



Tongue Tie

Patient Information



You have been given this patient information leaflet because your baby has been diagnosed with tongue-tie.

What is tongue-tie?

Tongue-tie occurs when the piece of skin which goes from the floor of the mouth to the base of the tongue is causing problems. This piece of skin is called the frenulum. It can be attached to the tip of the tongue or further back under the tongue.

Most tongue-ties are thin and long but sometimes they are thick and more chunky. Approximately 50% of babies with tongue-tie are related to somebody who has one.



How are babies affected?

Some babies will be affected more than others. With regards to feeding, Medical text books say that your baby's feeding will not be affected by tongue-tie, but some babies may find feeding more difficult.

Any or all of the following symptoms may be noticed (but there are other reasons why babies and their mothers sometimes have these symptoms):

Breastfeeding

- Difficulty latching on and/or staying attached to the breast
- Almost continuous feeding with short breaks
- Unsettled baby who appears to be hungry, fussy or may be on medication for reflux or colic
- Poor weight gain
- Sore nipples
- Reduced milk supply
- Mastitis

Bottle Feeding

- Feeds taking a long time
- Only small amounts taken at each feed
- Excessive dribbling
- Changing of teat or bottle does not seem to help

How do we treat tongue-tie?

Not all tongue-ties need to be divided (cut) after birth as infant feeding problems can be avoided with the right help. If breastfeeding, different positions can be tried which will help the baby attach to the breast.

However, if feeding problems persist tongue-tie division can be done. This is a simple procedure which takes a few seconds. It does not need a general or local anaesthetic.

During the procedure the baby is wrapped in a towel to stop them wriggling and most will begin to cry a little because they do not like this. As soon as the tongue-tie has been divided - this takes about 2 seconds - the floor of the baby's mouth is pressed with gauze and the towel is unwrapped and most babies stop crying straight away. The baby is taken straight back to its parents and fed immediately, by either breast or bottle.

Newborn babies often sleep through the whole treatment.

Usually there are only one or two drops of blood. We do not think the treatment hurts babies at this age.

Will tongue-tie affect speech?

Tongue-tie can occasionally cause speech problems. However, the tongue grows rapidly in early life and the top of the tongue grows forward in front of the frenulum. This means that the severity of the tongue-tie lessens with age. This growth is fast enough to not affect speech in most cases. If tongue-tie does affect speech then it will only cause pronunciation difficulties, not a delay in speech (but most pronunciation difficulties are not due to tongue-tie).

If the child appears to be developing a speech problem, he/she will be referred to a speech therapist who will teach the parents how to do speech exercises with their child. If the speech problem persists and the speech therapist feels that tongue-tie is causing the problem then the tongue-tie can be snipped under general anaesthetic. This would be done when the child is about three years old.

