

Further information and support on breastfeeding and tongue tie.

Successful breastfeeding

It is important to continue breastfeeding your baby on demand. This will increase your milk supply.



Skin to skin contact is also helpful when milk supply has been reduced to unsuccessful breast feeding prior to the tongue tie procedure.

- ✓ Find a comfortable position for you and your baby.
- ✓ Baby's tummy must be against mum's tummy.
- ✓ The baby's nose must be opposite your nipple.
- ✓ The baby's head needs to be free to tilt backwards as they are brought to the breast.
- ✓ The nipple and as much areola as possible should go into baby's mouth.
- ✓ It should not be painful.

Useful Contacts

www.tongue-tie.org.uk

www.nice.org.uk

www.nct.org.uk

“Breastfeeding for Beginners”

By Caroline Deacon

NCT Breastfeed Line

0300 330 0771

La Leche League's 24-hour line:

0842 120 2918

Association of Breastfeeding Mothers:

0844 412 2949

Point of Contact

If you have any problems or concerns, please contact the Paediatric Nurses at Spencer Private Hospitals on 01843 234 555

Spencer
PRIVATE HOSPITALS



0330 019 4980

enquiries@spencerhospitals.com

Ashford

Spencer Private Hospital, William Harvey Hospital,
Kennington Road, Ashford, Kent, TN24 0LZ

Margate

Spencer Private Hospital, Ramsgate Road,
Margate, Kent, CT9 4BG

Tongue Tie Procedure

Patient Information Leaflet

www.spencerprivatehospitals.com

What is tongue tie?

Tongue tie, also known as Ankyloglossia, is an extra piece of skin that goes from the floor of the mouth to the tongue. It holds the tongue in place and can be thicker or shorter than normal.

Why is the procedure needed?

Tongue tie can sometimes affect breast feeding, bottle feeding, speech and even kissing. Releasing the extra piece of skin can make using the tongue much easier and improve feeding for new babies. Not all babies with tongue tie require division.

Before the procedure.

You will be sent a letter confirming your appointment time and asking you to bring your red health book and a shawl to swaddle your baby in.

How is the procedure performed?

Treatment is very simple; the tongue tie is snipped by a trained health professional.

For babies under 4 months old no anaesthetic is needed.

Baby will be wrapped in a shawl to ensure their arms do not wave around. You will be able to carry your baby to the procedure room where a nurse will look after them. You will then wait in another room until the procedure is done.

A nurse will bring them back to you so you can feed them immediately.

Following the procedure.

You will be able to feed your baby immediately after the tongue tie has been released. You may notice a small amount of blood on your nipple, this is very normal and will very soon stop.

There will be breast feeding support available should you need it.

It is important to remember that the tongue tie is a muscle and will need to get used to working in a different way.

Your baby may have a small blister or ulcer under the tongue, but this will go after about 48 hours. There is minimal risk of infection. Should this happen it is important to go to your GP.

We advise that you go back to the breast feeding counsellor who referred you so they can check that the latch is correct.

Exercise to help your baby use their tongue.

The tongue is a muscle and needs to get used to its movements.

Babies are great mimics, so:

- ✓ Stick your tongue out, they will soon copy you.
- ✓ Wiggle your tongue side to side.
- ✓ Move your finger around their lips so they follow it with their tongue.

These exercises will help your baby to move their tongue, aiding successful breast feeding and preventing re-attachment.

Risks involved:

- Bleeding
- Infection
- Re-snipping
- Ulcer formation which heals in 24-48 hours

Benefits

- ✓ Improved latch, so able to continue breast feeding.
- ✓ Reduced pain for Mum.
- ✓ Reduced air swallowing.

Alternatives to the procedure:

- Do nothing and observe.
- Care at home.

