Caring for babies after tongue-tie division (frenulotomy)

Lynn Timms, Membership Secretary for the Association of Tongue-tie Practitioners, outlines a new resource

Tongue-tie (ankyloglossia) is a condition that can significantly affect feeding of both breast and bottle-fed babies. The number of babies affected varies from between 3.2 to 10.7% worldwide.¹ It occurs when the membrane under the baby’s tongue (the lingual frenulum) is abnormally short or tight which may restrict the movement and function of the tongue.

Tongue-tie division and after-care

Approximately half of those babies may benefit from minor surgery to divide their tongue-tie (frenulotomy).² This is a low-risk procedure that can take place in the home or in a clinical setting. A crucial part of the consultation includes a pre-division discussion with parents about:

• How their baby may be unsettled for a few days and how this can be managed.
• Normal wound healing and steps to take if there are any concerns.
• The unlikely event of further bleeding and appropriate action.
In order to support both parents and healthcare providers who refer babies for tongue-tie division, The Association of Tongue-tie Practitioners (ATP) has developed a Care after frenulotomy factsheet, resulting from professional conversations within the membership and with parents about post-frenulotomy care. This leaflet clearly outlines ways to manage the above issues that will support discussions during the clinical appointment and help both parents and supporting professionals with ongoing management.

**Ongoing and expert infant feeding support**

Some parents and their supporting professionals consider that dividing a baby’s tongue-tie will resolve all feeding issues. Whilst the procedure, if appropriate to perform, will enable the tongue to move more freely, the issues of entrenched feeding behaviour will still need to be addressed. This new ATP resource stresses the importance of ongoing feeding support to help mothers and babies manage their continuing needs and the value of body work.

**Exercises and wound management**

The leaflet also states the importance of providing evidence-based information; reminds parents and professionals that there is no current evidence to recommend that wound massage or stretching is effective; suggests some gentle fun exercises that parents, with clean fingers, may wish to do to encourage tongue mobility in addition to frequent feeding.

**Redivision of tongue-tie**

For approximately 4% of babies, the wound heals so well that scar tissue forms with a restriction that can have the same effect on feeding as the original tongue-tie. The ATP *Care after Frenulotomy* resource advises that parents make contact with the original practitioner if a marked deterioration in feeding occurs two-to-three weeks after the procedure, for discussion about ongoing care which may include a redivision if needed.

**Reference**


**Take home messages**

- Babies identified with a tongue-tie that is affecting tongue function and feeding may benefit from the frenulotomy procedure.
- Anticipatory discussions supported by ongoing feeding support, bodywork and simple, fun exercises may also help address the presenting feeding issues.
- Information within this ATP Care after Frenulotomy factsheet, which can be inserted into the Personal Child Health Record Book (The Red Book), will support discussions during the consultation and assist with continuity of care.
The **Association of Tongue-tie Practitioners** (ATP) was created in 2012 by a small group of NHS and Independent dividers all passionate about maintaining the best feeding and parenting experience for mother and baby dyads coping with the effects of their baby’s tongue-tie. From these early beginnings, ATP has developed into an established and professionally recognised organisation.

With an Honorary, Full and Affiliate base of over 160 members, the organisation thrives on a variety of professional experiences and disciplines with a shared ethos and interest in tongue-tie.

One of the organisations foundational aims has been to provide resources and education for both parents and healthcare providers who refer babies for tongue-tie division.

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**More information and resources**

See the website of the Association of Tongue-tie Practitioners at http://www.tongue-tie.org.uk for more information about how to contact the Association, become a full or affiliate member and to access the Care after Frenulotomy leaflet and other resources.

Additional ATP resources include:

- **Control of Bleeding Protocol**: ATP has collaborated with both Mr Mervyn Griffiths, retired Consultant Paediatric Surgeon, and Professor Nigel Hall, Consultant Paediatric Surgeon, Head of Wessex Tongue-tie Service, Southampton, to ensure that our [Control of Bleeding Protocol](#) is still relevant and fit for purpose.

- **Updated Tongue-tie and Infant Feeding Leaflet**: developed through working closely with the [Lactation Consultants of Great Britain](#).

- **Tool for peer observation in practice for Tongue-tie practitioners** to support learning and reflective practice, and to provide essential evidence for Nursing and Midwifery revalidation purposes.

- **Adverse event document** as an anonymous means of monitoring challenging post-frenulotomy events.