

Feeding and tongue tie (Ankyloglossia): Information for parents

Some babies have a piece of skin (a frenulum) under their tongue, and that is normal. However, it can be too thick or short, or not stretchy enough and that can sometimes restrict the movement of the tongue and a baby's ability to feed. If it affects tongue movement, it is known as ankyloglossia or tongue tie.

Problems tongue tie may cause

Breastfeeding

- Difficulty latching or staying on the breast
- Feeding for a long time, or continuously
- Appearing hungry most of the time
- Slow weight gain
- Sore nipples
- Not enough milk
- Mastitis
- Baby falls asleep at the breast before they are full

Bottle feeding

- Dribbling
- Very slow feeds
- Baby becomes too tired to take enough food.



If you feel that you and your baby need help with feeding, you should first, get a complete feed observed by someone trained in breastfeeding support. You can get feeding support to latch virtually, from your community midwife, or see a lactation consultant.

You can get details of voluntary organisations offering breastfeeding support online or see a list of local support groups in your RED book or on our web page (<https://www.royalberkshire.nhs.uk/featured-services/maternity/infant-feeding/>).

It is important to ensure that your baby is being fed enough while you are getting help. You may need to express milk to feed using a cup or bottle, look into donor milk, or use formula to top up feeds, if there are any concerns that your baby is not thriving and gaining weight appropriately.

If you are still experiencing problems after you have worked on your positioning and attachment, then the next step is to get a referral from your midwife, health visitor or GP to the breastfeeding clinic at Royal Berkshire Hospital.

There, a specialist infant feeding midwife will thoroughly assess your baby's feeding, and discuss your options with you. It is important that you have already sought help and support with positioning and attachment before attending the clinic.

Note that the clinic is for babies aged six weeks and under. If your baby is older, you can ask your GP or health visitor to refer you to Mr Flannery, the specialist ENT paediatric surgeon. Ask them to make the referral by emailing rbb-tr.CAT1@nhs.net with the subject heading: 'Tongue tie babies', or telephoning **0118 322 7139**.

The ENT department will contact you directly about this referral process.

Frenulotomy

If your baby has a tongue tie that affects their feeding, then a frenulotomy – procedure to divide the tight tissues restricting the tongue – may be offered. This is usually a simple procedure that can help reduce the problems mentioned above (NICE 2005). However, there can be occasional complications with bleeding, infection, damage to the underside of the tongue and regrowth. At the Royal Berkshire Hospital, frenulotomy is carried out by specialist midwives/infant feeding advisors who will explain the procedure.

Your baby will usually need to have a Covid-19 swab a few days before the procedure, by attending the 'drive through' centre at the South Block car park at the RBH. We will provide more details about this when booking for your tongue tie appointment, but keep your baby warm during the swab procedure as the car window will be open for a time.

Please stay at home between the swab and the procedure and cancel if anyone in the family is symptomatic or isolating due to Covid-19. We will rebook you if we have to cancel.

The tongue tie procedure

Before the procedure you will be met at the door to check you and your baby's temperature. We will discuss your feeding issues and ask you to formally give consent. Your baby will be examined to check they are well. You can stay in the room, or wait outside if you prefer. Your baby is swaddled and held securely, then scissors are used to snip the piece of skin. This only takes a few seconds. No anaesthetic is used. Some babies sleep through it, while others cry briefly. You can feed your baby immediately afterwards (in an adjoining quiet room), which will relieve any short-lived distress and also minimise bleeding. Therefore, your baby needs to be hungry prior to the procedure.

A white patch or ulcer will form under the tongue over the following couple of days. This is part of normal healing, and does not seem to bother the baby. It is important to feed your baby as often as possible in the days following the procedure. If using a bottle, ensure the teat is placed on top of the baby's tongue so as not to disturb healing.

Follow up

Some babies feed well instantly, others do not. You may need more support with feeding after the procedure for a short period. You can get support from local breastfeeding centres, the RBH Breastfeeding Clinic, or voluntary organisations. Your GP will be advised that the procedure has been done, and we will record it in your baby's 'Red Book' (PCHR), which you will need to bring with you.

Compassionate

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For more information, visit the NHS website. <http://www.nhs.uk/conditions/tongue-tie/pages/introduction.aspx>

Other centres offering assessment and treatment of tongue tie listed at www.babyfriendly.org.uk

References

<http://www.nice.org.uk/IPG149> NICE (2005) Postnatal Guidelines

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/>

Further information

For more information, please visit the Infant Feeding Team web page:

<https://www.royalberkshire.nhs.uk/wards-and-services/infant-feeding.htm#>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

C Carter, RM Infant Feeding Lead, November 2005

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