

ANKYLOGLOSSIA (TONGUE-TIE) FOR BREASTFEEDING

Based on NICE IPG 149 and the Cochrane Review for surgical release of tongue-tie for the treatment of tongue-tie in young babies, 2017

INTRODUCTION

- Ankyloglossia (tongue-tie) is the restricted movement of the tongue caused by a short and tight lingual frenulum. These restricted movements may result in difficulties with feeding
- Short lingual frenulum does not always cause problems, and a baby can feed successfully
- Evidence can suggest tongue-tie may cause difficulties in breastfeeding and bottle feeding in some cases
- Feeding support in collaboration with families and babies is essential to determine impact tongue-tie may have
- Frenulotomy is a surgical procedure to release the frenulum so the tongue can move more freely, and feeding may be improved
- Evidence that frenulotomy improves breast feeding is inconsistent
- Individualised feeding assessment and support is crucial for families and babies, and may reduce need for a frenulotomy

INDICATIONS

- A baby with a tongue-tie, where feeding ability is felt to be compromised, may present with several of the following signs:
 - inability to open mouth wide to latch to breast
 - restricted tongue movement
 - difficulty sustaining latch to breast
 - biting/chomping on breast
 - unsettled behaviour during feeds
 - frequent or long feeds
 - clicking noises and/or dribbling during feeds
 - colic/excessive wind
 - reflux (vomiting after feeds)
 - excessive early weight loss and faltering growth
- Parent may experience:
 - sore/damaged nipples
 - nipples that look misshapen/blanched after breastfeeds
 - mastitis
 - low milk supply
 - exhaustion from frequent/constant feeding
 - distress and low mood due to feeding not being established

PROCEDURE

- Refer to appropriately trained healthcare professionals and service. They will:
 - perform tongue-tie assessment using a recommended assessment tool
 - will include clinical feeding case history and assessment in collaboration with families and appropriate health care professionals
 - frenulotomy (if indicated from assessment with consent from families)

Frenulotomy

- Frenulotomy in early infancy is usually performed without anaesthetic (although local anaesthetic is sometimes used)
- Little or no blood loss
- Feeding can be resumed immediately
- Follow-up and ongoing feeding support following procedure is essential

COMPLICATIONS OF PROCEDURE

- May include:
 - pain
 - bleeding
 - recurrence of tongue-tie
 - infection

OUTCOME OF PROCEDURE

- Evidence that division of tongue-tie improves breastfeeding is inconsistent
- NICE 1IPG 49 states “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”
- Cochrane states “In an infant with tongue-tie and feeding difficulties, surgical release of the tongue-tie does not consistently improve infant feeding but is likely to improve maternal nipple pain”