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Sherwood Forest Hospitals
NHS Foundation Trust

Assessing and treating tongue tie

Information for parents, guardians and carers



About tongue tie

Up to ten percent of babies are born with some degree of tongue tie (the medical name is ankyloglossia).

Fifty percent of these babies have no issues with feeding or weight, and do not require tongue tie assessment, or a frenulotomy, which is the official name for the tongue tie procedure.

The other fifty percent of babies are unable to breastfeed / chestfeed effectively. Symptoms may include clicking, dribbling, excessive wind, reflux, static weight or weight loss, unable to maintain latch, and painful feeding for the woman/birthing parent. Your midwife or health visitor can refer your baby to the infant feeding team for assessment – please note division is not guaranteed.

If your baby is formula fed, your midwife or health visitor should perform a feeding and weight assessment and ensure that a paced bottle-feeding method is being used to feed baby. Paced bottle feeding is a responsive feeding method where babies control the flow of the milk and the pace of the feed; this technique is advised as it may relieve any symptoms. Babies who are formula feeding and continue to have issues after paced feeding is used, will then need to be referred to the clinic by their GP. The GP needs to assess if any other issues could be causing feeding problems – the referral should be made promptly as the clinic cares for babies up until six weeks of age.

What is a tongue tie assessment?

Assessment can be done at home by a member of the Lime Green Feeding Team, who provide postnatal breastfeeding / chestfeeding support, or in our hospital clinic. This involves an examination of baby's mouth (using sterile gloves) and tongue appearance and function are given a score out of 24 – function is most important. If the score is 18 or lower, and you are **also** experiencing current feeding issues, we can offer tongue tie division for anterior and posterior ties, in the clinic room during the appointment. Please note – the clinic does not currently divide submucosal ties as current evidence does not support this practice.

What happens during the hospital appointment?

The specialist midwife (or trained midwives) will discuss the risks and benefits of the procedure to ensure informed consent. You may ask questions to help make your decision.

Things to consider:

- We do not offer anaesthetic as there are very few nerve endings in the area around the bottom of the mouth, however babies will feel pain / discomfort.
- Tongue tie division is not a 'quick fix' – babies need to adapt after the procedure, and also build strength and tone in their tongue muscles.

You may decide not to have the procedure done and we can provide breastfeeding / chestfeeding support or refer to community infant feeding support if baby is no longer under midwifery care.

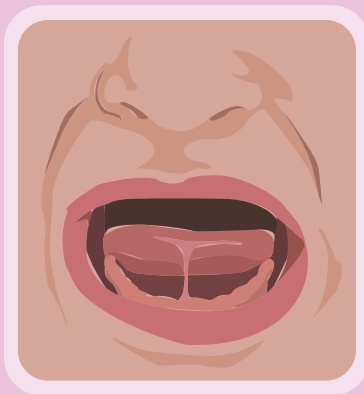
If you consent to the procedure, one of our team will wrap baby in a clean towel and will hold them. You can stay with baby or go out of the room – whichever you prefer.

The procedure takes a couple of minutes. Your baby may cry as the midwife holds their tongue back with gloved fingers.

The midwife will divide the frenulum with a pair of sterile scissors.

We suggest baby is then fed to help stop bleeding, and also to provide comfort and analgesia via suckling and breast/chest milk.

We can also support with positioning and attachment during the appointment if required.



Benefits:

- To improve tongue function.
- To ensure effective breastfeeding / chestfeeding.

Risks:

- A one in 500 chance of excessive bleeding after the procedure (while in the hospital room).
- A one in 10,000 chance of infection.
- Three percent chance of the tie growing back.

What happens next?

We check baby is not bleeding before you leave and advise you to feed baby responsively (at least eight times in 24 hours) as usual. If the wound bleeds when you are home you should feed baby. If the bleeding does not stop after a feed, or if baby does not feed, **apply pressure to the wound with a clean cloth for 10 minutes**. If the bleeding continues, please call 999.

Aftercare

You do not need to do anything to the wound. The healing period is usually 7-10 days but anecdotally frenulotomy wounds may heal within a few days of the procedure. The diamond-shaped wound will turn white or yellow as it heals (this is not infected).

Call 111 as soon as possible if:

- **The wound looks inflamed.**
- **The wound has white edges only.**
- **Baby seems unwell.**

We will contact you the day after the procedure to check how feeding has been overnight and if you need any further support.

If you have any concerns before this, please call the Sherwood Birthing Unit on 01623 672242.

You can also call us if you think the tie may have grown back. We see babies up to six weeks of age and we can attempt a re-division (however this may not always be possible). We will contact you with follow up questions – you can answer these or choose to decline.

Contact details:

- **Infant Feeding Specialist Midwife/IBCLC** (Natalie Boxall): 01623 622515, extension 6095.
- **Lime Green Team:** sfh-tr.infantfeeding@nhs.net
- **The Sherwood Birthing Unit:** 01623 672242.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk/our-services/maternity/infant-feeding/

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases.

Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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