



## **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 movement 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 the quick and simple procedure to release the tongue tie (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 grow back, especially if it 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 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 can divide a tongue-tie 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. Sometimes a 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. 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 jaw and neck area.

You are welcome to bring your baby back to the Baby Feeding Cafe which is held at Carmenta Life on Thursdays between 1.30 -3 pm. Here you can have support and help with your 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.