

Tongue-tie

Information for families



the women's
the royal women's hospital

What is tongue-tie?

Under your tongue is a thin piece of skin called the lingual frenulum. This is called tongue-tie. The medical name is ankyloglossia. In about 3 out of every 100 babies, the frenulum is tight. This can make it hard for your baby to move their tongue easily and can sometimes make it hard for your baby to breastfeed properly. Tongue-tie can run in families and is more common in boys.

Sometimes tongue-tie can also cause other problems, including:

- pain or damage to your nipples
- your nipples may look different or have marks after breastfeeding
- your baby frequently lets go of your breast while feeding
- you hear a clicking sound during feeding
- your baby may be more unsettled than is usual and or not gain weight well.

If you think your baby might have tongue-tie, you should contact your midwife, local doctor (GP), lactation consultant, paediatrician, or maternal and child health nurse. They'll take a look at how your baby is feeding, check your baby's mouth, and ask you about your own comfort when breastfeeding.

Sometimes a tongue-tie doesn't cause any problems with breastfeeding, and nothing needs to be done about it. However, at times it can cause problems and may need some treatment, such as a tongue-tie release.

Before this is considered, it's important to see if there are other ways to improve your breastfeeding. For example, changing how you hold your baby while feeding or helping them latch onto the breast better.

If you need help talk with your midwife, maternal and child health nurse or lactation consultant.

If the tongue-tie is making breastfeeding difficult, then releasing the tongue-tie may help. A tongue-tie release is called a lingual frenotomy.

Assessing your baby

Before doing anything, a lactation consultant or experienced health professional like a nurse/midwife or doctor will look carefully at your baby's mouth to see the shape of the tongue and how your baby moves their tongue. Some signs we see with significant tongue-tie are:

- your baby can't stick the tip of their out beyond their lips
- the tip of their tongue doesn't move from side to side or looks heart shaped.

If the tongue-tie is thin and your baby is less than about four months, it can be usually be released at the doctor's or in a hospital outpatient clinic. However, if your baby is older or has a thicker tongue-tie, you may need to see a specialist. Your doctor will give you information about this if needed.

Tongue-tie release

Before the tongue-tie release is considered it's important that your baby has had vitamin K at birth, or at least 2 doses by mouth. You can find out more about vitamin K by talking with your doctor and reading '[tests and medicines for newborn babies](#)'.

During the tongue-tie release, the doctor or midwife will gently use their finger and thumb to lift your baby's tongue and then use small, sterile scissors to put a small cut into the frenulum. This should release the tight frenulum for your baby.



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

Some babies are unhappy with being held still while they're being checked and during the procedure. Breastfeeding your baby straight afterwards will comfort them and help with further assessment of breastfeeding.

Possible complications of the procedure include bleeding (usually minimal), and infection; however, these are extremely rare. You do not need to do any special care for your baby after the procedure.

Occasionally, a small white patch may be seen under the baby's tongue as it heals. 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.

Family Violence Support

1800 Respect National Helpline

Support for people impacted by sexual assault, domestic or family violence and abuse.

1800 737 732 (24-hour support service)

1800respect.org.au

Do you need an interpreter?



Interpreter

If you need an interpreter, you can ask for one.

For more information

Royal Women's Hospital

thewomens.org.au

Victorian Maternal and Child Health Line

T: 13 22 29

You can call any time of day or night

Australian Breastfeeding Association

T: 1800 686 268

You can call any time of day or night

W: breastfeeding.asn.au

Ask your Maternal and Child Health Nurse for details of your local council breastfeeding clinic or check your council website.

Information for health professionals

Women's Clinical Guidelines

thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps