

Breastfeeding and Tongue Tie

This leaflet explains about breastfeeding and tongue ties. If you have any further questions or concerns, please speak to a member of the Infant Feeding Team or midwife in charge of your care.

What is tongue tie?

Tongue tie is when the membrane under your baby's tongue (the frenulum) is shortened or tight and may stop them moving their tongue fully. This may have an impact on how well your baby breastfeeds.

Just because your baby has a visible frenulum doesn't mean they will automatically have trouble breastfeeding.

All babies need to learn to feed at the breast so it's worth waiting for them to try a few times and for your milk to come in before deciding on any treatment. Liaise with your midwife and the Infant Feeding Team and work on your positioning and attachment for around five days.

What are the signs and symptoms?

A tongue tie can look different in different babies. The frenulum may go all the way to the tip of the tongue and make it look heart shaped or it may be hard to see and hidden under the tongue at the back of the mouth. It is not possible to determine how a tongue tie will impact breastfeeding on visual assessment alone.

Do I need any tests to confirm the diagnosis?

A member of the Infant Feeding Team or specialist midwife can assess your baby's tongue mobility and talk to you about the possible effects on your breastfeeding.

How can it affect breastfeeding?

Tongue tie does not always cause problems - many babies will still be able to breastfeed successfully without any medical intervention.

For breastfeeding to work well, your baby needs to be in a good position and attached well at the breast. It often takes lots of time and practice to get this right. Whether your baby has a tongue tie or not, achieving optimal positioning and attachment is the priority.

Having a tongue tie could stop your baby being able to stretch their tongue enough or open their mouth wide enough to latch onto your nipples properly. To protect your nipples during breastfeeding, your baby needs to be able to lift their tongue up and over their lower gum, so your nipple is cushioned and won't get damaged when your baby latches on. Mothers whose baby has a tongue tie may experience the following:

- painful and damaged nipples, putting you at risk of mastitis and other infections
- compressed nipples after a feed
- a reduced milk supply.

A baby with a tongue tie may:

- get tired and frustrated because they keep slipping off and can't get a whole feed
- have short, very frequent or very long feeds lasting over an hour but still be hungry
- have wind because they are taking in air when they try to reattach to your nipple

- have slow weight gain
- make a clicking sound when they suck.

What treatments are available?

Any problems you are experiencing might be solved by simply holding your baby in different positions to improve how they attach onto the breast.

If the symptoms don't improve you could think about your baby having a simple procedure to release the tightness under the tongue. This is called a frenulotomy and only takes a couple of seconds, with no anaesthetic needed. Your baby should be able to feed immediately. Please contact the Infant Feeding Team for assessment and further information.

Useful sources of information

Breastfeeding Network (9:30am to 9:30pm) 0300 100 0210

www.breastfeedingnetwork.org.uk

La Leche League 0845 120 2918 www.laleche.org.uk

Best Beginnings www.bestbeginnings.org.uk

Contact us

If you have any questions or concerns, please contact the Infant feeding Team on 07766 800 365 (Monday to Friday, 9am to 5pm). Out of hours, please contact 020 8725 2012.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit

www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure

everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: MID_BTT_LP_04 **Published:** April 2024 **Review date:** April 2026