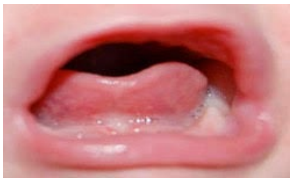
Restricted lingual frenulum (Tongue Tie)

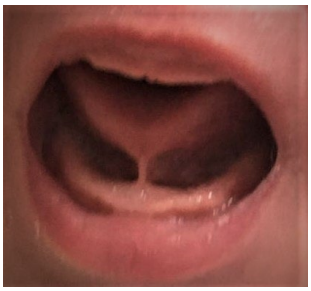
Authors: Kay Horn, Infant Feeding Team

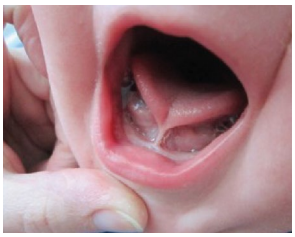
James Paget University Hospitals NHS Foundation Trust

What is a restrictive lingual frenulum (RLF-Tongue tie)?

An RLF or tongue tie is a condition affecting some babies whereby the piece of skin (lingual frenulum) under the tongue and the floor of the mouth is tight and restricts the mobility of the tongue.







Towards the end of pregnancy, the frenulum usually thins and is loosely attached to the base of the mouth, in around 10% of babies this frenulum remains short and can sometimes affect feeding.

RLF is more common in males and can be genetic.

How can RLF affect your baby?

RLF may not affect your baby at all, however some babies do find feeding difficult if they are unable to to make an effective attachment to the breast or make a good seal around a teat.

There is no conclusive evidence that a restricted frenulum will cause speech problems later in life, therefore, we only treat RLF if it is causing current issues with feeding.

These may be some of the issues observed:

Breastfed babies:

- Difficulty to attach to the breast effectively, slipping on and off
- Feeding for less than 5 minutes and falling asleep or over an hour at every feed
- Being fussy/frustrated at the breast, or refusing to feed.
- Unsettled in between feeds
- Getting tired easily while feeding.
- Losing more weight than expected in the first week of birth or slow weight gain (<25-30g per day in the first few months)
- Suffering with excessive wind
- Reflux (vomiting after feeds)
- Noisy feeders (clicking) when they lose suction

Bottlefed babies:

- Taking a long time to feed
- Take small frequent feeds
- Dribble a lot of milk from the sides of the mouth whilst feeding
- Have excessive wind/colic
- Reflux

For mothers:

- Sore damaged nipples
- Exhaustion from feeding
- Misshapen nipples after feeding
- Lumpy breasts (from blocked ducts) leading to possible mastitis
- Low milk supply
- Engorgement
- Loss of confidence

What can I do prior to the appointment if baby is not feeding well?

If breastfeeding:

- Make sure you have support in place from a health professional or local support group and ask for help.
- Try different breastfeeding positions and shape the breast to help baby get a big mouthful of breast tissue.
- Use nipple cream or breastmilk to soothe sore cracked nipples.
- Try the exagerrated latch, to enable baby to get a deeper latch onto the breast.
- If baby will not feed from the breast you can express regularly to maintain milk supply (try to mimic baby's feeds by expressing 8-12 times in 24 hrs.
- If baby is struggling with weight loss or poor suckling try breast compressions when baby is feeding (Compress the breast with your hand when baby is sucking and release when they stop - continue throughout the feed).
- Nipple shields may help if feeding is sore/painful for a temporary solution, until baby is seen in the clinic.
- Formula milk is rarely needed, ask for advice from your midwife.

If formula/bottlefeeding:

- Hold baby close and we recommend paced bottlefeeding.
- If baby is messy, windy, not coping with milk flow, you can try different teats /bottles.
- Only give first infant milk.

Videos and resources for all these methods can be found on JPUH Trust website under Infant feeding; scan this QR code:

What is tongue-tie division?

The tongue tie (frenulum) is cut with blunt-ended curved scissors. This will release the tie, enabling your baby to have better tongue movement.

Appointments

You will be contacted with an appointment to attend the hospital with your baby, to see the tongue tie practitioner. Prior to the appointment you will be asked if there is a family history of bleeding or clotting disorders. If your baby did not receive Vitamin K at birth, a blood test may be necessary to test for clotting studies.

If your baby has oral thrush, treatment is needed from your GP and they must be clear for a full 7 days prior to being offered an appointment.

On the day of the appointment please try to refrain from feeding your baby at least 2 hours before the appointment. This will help to ensure they will feed after the procedure which helps with natural pain relief and so we can observe baby feeding.

What will happen during the appointment?

Your baby will be assessed by the practitioner to see if the tongue has restricted movements, **if tongue movements are normal, division is not necessary** and continued support with feeding will be offered.If restriction is identified, you will be offered a frenulotomy and be asked to sign a consent form to have the division after having a fully informed discussion. You will be able to be with your baby at all times.

What does the assessment and procedure involve?

Your baby will be wrapped in a blanket, and the tongue will be assessed and if the decision is made for division, the practitioner will cut the frenulum using sterile scissors. Using anaesthetic has not been proven to be beneficial and can cause more distress for your baby.

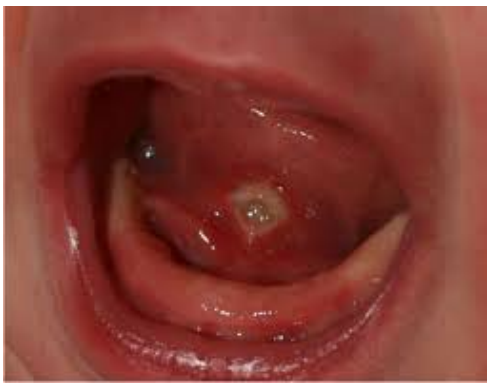
Sometimes sucrose solution (Algopedol) can be used to calm them or you may wish to bring some breastmilk for us to use. Your baby needs to use the tongue straight away which would not be possible with an anaesthetic. Your baby will be given straight to mum for feeding at the breast or to either parent if bottlefeeding.

Around 1 in 400 babies will need some pressure applied to the wound with gauze to stop bleeding (ATP 2018). Feeding will also help with this. In the unlikely event that bleeding does not stop, medication may be necessary or a stitch may be required. Staff have been trained to deal with any complications.

How will my baby be when I get home?

A small number of babies may be unsettled or irritable. Some may need reassurance and comfort. Skin to skin and feeding will help. If you are concerned, please speak to your GP or 111 who may suggest Calpol, please check the correct dosage according to your baby’s age and weight.

What will the wound look like?



Healing commences quickly. In the first few days you will notice a whitish/grey diamond shape under the tongue, which will change to a yellowish colour after a week, usually disappearing within two weeks. We recommend for the first 48 hours to cover baby's hands with gloves or mitts to prevent them touching the wound and making it bleed.

If a diamond shape wound is seen when divided, it is unlikely a further division will be needed, however, in some cases scar tissue can form. If this happens and you are concerned you can contact the tongue tie practitioner on 01493 453076

Is there risk of infection?

Any open wound carries the risk of infection. It is important any nipple shields, teats or dummies are thoroughly washed in hot water and then sterilised prior to use.

What if the wound bleeds at home?

The tongue tie practitioner will check prior to leaving hospital that the wound has stopped bleeding. You may be asked to stay up to one hour post procedure to check this.

If bleeding occurs at home:

- Feed your baby and see if this helps to stop bleeding.
- If not, apply continuous pressure for ten minutes on the wound with a clean damp gauze, not cotton wool and this should stop bleeding. Alternatively press down on the tongue.
- If after ten minutes it is still bleeding, repeat pressure for a further ten minutes.
- If bleeding still continues, or if you are concerned, please go to your local A&E, keeping continuous pressure under the tongue.

What if baby is reluctant to feed or will not attach to the breast?

Some mothers feel the feeding is better straight away but for others it may take a while for baby to get used to practicing a new way of feeding. If you continue to have difficulties, ask for support from your local breastfeeding support group, midwife or health visitor.

You can contact the Infant feeding coordinator at James Paget University Hospital on 01493 453076, for support or queries. Or contact us on our facebook page, 'JPUH bumps to breastfeeding'.

Follow up

You will receive a phone call 7 days after the procedure to offer further support.

Feedback and comments

You will be asked if the procedure has resolved any feeding issues and tongue function. This will help us to make any improvements to the service. Please let us know if you would rather not be contacted.

You can find out more information from:

www.nice.org.uk/IPG149publicinfo
www.tongue-tie.org.uk
www.unicef.org.uk/BabyFriendly/ search for tongue tie.
www.laleche.org.uk
www.breastfeedingnetwork.org.uk
www.nhs.uk/Conditions/tongue-tie/pages/introduction.aspx

With acknowledgement to the Norfolk & Norwich University hospitals NHS Foundation Trust, Queen Elizabeth Hospital King's Lynn NHS Foundation Trust and The Dudley Group NHS Foundation Trust, tongue tie departments.

Feedback
We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/ department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:
Courtesy and respect
Attentively kind and helpful
Responsive communication
Effective and professional
#Proud of the Paget

IN TRAN communication for all
The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240