



TONGUE-TIE

INFORMATION FOR FAMILIES

What is Tongue-tie?

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 3 per cent of babies and is a condition that can run in families and is more commonly found in boys. The most immediate impact of a tongue-tie is on a baby's ability to breastfeed effectively.

Tongue-tie can cause breastfeeding problems when it stops the baby from attaching and feeding well. The baby may not get enough milk and the attachment problems can also cause nipple pain and damage.

A procedure called a lingual frenotomy can be performed to release the tongue-tie. This procedure is recommended if the tongue-tie is causing breastfeeding problems.

Clinicians who work with breastfeeding mothers and babies will check the baby's mouth; assess breastfeeding and the mother's comfort with breastfeeding. If there is a tongue-tie that is causing breastfeeding problems, then releasing the tongue-tie can improve breastfeeding.

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

Information for health professionals is also in the *Women's Clinical Guidelines* at www.thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps

Signs associated with 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
- misshapen nipple, compression or stripe mark on the nipple after breastfeeding
- the baby letting go of the breast whilst feeding
- a clicking sound during feeding
- unsettled baby/poor weight gains.

Assessment

A lactation consultant or experienced clinician will check the baby's mouth, looking carefully at the shape of the tongue and how the baby moves their tongue. If the tongue-tie is thin and the baby is younger than about four months it can be simply released in the outpatient clinic. A baby who is older or who has a tongue-tie that is thick, may need to see a specialist.

Tongue-tie release

It is helpful to release tongue-tie before a breastfeed and mothers are advised to avoid feeding for at least an hour beforehand. The release of a tongue-tie involves the clinician placing a finger and thumb under the baby's tongue to lift the tongue and the tongue-tie is released with the tip of a small pair of sterile scissors.



There may be a drop or two of blood under the baby's tongue afterward, this is normal and is rarely a problem.

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

Some babies may be unhappy at being held still and having fingers placed in their mouth. A breastfeed immediately afterward will comfort the baby and allows further assessment of breastfeeding.

Possible complications of the procedure are bleeding (usually minimal) or infection (extremely rare). There is no special care required following the procedure. Occasionally during healing, a small white patch may be seen under the baby's tongue. This is normal and should go away in about two weeks. If you have any concerns, please contact your lactation consultant, maternal and child health nurse, paediatrician or your local doctor.

Where to get further information

Your local Maternal & Child Health Nurse (MCHN)

Local council breastfeeding clinic
(ask MCHN for details or check council website)

Australian Breastfeeding Association

T: 1800 686 268 - Breastfeeding Helpline

W: www.breastfeeding.asn.au

Victorian Maternal & Child Health Line (24 hours)

Tel: 13 22 29