

Understanding Tongue-Tie: Parent Information

Information and guidance for parents about ankyloglossia (aka tongue-tie)

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Introduction

A tongue-tie (ankyloglossia) is a common condition that can sometimes affect how a baby feeds.

This leaflet is designed to help you understand what tongue-tie is, how it may influence feeding, and what support and treatment options are available. Feeding your baby is one of the most important ways you build connection and provide comfort, so when it feels difficult or tiring it is natural to want to understand why.

Every baby is different. Some feed very well despite a tongue-tie, while others may find feeding more tiring or uncomfortable. Recognising the signs early and seeking support can make feeding more effective and enjoyable for both you and your baby.

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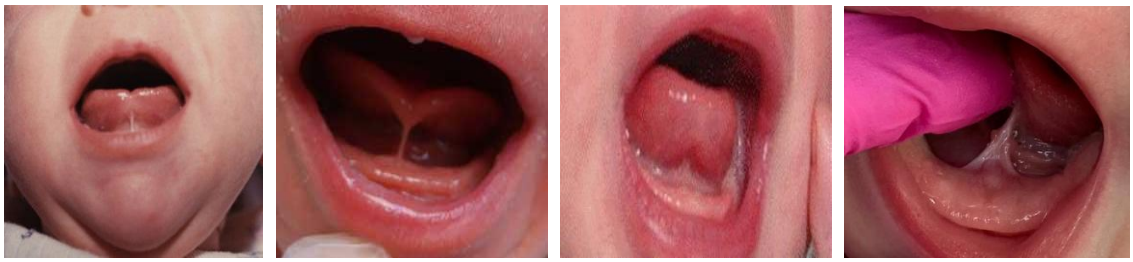
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Understanding Tongue-Tie: Parent Information

What is a tongue-tie?

Tongue-tie (the medical term is ankyloglossia) describes when the small piece of skin under the tongue, called the **lingual frenulum**, is shorter or tighter than usual. This can restrict how freely the tongue moves.



During development in the womb, this membrane helps form the mouth. By birth it usually thins so that the tongue can move freely. Everyone has a frenulum as it is a normal structure that supports and stabilises the tongue, but if it remains tight it may limit movement and, in some babies, affect feeding.

How tongue-tie may affect feeding

Not every baby with a tongue-tie has feeding difficulties. Some feed well and require no treatment. Others may adapt their feeding pattern in ways that cause discomfort or difficulty for the parent.

Babies who are breastfed may:

- Struggle to open their mouth wide enough for a deep latch
- Slip off the breast or feed for very short or very long periods
- Feed frequently (more than 12 times in 24 hours) but take small amounts
- Click or lose suction during feeds
- Appear fussy or frustrated before or during feeds
- Take in excess air, leading to discomfort or wind
- Lose more weight than expected or gain weight slowly

For breastfeeding parents this can lead to:

- Sore or damaged nipples
- Misshapen nipples after feeds
- Engorged or lumpy breasts, sometimes leading to blocked ducts or mastitis
- Exhaustion from frequent or prolonged feeds

Babies who are bottle-fed may:

- Take a long time to finish feeds
- Take only small, frequent amounts
- Dribble milk from the sides of the mouth
- Take in excess air or struggle to keep a dummy in place

Lip ties

A small fold of skin (the labial frenulum) connects the upper lip to the gum. Everyone has one. Current evidence shows that lip ties rarely interfere with feeding. In most babies, they recede naturally as the mouth develops, and the top teeth erupt. Occasionally, a prominent lip tie may later contribute to a small gap between the top teeth, which can be corrected in the teenage years if needed.

Tongue appearance

The appearance of a baby's tongue and frenulum can vary widely and does not always indicate whether a tongue-tie is present or causing difficulties. Some babies have a visible frenulum but feed effectively, while others with little visible restriction may struggle with tongue movement.
For this reason, diagnosis should always include both visual examination and an assessment of how the tongue moves and functions during feeding.

Non-surgical options

Not all babies with a tongue-tie need a surgical procedure. In some cases, feeding can be improved through:

- **Feeding support:** guidance from a midwife or lactation consultant to optimise latch and positioning (for example, laid-back, side-lying, or rugby-ball feeding)
- **Oral exercises:** gentle movements to encourage tongue coordination and strength
- **Bodywork or cranial osteopathy:** some families choose to explore these complementary options to help release muscle tension around the jaw and neck
- **Monitoring:** occasionally, symptoms reduce as a baby grows, and coordination improves

Surgical treatment (frenulotomy)

When a tongue-tie restricts movement and affects feeding, a small surgical release called a **frenulotomy** (also known as a tongue-tie division) may be recommended. The aim is to improve tongue mobility so your baby can feed more comfortably and effectively.
This simple procedure is usually very quick and well tolerated, with most babies able to feed immediately afterwards. It is only offered when assessment shows that the restriction is likely to be the main factor affecting feeding.

Assessment

During the appointment, your baby's mouth will be examined and their tongue function assessed using an evidence-based tool to support diagnosis and guide treatment decisions. This includes observing tongue lift, extension and side to side movement.

Procedure

The tongue-tie is released with sterile, curved scissors in your own home. Babies are gently swaddled, and an adult is asked to steady their head while the quick division is performed. The baby is then immediately returned for a cuddle and feed.

Anaesthetic is not used, as babies tolerate the procedure well and can feed straight afterwards. The procedure causes minimal discomfort, similar to a brief injection or heel prick test, and takes only a few seconds to complete.

Risks

As with any procedure, there are some small risks:

- A few drops of bleeding are common and easily managed
- Bleeding requiring pressure at home or hospital review – about 1 in 3–5,000
- Infection – about 1 in 10,000
- Injury to saliva ducts or the lingual nerve – less than 1 in 10,000

Serious complications are extremely rare. More detailed information about safety, bleeding, and infection prevention is available in the **Pre-Appointment Tongue-Tie Division Information** leaflet.

Aftercare following tongue-tie release

If your baby's tongue-tie is divided, you will receive detailed guidance about what to expect afterwards, how to support healing, and when to seek further advice. This is provided in the **Aftercare Following Tongue-Tie Release** leaflet, which includes in-depth information and links to educational videos demonstrating the recommended tongue exercises.

Details about your follow-up contact and support are also explained in that leaflet.

Further information

For trusted, evidence-based guidance on infant feeding and tongue-tie:

- **NICE Guidelines:** www.nice.org.uk
- **Association of Tongue-Tie Practitioners (ATP):** www.tongue-tie.org.uk
- **UNICEF Baby Friendly Initiative:** www.unicef.org.uk/babyfriendly
- **La Leche League GB:** www.laleche.org.uk
- **The Breastfeeding Network:** www.breastfeedingnetwork.org.uk
- **Association of Breastfeeding Mothers:** abm.me.uk

If you have any questions at all, please don't hesitate to contact me,

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