

Useful Contact Telephone Numbers

First Floor Maternity UHW	02920743343
Seren (Infant Feeding) Team	02920743214
Seren Mobile 1	07966697550
Seren Mobile 2	07813549510
Midwifery Led Unit UHW	02920745196
NCT (National Childbirth Trust)	0300 330 0771
Breastfeeding Network	0300 100 0212
La LECHE LEAGUE	0845 120 2918

Useful References

National Institute for of Health and Clinical Excellence
'Division of ankyloglossia (tongue tie) for breastfeeding'
(2005)

Ingram J, Johnson D, Copeland M et al. The development of a tongue assessment tool Arch Dis Child Fetal Neonatal Ed 2015;100:f344-f348

Useful Websites

www.unicef.org/babyfriendly
<https://www.breastfeedingnetwork.org.uk>



Tongue-Tie in Babies



Information 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**) and who are experiencing feeding difficulties

What is a “Tongue-Tie”?

The babies’ 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 attached 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.

How does it cause issues?

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

- Sore or damaged nipples
- Mastitis
- Baby may not settle following feeds
- Baby want to feed very frequently
- Baby weight gain difficulties

What can help?

- Breastfeeding should be closely monitored and skilled assistance will be offered with positioning and attachment
- Your midwife will refer you and your baby to a Seren midwife (breastfeeding advisor) for a further support
- 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 the benefits/contraindications will be discussed with a breastfeeding specialist, and if necessary, an appointment arranged for the procedure to be performed

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.

Neonatal Tongue Tie Division

Follow up care

Please can you attend a breastfeeding support clinic 1-2 weeks after the procedure so that a Seren Midwife can check the following

1. Did it heal well?
2. Did it help with breastfeeding?
3. Are you still breastfeeding/giving breast milk to your baby?

Alternatively, please email your follow up comments to Seren.cav@wales.nhs.uk

Please include the baby's name and date of birth

ANY URGENT PROBLEMS PLEASE CONTACT YOUR GP