feeding
- Engorgement/ mastitis
- Reduced milk supply because of previous engorgement
- Exhaustion from frequent feeding
- Distress from difficulties in establishing breastfeeding

Baby:

- Restless and unsettled feeds
- Difficulty achieving and sustaining a deep attachment to the breast/bottle
- Falling asleep on the breast/ bottle without completing the feed
- Frequent and/or very long feeds
- Excessive early weight loss/ slow weight gain
- Coughing or choking during feeds
- Clicking noises while feeding/ dribbling
- Excessive colic, wind, hiccups or flatulence

Protecting breastfeeding, your breastmilk supply and maternal wellbeing

Expressing and alternative feeding methods

Feeding issues can result in a reduced breastmilk supply and can also affect your baby's growth and wellbeing. **PLEASE ATTEND A DROP-IN FEEDING SUPPORT GROUP FOR FEEDING HELP AND ADVICE**

Breast engorgement reduces milk supply so combine breastfeeding with expressing to keep your breasts soft and comfortable. If you are not breastfeeding at all, aim to express at least 8 times in 24 hours including once overnight.

An effective breastfeed is when your baby swallows rhythmically with pauses and releases the breast themselves within 5-40 minutes, satisfied. Compressing your breast during feeds can sometimes help.

If you have concerns about your baby's milk transfer, consider offering them your expressed breastmilk after breastfeeding attempts. Attend a support group or ask your midwife to show you how to cup feed to protect and maximise breastfeeding success.

Nipple shields

Seek face to face support if **you are considering using a nipple shield.** If used incorrectly they can exacerbate nipple pain and reduce milk supply.

Managing pain

Breastfeeding is supposed to be enjoyable. **Seek help if you are experiencing pain or discomfort**. Paracetamol and Ibuprofen are safe to take while breastfeeding.

Ongoing support

All babies are different. You may notice that your baby's feeding technique improves immediately or, more likely it may take time as you both get used to the more mobile tongue and adjust your positioning and attachment.

If your nipples were sore before the procedure, it may take time for them to heal.

In some cases, no notable improvement in feeding is observed. Continue to access the specialist infant feeding support offered by the ASPH and Health Visitor feeding team. Details are found on the Feeding and Nurturing Padlet under the community feeding support column.

Tongue exercises

Currently there is no evidence that wound massage or stretching is effective. However, with clean fingers and short nails, there are some gentle, fun exercises that you may wish to do to encourage tongue mobility in addition to your frequent feeding:

- Stick your tongue out for your baby to copy
- Run your fingers along your baby's gums to encourage sideways movements
- Encourage sucking on your finger and attempt a 'tug of war'

Feeding and nurturing padlet

Please scan the QR code to access the infant feeding and nurturing padlet where you can find more information about the support available.

Your baby's behaviour

Babies react differently after the procedure, but it is common for babies to be fussy with feeding for a couple of days.

Calming strategies

- Cuddles, skin-to-skin
- Offer frequent feeds and respond to all feeding cues
- Singing and rocking
- Sling wearing
- Co-bathing
- Baby massage
- Sucking on a clean finger before latching

Paracetamol:

You may consider giving your baby liquid paracetamol in accordance with the manufacturer's instructions. If you baby is under 8 weeks old, please discuss this with your GP because, although paracetamol is safe, your GP will need to work out the dose based on your baby's weight.

Protecting your milk supply:

If your baby is fussy with breastfeeding, protect your milk supply by expressing at least 8 times in 24 hours including once overnight to prevent engorgement and keep your supply plentiful.

Keep offering frequent feeds in skin to skin and **seek face to face feeding support as soon as possible.**

Treating tongue tie by surgical release

If problems persist despite specialist support, then a tongue tie can be surgically released to improve tongue mobility.

This procedure is called a frenulotomy and involves cutting the frenulum with sharp, blunt ended scissors. The procedure is usually very quick, and the baby can feed straight after the procedure.

Complications are very rare but include excessive bleeding, infection, damage to the tongue and surrounding structures and reformation of the frenulum or scar tissue that cause the need for another surgical release.

What to expect:

- The ASPH feeding team will refer your baby to a tongue tie practitioner. Sometimes there is a waiting list but you will be offered ongoing support with feeding and protecting your breastmilk supply.
- You will be given an appointment time and venue which usually lasts 1 hour.
- During your appointment your practitioner will assess your baby's tongue function and discuss all the risk factors with you so you can make an informed choice and sign a consent form.
- Your baby will be swaddled and their head supported.
- The practitioner will lift your baby's tongue with their finger so they can see their frenulum clearly.
- Sharp blunt ended scissors are used to cut the frenulum. Bleeding is usually minimal and stops quickly.
- You will be asked to offer your baby a feed immediately after the procedure. Feeding helps stop any residual bleeding and provides comfort for your baby.
- Your baby's wound will be checked and follow up feeding support will be arranged at the end of your appointment.

After care advice following surgical tongue tie release

Wound healing:

Following a tongue tie release there MAY be a diamond shaped wound healing under the tongue. This will heal by itself and be pink in colour to begin with. Over the first few days it is normal for the wound to look white or yellow and, if your baby is jaundiced, it MAY even look a bright yellow/ orange colour. The size of the wound will reduce and then disappear over the next 7-14 days.

Signs of infection

Make an urgent appointment with your GP or call 111 if your baby's wound looks red and inflamed, or if your baby develops a high temperature, becomes reluctant to feed, is sleepy or irritable. Your baby MAY require antibiotics.

Further bleeding:

Your practitioner will check your baby's wound after the first feed to ensure all bleeding has stopped. If your baby vomits after the procedure, you may notice some pinkness in the milk/ vomit. Similarly, you may notice a small streak of blackness in your baby's stool later on due to the small amount of blood that has been swallowed with the first feed after the procedure.

If bleeding re-starts again after you have gone home:

Step 1: offer your baby a feed. This will usually stop the bleeding within a few minutes just as it did immediately after the procedure.

Step 2: If the bleeding does not reduce with feeding and stop within 15 minutes, then apply pressure to the wound under the tongue with one finger using a clean piece of gauze or muslin for 10 minutes. Do not apply pressure under your baby's chin as this can affect breathing.

Step 3: If bleeding continues after this time and you are concerned, continue to apply pressure to the wound and please call 999 as it will be advisable to get your baby checked in hospital.