What happens after the procedure

- It is important to breastfeeding your baby regularly, this will help the wound to heal and prevent the area underneath the tongue from tightening.
- You will be invited to attend the specialist breastfeeding support group 5–7 days following the procedure. At this appointment there will be a review of the feeding plan and your baby’s wound.
- You will notice a dark red diamond shape patch underneath your baby’s tongue. As this heals it will become white or yellow and shrink in size. This usually takes 24-48 hours to heal. This does not appear to cause the baby any discomfort.
- It is normal for your baby to be unsettled for 1-2 days following the procedure.
- There may be a few spots of blood from the wound following the procedure and for 1-2 days following. Offering a breastfeed will usually help. If there is more noticeable bleeding you can apply pressure using the tip of a clean finger for 5-10 minutes. In the unlikely event of prolonged bleeding please take your baby to your nearest Accident & Emergency department.

References

NICE (2005) Division of ankyloglossia for breastfeeding

Your baby presents with a suspected tongue–tie. This leaflet provides information on tongue–tie and answers some of the questions you may have.

USEFUL CONTACTS

www.hertsdirect.org/breastfeeding
National Breastfeeding Helpline 0300 100 0212
National Childbirth Trust 0300 330 0771
Breastfeeding Network Support line 0300 100 0210
Association of Breastfeeding Mothers Helpline 03003305453
La Leche League 0845 120 2918
The Breastfeeding Network Support line in Bengali/Sylheti 0300 456 2421
What is tongue-tie?

Tongue-tie occurs when the piece of tissue (frenulum) underneath the tongue is abnormally tight and/or unusually short preventing your baby from moving his/her tongue freely and attaching effectively to the breast. The appearance of tongue-tie varies. In some cases the band of tissue may be attached to the tip of the tongue affecting the shape, but sometimes it may be harder to see. Many tongue-ties don't cause any problems and do not require treatment. However in some cases tongue-tie can make it difficult for your baby to breastfeed.

What are the symptoms?

To breastfeed properly, free movement of the tongue is vital to enable your baby to latch effectively onto the breast. Your baby needs to be able to lift its tongue up and over the lower gum and take the breast tissue into its mouth preventing damage to your nipple.

Tongue-tie can prevent your baby from opening its mouth wide and taking a big mouthful of breast which may result in your baby latching onto the nipple and not the breast. This may cause the following symptoms:

**Symptoms for mother:**
- Painful feeds
- Painful damaged nipples
- Risk of developing engorgement & mastitis
- Reduced milk supply
- Exhaustion and anxiety from feeding difficulties,

**Symptoms for baby:**
- Unable to stay attached to the breast - baby becomes tired & frustrated
- Multiple attempts to latch onto the breast
- Colic and excessive wind due to intake of air when baby tries to reattach to breast
- Reflux
- Poor weight gain
- Frequent feeds
- Clicking sound while feeding
- Dribbling during feeds
- Prolonged jaundice

How is diagnosed?

If a tongue tie is suspected and you are having problems breastfeeding you will be invited to attend one of the Specialist Breastfeeding groups for a feeding assessment. The breastfeeding specialist will assess whether your baby may benefit from a procedure to release tongue-tie and will refer to the relevant department if you agree.

How is tongue-tie treated?

A simple surgical procedure known as frenulotomy is used to cut the tongue tie using scissors. This quick procedure is done as an out patient and does not usually require anaesthetic. The specialist will snip the piece of skin to free your baby’s tongue so that it can move it freely. There is usually little pain or bleeding as the frenulum has a poor blood and nerve supply. Following the procedure you will be encouraged to feed your baby. For some babies and mothers feeding may improve immediately, however for some it may take longer as the baby requires time to develop new feeding skills.