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**All about Tongue-Tie (Ankyloglossia)**

**What is Tongue-Tie ?**

* All children have a fold of skin under the tongue which connects the tongue to the floor of the mouth called the *frenulum*.
* In a small number of babies, the frenulum may be more pronounced than usual, or may attach in an unusual place. This is referred to as ‘tongue-tie’, which has the medical name *ankyloglossia*.
* Many tongue-ties do not cause any symptoms and do not require treatment.
* More severe forms of tongue tie can restrict movement of the tongue, such that the tip of the tongue cannot be protruded beyond the lower incisor teeth.

**What problems can Tongue Tie cause ?**

* Tongue Tie can sometimes be associated with breastfeeding difficulties as a result of the inability to suck effectively, causing sore nipples and poor infant weight gain.
* If tongue tie is felt to be contributing to breastfeeding difficulties, the first step in treatment includes intensive breastfeeding advice and support, and a detailed assessment of the tongue.
* Due to the different mechanism that babies use to feed from a bottle, current evidence suggests that tongue tie very rarely causes any problems for bottle fed babies.
* There is very little evidence that tongue tie causes any problems with speech and language development.

**How is tongue tie assessed and treated?**

* We use a validated tool called the Bristol Tongue Assessment Tool, which looks at the shape and mobility of the tongue, and attachment of the frenulum.
* If this assessment suggests that the tongue mobility is impaired, then your baby is likely to be referred to a specialist surgeon in the ENT department at the hospital for a further assessment and consultation.
* You will be sent an appointment for your baby, where clinically possible, within 7-14 days from receipt of the referral.

**What should I do before the appointment?**

* It is very important to keep a good milk supply for your baby. If your baby is not feeding directly at the breast we recommend expressing breast milk by double pumping 8-10 times a day (including at least once at night) to maintain your milk supply. Small double electric loan pumps (Ardo Calypso) are available, subject to demand. Breast pump loan is free but you need to buy the collection kits at (£12 per kit) via GWH cashiers. To arrange this, contact Cathy Gale infant feeding specialist midwife on Tel 01973604726.

**What should I expect at the appointment?**

* At the appointment the surgeon will assess if your baby has a significant tongue-tie by examining the baby and talking to you about any feeding difficulties. If the surgeon feels it is appropriate a tongue-tie division may be offered.
* If appropriate you will be asked whether you wish the tie to be divided at your hospital appointment so please make a note of any questions you may want to ask at your appointment.
* This is a simple and safe procedure in young babies. It takes only a minute or so. The baby is wrapped up in a soft blanket to prevent wriggling and the tongue divided using sharp sterile scissors. Babies don’t like being wrapped up and some will cry at this point.
* You can stay with your baby the whole time if you would like to.
* The baby does not require any anaesthetic or medication because the frenulum is poorly supplied with nerves. Some babies are asleep when the procedure is carried out and remain asleep. If your baby is upset or crying before the procedure, they may be offered oral sucrose, which is used for pain relief for some procedures in babies.

**What happens immediately following division of a tongue-tie?**

* The baby is promptly unwrapped and returned to the mother for a feed.
* A few drops of blood are normal, but this usually stops quickly.
* Breast feeding your baby immediately after division is the best way to calm and comfort them and stop any bleeding.
* You will have somewhere private to breastfeed, and where clinically possible, a staff member trained in breastfeeding support will help you with this.

**Side effects of Tongue-Tie Division**

The mouth heals very quickly. There is often a small diamond shaped wound under the tongue lasting 1-7 days, this does not appear to cause any discomfort and there is no need for any dressing or treatment. Frequent feeding (at least every 3 hours for a few days) will ensure the wound heals and helps prevent the tongue tie recurring. This will also ensure optimal milk stimulation and production.

* **Bleeding** Very occasionally babies bleed more heavily than expected, which needs pressure against the wound for longer than usual. Whoever does the procedure will be aware of the very small chance of this and what action to take if the bleeding does not stop quickly. Occasionally there may be a little bit of bleeding at the site later if the baby puts his /her fingers in the mouth and catches the newly healed site or if the baby is bottle fed and the teat inadvertently slips under the tongue and disturbs the healing area. For this reason it is best to avoid dummy use for at least 48 hours after the procedure to reduce the very small risk of infection.
* **Infection** is even more rare. Your GP would be able to treat the baby with antibiotics if this does happen.

Most mothers and babies will find a significant improvement in feeding either straight away or within a week or two. **If you find that there is no improvement,** please contact your midwife or health visitor, who can assess and support the feeding, and can refer you to the Specialist Infant Feeding Clinic for further management, or can refer you back to ENT clinic for a further assessment.

**If you have any questions for the doctor please jot them down now to refer to at your appointment.**

**Further Information & References**

* http://www.nice.org.uk/guidance/ipg149
* Messner AH, Lalakea ML, Aby J, et al. Ankyloglossia: incidence and associated feeding difficulties. Arch Otolaryngol Head Neck Surg 2000;126:36–9.
* Ricke LA, Baker NJ, Madlon-Kay DJ, et al. Newborn tongue-tie: prevalence and effect on breast-feeding. J Am Board Fam Pract 2005;18:1–7.
* Webb AN, Hao W, Hong P. The effect of tongue-tie division on breastfeeding and speech articulation: a systematic review. Int J Pediatr Otorhinolaryngol 2013;77:635–46.
* Ingram J, Johnson D, Copeland M, Churchill C, Taylor H, Emond A. The development of a tongue assessment tool to assist with tongue-tie identification. *Archives of Disease in Childhood Fetal and Neonatal Edition*. 2015;100(4):F344-F349. doi:10.1136/archdischild-2014-307503.

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