TONGUE TIE
PARENT INFORMATION

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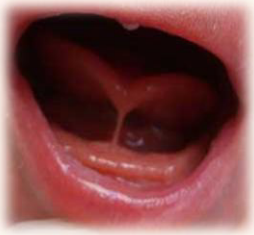
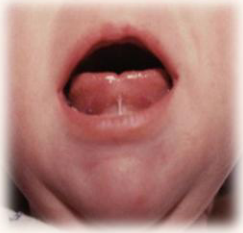
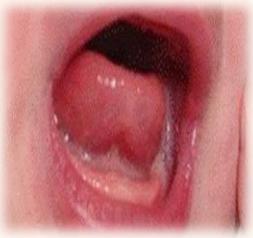
What is a tongue-tie?

Tongue-tie, or ankyloglossia, is a condition where the band of tissue connecting the tongue to the floor of the mouth is shorter or tighter than usual, restricting the tongue's movement. Here are some examples, but there are many variations.

Lip ties are common in tongue tied babies, currently there is no evidence to show that it interferes with feeding and therefore division of lip ties in infancy is not currently recommended. It usually recedes as your baby grows and as the top teeth erupt.

What are the symptoms of Tongue Tie for babies?

- Shallow latch
- Very short or very long feeds
- Very frequent feeding
- Significant weight loss OR slow weight gain
- Difficulties staying attached, slipping off
- Reflux
- Find it difficult to bottle feed.
- Dribbling milk from the sides of the mouth.
- Difficulty keeping a dummy in the mouth
- Clicking during feeds
- Coughing/choking during feeds
- Excessive wind.

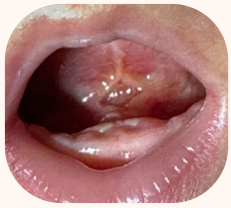
What are the symptoms of Tongue Tie for Mothers?

- Sore damaged nipples.
- Exhausted from frequent feeding.
- Misshapen nipples after feeding.
- Low milk supply
- Engorgement
- Breasts that still feels very full even after feeding
- Mastitis

Assessment:

I will begin by talking through your history to understand you and your baby's feeding journey. This will be followed by an oral examination to assess the palate, tongue function and the tongue's appearance. I will explain the findings and advise whether a tongue-tie division is recommended. The decision to proceed with the release rests entirely with you, the parents. The use of tongue-tie release to improve feeding is supported by the National Institute for Health and Care Excellence (NICE). It is a safe and straightforward procedure that has been shown to significantly improve feeding, particularly breastfeeding. Research consistently demonstrates an improved ability for babies to latch at the breast and a significant reduction in nipple pain. However, improvement may not be immediate and cannot be guaranteed.

Tongue Tie Release:



I will wrap your baby in a thin blanket, lay them on a clean flat surface and I will ask you to gently support your baby's head,. I will wash my hands, wear sterile gloves, and use sterile scissors for the procedure. Your baby's tongue will be gently lifted, and a small incision will be made. Once the tongue tie has been released, your baby is unwrapped and encouraged to feed straight away.

Alternatives: Parents may choose not to proceed. Some families choose to access further feeding support or to bottle feed. There is no current evidence that exercises or bodywork (osteopathic treatment) will help resolve feeding difficulties with a tongue tie, however research is on-going. Some practitioners also offer frenulotomy using a laser instead of scissors.

Aftercare

After the release, I'll provide support with feeding and offer guidance on positioning and latching. Once your baby is settled, I'll guide you through a series of gentle exercises to promote tongue mobility and help prevent the tissue from reattaching following the division. After your appointment, you're welcome to contact me via WhatsApp for continued support.

Prepare for your visit:

Before your visit, please inform me if your baby has any **medical conditions**, **infections** (including oral thrush), is on any **medication**. or has a **family history of bleeding or clotting disorders**. Please let me know if your baby has not had vitamin K, this will not prevent treatment but it is good to discuss it ahead of your appointment,

Please have your baby's red book, a large muslin/blanket for swaddling and anything you need for feeding (nipple shields, bottles etc). Please provide a clean flat surface (for example a changing mat on a table. Ensure there is someone at the visit who is happy to support your baby's head during the procedure and please arrange care for other children.

Risks of the procedure:

Pain: The procedure may cause some brief discomfort. Most babies cry for a short time and are quickly soothed by feeding. Some may be fussier for a day or two afterwards. Comforting measures such as frequent feeding, skin-to-skin contact, cuddling, rocking, or singing may help. Anaesthetic is not used as it has not been shown to provide benefit, can cause greater distress, and would interfere with feeding immediately after the procedure.

Babies over 8 weeks: Liquid paracetamol can be given following the manufacturer's instructions. If your baby was premature or if you are unsure, seek advice from your GP before administering.

Babies under 8 weeks: Paracetamol can be used but must be prescribed by a GP, who will calculate the correct dose based on your baby's weight. This is rarely needed, as most babies are soothed with comforting measures.

Bleeding: A small amount of bleeding immediately after the procedure is expected and usually resolves with gentle pressure during feeding. If bleeding persists, the practitioner will apply pressure with sterile gauze for 10 minutes and then reassess. If needed, this may be repeated with the option of using a special wound dressing to support clotting. If bleeding does not settle, transfer to the nearest hospital would be recommended. This is very uncommon and bleeding usually resolves without further treatment. Babies requiring treatment for bleeding such as medicines or cautery is very rare.

Bleeding After the Procedure: Rarely, bleeding may occur hours or days later, often due to vigorous crying or the wound being disturbed by a finger, bottle teat, or dummy. This bleeding is usually minor and stops when the baby feeds, sucks on a dummy, or sucks on a clean finger (which applies gentle pressure). If bleeding continues, apply firm pressure with gauze or a clean muslin for 10 minutes. If it does not stop, call an ambulance or attend your nearest A&E department. This is extremely rare.

Infection: Infection following tongue-tie division is very rare. A small pink, white, or yellow wound can be visible under the tongue within 24 hours of the procedure which is normal. Signs of infection include redness, swelling, or pus at the wound site. If concerned, parents should contact their GP. Treatment usually involves a short course of oral antibiotics. To minimise the risk of infection:

- Thoroughly wash and sterilise bottles, teats, dummies, and nipple shields before use.
- Wash hands with soap and water for at least 20 seconds before & after feeding, nappy changes, and doing any oral exercises.
- Avoid placing fingers in your baby's mouth unless carrying out recommended tongue exercises with clean hands.

Injury to surrounding structures: Very rarely, nearby structures such as the salivary glands or lingual nerve may be affected.

Tongue Fatigue: Following division, the tongue can begin to move in new ways. As the tongue is a muscle, it may tire easily while adjusting to its new range of motion. Babies may feed well at first, but feeding can appear to worsen in the days following division until the tongue adapts. Most parents report noticeable improvements in feeding after the first week.

Complaints - Suzanne Hiscocks strives to provide the best possible service for her clients. If you have feedback or a complaint about the service, please get in touch by email. suzanne.hiscocks@gmail.com
More information about the complaints process can be found on my website. www.suzannehiscocks.co.uk

Data Protection - Personal data is managed in accordance with the General Data Protection Regulations (GDPR) 2017 and relevant data protection laws. Information is used only for your care and is not shared with other organisations unless required by law. In the rare event of safeguarding or safety concerns relating to you, your baby, or your family, I am required to share relevant information with the appropriate services.

AFTERCARE ADVICE FOLLOWING TONGUE-TIE DIVISION

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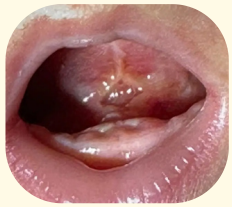
How will my baby be after the procedure?

Most parents notice little change in how their baby reacts after the procedure, although some babies may be a little fussier for a day or two. Comforting measures such as frequent feeding, skin-to-skin contact, cuddling, rocking, or singing are usually helpful.

• Babies over 8 weeks: Liquid paracetamol may be given following the manufacturer's instructions. If your baby was premature, or if you are unsure, please seek advice from your GP before giving any medication.

• Babies under 8 weeks: Paracetamol can only be prescribed by a GP, who will calculate the correct dose based on your baby's weight. This is rarely needed, as most babies are comforted with soothing measures alone.

What will the wound look like?



Healing begins quickly. Within the first few days, you may notice a white/yellow diamond or triangular shaped wound under the tongue. In jaundiced babies, this may appear brighter yellow. This is completely normal and part of the healing process. The wound usually heals and fades within 2 weeks.

Will there be further bleeding?

Bleeding after the procedure is rare. If it does occur, it is usually minor and may follow vigorous crying or the wound being disturbed by a finger, bottle teat, or dummy. Feeding, sucking on a dummy, or gently sucking on a clean finger (which applies gentle pressure) usually stops the bleeding. If bleeding continues after feeding/sucking:

• Apply pressure under the tongue with clean gauze or muslin for 10 mins. Do not apply pressure under the chin as this can affect breathing.

• If it does not stop, call 999 and attend your nearest A&E department. This is extremely rare.

What are the signs of infection?

Infection is very rare (about 1 in 10,000 cases). Signs to look out for include, redness, swelling, or pus at the wound site. If you are concerned, contact your practitioner and GP. Infection is usually treated with a short course of oral antibiotics. To minimise the risk of infection:

• Wash and sterilise bottles, teats, dummies, and nipple shields thoroughly.

• Wash hands with soap and water, before and after feeding, nappy changes, and doing any oral exercises.

• Avoid placing fingers in your baby's mouth, except for recommended tongue exercises.

Is there a risk of reattachment?

There is a small risk (around 2–4%) that the frenulum may reform and restrict tongue movement again. If you notice symptoms returning after an initial improvement, please get in touch. A follow-up assessment can be arranged, and if necessary, a further division may be offered (usually not before 6 weeks of healing). Dividing the frenulum more than twice is generally discouraged due to scarring. It is important to note:

• The frenulum is a normal structure and will always reform, but this does not necessarily mean there is a problem.

• If feeding is going well and tongue mobility is good, further treatment may not required.

• Research shows that tongue-tie division can significantly improve feeding, though not in every case. Some babies with a high palate may continue to need extra feeding support.

Can seeing an osteopath help?

There is no current evidence that exercises or bodywork will help resolve feeding difficulties with a Tongue Tie. However, for babies who have had difficult births (e.g., Caesarean, ventouse, forceps, long or very quick labours), they may benefit from seeing a cranial osteopath, cranio-sacral therapist, or chiropractor either before or after the tongue-tie procedure. This may help relieve tension in muscles, ligaments, and tissues that can affect feeding.

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Post Procedure Exercises

Exercises are best done when your baby is beginning to feel hungry, but not when they are upset or desperate for a feed. Always ensure your hands are clean and fingernails are short.

Although research on post-division exercises is limited, the general recommendation is:

- Perform exercises frequently during the first 48 hours.
- Continue several times a day for 14 days afterwards.
- Do not rub or stretch the wound directly, as this is not recommended.

For some babies, improvements in feeding/exercises may take time. Following division, the tongue can begin to move in new ways. As the tongue is a muscle, it may tire easily while adjusting to its new range of motion. Babies may feed well at first, but feeding can appear to worsen in the days following division until the tongue adapts. Most parents report noticeable improvements in feeding after the first week.

<u>Tongue Poking</u>

- Gently stroke from your baby's nose down to their lips to encourage mouth opening. Once open, stroke the bottom lip to encourage tongue poking.
- For older babies, sit face-to-face and stick out your tongue — they often try to copy you.

<u>Lateral Tongue Movement</u>

- Gently encourage your baby to open their mouth, then run your fingertip along the lower gum line from side to side.
- The tongue usually follows the movement, encouraging side-to-side mobility.

<u>Sucking Exercise</u>

- Place your finger pad gently against the roof of your baby's mouth (palate) and allow them to suck.
- Once they establish a good suck, gently pull your finger out — you should feel the tongue muscles flex.

What follow-up will we receive?
I will usually contact you the next day to check on your baby's feeding, and again after 2 weeks to review your progress. If you are concerned at any point, please contact me for advice via WhatsApp, text, or email.