

Tongue-tie and breastfeeding in babies eight days to six months old



Information for parents attending appointments at King's College Hospital only

You and your baby have been referred to the King's Tongue-Tie Clinic. This leaflet answers some of the questions you may have about tongue-tie and breastfeeding. It explains the symptoms of the condition, why we sometimes suggest a simple procedure to release it and what this involves. It also explains what happens when you bring your baby to the clinic for the procedure.



King's Tongue-Tie Clinic – your appointment

How will I know when the appointment is?

You will receive your appointment either by email, text or phone call.

Where is it?

We are on the first floor of the Caldecot Centre on Caldecot Road. The centre is off Coldharbour Lane at King's College Hospital NHS Foundation Trust, Denmark Hill site. We have lift and stair access.

When do I need to get to the clinic?

Please ensure you and your baby are at the clinic when it starts, (Monday to Thursday at 1.30pm, or 2pm on Fridays) on the day of your appointment.

Before you come:

- Your baby must be hungry and due for a feed at the time of the procedure. Feed them between 12.30pm and 1pm at the latest for clinics Monday to Thursday. For Friday clinics, please feed by 1.30pm at the latest. If you have any questions, please ask clinic staff.
- Other clinics are still running so please do not arrive before 1.30pm. There are other seating areas where you can breast feed in the Golden Jubilee Wing or Hambleton Wing in the main part of the hospital
- If your baby is older than eight weeks, you can bring infant paracetamol (Calpol) and age appropriate teething gel. We can give these to your baby before the procedure.
- Please come to the clinic with short finger nails as we will teach you to feel where your baby's tongue tie is before we divide it.



What happens during the clinic: at 1.30pm, Monday to Thursday, or 2pm on Fridays, one of the Tongue-Tie Clinic team will give parents in the waiting area a talk about the procedure. They will explain what is going to happen at the clinic and how to take care of your baby after the procedure.

After the talk, we will start assessing each baby. We generally see babies in birth order, with the oldest babies last as they need to be the hungriest. We see about 10 babies at each clinic, so you may not be seen until later in the afternoon. After the procedure, you will need to stay at least a further 45 minutes to feed your baby and for us to check their mouth to confirm that bleeding has stopped.

Important information

Getting to King's: If you arrive late you will hold up the clinic. If you are driving to the hospital, please allow extra time for your journey and to park. The main car park is outside the front of the clinic and there are a few pay and display bays on Caldecot Road. We have very limited parking, so you may find it easier to use public transport. Your partner can park while you come into the clinic to ensure you are on time for your appointment. For more information about travelling to King's, go to www.kch.nhs.uk

Other children: Only one other person may attend the clinic with you and your baby. We recommend that you do not bring other children and arrange for them to be cared for elsewhere since space is limited and we need your full attention during the appointment.



What is tongue-tie?

Your baby's tongue is attached to the base of its mouth with a thin piece of tissue called the frenulum. Usually, this piece of tissue is loosely attached, but in some babies it is tight and/or unusually short, holding their tongue down and stopping it from moving freely. What tongue-tie looks like varies. For example, the band of tissue may go all the way to the tip of the tongue and make it look heart shaped, or it may be hard to see and hidden under the tongue at the back of the mouth.

What are the symptoms?

Tongue-tie does not always cause problems, and many babies can still breastfeed successfully. However, in some cases tongue-tie may make it difficult for babies to breastfeed. To feed properly, your baby needs to be able to lift their tongue up and over their lower gum, so cushioning your nipple during the latch and preventing damage. Your baby's tongue also needs to be in the right position and come out of its mouth with a thin and pointed tip. Tongue-tie can stop your baby's tongue coming out far enough.

Tongue-tie can stop your baby from opening their mouth wide or moving their tongue correctly, so they cannot latch onto your nipples properly. This may cause:

- your baby to become tired and frustrated because they keep slipping off and cannot get a whole feed
- your baby to become windy because of all the air they will be taking in when they try to reattach themselves
- you to have painful and damaged nipples, which puts you at risk of mastitis and other infections.

These are common problems early on in breastfeeding, but they usually improve over time. Your community breastfeeding specialist can help by setting up a breastfeeding plan and reviewing feeding



problems. If you and your baby still have these problems at your follow-up review with the specialist, it may be a sign that the tongue-tie needs treating.

Other symptoms in your baby may include jaundice, poor weight gain and a clicking sound while feeding.

How is it diagnosed?

If you and your baby are having problems breastfeeding, you can ask your lactation specialist, breastfeeding specialist, midwife, health visitor, or GP (home doctor) to check for tongue-tie. Your breastfeeding specialist will write a feeding plan for you which you must follow. If you are still having difficulties, and your baby is between eight days and six months old, they may then refer you to King's Tongue-Tie Clinic.

At the clinic, one of our team will examine your baby and discuss with you their feeding problems. They will assess whether your baby may benefit from having treatment to release their tongue-tie. The final decision to have the procedure is yours and your partner's. We will give you all the information you need to make your decision. You can find out more about the clinic on page 2 of this leaflet.

Why does tongue-tie need to be treated?

We offer the procedure to help young babies, between eight days and six months old, who have difficulty with breastfeeding only and for no other reason such as concerns about future speech problems. It is important to understand that surgery is not a cure but a way of making your breastfeeding technique more effective.

Some babies may outgrow their breastfeeding difficulties and not need the procedure, but it can take many weeks of growth for improvement to occur. Some tongue-ties can go away or get cut or torn by themselves.



How is tongue-tie treated?

A simple procedure known as frenulotomy or tongue-tie division is used to cut the tongue-tie. A trained specialist will divide the tissue under your baby's tongue to free it up so they can use it fully.

Are there any alternatives?

To ensure your baby feeds better you may decide to supplement your breastfeeding and also bottle feed your baby, using expressed breast milk, artificial milk or a mixture of both. Your baby may find it easier to feed from a bottle as their tongue moves differently with bottle teats and the milk comes out more easily without as much work. But using bottles may cause some teat confusion for babies trying to learn to breastfeed. Supplemental feeding systems can help reduce this, and we can give you further advice and equipment to do this.

What are the benefits of this procedure?

Some mothers and their babies find it easier to feed straight after the procedure. Others may find it takes longer for feeding to improve, sometimes a week or more, as their baby gets used to breastfeeding.

Hopefully your baby will be able to get a fuller feed and the nutrition it needs, and you should also have less nipple damage and pain.

Also, having your breastfeeding specialist see your baby a week after releasing the tongue-tie will help improve results. So please make sure you have arranged two follow-up appointments, a week apart, at day 5 – 7 and again at day 10 – 14, with your breastfeeding specialist or the person who referred you to the clinic.

What are the risks?

- Your baby may feel a little pain during the procedure. This does not last very long and is probably less painful than having a local anaesthetic.



- When we divide the tongue-tie there are usually a few drops of blood. Any bleeding usually stops by itself.
- Sometimes the tightness under the tongue can come back. This is caused by the way the wound has healed rather than the skin regrowing. You can make this less likely to happen by following our advice on caring for your baby's wound and massaging it after the procedure (page 10).

How can I make sure my baby is ready for tongue-tie treatment?

Your baby must be 'frenulotomy ready' at your appointment and able to breast feed straight after the procedure. This is essential, as breastfeeding helps to stop the bleeding that happens immediately after the procedure. It also means you can begin your baby's aftercare at home and ensure that they breast feed at least every three hours to reduce the chance of the tongue-tie reforming. If they are not frenulotomy ready when you come to the clinic, we will not be able to treat them. In these cases, we may start you and your baby on a feeding and/or treatment plan and arrange for you to bring them back in a few days for the procedure when things have improved.

To ensure they are ready:

- your baby must be used to breastfeeding frequently
- you must have a good milk supply where you are providing your baby with at least 50% of their needs, based on their weight, either from your breast or with expressed milk
- if you have any problems such as a nipple or tissue infection, these must be dealt with as a severe case can delay your baby's treatment. If we diagnose you or your baby with a fungal infection called thrush at the Tongue-Tie Clinic, we will give you some medicine for your baby and a letter for you to take to your GP to get a prescription for yourself. In some cases we may still be able to offer tongue-tie division on the same day if your baby is otherwise frenulotomy ready.



Call the Lactation Consultant on 020 3299 3350 if you have any questions about frenulotomy readiness.

What happens before the procedure?

Your baby will be treated in King's Tongue-Tie Clinic. Please read the important information about the clinic on page 2. This explains what happens when you come to the clinic and advises you on how to get here.

It is very important that your baby is hungry and due for a feed at the time of the procedure so they can feed well afterwards. Please ensure your baby is fed between 12.30pm and 1pm at the latest or until 1.30pm on Fridays. **Do not feed your baby after this time.** If you do feed your baby, we may not be able to offer you the treatment that day.

After we have assessed your baby we will ask you to give your written consent for the procedure. We will then ask you to leave the procedure room. There is an adjoining room where mothers can wait for the return of their baby and to breastfeed. We ask fathers and other family members to wait in the waiting room.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

What happens during the procedure?

One of our team will wrap your baby in a small blanket with their arms by their sides. They will hold your baby's mouth open and put in a special instrument that lifts up their tongue. This makes the



frenulum easier to see and divide; it also protects the blood vessels and other structures under the tongue from being damaged.

They will use some round-ended scissors to make a small cut in the tongue-tie and then divide the tissue. There will be a small amount of blood. They will press on the area with a small piece of gauze to stop this.

Will my baby be given an anaesthetic?

We do not usually use an anaesthetic – either local or general – in babies below 8 weeks old. This is because the procedure is very quick and virtually painless.

If your baby is more than eight weeks old, they can have some infant paracetamol (Calpol) suspension about 15 minutes before the procedure if you have brought any with you. We can also apply teething gel at the time of the procedure.

Most babies we see in the clinic are already upset and crying because they are hungry, and many will not like being wrapped or having their mouth gently held open.

So when we divide their tongue-tie they will cry a bit more. But when they are unwrapped, cuddled and spoken to they soon settle, usually within 15 – 20 seconds. Occasionally, we have babies that stay asleep and do not cry when the procedure is done.

Once your baby is returned to you they will be distracted by the breastfeed and quickly settle and stop crying. This is why we have asked you to keep your baby hungry.

How long does the procedure take?

The whole procedure takes less than two minutes. Your baby will be away from you for about 4 – 5 minutes.



What happens after the procedure?

We will bring your baby back to you after the treatment so you can breastfeed them. This helps to stop any bleeding because the tongue will press down onto the wound while feeding. Our lactation consultants and breastfeeding support staff will be on hand to help you.

Before you go home we will check your baby's mouth to make sure any bleeding has stopped.

You will be given a feeding plan to follow until you see your own breastfeeding specialist (the person who referred you to the Tongue-tie Clinic).

Will my baby need to be seen again?

Please arrange to see the person who referred you to this clinic (usually a breastfeeding specialist) five to seven days after your baby has the procedure. See page 6 for details. Make a second appointment to see them a week later.

They will be able to assist you and your baby, revise your feeding plan and check your baby's wound. Sometimes the tightness may start to come back. If they notice this they may be able to press on the area to release it. There may be a small bleed which usually stops quickly if you offer your baby a feed.

How do I care for my baby after the procedure?

It is normal for your baby to be unsettled for one or two days after the procedure. You may also see some black or grey flecks in their stools/nappy for a day or so. This is normal and is caused by them swallowing a little blood.

Relieving pain

If you think your baby need some pain relief and they are more than



two months old, you can give them infant paracetamol (Calpol). Give them a 2.5ml-5ml (60-120mg) dose every 4 – 6 hours. Do not give them more than four doses in 24 hours.

If your baby is younger than two months, one of the Tongue-tie Clinic team will tell you how much paracetamol to give, based on your baby's weight.

Caring for the wound

You will see a dark red diamond-shaped patch under their tongue. This will become white or yellow and shrink as it heals. This is normal and is not an infection. The area will change in colour from red, to yellow and then pink/white as the wound heals.

Your baby may have a little bleeding from the wound for one to two days after the procedure. This may stain their saliva a pinkish colour. This is normal and you can usually stop it by offering a breastfeed.

If there is more noticeable bleeding, you can put firm, gentle pressure on the bleeding point with your finger tip for 5 – 10 minutes. **Do not keep checking during this time.** If you are still worried, please call King's College Hospital on **020 3299 9000** and ask to speak to the on-call Paediatric Surgical Registrar.

Preventing tongue-tie recurrence

There is at least a 4% risk that the division will heal and get tight again. **Doing the following will help reduce this risk.**

Important: in the 5 – 7 days after the procedure, you must breastfeed your baby every two – three hours, around the clock. Don't let them sleep for more than 3 hours. You will need to wake them to make sure they feed. This is to help the wound heal and reduce the risk of the tongue-tie coming back.



There is some evidence that active wound management can also reduce this risk. So we advise you firmly massage the wound every day from the day after the procedure to reduce the risk of the diamond-shaped wound sticking up, and help any scar tissue remain soft and supple. See below for how to massage your baby's tongue. We will also teach you how to do this if you choose to do so.

Massage

To help the wound heal and stop the tongue-tie from coming back, you can massage the area from the day after the procedure. This is optional, but we consider it to be an important part of wound care. It involves five - six seconds of massage twice a day. Babies may find it uncomfortable, and some parents find it challenging.

1. On the evening of the procedure, using a clean finger, pass it under your baby's tongue to check how it feels now that the tongue-tie has been treated. This will also help you to identify if the tongue-tie is coming back.
2. Always massage before a feed is due as this will help to settle your baby afterwards.
3. Dry under their tongue with a clean muslin cloth.
4. Put teething gel suitable for your baby's age on the wound and wait two – three minutes before massaging.
5. Lay your baby on a firm surface such as a changing table.
6. Gently hold their head by resting it in the palm of one hand, placing your thumb on one ear and your smallest finger on the other ear.
7. With your free hand, place your clean index finger under their tongue back as far as possible, directly over the diamond. Press firmly and massage with a very small 'wiggle' for five – six seconds.
8. There may be slight bleeding in the first few days, but as soon as you have finished, always put your baby to your breast for a feed. This will help settle it and stop any bleeding.



9. Keep massaging the wound twice daily for about 7 – 10 days, until the white or yellow patch heals.

If any disruption of tissue is needed when your baby has its first check with your own breastfeeding team (5 – 7 days) after the procedure, you will need to continue the firm massage (as described above) for one more week.

Once the white/yellow patch has gone away you can change to another type of softer massage to help stretch and soften any scar tissue so it remains supple and makes the tongue-tie less likely to come back. Massage the scar tissue using a firm up and down movement for 30 seconds, twice a day, before a feed. Do this for a further 21 – 28 days.

Who do I contact with queries and concerns?

If you are concerned about your baby after the tongue-tie procedure, particularly if it has bleeding from under its tongue that cannot be stopped by feeding or pressing on the wound with your finger, contact King's Tongue-Tie clinic on **020 3299 3350**, Monday to Friday, 9am to 4pm.

Out of hours:

- phone the hospital on **020 3299 9000** and ask to speak to the on-call Paediatric Surgical registrar for advice.

or

- take your baby to your nearest Emergency Department (A&E).

You may also send your comments and feedback to **kch-tr.tonguetieclinic@nhs.net**.



Other information and support

NHS Choices

www.nhs.uk

NICE:

www.nice.org.uk

UNICEF

www.unicef.org.uk/BabyFriendly

Lactation Consultants of Great Britain

www.lcgb.org

La Leche League

www.laleche.org.uk

NCT

www.nct.org.uk

Tongue-Tie UK

tonguetieuk.org/

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

Tel: **020 3299 3601**

Fax: **020 3299 3626**

Email: **kch-tr.PALS@nhs.net**



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King's College Hospital is part of King's Health Partners Academic Health Sciences Centre (ASHC), a pioneering collaboration between King's College London, and Guy's and St.Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts.

For more information, visit www.kingshealthpartners.org 