

## The baby with a TONGUE-TIE



## Information leaflet for parents

This leaflet provides information for the parents of a baby who has been diagnosed with a "tongue-tie" (sometimes referred to as **ankyloglossia**, which is the medical term) and where breastfeeding difficulties are being experienced.

### What is a "tongue-tie"?

The picture on the front of this leaflet shows what a "tongue-tie" looks like.

The tongue is tethered, or tied, to the bottom of the inside of the mouth and restricts movement. The

amount of "tethering" varies. It may be mild where the tongue is bound only by a thin mucus membrane (**frenulum**), or it may be more severe where the tongue is completely fused to the floor of the mouth.

### How is "tongue-tie" identified?

Tongue-tie is not always readily seen, and may not be diagnosed until or if breastfeeding difficulties occur.

### Why does "tongue-tie" cause breastfeeding difficulties?

A baby needs to make a rippling action with his tongue, pushing the nipple and areola to the roof of his mouth to release milk. If the baby is unable to do this, due to restricted tongue movement difficulties can occur.

- Mother may experience sore damaged nipples
- Mother may develop mastitis
- Baby may not settle following feeds and want to feed very frequently
- Baby may have weight gain difficulties

### What needs to be done?

- If a tongue-tie is identified and there are breastfeeding difficulties, breastfeeding should be closely monitored and skilled assistance will be offered with positioning and attachment of your baby at the breast.

- Your midwife will refer you and your baby to the breastfeeding advisor for a further breastfeeding assessment.
- If breastfeeding cannot be improved after this assessment, the breastfeeding advisor will discuss a procedure called **frenulotomy** or tongue-tie division.
- A full explanation about this procedure and its benefits will be given by the breastfeeding advisor, and a referral would then follow.

### **What happens at frenulotomy?**

Tongue-tie division in small babies with mild tongue-tie is usually a simple, safe and virtually painless procedure. It involves dividing the tissue between the frenulum between the tongue and the bottom of the mouth and takes a matter of seconds. It does not require a general or local anaesthetic. Some babies may cry for one to two minutes after the procedure, and a couple of spots of blood may occur, but many babies will sleep through it all. Breastfeeding can restart immediately after the procedure and the breastfeeding advisor will provide ongoing technical support to enable normal breastfeeding to continue.