Division of Tongue Tie (Ankyloglossia) Guideline

Summary statement: How does the document support patient care?	Provides guidance to health care professionals on tongue tie and the process for referral including information for tongue tie practitioners
Staff/stakeholders involved in development:	Consultant Paediatricians, Infant Feeding Group, Joint Obstetric Guideline Group Members
Division:	Women and Children's
Department:	Maternity
Responsible Person:	Chief of Service
Author:	Public Health Midwife
For use by:	Medical, Paediatric, Nursing and Midwifery staff
Purpose:	To provide a robust assessment and referral for those mother/birthing parents and babies experiencing feeding difficulties in relation to tongue tie
This document supports:	NICE (2005) Division of Ankyloglossia (Tongue Tie) for Breastfeeding: Interventional Procedure Guidance 149
Key related documents:	**UHSussex Maternity (SRH&WH) Guidelines:** Infant Feeding, Hypoglycaemia and Reluctant Feeder
Approved by:	Joint Obstetric Guideline Group
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Expiry Date:	March 2026
Review date:	September 2025
If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	
Reference Number:	CG12033

Version	Date	Author	Status	Comment
1.0	July 2012	L. Cosgrove	Archive	New Trustwide Maternity Guideline
2.0	July 2015	D. Bell	Archive	
3.0	May 2018	S Crisp	Archive	3 yearly update
4.0	August 2018	S. Crisp	Archive	amendment
5.0	February 2020	C Parr	Archive	Reformatted, change of assessments, links to appendices.
6.0	January 2023	F. Humberstone, Infant Feeding Lead	Archived	Three year review Information on oral thrush added. Parent information updated.
6.1	July 2023	S. Harris Infant feeding Midwife	Archived	Updated Appendix 1: Tongue Tie Assessment and Division form New Appendix 6: Frenulotomy Safety Checklist.
6.2	November 2023	F. Humberstone, Infant Feeding Lead	LIVE	Updated Appendix 1: Tongue tie Assessment & Consent form

The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.
If in doubt contact a senior colleague or expert.

Contents

Division of Tongue Tie (Ankyloglossia) Guideline

1.0 Aim

The aim of this guideline is to provide a resource for staff caring for mothers/birthing parents and their babies who have breastfeeding or bottle-feeding concerns relating to tongue tie.

The guidance should help to provide consistency in the information provided to parents in relation to infant feeding, and where assessment and division of Tongue-tie may be beneficial.

2.0 Scope

This guideline applies to all staff involved in providing feeding support:

- Midwives
- Neonatal staff
- Maternity assistants
- Maternity support workers

3.0 Abbreviations used in this guideline

MSW - Maternity Support Worker	**SCBU -** Special Care Baby Unit
SRH - St Richard's Hospital	**TABBY -** Tongue Assessment Tool
MIS - Maternity Information System	

4.0 Introduction

Ankyloglossia, also known as Tongue Tie is a congenital anomaly characterised by an abnormally short lingual frenulum which restricts mobility of the tongue. It varies in degree, from a mild form, in which the tongue is bound only by a thin mucous membrane, to a severe form, in which the tongue is completely fused to the floor of the mouth. Breastfeeding difficulties may arise from the inability to suck effectively, causing sore nipples and mastitis in the mother and poor infant weight gain.

5.0 Symptoms of Tongue Tie

Many visible tongue-ties are asymptomatic and do not require treatment and some may resolve spontaneously with time. This is why it is essential to perform a full feeding assessment and provide support and advice on effective positioning and attachment *prior* to discussing the presence of a tongue-tie. The feeding assessments for breastfeeding babies

can be found in the Baby Postnatal Record. Below is a list of symptoms which may be present for a mother/birthing parent and baby dyad, affected by a tongue tie.

5.1 Breastfeeding

For mother/birthing parent:

- Sore damaged nipples despite good positioning and attachment
- Nipple pain while feeding (not just discomfort during the first few sucks)
- Engorgement
- Recurrent mastitis
- Exhaustion from frequent feeding
- Reduced milk supply due to baby not latching well leading to frequent long feed
- Cessation of breastfeeding

For baby:

- Difficulty attaching to the breast or remaining attached
- Feeding for long periods of time with only short breaks in between
- Unsettled baby appearing to be hungry most of the time
- Poor weight gain
- Fussiness at the breast
- Wind due to poor attachment
- Noisy feeding - clicking, smacking
- Reflux or vomiting after feeds

5.2 Bottle feeding

- Feeds take a long time
- Dribbling a lot during feed
- Baby may appear very windy or ‘colicky’
- Noisy feeding and only taking a small amount of milk at each feed
- Difficulty staying attached
- Poor weight gain or faltering growth
- Reflux or vomiting after feeds despite pace feeding

6.0 Referral

Referral to the Tongue Tie Clinic is for feeding concerns relating to tongue tie only. Referrals made for concerns regarding speech or other issues will not be treated. These parents should be signposted to their GP for further discussion. Please note: a visible frenulum with no feeding difficulties will also not be divided.

In all situations parents should have access to the relevant patient information leaflet, or a hard copy can be given to the parents if preferred.

Referral for tongue tie division can be made by any health professional that has performed a feeding assessment.

This can be done by contacting:

- SRH infant feeding team on 0780 8099 829 - Monday clinic.
- Worthing Paediatric Outpatients extension: 86700 - Wednesday clinic/ or 3rd Friday of the month.

Please have available when calling:

- Name
- Hospital number
- Date of Birth
- Address
- GP and Surgery name

Please note: Babies can be seen on either site, whether born at St Richards' or Worthing hospitals, however, a baby can only have a division performed up to 8 weeks and 5 days of age. Please consider this when making an appointment, especially if there is a waiting list. To avoid delay, if you know that the baby will be older than 8 weeks and 5 days of age, please refer directly to Southampton or Brighton (see section 8.1 for links).

6.1 Assessment prior to referral

In the case of all breastfeeding babies, a full breastfeeding assessment must be undertaken and a management plan put in place, to maintain lactation and support the mother/birthing parent until a tongue tie assessment can be performed. All feeding assessments should be documented on MIS and the parents should be asked to bring these to their appointment.

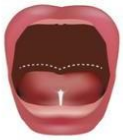
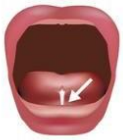
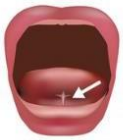
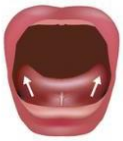
As part of the assessment, staff may choose to use the Tabby assessment tool, but this is not essential. The main part of the assessment is to observe a full feed and make any adjustments, to ensure correct positioning and attachment. If problems still persist following intervention, then it is deemed appropriate to refer to the clinic for full oral assessment by a tongue tie practitioner.

6.1.1 (TABBY) Tongue Assessment Tool

Using the TABBY Assessment Tool (see below) will give the baby being assessed a score out of 8.

- 8 indicates normal tongue function
- 6 or 7 are considered borderline: suggest a 'wait and see' approach, with support for breastfeeding positioning & attachment
- 5 or below suggests that there is impairment of tongue function: this may or may not be having an effect on breastfeeding.

TABBY Tongue Assessment Tool

	0	1	2	SCORE
What does the tongue-tip look like?				
Where it is fixed to the gum?				
How high can it lift (wide open mouth)?				
How far can it stick out?				

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When bottle feeding, it is essential to teach *Paced bottle feeding* and consider changing the bottle teats *before* referral to the clinic.

Prior to the appointment, the Tongue Tie Assessment form (see appendix 1) must be completed by a maternity care assistant , to confirm the appointment has been booked for a valid reason and pre-checks are completed to ensure Vitamin K has been administered and baby is the appropriate age.

- If parents have declined Vitamin K they should be signposted to their GP for a clotting screen to establish if the baby can undergo a procedure safely. By the time a result is ready, the baby may be over the 8 week and 5 day cut-off. In this case, referral to a specialist referral centre should be made to avoid delay.
- Please ask for parent not to feed baby immediately prior to the appointment, so baby is eager to feed. This is particularly useful in the case of any bleeding post-procedure

A note on thrush: Thrush is rare in babies under 6 weeks. Please ensure you do not postpone the appointment, unless parents report clear symptoms. These should include Lesions and redness on cheeks and white spots around the gums and tongue. A white coating on the tongue is **not** diagnostic of thrush and can be due to the tongue-tie itself.

If a baby is near the end of a course of treatment and symptoms are mild, the appointment can still take place and division performed at the discretion of the practitioner.

6.2 Inpatients

Inpatient tongue tie divisions have the potential to be carried out on an ad-hoc basis, either on the ward, or the birth centre, but only when a practitioner is available and their work-load will allow. A feeding assessment must have taken place prior to referral, as with all other referrals to clinic.

Babies on the SCBU requiring a tongue tie assessment, should have written documentation by their consultant paediatrician in the medical record, agreeing to the procedure if required. A feeding assessment should also take place for these babies to ascertain there are no other causes for the poor feeding, prior to division.

Any pre-term babies have the potential to have their age adjusted inline to what their age would have been if born at term. These babies can therefore receive their division if over 8 weeks but this must be supported by their lead consultant paediatrician with written confirmation in the medical record and carried out by a tongue tie trained SCBU Nurse as this is beyond a midwives scope of practice/ responsibility.

7.0 Training

Any midwife or nurse completing an assessment of tongue tie and division will have undertaken the appropriate training. A copy of the training record should be kept with the Maternity Practice Education Team as a record of competency and must also be provided if the training took place externally to this Trust.

8.0 Clinical assessment

A detailed assessment should first take place using the Tongue tie Assessment and Division Clinic form and the Frenulotomy Safety Checklist. This should include the following:

- Assessment of breastfeeding
- Maternal and birth history
- Family history
- Assessment of tongue structure and function using the assessment tool and TABBY scoring (see section 6.1.1) and palate inspection using torch and tongue-depressor
- Clinical judgement: is the feeding problem caused by the tongue-tie; considering maternal anatomy.
- Discussion with parents.
- Ensure baby has received IM vitamin K or 2 doses of oral vitamin K.

8.1 Contraindications

Contraindications to performing a frenulotomy may include an unusually thick frenulum, or where the presence of blood vessels can be identified. These cases will need referral to a specialist centre with a neonatal surgeon:

- Southampton Children's Hospital (up to 8 months old). A referral form can be sent to them directly by the tongue tie practitioner. Please follow this link for referral to them Southampton Children's Hospital - tongue tie - referring a baby for tongue-tie division - University Hospital Southampton (uhs.nhs.uk)
- Brighton Paediatric Surgeon (up to 6 months old) email the assessment to bsuh.ttbrightonsurgeons@nhs.net

9.0 Pre Division discussion

- Explain procedure to the parents including the risk factors and complete a consent form.
- Provide an opportunity for parents to ask any questions.
- If parents decide not to proceed, ensure appropriate follow-up is in place for continued feeding support, at home or in the local community.
- Document plan in notes.

10.0 Tongue Tie Division

The procedure should be performed in an identified clinical area with access to emergency call system, hand washing facilities, direct light and sufficient privacy to allow the mother/birthing parent to facilitate skin to skin and breastfeeding.

If the procedure is being carried out outside of the normal Tongue Tie Assessment Clinic then the midwife/nurse in charge and the on-call paediatrician should be informed that the procedure is about to take place.

- Ask the mother/birthing parent to prepare to feed her baby, following the procedure.
- Lay out all the equipment prior to the division, maintaining aseptic technique and count swabs with the assistant.
- No anaesthetic is required.
- Wrap the baby in a clean towel with arms secure and head firmly supported.
- Wash hands and apply sterile gloves.
- Following the procedure, apply a sterile swab firmly against the floor of the mouth until bleeding has slowed/stopped.
- Return the baby to the mother/birthing parent for feeding as this will alleviate pain and help stop bleeding.
- Observe the feed and if required correct the latch or position/discuss paced bottle feeding The assistant is to remain in attendance until haemostasis has been achieved
- If bleeding persists the baby should be seen by the on-call paediatrician before going home/ returning to ward (refer to section 11.0).

11.0 Bleeding

A small amount of bleeding is common after tongue tie division and usually resolves within a couple of minutes.

- Feeding the baby at the breast or on a bottle, immediately after the procedure, is the most comfortable and effective way to stop the bleeding.
- The action of sucking naturally puts pressure on the wound by compressing the floor of the mouth.
- If the baby refuses to feed, or ~~are~~ is unable to latch onto the breast, the baby can suck the practitioner's gloved finger or a parent's finger.
- If there is excessive bleeding or any immediate problems a paediatrician must review the baby. (See Appendix 5 for more detailed instruction).

Where bleeding is heavy or prolonged:

- Start the proforma and ask MSW to complete.
- Apply pressure over the wound using gauze for at least a timed 5 minutes.
- If the gauze becomes soaked during this time, replace the gauze and ensure you are pressing under the tongue on the raw area, use 2 fingers side by side, to increase the surface area you are covering.
- Wait for another 5 minutes and then re-examine the wound. Avoid removing the gauze before this time as this can prolong the bleeding.
- If bleeding persists, apply Kaltostat dressing for a further 5 minutes.
- If it is clear that bleeding is not slowing, bleep the on-call paediatric registrar to attend.
- A further Kaltostat dressing may be required at this point.
- The paediatrician once in attendance can apply a couple of drops of adrenaline to a damp gauze and re-apply. Bleeding is likely to cease within a couple of minutes.

If all this fails, you will have to invoke surgical help (estimated risk 1: 100,000) Silver Nitrate, electrocautery and suturing are options at this point.

Babies that have endured a long period of sublingual pressure followed by some form of surgery may have considerable oedema coupled with oral aversion, and so they will need to be kept under very close supervision until they are feeding normally. A prompt naso-gastric tube for initial stress-free feeds is very useful and avoids an unnecessary intravenous infusion.

12.0 Post procedure

Discuss post-procedure information with the parents and give information leaflet.

Discussion to include:

- Risk of infection, appearance / of the wound and post-procedure exercises (appendix 3).
- Make Arrangements for the midwife or maternity support worker to visit the following day or to provide telephone advice if under midwifery care.
- If under the care of the Health visitor, advise the parents to contact them for further support if required and make them aware of local support such as 'Milk' groups.
- Provide parents with the GP letter.

- Document in the red book or MIS, whichever is currently in use.

13.0 Audit

Audit of outcomes for this guideline is monitored through the Infant Feeding Team.

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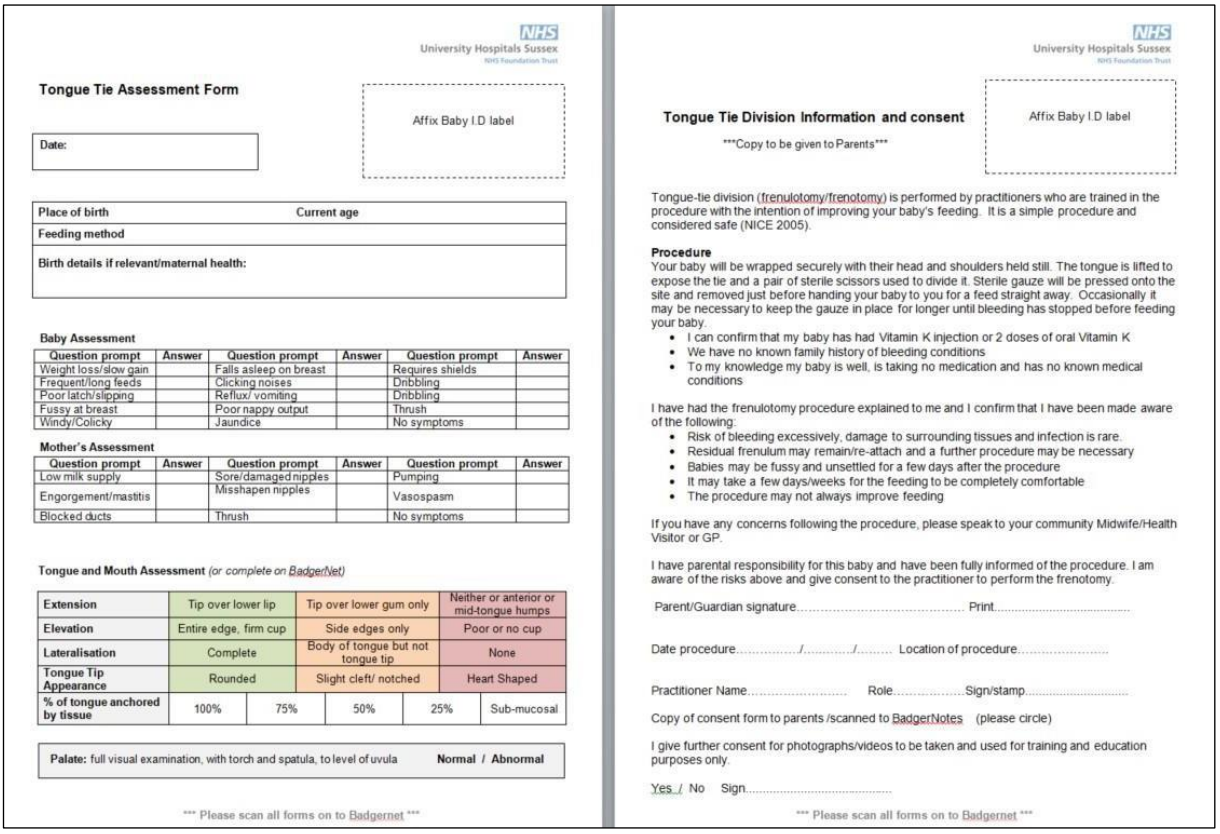
Appendix 1: Tongue tie Assessment & Consent form

DO NOT PRINT FROM GUIDELINE



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Tongue Tie Assessment Form

Affix Baby I.D label

Date:

Place of birth	Current age
Feeding method	
Birth details if relevant/maternal health:	

Baby Assessment

Question prompt	Answer	Question prompt	Answer	Question prompt	Answer
Weight loss/slow gain		Falls asleep on breast		Requires shields	
Frequent/long feeds		Clicking noises		Dribbling	
Poor latch/slipping		Reflux/ vomiting		Dribbling	
Fussy at breast		Poor nappy output		Thrush	
Windy/Colicky		Jaundice		No symptoms	

Mother's Assessment

Question prompt	Answer	Question prompt	Answer	Question prompt	Answer
Low milk supply		Sore/damaged nipples		Pumping	
Engorgement/mastitis		Misshapen nipples		Vasospasm	
Blocked ducts		Thrush		No symptoms	

Tongue and Mouth Assessment *(or complete on BadgerNet)*

Extension	Tip over lower lip	Tip over lower gum only	Neither or anterior or mid-tongue humps	
Elevation	Entire edge, firm cup	Side edges only	Poor or no cup	
Lateralisation	Complete	Body of tongue but not tongue tip	None	
Tongue Tip Appearance	Rounded	Slight cleft/ notched	Heart Shaped	
% of tongue anchored by tissue	100%	75%	50%	25%	Sub-mucosal

Palate: full visual examination, with torch and spatula, to level of uvula **Normal / Abnormal**

*** Please scan all forms on to Badgernet ***

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Tongue Tie Division Information and consent

Affix Baby I.D label

Copy to be given to Parents

Tongue-tie division (frenulotomy/frenotomy) is performed by practitioners who are trained in the procedure with the intention of improving your baby's feeding. It is a simple procedure and considered safe (NICE 2005).

Procedure

Your baby will be wrapped securely with their head and shoulders held still. The tongue is lifted to expose the tie and a pair of sterile scissors used to divide it. Sterile gauze will be pressed onto the site and removed just before handing your baby to you for a feed straight away. Occasionally it may be necessary to keep the gauze in place for longer until bleeding has stopped before feeding your baby.

- I can confirm that my baby has had Vitamin K injection or 2 doses of oral Vitamin K
- We have no known family history of bleeding conditions
- To my knowledge my baby is well, is taking no medication and has no known medical conditions

I have had the frenulotomy procedure explained to me and I confirm that I have been made aware of the following:

- Risk of bleeding excessively, damage to surrounding tissues and infection is rare.
- Residual frenulum may remain/re-attach and a further procedure may be necessary
- Babies may be fussy and unsettled for a few days after the procedure
- It may take a few days/weeks for the feeding to be completely comfortable
- The procedure may not always improve feeding

If you have any concerns following the procedure, please speak to your community Midwife/Health Visitor or GP.

I have parental responsibility for this baby and have been fully informed of the procedure. I am aware of the risks above and give consent to the practitioner to perform the frenotomy.

Parent/Guardian signature..... Print.....

Date procedure...../...../..... Location of procedure.....

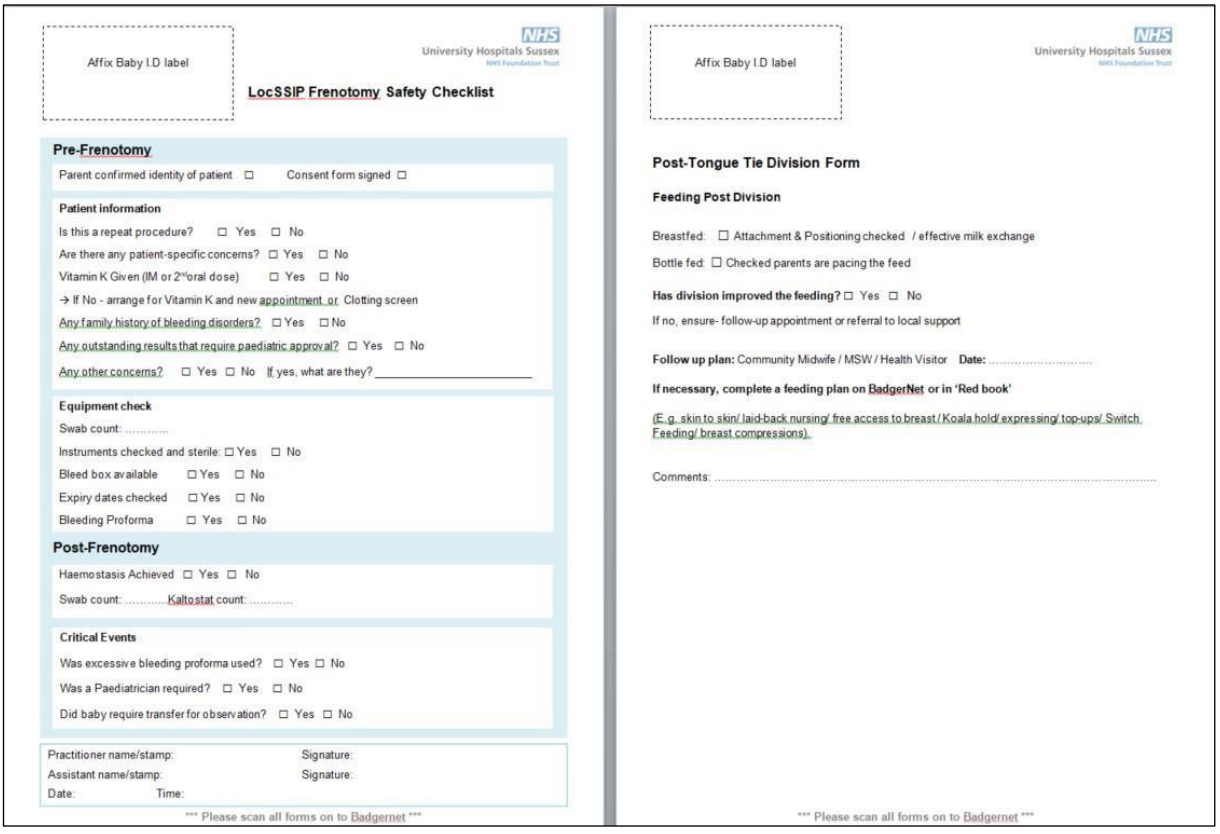
Practitioner Name..... Role.....Sign/stamp.....

Copy of consent form to parents /scanned to BadgerNotes (please circle)

I give further consent for photographs/videos to be taken and used for training and education purposes only.

Yes / No Sign.....

*** Please scan all forms on to Badgernet ***



Affix Baby I.D label

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LocSSIP Frenotomy Safety Checklist

Pre-Frenotomy

Parent confirmed identity of patient ☐ Consent form signed ☐

Patient information

Is this a repeat procedure? ☐ Yes ☐ No

Are there any patient-specific concerns? ☐ Yes ☐ No

Vitamin K Given (IM or 2nd oral dose) ☐ Yes ☐ No

→ If No - arrange for Vitamin K and new appointment or Clotting screen

Any family history of bleeding disorders? ☐ Yes ☐ No

Any outstanding results that require paediatric approval? ☐ Yes ☐ No

Any other concerns? ☐ Yes ☐ No If yes, what are they? _____

Equipment check

Swab count: .....

Instruments checked and sterile: ☐ Yes ☐ No

Bleed box available ☐ Yes ☐ No

Expiry dates checked ☐ Yes ☐ No

Bleeding Proforma ☐ Yes ☐ No

Post-Frenotomy

Haemostasis Achieved ☐ Yes ☐ No

Swab count: ..... Kaltostat count: .....

Critical Events

Was excessive bleeding proforma used? ☐ Yes ☐ No

Was a Paediatrician required? ☐ Yes ☐ No

Did baby require transfer for observation? ☐ Yes ☐ No

Practitioner name/stamp: Signature:

Assistant name/stamp: Signature:

Date: Time:

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Affix Baby I.D label

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Post-Tongue Tie Division Form

Feeding Post Division

Breastfed: ☐ Attachment & Positioning checked / effective milk exchange

Bottle fed: ☐ Checked parents are pacing the feed

Has division improved the feeding? ☐ Yes ☐ No

If no, ensure- follow-up appointment or referral to local support

Follow up plan: Community Midwife / MSW / Health Visitor **Date:** .....

If necessary, complete a feeding plan on BadgerNet or in 'Red book'

(E.g. skin to skin/ laid-back nursing/ free access to breast / Koala hold/ expressing/ top-ups/ Switch Feeding/ breast compressions).

Comments: .....

*** Please scan all forms on to Badgernet ***

Appendix 2: Tongue tie pre-appointment assessment form

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Pre-Appointment Telephone Assessment

Baby Name:	**Mother's Name:**
Baby NHS Number: **Baby Hospital Number:**	**Baby Date of Birth:**
Date form completed: **Current Age of Baby:** Please contact Infant Feeding Lead if baby is 8 weeks at time of referral.	**Name of person referring:** Midwife / Health Visitor *(circle)*
MSW/ Midwife completing form:	
Appointment Date & Time:	**WH / SRH** *(circle)*
Age on day of appointment:	

Reason for Appointment:

☐ Breastfeeding issue ☐ Bottle feeding issue

Feeding concerns:

Mother

- Sore nipples despite good attachment
- Misshapen nipples post-feed
- Engorgement
- Mastitis
- Low milk supply
- Blocked ducts
- Thrush
- Exhaustion from frequent feeds
- Using nipple shields
- Only feeding off one side
- Anaemia/ large blood loss at birth

If bottle feeding, please make sure you ask them to try different types of teat prior to appointment to see if this resolves the issues (unless wanting to breastfeed).

Baby

- Slow/ no weight gain
- Fussiness at the breast
- Dribbling milk
- Wind/reflux/vomiting after feeds
- Noisy feeding – clicking, smacking
- Jaundice
- Stool concerns (colour/frequency)
- Urine output
- Topping up – EBM / AF (circle)
- Thrush
- Difficulty attachment to the breast or remaining attached
- Long feeds with only short breaks between
- Unsettled baby appearing to be hungry most of the time

Tongue Tie Pre-Appointment Telephone Assessment v3 March 2023

Tongue Tie Infant Feeding Clinic

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Clinic Checklist:

1. **Has the baby had IM Vitamin K at birth or 2nd dose of oral Vitamin K at least 24 hours ago?**

   Yes / No

   If the answer above is "No", cancel appointment and inform Infant Feeding Lead.

2. **Is there a family history of bleeding disorders?**

   Yes / No

   If yes, please write more information in box below and inform Infant Feeding Lead.

3. **Does the baby have confirmed or suspected thrush?**

   *Symptoms include: Lesions and redness on cheeks and white spots around the gums and tongue. A white coating on the tongue is **not** diagnostic of thrush and can be due to the tongue-tie itself.*
   If a baby is near the end of a course of treatment and symptoms are mild (i.e. no open wounds in mouth), the appointment can still take place and division performed at the discretion of the practitioner.

   Yes / No

   If yes, please write more information in box below and inform Infant Feeding Lead.

4. **Does the baby still meet the criteria for an appointment +/- division?**

   Yes / No

5. **Does any household member have symptoms of COVID-19?**

   Yes / No

If yes to Q4, appointment can go ahead, but ensure practitioner informed to ensure protective measures are carried out.

6. **Is the family aware that face masks will need to be worn for the appointment?**

   Yes / No

****Please make parents aware that each appointment is only 30 minutes long. If they are late to a full clinic we will have to rearrange their appointment. ****

Any other information:

Tongue Tie Pre-Appointment Telephone Assessment v3 March 2023

Appendix 3: Post Tongue Tie Division Information for parents

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Infant Feeding Clinic

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Post-Tongue Tie Division Information for Parents

Wound Appearance and Discomfort

A small white/yellow area often appears beneath the tongue within 24 hours of the procedure. It often looks like the shape of a diamond. This is part of the normal healing process but can look odd in comparison to the pink flesh surrounding it. Please try not to worry; you will see this improve over the next few days.

Babies may feel some discomfort after the procedure and if your baby does cry more than normal this usually settles within 24 hours. To settle your baby, it helps to continue to breastfeed them, have skin to skin contact and cuddle them regularly. If you feel this is going on for longer than 24 hours then your GP may prescribe some paracetamol at a suitable dose for babies less than 8 weeks old.

The risk of infection is very small; however, please contact your GP, 111 or local hospital if your baby does suffer from the following in the first few days following the procedure:

- High temperature (38c or above)
- Not feeding
- Excessive dribbling
- Pain

Exercises

Feed your baby frequently. Some simple tongue exercises can be started the next day and continued for 2 weeks. These should be gentle and not unpleasant for your baby. You can make them fun. The purpose of the exercises is to improve tongue function.

- Stick your tongue out at your baby to encourage your baby to copy!
- Clean your hands thoroughly before putting your fingers into your baby's mouth.
- Rub a finger over your baby's lower gum, side to side. Avoid area where the division has taken place. Your baby's tongue will follow you.
- Let your baby suck your finger, pad side up. Play gently 'tug of war' with your baby.
- When your baby is sleeping, gently press down on his/her chin for a few seconds to open their mouth. This can result in a gentle tongue stretch.

Bleeding

If your baby vomits after the procedure you may notice some pinkness in the milk/vomit. Similarly, you may notice a small streak of blackness in your baby's stool later on due to a small amount of blood that has been swallowed with the first feed after the procedure.

Before you leave the clinic the tongue tie practitioner will ensure there is no bleeding from the wound. However, if bleeding does restart, please follow the tips below:

- Feed your baby as this helps to stop any bleeding.
- If your baby does not want to feed then try to get them to suck on your clean finger.
- If this does not help, apply continuous pressure for 10 minutes with a clean dry cloth or gauze swab (do not use cotton wool) and the bleeding should stop. Do not apply pressure under the baby's chin as this can affect breathing.

Post-Tongue Tie Division Information for Parents v2 March 2023 1

If after feeding or applying pressure the bleeding has not stopped, or if at any time you are concerned about your baby's wellbeing, we advise you to go to your local Accident and Emergency (A&E) department. Keep continuous pressure under your baby's tongue using a clean cloth until the bleeding has stopped or you have arrived in A&E.

Breastfeeding and Skin to Skin

We recommend that you practice skin to skin and laidback nursing and allow the baby to have as much access to the breast for the next 48 hours at least. You may find that your baby is calmer whilst in skin to skin and breastfeeding reflexes of the baby are best in this position. Skin to skin also helps with maintaining your breastmilk supply.

Tips:

- Lay back with pillows behind your back and head.
- Place your naked baby (they can have a nappy on) on your bare chest.
- Ensure baby is laid lower than your breasts as the natural inclination is for your baby to 'crawl' up to your breast.
- Depending on room temperature make sure your baby's back is covered with a blanket.

You may notice an immediate change in your breastfeeding experience but sometimes improvements happen gradually. Babies can be seen to move their tongues around, push them out, and have an improved latch. For some mothers this improvement will take several feeds, with the baby having to adjust their feeding technique with their 'new' more mobile tongue.

Occasionally, there may appear to be no improvement and you may need to express milk to maintain your breastmilk supply and to keep your breasts comfortable. We suggest you attend your local breastfeeding support groups and get in touch with your midwife/health visitor to ensure ongoing feeding support.

As well as your local MILK! Groups (appointment made via your Health Visitor) you can get support from national sources:

- National Breastfeeding Helpline: Telephone: 0300 100 0212
- La Leche League Breastfeeding Helpline: Telephone: 0345 120 2918
- Association of Breastfeeding Mothers Counselling Helpline: Telephone: 0300 330 5453.

Video: Exaggerated latch technique

Scan this QR code using your mobile phone camera.

Link: https://youtu.be/41fC0fQs1P8

Appendix 4: Letter to GP template

DO NOT PRINT FROM GUIDELINE

Access here on StaffNet.

NHS
University Hospitals Sussex
NHS Foundation Trust

Date.....

Dear Doctor,

Re: Baby's details

Addressograph

Mother's Name.....

We would like to inform you that the above mother and baby was assessed in the Tongue Tie Clinic, on the date above, and was found to have feeding concerns directly relating to tongue tie (ankyloglossia). A frenulotomy (tongue-tie division) has been performed today and the mother has been signposted to receive ongoing feeding support.

Yours sincerely,

Tongue Tie Practitioner

For further queries please contact:

Infant Feeding Lead: 01243 788122 ext. 32994

Infant Feeding Team:

Email: uhsussex.infantfeeding@nhs.net

Telephone: St. Richard's, Chichester: 07808099829 Worthing: 07808099816

Tongue Tie Clinic GP Letter V2 March 2023 – Infant Feeding Team

Appendix 5: Frenultomy Excessive Bleeding Proforma

DO NOT PRINT FROM GUIDELINE

Frenulotomy (Tongue Tie Division) Excessive Bleeding Proforma

Date:

Person completing proforma:

Baby addressograph label

People present in room	Name	Time of arrival
Tongue-tie practitioner		
Maternity Support Worker		
Trainee tongue-tie practitioner		
Parent		
Other		
Paed SHO		
Paed Reg.		
Paed Consultant		

Please complete time for all steps required:	Time
Frenulotomy performed/1st gauze applied	
2nd gauze applied-2 finger technique (5 minutes)	
1st Kaltostat applied (5 minutes)	
2nd Kaltostat Applied-Registrar bleeped (apply for 5 minutes)	
3rd Kaltostat (if needed)	
Paediatrician arrived	
2 drops of adrenaline onto to a damp gauze and applied 5 minutes or:-	
Haemostasis achieved	
If bleeding persists: Arrange for transfer to ward for observation/ further adrenaline/ or surgical review. Refer to guideline for advice.