



TONGUE-TIE: INFORMATION FOR FAMILIES

Tongue-tie (ankyloglossia) is a condition in which the thin piece of skin under the baby's tongue (the lingual frenulum) is abnormally short and may restrict the movement of the tongue. Tongue-tie occurs in about three per cent of babies, is a condition that can run in families and is more commonly found in boys.

Impact of tongue-tie

The most immediate impact of a tongue-tie is on a baby's ability to breastfeed effectively. It may interfere with a baby's ability to latch and suckle efficiently at the breast leading to:

- » nipple pain and trauma
- » poor breast milk intake
- » a decrease in milk supply over time.

Tongue-tie may also have an effect on oral hygiene. Its effect on speech development remains controversial.

A procedure to release a tongue-tie may be recommended if it is impacting on breastfeeding.

The procedure is called a lingual frenotomy. Before performing this procedure clinicians who work with breastfeeding mothers and their babies will assess the baby's mouth, breastfeeding and maternal comfort.

If breastfeeding is painful, there is poor milk transfer and there is significant tongue-tie, release will improve the baby's ability to breastfeed.

Sometimes a tongue-tie causes no problems with breastfeeding and requires no action.

Health professionals seeking further information please see the Women's Clinical Guideline *Tongue-Tie: management of infants*.

Signs of a significant tongue-tie

- » Tongue cannot extend beyond the baby's lips.
- » Tongue cannot be moved sideways.
- » Tongue tip may be notched or heart-shaped.
- » When the tongue is extended, the tongue tip may look flat or square instead of pointed.
- » Breastfeeding problems such as:
 - nipple pain and damage
 - a misshapen nipple after breastfeeding
 - a compression/stripe mark on the nipple after breastfeeding
 - the baby often loses suction on the breast whilst feeding
 - a clicking sound may be heard whilst the baby is feeding
 - poor weight gains.

Assessment

A lactation consultant or experienced clinician will conduct a thorough assessment of breastfeeding and baby's tongue mobility to determine if release is required.

If the frenulum is thin and the baby is less than around four months of age, the frenulum can be released as an outpatient procedure without any anaesthesia. A baby who is older or who has a tongue-tie that is thick, may need to be referred to an appropriate specialist.

Tongue-tie release

Babies should have had Vitamin K at birth (or at least 2 oral doses) before the tongue-tie release is considered.

It is preferable for the tongue-tie to be released prior to a feed. If your baby is due to have this procedure please try not to feed your baby for at least one hour before your appointment.



The release of a tongue-tie involves the clinician placing a finger and thumb under the baby's tongue to gain clear access to the frenulum. The frenulum is released with a small pair of sterile scissors.

A drop or two of blood at the release site is normal and is rarely a problem. Some babies may be unhappy at being held still and having fingers placed in their mouth. Occasionally a baby will startle when the release is performed but will settle quickly once comforted. Following the procedure, the mother will be encouraged to breastfeed straight away.

Possible complications of the procedure are bleeding (usually minimal) or infection (extremely rare). There is no special care required following the procedure. Occasionally, during the healing process a small white patch may be seen under the tongue of some babies. This is normal and should resolve within two weeks of the release.

If your baby has a tongue-tie release and you have any concerns following the procedure, please contact your lactation consultant, maternal and child health nurse, paediatrician or your local doctor.

Where to get more information

Maternal & Child Health Line (24 hours)

T: 13 22 29

Australian Breastfeeding Association

T: 1800 686 268 - Breastfeeding Helpline

W: www.breastfeeding.asn.au