

Tongue Tie - Information for families

What is tongue tie?

Tongue tie or ankyloglossia is a condition in which the thin piece of skin under the babies tongue (the lingual frenulum) is short and may restrict tongue movement. Babies who have a tongue tie may experience difficulties with feeding.

What does a tongue tie look like?

The tongue tip may look flat or square instead of pointed.

The tongue may look notched or heart shaped.

Babies who are born with a tongue tie may have difficulty breastfeeding; others will have no problems at all. If your baby has a tongue tie and is having feeding difficulties, a health professional can provide support and advice. An oral and feeding assessment is essential.

Common breastfeeding difficulties when a baby has a tongue tie

- Nipple pain
- Cracked and sore nipples
- A misshapen nipple after feeding
- A stripe mark on your nipple
- Poor milk transfer leading to a low supply

Your baby may

- Have difficulty attaching to the breast
- Often come off and on the breast
- Seem fussy at the breast
- Make a clicking sound while feeding
- Have slow weight gain
- Quickly become tired while feeding

Tongue tie facts

A baby needs to move their tongue in a range of directions for breastfeeding.

Assessment: A Lactation Consultant or experienced clinician will conduct a thorough assessment of breastfeeding and your babies tongue mobility, feeding, maternal discomfort, and other causes of poor feeding. The size of the tongue tie is not important, it is the effect on feeding that is important.

Will my baby need treatment? For most babies with tongue tie it is best to wait and see how feeding goes. There is no reason to treat tongue tie urgently unless you are having breastfeeding difficulties.

You may need additional support with feeding your baby through your LMC and Lactation consultant to help you feed your baby without pain.

If feeding remains problematic and you have had support with feeding your baby may be offered a frenotomy.

What is a frenotomy? This is a minor surgical procedure, involving snipping the frenulum with a pair of scissors. Your baby will be securely wrapped and his or her head held still. The clinician will elevate your baby's tongue then snip the frenulum with a pair of scissors. The baby will be given straight back to you to breastfeed.

Complications: Rare complications of the procedure are bleeding and infection. If your baby has not had vitamin K at birth or there is a family history of bleeding please discuss this with the clinician carrying out the procedure.

Does releasing a tongue tie hurt? The baby will experience some discomfort, more from being firmly held with their mouth held open. Breastfeeding before and after will be the best pain relief for your baby.

Aftercare

You should continue to get support with feeding from your LMC and you should inform them if feeding is not improving or if you have any other concerns.

Occasionally during the healing process a small white patch may be seen under the tongue of some infants. This should heal very quickly. Your LMC should check this.

Sometimes the wound under baby's tongue may bleed after the tongue tie release once you get home.

If you notice any blood in your baby's mouth, try breastfeeding or bottle if that is the mode of feeding. The compression caused by feeding should help stop the bleeding in a few minutes.

If baby refuses to feed, apply pressure with your clean finger. Gently press on your baby's tongue for a few minutes.

If the bleeding is heavy (you see a lot of blood) or does not stop within 15 minutes after trying the above options, you will need to apply direct pressure to the wound under baby's tongue with one finger using a clean piece of gauze or muslin for 5 minutes. Do not apply pressure under baby's chin as this can affect their breathing.

If bleeding continues after this time, continue to apply pressure and call an ambulance.