

# Tongue-tie

Tongue-tie is a condition that involves a small piece of tissue that connects our tongue to the bottom of the mouth. This is called the lingual (meaning tongue) frenulum, often just called the frenulum.

Everyone has a frenulum, and everyone's frenulum is a different length and thickness. Sometimes a person's frenulum isn't visible. When a baby's frenulum is short or tight it can stop their tongue from moving properly. This is called a tongue-tie (also called ankyloglossia).

Around 5 to 10 percent of babies are born with a tongue-tie, but at least half of these babies can still breastfeed normally. That means around 2 to 5 percent of babies have a tongue-tie that may cause a problem with breastfeeding or bottle feeding.

## Why can tongue-tie be a problem?

Most babies born with a tongue-tie don't have any problems breastfeeding and don't need any treatment.

But for some babies, the tongue-tie means they can't move their tongue well enough to feed effectively. These babies may also have difficulty latching or staying latched on to their mothers' breasts. Babies with a severe tongue-tie can also have problems bottle feeding.

Some babies have difficulties latching straight after birth even when they don't have a tongue-tie. It can take time for both mother and baby to recover from birth and learn how to breastfeed. Once they do, these problems often go away.

## Signs a baby's tongue-tie is causing problems

If your baby's tongue-tie is making it difficult for your baby to latch on, or stay latched on, you will notice some of these signs.

### For the mother

- Breastfeeding is painful during the whole of the feed.
- Your nipples may become sore, blistered, cracked, bleeding or bruised.
- You don't make enough milk to meet your baby's changing needs.

### For the baby

- Baby may have difficulty latching or staying latched for a full feed.
- Baby may seem unsettled or fussy during feeds, for example they may bob on and off the breast.
- Baby may make clicking or slurping noises while they are feeding.
- You may notice you don't have to change their nappies much because they produce less urine and poo.
- Your baby might gain weight slowly, not at all, or even lose weight.
- Your baby's feeds are too short or too long, and your baby remains unsatisfied, despite being offered at least eight breastfeeds every 24 hours.

All these signs can be caused by other things, so it's important to have a breastfeeding assessment to see what is causing the problem.



## How can I get a breastfeeding assessment?

If you are worried about how your baby is feeding and think they may have a tongue-tie, ask to have a breastfeeding assessment.

Your midwife or Lead Maternity Carer<sup>1</sup> (LMC) can refer you to a lactation consultant for an assessment.

The referral process will vary across the country and your midwife/LMC will know who to refer you to in your local area.

## The assessment

During the assessment, a lactation consultant will talk to you about your baby's feeding history. They will watch your baby breastfeeding and adjust your breastfeeding technique if necessary. They will also look at how your baby's tongue is moving and how their frenulum is attached.

The lactation consultant will use a simple scoring tool to determine the degree of tongue-tie and whether it needs to be treated.

Your baby can be assessed as early as two days after they are born if they have severe feeding problems. However, it's best to wait for a week to let normal feeding patterns develop.

## How is tongue-tie treated?

If your breastfeeding assessment suggests your baby's tongue-tie is causing problems, baby can have a tongue-tie release, (also called a tongue-tie snip, a division of the frenulum, or a frenotomy). This may make it easier to breastfeed. There is no evidence at the moment that a tongue-tie release in a newborn baby will prevent later speech or dental problems.

Your lactation consultant or midwife can refer your baby to a health professional trained in tongue-tie release. This can happen through the public health system, or you can pay to have it done privately.

Health professionals that can conduct frenotomy:

- registered midwife (they may also be a lactation consultant)
- general Practitioner (GP)
- child health doctor
- dentist/dental specialist.

Talk to your lactation consultant or LMC about what will suit you best.

1. A Lead Maternity Carer can be a midwife, GP or private obstetric specialist.



## Tongue-tie release

A tongue-tie release is a quick and simple procedure. Your baby must have had Vitamin K beforehand and if they have not had Vitamin K the release will not be done.

Most babies show very little distress but may be upset about being wrapped and held firmly. Your baby will be wrapped securely (swaddled) and held carefully so they don't wriggle while it is being done. They may be given a small amount of breast milk or sucrose (sugar), that reduces pain.

The health professional conducting the tongue-tie release will lift your baby's tongue and cut their frenulum with a pair of sterile scissors. There should be very little bleeding.

Immediately after the release you will be encouraged to feed your baby. You may also be shown some changes you can make to how you breastfeed.

Most babies have a tongue-tie release before they are two months old. If your baby is older, or has a more complicated tongue-tie, they may need to be treated under general anaesthetic by a surgeon.

## What to expect after the release

Some mothers notice a difference straight away after the release, while others need more time to relearn breastfeeding with their baby's more mobile tongue. Some mothers say it makes no difference.

If your baby is older than two months, it is likely to take several days to a few weeks before you see the full effect.

If the feeding difficulties continue it may be that there are other problems affecting your baby's feeding and baby may need further assessment. Your midwife, GP, practice nurse, or Well Child Tamariki Ora nurse will follow-up to see how you are going and if you still have problems, they will see what can be done about them.

## Further information

### Tongue-tie

[www.healthinfo.org.nz/tongue-tie.htm](http://www.healthinfo.org.nz/tongue-tie.htm)

[www.breastfeeding.asn.au/bf-info/tongue-tie](http://www.breastfeeding.asn.au/bf-info/tongue-tie)

### Vitamin K

[www.kidshealth.org.nz/vitamin-k](http://www.kidshealth.org.nz/vitamin-k)

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Information provided by HealthInfo Canterbury, Canterbury DHB.

Adapted by the Ministry of Health.

18 September 2020

[www.healthinfo.org.nz](http://www.healthinfo.org.nz)