



Tongue Tie Information For Parents

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Tongue tie is also called Ankyloglossia, which comes from the Greek for 'crooked tongue'. It is a congenital condition where the membrane that attaches the tongue to the floor of the mouth (the frenulum) is shorter or tighter than usual. Approximately 1 in 10 babies are born with a tongue tie, with approximately half of those babies experiencing a feeding difficulty. Commonly more boys than girls are affected and there is often a family link. If there is restriction of tongue movement, this can cause problems with breast or bottle feeding.

Your baby may have problems maintaining a good latch on the breast, or may not manage a good suckling technique. This can lead to Mum experiencing sore nipples, misshapen nipples, poor milk drainage - which in turn may lead to blocked ducts, mastitis, reduced milk supply. A baby may be unsettled on the breast, sleepy, slips off excessively, unsatisfied after feeds, want frequent, or prolonged feeds, may dribble or splutter, make clicking noises, suffer from excessive wind or reflux. There may be issues with poor weight gain. Bottle fed babies tend to dribble a lot or take a bottle very slowly, or too fast causing coughing and spluttering.

With the correct help and support, a mild tongue tie may only be a challenge whilst mum and baby are learning to breastfeed. Many babies grow up to have no further problems. If your baby's tongue function is restricted due to a tight frenulum and there are continuing feeding issues, your baby may be more susceptible to chewing and weaning difficulties, speech and dental problems.

If you and your baby are suffering from unresolved feeding issues, it may be beneficial to have a detailed assessment for tongue tie and tongue function, and if indicated, the quick and simple procedure to release the restriction (known as Tongue Tie Division or Frenulotomy).

Problems associated with dividing a tongue tie are recorded as being rare. There are very few nerve endings in that area of a baby's mouth, so there is little pain. There is usually a tiny amount of bleeding that stops within a couple of minutes. Research shows that the risk of excessive bleeding is 1:200-300. The risk of infection is 1:10,000. Damage to the tongue or mouth area is extremely rare. Occasionally a tongue tie that has been divided can reform, especially if it very tight or thicker and further back.

The procedure to divide a tongue tie is performed by Julie Carden, a Specialist Infant Feeding Nurse with a background in midwifery. She is an experienced Lactation Consultant (IBCLC) and Tongue Tie Practitioner, who trained with Professor Mervyn



Griffiths in Southampton Hospital in 2013 and is skilled and experienced in dividing tongue ties in babies. She is fully insured with Hiscox Medical Insurance and CRB checked.

A private consultation lasts up to an hour. Julie discusses any feeding issues and relevant medical history. She will complete a research based tongue-tie assessment and tongue function, discuss it fully and usually watch a feed and offer guidance as needed. A restrictive tongue tie can be divided at the same appointment, if that is appropriate. The procedure is explained first and a consent form completed with you. Your baby will be wrapped in a blanket on the treatment table, with the shoulders supported by a parent to prevent wriggling. Using sterile gloves, Julie will gently lift the tongue with two fingers. Using sterile, blunt ended scissors, she will simply snip the frenulum with the other hand. The procedure takes only a few seconds. Your baby will immediately be picked up and cuddled and pressure applied under the tongue with gauze if needed, to stem any bleeding.

Any crying and bleeding usually stops quickly and baby can go straight to Mum for a cuddle and feed. This soothes your baby and you can have help with your latch as needed. You may experience instant improvement with your baby's feeding. However, sometimes breastfeeding can become more difficult for a while. Improvement in feeding can take a few days or a few weeks. Occasionally there is no difference. Studies reviewed by NICE show that between 88 and 100 per cent of babies have improved breastfeeding following the procedure of Tongue-tie Division.

It is a good idea to feed frequently as your baby needs to, over the next few days. This helps to strengthen the tongue muscle for more effective feeding, encourages healing and reduces the risk of the frenulum reattaching. Your baby may be unsettled and frustrated on the breast, whilst learning to use his/her 'new' tongue. Extra cuddles, skin to skin and feeding often as your baby needs to may help. Often babies need a little guidance to help optimise their latch and improve tongue function. Breast shaping and breast compressions may help a deeper latch and effective suckling. Tongue exercises may be beneficial, as outlined in this leaflet.

Normally, a diamond shape, white/yellow area develops under the tongue after a couple of days, which is a usual part of the healing process. This does not appear to be painful and lasts a few days while the area is healing.

Some older babies are more unsettled following the procedure and Calpol as per instructions may help.

Many parents find Cranio-osteopathy helpful to facilitate optimal movement of the tongue to improve suckling, especially if there is excessive tightness of the muscles around the head, jaw and neck area.

You are welcome to bring your baby back to the Breastfeeding Cafe which is held at Carmenta Life on Thursdays between 1.30 -3 pm. Here you can have support and help with breastfeeding and review the healing from the tongue tie division. Or private follow up/breastfeeding appointments are available.



Useful things to bring to your appointment are a blanket to wrap your baby in and your red book for recording the procedure. Also a ready made feed if you are bottle or combination feeding.

Some useful research links regarding tongue tie in babies:-

www.nice.org.uk

<http://nursingnurture.co.uk/user/wp-content/uploads/2014/06/tongue-tie-booklet.pdf>

<http://www.unicef.org.uk/BabyFriendly/Parents/Problems/Tongue-Tie/Locations-where-tongue-tie-can-be-divided/>

<http://www.telegraph.co.uk/women/womens-health/3353116/Breastfeeding-The-kindest-cut-of-all.html>

<http://www.tongue-tie.org.uk/index.html>

<http://www.ncbi.nlm.nih.gov/m/pubmed/21608523/?i=4&from=/15953321/related>



Tongue Exercises For Babies

The range of tongue movement is the most important factor in the ability to breastfeed successfully. If a baby has poor tongue function and movement is restricted, tongue exercises may help to improve tongue mobility and facilitate an efficient suckling technique.

These exercises may be beneficial after a Frenulotomy (Tongue Tie Division).

Getting started

Please ensure your hands are clean and your fingernails are short and filed.

Choose a time when your baby is in a quiet, alert or early active state, so the exercises can be enjoyed and your baby can participate. This can be any time of the day and as many times as feels right for you and your baby. Usually this may be a couple of times a day for a few seconds at a time.

The exercises should be in a predictable sequence (i.e. Moving on when your baby is showing signs of anticipation of what's coming next).

If the exercise is rejected by your baby, or being ineffective, then a different exercise can be used. If your baby does not like an exercise, leave it for a day or two then try again.

Tongue Massage

For babies who find it difficult to bring their tongue forward, (as with tongue tie). Or when the tongue tends to hump up in the middle, in an uncoordinated way. This may be useful prior to feeding.

- . Stimulate the area above the top lip to encourage your baby to open his/her mouth.
- . Place your finger pad side up in your baby's mouth to encourage sucking.
- . Gently turn your finger over and press down on the tongue, massaging in small circular motions. (Turn your finger back over if your baby tries to suck - to be soft on the palate).
- . Continue to gently massage the tongue forward by increasing circular movements towards the front of the tongue.



Gentle 'Tug Of War'

To encourage babies to cup, or to grip with their tongue, needed to maintain their latch onto breast or bottle.

- . Allow your baby to take your finger into his/her mouth as far as is comfortable (usually about 1/3 of the length of your finger).
- . When your baby starts sucking, slowly start to withdraw your finger. This will encourage your baby to grip your finger harder as in a gentle game of 'tug of war'.

Press-down exercise

An exercise for babies who elevate/hump up the posterior part of their tongue in an uncoordinated way, but do not like having a finger in the mouth.

- . Use your fingertip to touch your baby's chin, nose and area between top lip and nose (philtrum).
- . When your baby opens the mouth in response, apply brief pressure to the humped area of the tongue and then withdraw quickly.
- . Make silly sounds as you do this to make it fun and predictable, as well as smiling and making eye contact with your baby.
- . Stop when your baby does not want to open the mouth.

Lateralization

Needed for eating, moving food around the mouth. And for cleaning in-between the teeth when older.

- . Stimulate the area above your baby's top lip to encourage him/her to open the mouth. When the mouth opens place your fingertip on the centre of the outside of the lower gum ridge.
- . Maintain contact with the gum and slide your finger round to one side.
- . Lift your finger off and return to the central position. Repeat this three times to the same area.
- . Repeat this to the other areas of the mouth, working on the lower gums first. The repetitions give your baby a chance to follow your finger with his/her tongue.

Tongue Exercises by Julie Carden Tongue Tie Practitioner, RGN, IBCLC, HDip Midwifery, Cert. Neonatal Nursing.

Adapted from: Watson Genna, C. (2013) *Supporting sucking skills in breastfeeding infants*. 2nd ed. Massachusetts. Jones and Bartlett Learning.

