



Royal Berkshire
NHS Foundation Trust

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 seek online local support, ask your community midwife or health visitor, or see a lactation consultant. They will help you with positioning and attachment, and observe how your baby feeds and what is happening.

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 (www.royalberkshire.nhs.uk/wards-and-services/infant-feeding.htm).

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 (RBH). This is currently a video consultation.

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

this consultation.

Please ensure that you and your baby and other household members are well before attending. If anyone has any Covid-19 symptoms (diarrhoea, vomiting, fever >38C, continuous cough, loss of taste/sense of smell or is self-isolating/shielding) or you feel your baby is unwell then call 111, let us know and do not attend for this procedure, which can easily be rebooked.

Note that this maternity service 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 3051.

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 RBH frenulotomy is carried out by specialist midwives/infant feeding advisors and for older babies by Mr Flannery.

The procedure

Come to Central Theatres on level 3, Centre Block. Take a seat on the chair provided outside the theatre, and knock on the door so we know you've arrived, use the hand sanitiser before entry. Allow plenty of time to park and remember to wear a mask although we have spare if needed. Theatre is now being used, as the air exchanges more rapidly, the staff will be gowned and masked, all of this is for your baby's protection.

Before the procedure you will be asked to formally give consent, and your baby will be examined to check they are well. You can stay in the room, or wait in the feeding room 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 dislodge healing.

Follow up

Some babies feed well instantly, others don't. You may need more support with feeding after the procedure for a short period. You can get support from local breastfeeding sources, the RBH breastfeeding video 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.

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:

- NICE (2005) <http://www.nice.org.uk/IPG149> Postnatal Guidelines
- <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/>

For more information contact RBH Infant Feeding Team: 0118 322 8314
infantfeeding.team@royalberkshire.nhs.uk

Royal Berkshire NHS Foundation Trust,
London Road, Reading RG1 5AN

www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

Review due: September 2022