

# Feeding and tongue tie

Some babies have a piece of skin (a frenulum) under their tongue which connects the tongue to the floor of the mouth and helps the tongue to move. 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
- Frequent feeding, lengthy feeds
- Slow weight gain
- Sore nipples
- Low milk production because of ineffective milk removal
- Mastitis (associated with incomplete drainage of breast or cracked nipples)



### Bottle feeding

Tongue tie can also have an effect on how babies feed with a bottle, for example;

- Dribbling
- Very slow feeds
- Baby becomes too tired to take enough food.

Tongue tie may also cause colic, reflux and clicking noises while feeding in both breastfed and bottle fed babies.

## I think my baby has a tongue tie, what should I do?

Firstly you should seek help from a trained feeding supporter. For breastfed babies it is important that someone sees a whole feed from start to finish - this could be your community midwife, health visitor or a lactation consultant (<https://lcgb.org/> or <https://www.tongue-tie.org.uk/>). They will be able to help with latching and positioning, both of which can help a baby with a tongue tie to feed effectively.

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 (<https://www.royalberkshire.nhs.uk/featured-services/maternity/infant-feeding/>).

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. If there are any concerns that your baby is not gaining weight appropriately, formula may also be required to top up feeds.

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 tongue tie assessment clinic at Royal Berkshire Hospital.

There, 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 attending the clinic. The clinic is for babies aged six weeks and under.

If your baby is over six weeks old, 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](mailto:rbb-tr.CAT1@nhs.net) with the subject heading: 'Tongue tie babies', or telephoning **0118 322 7139**. The ENT department will contact you directly about this referral process.

## What should I do while I am getting help?

It is important to ensure that your baby is being fed enough while you are getting help.

For breastfed babies you should continue to feed regularly and often whenever your baby signals they are ready to feed. You may also choose to express your milk using a breast pump to then offer to your baby after you have breastfed with a cup or bottle. This will also help to signal your breasts to produce more milk if baby isn't giving those signals because of their tongue tie.

If you are bottle feeding continue to feed the advised amount.

## What happens next? Information on the frenulotomy procedure

If your baby has a tongue tie that affects their feeding, then a frenulotomy – a procedure to divide the tight tissues restricting the tongue – may be offered. This is usually a simple procedure which takes a few minutes that can help reduce the problems mentioned above (NICE 2005). However, as with any procedure, there can be occasional complications with bleeding, infection, damage to the underside of the tongue and regrowth. At the Royal Berkshire Hospital, a frenulotomy is carried out by specialist midwives / infant feeding advisors, who will explain the procedure.

Please do not attend hospital if you or anyone in your household has (or is showing symptoms of) COVID-19.

**If you need to cancel your appointment for any reason, please inform the infant feeding team ([rbft.infantfeedingteam@nhs.net](mailto:rbft.infantfeedingteam@nhs.net)) as soon as possible so we can use this appointment and re-book you if required.**

## What happens at the Tongue Tie clinic?

When you arrive we will discuss your feeding issues and ask you to formally give consent. Please bring your Red Book with you as we will record the procedure and add notes.

Your baby will be examined to check they are well and assess the severity of their tongue tie. You can stay in the room, or wait outside if you prefer. Your baby is swaddled to restrict their arms and held securely by the midwife or medical professional performing the procedure. Then scissors are used to snip the piece of skin causing the tongue tie. This only takes a few seconds. No anaesthetic is used. Some babies sleep through it, while others cry briefly.

Straight after the procedure you and your baby will be taken to a quiet space so you can feed your baby. This will minimise any bleeding and comfort your baby.

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**Important: because of this 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 hours and days following the procedure. If using a bottle, ensure the teat is placed on top of the baby's tongue so as not to disturb healing.

Some babies feed well instantly, others do not. You may need more support with feeding after the procedure for a short period. You can get support from local breastfeeding centres or voluntary organisations (see links below).

## References

1. NICE (2005) Division of Ankyloglossia (tongue tie) for breastfeeding:  
<http://www.nice.org.uk/IPG149>
2. <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/>

## Further information

For more information, please visit the following website pages

- <https://www.royalberkshire.nhs.uk/featured-services/maternity/infant-feeding/>
- NHS website <http://www.nhs.uk/conditions/tongue-tie/pages/introduction.aspx>
- <https://www.laleche.org.uk/tongue-tie/>
- Other centres offering assessment and treatment of tongue tie listed at <https://www.unicef.org.uk/babyfriendly/support-for-parents/tongue-tie/>

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

C Carter, RM Infant Feeding Lead, November 2005

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### Our Maternity Strategy and Vision

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here



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