Division of tongue tie for feeding problems

What is a tongue tie?
Some babies are born with a tongue tie (which has the medical name ankyloglossia). In this condition the fold of skin under the tongue that connects the tongue to the bottom of the mouth is shorter than usual and this restricts the movement of the tongue. The condition may be mild or it can be severe with the tongue being joined to the bottom of the mouth.

Tongue tie can cause problems with breastfeeding such as problems ‘latching on’ (getting the baby in the right position to feed efficiently) and sore nipples. If the baby isn’t feeding efficiently he or she may not gain weight at the normal rate.

What is division of tongue tie?
A division of the tongue tie involves cutting through the fold of skin using sharp, blunt ended scissors. For a very young baby this is usually done without an anaesthetic or using a local anaesthetic. The baby should be able to feed straight after having the procedure. A general anaesthetic is usually used for babies more than a few months old.

What are the alternatives?
The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. It has looked at whether division of tongue tie is safe enough and works well enough for it to be used routinely to help babies with tongue tie to breastfeed.

To produce this guideline NICE has:
- Looked at the results of studies on the safety of the procedure and how well it works.
- Asked experts for their opinions.
- Asked the views of the organisations that speak for the healthcare professional and for babies and parents who will be affected by this guidance.

What are the potential benefits, risks and side effects?
The experts did not agree about how well the tongue tie procedure worked. Some said that it was difficult to tell whether the improvement in breastfeeding happened as a result of the procedure.

What the studies said:
One study compared what happened in babies who had the tongue tie procedure with babies whose mother’s had 48 hours of intensive support from a breastfeeding specialist. Nearly all the mothers of babies who had the division of tongue tie said that breastfeeding had improved 24 hours afterwards. It improved in 19 out of 20 babies. As a comparison, only one mother out of 20 who had support from the breastfeeding specialist said that breastfeeding improved afterwards.

In one study that followed what happened in 215 babies who had the tongue tie procedure, 173 mothers said breastfeeding had improved afterwards. In another study all 70 mothers said that their babies could latch on better after having the procedure. And the 53 mothers who had felt nipple pain said that this improved after their babies had the procedure.
In a third study all 36 babies who had the tongue tie procedure could move their tongues normally three months later.

Many factors influence breastfeeding and support from someone with specialist knowledge is very important.

The division of tongue tie procedure may also be used to help with bottle feeding but the NICE guidance does not cover this.

**Risks and possible problems with the procedure**

The experts said that problems were likely to be very rare although the following were possible - bleeding, infection, ulcers, pain and damage to the tongue and surrounding areas. It was also possible that the tongue tie might return.

The studies did not report many problems after the tongue tie procedure. In one study, four out of 215 babies had an ulcer under their tongue that lasted more than 48 hours. Two studies that included a total of 159 babies found no problems after the procedures. In one study three out of 36 babies slept through the procedure and 39 out of 215 babies slept through it in another study.

**What NICE has decided**

NICE has considered the evidence on division of tongue tie. It has recommended that when healthcare professionals use this procedure for babies with tongue tie they should be sure that:

- The parents or carers understand what is involved and agree (consent) to the treatment and the results of the procedure are monitored.

- The procedure should be carried out by registered healthcare professionals who have been trained to do it.

**What should I do now?**

**Babies 12 weeks or under:**

You will be given the opportunity to discuss tongue tie division with a Specialist trained in tongue tie division (Infant Feeding Specialist in maternity). They will be able to give you information about the procedure, the risks, benefits, the monitoring process and results.

If you decide to request a tongue tie division you will need to give consent to the procedure once you have had a full discussion of the possible risks and benefits.

**Although you will sign a consent form for this treatment, you may at any time after that withdraw such consent. Please discuss this with your Specialist.**

If you decide not to request a tongue tie division you should continue to have specialist feeding support from your Community Midwife or Health Visitor.

**Babies over 12 weeks:**

You will be given the opportunity to discuss tongue tie division with a Specialist trained in tongue tie division (Ear Nose and Throat Specialists)

**Immediately following the procedure**

You will be encouraged and supported to feed your baby immediately after the procedure.
As soon as your baby has fed and if there are no problems and no bleeding, you and your baby will be able to go home.

**Follow up**

If you experience any problems such as an infection please contact the Delivery Suite at the conquest ext 8936 or Eastbourne Midwifery Unit 01323 414911 on either site.

A summary letter will be sent to your GP, community midwife and health visitor.

**Other sources of information**

Mr Kirkland ENT Consultant  
Naomi Burnside Infant Feeding Specialist Midwife  
Chin Barton Senior Sister ENT East Sussex Healthcare NHS Trust  
Conquest - (01424) 758091 Hastings (24 hour contact)  
Eastbourne - (01323) 417400 ext 4109 (24 hour contact)  
24 Hour Contact 01892 654080

The NICE website: [www.nice.org.uk](http://www.nice.org.uk)

The Baby Friendly Initiative has a lot of information on breastfeeding support: [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

This leaflet is based on information from the National Institute for Health and Clinical Excellence information leaflet on Division of ankyloglossia (tongue tie) for breastfeeding.

**Important information**

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

**Your comments**

We are always interested to hear your views about patient information. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

**Hand hygiene**

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

**Other formats**

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

**Conquest Hospital**

Email: palsh@esht.nhs.uk - Telephone: 01424 758090
After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference
Written by: Jayne Collins – Infant feeding Specialist Midwife

The following clinicians have been consulted and agreed this patient information: Gayle Clarke Practice Development Specialist Midwife, Dexter Pascall Consultant obstetrician and Gynaecologist.

The directorate group that have agreed this patient information leaflet: Women and Children’s Clinical Unit

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Responsible clinician/author: Naomi Burnside – Infant feeding Specialist Midwife

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