



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 feeds or prolonged feeds, may dribble or splutter, have poor weight gain, make clicking noises, suffer from excessive wind or reflux. 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 (Tongue Tie Division).

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. 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 is 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 the MDU and CRB checked.

A Free Tongue Tie Assessment Clinic is held within the Baby Feeding Cafe on Thursdays 1-3pm, where Julie can assess your baby's tongue mobility and feeding ability.

Or a private consultation can be made where Julie can provide a tongue assessment and divide a tongue tie at the same appointment, if that is appropriate.

Julie will assess and discuss your baby's tongue tie, review any feeding issues, explain the procedure and complete a consent form 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, the Tongue Tie Practitioner 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, 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. Sometimes it takes a few days to notice a difference. 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 couple of 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 and feeding little and often as your baby needs to may help. Tongue exercises are recommended, as outlined in this leaflet.

Normally, a diamond shape, white/yellow area develops under the tongue after a couple of days, which is 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 a little unsettled following the procedure and Calpol as per instructions may help.

Some parents find Cranio-osteopathy helpful to facilitate optimal movement of the tongue area to improve suckling, if there is excessive tightness around the jaw area. Research shows that the best results for a posterior tongue tie are achieved with division of the tongue tie and Cranio-osteopathy.

You are welcome to bring your baby back to the Baby Feeding Cafe which is held at Carmenta Life on Thursdays between 1-3 pm. Here you can have support and help with your breastfeeding and review the healing from the tongue tie division.

Useful things to bring to your appointment are a blanket to wrap your baby in and your red book for recording the procedure. Your consultation and procedure normally takes 1 - 1¹/₂ hours.

Parents' Feedback Comments Following Their Baby's Tongue Tie Division

"Julie was fantastic, very encouraging and gave all the relevant information I could want. The reassurance was so important to me as a new mum, and we were able to continue breastfeeding. Julie also does follow up calls to make sure all is ok, very personalised care."

"you were so helpful and reassuring."

"We went from having almost stopped breastfeeding altogether and only expressing, to now being 90% breastfed"

"The improvement was there directly after the cut. And we still see, how much he is loving it to play around with his tongue"

"Fantastic amount of information given"

"Improvement following a time of worse feeding" "Still breastfeeding"

"Very caring, understanding and professional"

"I was really happy with the service and friendly advice. Thanks"

"Milk didn't dribble down the sides of his mouth, wind was reduced and he took more than he did before"

"Julie was a real life saver for us and my baby..... I was discharged on a thurs called Julie that night, the following morning she came round and did the procedure. I had not breastfed at this point, by Sunday he had latched on and I then breastfed for 6 mths. Julie's

help and guidance was so crucial and worth every penny. Many thanks"

"Julie explained things very well and was a very calming influence for a very worried mum!"

"you offered fantastic and calm support in an uncertain time for us. Thank you"

"You were a great support, at a tricky time. Thank you for your kind, informative, confidence inspiring approach."

"Information sheets given at the time of the procedure were really helpful and the tongue exercises really improved my daughters use of her tongue. The follow up emails also made me supported and were reassuring in those first few days when we were relearning feeding."..... "The procedure was really quick and after a small wimper my daughter latched on to the breast and feeding continued to improve from that point onwards"

"Brilliant. A few hours after the procedure, my baby was distressed and refused to feed. This worried me, but I called you on your mobile in the evening and you were able to reassure me that this was normal and that things would improve. This was very helpful at a difficult time.""Feeding was improved immediately, although it probably took 10 days or so for the full improvement to be seen, and my baby was still quite a slow feeder until about 4 months."....."I wish I'd come to you earlier."

"It was a great service and made an immediate improvement to breastfeeding and we have had no problems since"

"Initially feeding seemed worse but it improved very quickly (just a few days) and dirty nappies doubled in size over night.....after initial weight gain it slowed right down but Julie suggested some techniques including breast compression to help and things did improve"

Some useful links regarding tongue tie in babies:

www.nice.org.uk

<https://sarahoakleylactation.co.uk/wp-content/uploads/2015/12/tongue-tie-booklet-version-3.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

When a baby has a tongue tie, the range of tongue movement is the most important factor in the ability to breastfeed successfully. If movement is restricted due to a short or tight frenulum, tongue exercises may help to improve tongue mobility and facilitate an efficient suckling technique.

Getting started

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

Your baby should be in a quiet, alert or early active state so the exercises can be enjoyed and your baby can participate.

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 should be used.

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. 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.

Press-down exercise

An exercise for babies who elevate the posterior part of their tongue (as with tongue tie) 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.

A Tongue Tie Division is the procedure to release a tight frenulum in order to facilitate good tongue movement. After a tongue tie has been divided, a baby might need help to improve the extension and lateral movement of his/her tongue.

Post Tongue Tie Division Exercises (as well as the above exercises)

- . 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 Adapted from:

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