



Kent Tongue-tie Service for babies under 12 weeks

Information for parents from the Infant Feeding Team

This leaflet is for parents whose babies have been referred for an appointment with the Kent Tongue-tie service due to a tongue-tie, which has been causing feeding problems. This leaflet will give you information about tongue-tie and explain the procedure for tongue-tie division.

My baby has been referred to the Kent Tongue-tie Service, what will happen next?

Now your baby has been referred to the Kent Tongue-tie Service you will be contacted within five working days to arrange a suitable appointment for you. If you do not hear within five working days, please call the Tongue-tie Appointment Service on 0300 7906861.

The Kent Tongue-tie Service aims to offer babies an appointment within 10 working days of a referral being received. On some occasions there may be longer waiting times. We will explain to you if we expect there to be a delay and the reasons for this.

Whilst you are waiting for your appointment, feeding support is available locally. For more information, please visit the #Beside You (<https://www.besideyoukent.co.uk/>) web site. You can also contact your Health Visitor for advice and support. Their contact details can be found in your baby's red book but also via the Kent Community Health (<https://family.kentcht.nhs.uk/baby/>) web site.

Where are the clinics held?

The Kent Tongue-tie Service is provided by East Kent Hospitals University NHS Foundation Trust and Maidstone and Tunbridge Wells NHS Trust. We have clinics at the following hospitals.

- Kent and Canterbury Hospital, Canterbury.
- William Harvey Hospital (WHH), Ashford.
- The Tunbridge Wells Hospital.

What is a tongue-tie?



Anterior tongue-tie with heart shaped tip



Anterior tongue-tie



Posterior tongue-tie

A thin piece of skin called the frenulum attaches the tongue to the base of the mouth. In some babies this skin is tight and / or unusually short, holding their tongue down and stopping it from moving freely. This is called a tongue-tie.

The procedure to have a tongue-tie divided is called a frenulotomy. It has been reported that as many as one in 10 babies may have a tongue-tie. Often there can be a family history of tongue-tie.

You might hear your baby's tongue-tie described as being anterior or posterior (see above images).

- With anterior tongue-ties the tongue is held down all the way to the tip; these are usually very noticeable.
- Posterior tongue-ties are found nearer to the base of the tongue, and cannot be seen as clearly.

Some assessments give a number or percentage describing the type or severity of the tongue-tie. Please ask for more information about the description at your baby's assessment if you are not sure.

Why has my baby been referred to the Tongue-tie Clinic?

For some babies the restricted movement of their tongue, due to a tongue-tie, can make latching and staying attached to the breast difficult. This can lead to sore nipples, long feeds, sometimes colic, or poor weight gain when the milk is not removed properly from the breast.

Sometimes bottle fed babies will experience feeding difficulties related to tongue-tie. They may benefit from the procedure when other supportive measures to improve bottle feeding have been unsuccessful.

To make sure tongue-ties are not divided unnecessarily, Kent Tongue-tie Service will only take referrals once your baby has had a full feeding assessment and plan of care from a Kent Community Health Foundation Trust (KCHFT) Specialist Infant Feeding Service or another agreed provider.

What are the benefits of this procedure?

The procedure is carried out to help improve feeding.

Will we notice a difference straightaway?

Some babies feed better immediately, whereas others find it takes longer for feeding to improve, and they need help and support for several weeks. We have a lactation consultant or member of staff with additional

infant feeding training at the clinic. They can help you feed your baby immediately after their procedure and can develop a plan of care if needed.

Will my baby have to stay in the hospital?

No, the procedure is carried out as an outpatient appointment.

Are there any alternatives? What will happen if I refuse the treatment for my baby?

If you decide you do not want your baby's tongue-tie divided we will refer you back for specialist feeding support either with the Specialist Infant Feeding Team at Kent Community Health or another agreed provider.

Feeding support is also available locally, for more information please visit the #Beside You (<https://www.besideyoukent.co.uk/>) web site. You can also contact your Health Visitor for advice and support. Their contact details can be found in your baby's red book, but also on the Kent Baby (<https://www.kentcht.nhs.uk/kentbaby>) web site.

Does the procedure hurt?

In the first few months the procedure is done without an anaesthetic, as it is very quick and your baby will need to be able to move their tongue to feed immediately after their procedure. Many babies do not cry and those that do usually stop crying as soon as they start feeding. You may be asked to give consent for your baby to be given some sucrose solution, this can help calm them during their procedure and will not affect their feeding.

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

- **If you are breastfeeding**

If you plan to continue or restart breastfeeding, your baby must either be breastfeeding regularly or you must be expressing regularly to keep up your supply of milk. If your baby is not going to your breast but you want to breastfeed after their procedure, you should be expressing eight to 12 times in 24 hours to maintain or build up your milk supply.

If your milk supply has not been stimulated enough we may not be able to divide the frenulum at that visit, until your supply is built up first. We will help you with a feeding plan of care to achieve this. Sometimes mothers with nipple or tissue infections will have to wait until they are treated before their baby has a tongue-tie division.

You should be prepared to put your baby to your breast straight after their procedure. Breastfeeding helps to stop the bleeding that happens immediately after the procedure. It gives you the opportunity to receive breastfeeding support, so you and your baby get the most out of the procedure and a feeding plan can be put in place.

- **If you are bottle feeding**

Continue feeding your baby using techniques discussed with your lactation specialist. Your baby will need to feed immediately after their procedure to help stop any bleeding, so please make sure you

bring a feed to your appointment

- **All babies**

All babies should be well on the day of their appointment. If your baby has oral thrush or an eye infection this will need to be clear before their tongue-tie is divided; please contact your GP for treatment. If your baby is unwell in any other way, for example they have a temperature, we may need to postpone their procedure until they are well.

Before an appointment can be booked, your baby should have had the vitamin K injection or completed the course of oral vitamin K to reduce their risk of bleeding.

If you have any bleeding disorders in your family we will need to discuss this with you before your appointment, to make sure that is safe for your baby to have a tongue tie procedure.

If your baby is due a vaccination; it is not advisable to have two procedures on the same day. Please consider this when booking appointments for your baby's vaccinations.

What will happen when we arrive at the hospital?

You will be told which hospital and department to go to when your appointment is booked. Your baby may be weighed.

When available, the frenulotomist (a midwife trained in frenulotomy or a paediatrician) will meet with you and your baby to introduce themselves. They will ask about your feeding history and ask what feeding problems you and your baby are having. They will then explain the procedure fully and you can ask questions. If you are happy with what has been discussed you will be asked to sign the consent form on your baby's behalf.

If the frenulotomist decides there is no benefit to having the procedure, the reasons will be explained at the time; the frenulotomist will not perform a procedure if they feel it is not within their remit. They will discuss other options available to you.

You can stay with your baby during their procedure or you can wait in another room if you wish.

What happens after the procedure?

You will be able to feed your baby straight after their procedure. You will be supported by a lactation consultant or a member of staff with additional infant feeding training. There can be a little bleeding, staff will make sure this has stopped before you leave the clinic. They will also provide you with information about aftercare and the healing process.

How long will it take?

The procedure takes a few minutes but you can expect your appointment to last for about 45 minutes. This allows your baby to feed before you leave the clinic.

Will additional procedures be necessary?

It is very unlikely that additional procedures will be necessary, although rarely babies do have to return to the Tongue-tie Clinic at a later date for a further division. Sometimes the tightness under the tongue can come back. This is caused by the way the wound has healed rather than the skin regrowing.

Are there any risks to having the procedure?

- Your baby may feel **a little pain** during their procedure. This does not last very long and is probably less painful than having a local anaesthetic.
- A small amount of **bleeding** after the procedure is normal. Allowing your baby to feed on your breast or bottle treats this best, as feeding will compress the floor of their mouth. Around one in 400 babies will need pressure to settle their bleeding, around one in 7,000 will need to be given adrenaline, and around one in 77,000 will need cautery or suturing.
- The risk of **infection** is low. However your baby will have an open wound in their mouth, so care must be taken when cleaning your hands and sterilising their feeding equipment and dummies.

Will my baby's GP, health visitor, and other professionals know that my baby has had the procedure?

With your consent, your baby's GP will be told of the outcome of your tongue-tie clinic appointment. Information will also be recorded in your baby's red book for you to share with your health visitor and any other relevant professionals. Please remember to bring your baby's red book to your appointment.

Will I need a follow-up appointment?

We will refer you back to the Specialist Infant Feeding Team at Kent Community Health or the lactation service that referred you to the Kent Tongue-tie Service. You will not have a hospital follow-up after your baby's procedure.

What if I notice blood in my baby's mouth when we get home?

If you are breastfeeding put your baby to your breast or if you are bottle feeding offer your baby a bottle, this usually stops the bleeding quickly. If the bleeding does not stop within 15 minutes apply pressure to the wound with a piece of clean gauze or muslin for 10 minutes. **Be careful not to hold under your baby's chin, as this can affect their breathing.**

In the rare event the bleeding continues after this, keep applying pressure and either drive to your nearest Emergency Department or call 999 and ask for an ambulance.

What if my baby does not want to feed after we have left the clinic?

It is unusual for a baby not to feed after their procedure, but this can happen. If your baby is upset and will not feed when you get home there are several things you can try.

- Get yourself a warm drink and try and relax.
- Place your baby in skin to skin contact with a blanket over you both.

- Lay back in a comfortable, supported, semi-reclining position with your baby lying on you, with their whole front in contact with your body. This position often stimulates a baby's instinct to attach and suckle well. It is also easier for you to watch for signs of them stirring and gently encourage feeding.

It is hard for babies to latch if they are crying, especially if they are also learning what their newly released tongue can now do. You can try the following to calm them.

- Sing and talk calmly to them.
- Hold them against your shoulder if they do not like to be held near your breast.
- Keep the environment (space around you and baby) peaceful.
- If you have a sling, try placing your baby in the sling and go for a walk.

For breastfed babies try expressing some milk. If you have not got access to a pump, many mothers find hand expressing works well. If you have not tried this before, watch this video to show you how (<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/>).

Your expressed milk can be offered by spoon if your baby does not take a bottle. If baby calms with this then offer your breast.

If you were using nipple shields try them again. You can work towards stopping using them with the support of your lactation service.

If you are bottle feeding and your baby will not take a bottle, try the calming techniques listed above. When you offer the bottle, try paced bottle feeding shown in this YouTube video (<https://www.youtube.com/watch?v=OGPm5SpLxXY>) or read this UNICEF leaflet (<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/04/Infant-formula-and-responsive-bottle-feeding.pdf>).

For a baby over two months you can use infant paracetamol, if your baby is very distressed. You need to follow the manufacturer's instructions for dosage.

If your baby remains distressed and not feeding after a few hours you should call NHS 111 for advice.

What if my baby seems unwell?

It is normal for your baby to be more unsettled than usual for a few days after their procedure. Lots of feeding and skin to skin contact will help comfort them.

If you have concerns that your baby is in any way unwell or that their wound may not be healing properly, please contact your GP. Alternatively contact the non-emergency NHS 111 service. For urgent concerns either take your baby to your nearest Emergency Department or call 999 for an ambulance.

Further information

- NHS: tongue-tie (<https://www.nhs.uk/conditions/tongue-tie/>)
- Kent Health Visiting Service (<https://family.kentcht.nhs.uk/baby/>)

Contact details

If you have any questions or concerns about your baby's procedure, please contact:

- **Kent Community Health NHS Foundation Trust Infant Feeding Specialist Service**
Telephone: 03007 906 861

This leaflet has been produced with and for patients.

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 (tel://+441227783145), or email ekh-tr.pals@nhs.net (ekh-tr.pals@nhs.net)

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals website (<https://www.ekhuft.nhs.uk/information-for-patients/patient-information/>).

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