

Aftercare Following Tongue-Tie Release

Information and guidance for parents following a tongue-tie division

Gem Sharman – Day One Midwife
Registered Midwife and Tongue-Tie Practitioner

Introduction

A tongue-tie division is just the beginning of your baby's journey.

The procedure alone doesn't create lasting change - it's the ongoing support, feeding practice, and exercises in the days and weeks ahead that help your baby relearn tongue movements and build strength.

Every baby progresses differently, and that's completely normal. With patience and gentle guidance, feeding usually becomes more comfortable and effective for both you and your baby.

Contents

Click or tap any section title below to jump straight to that part of the leaflet.

1. Feeding After the Procedure
2. Wound Appearance
3. Bleeding Following the Procedure
4. Exercises and Supporting Healing
   - Lifting the Tongue
   - Poking
   - Sucking Exercises
   - Lateralisation of the Tongue
   - Tongue Massage
   - De-sensitising the Palate
   - Tongue Play with an O-Ball
5. Comfort and Pain Relief
6. Active Wound Management
7. Is There a Risk of Reattachment?
8. When to Seek Further Advice
9. Further Information

Feeding after the procedure

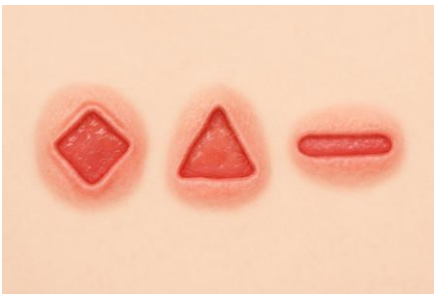
I encourage you to offer your baby a feed as soon as possible after division. This helps to comfort your baby, reduce any minor bleeding, and supports them with using their increased tongue movement right away. Some babies improve immediately with a reduction or disappearance of symptoms seen, others take several days or weeks to adapt as the muscles strengthen, and new sucking patterns develop. Neither of these is indicative of long-term improvement. Try to stay patient 😊 It is very normal for improvements to vary from feed to feed. Progress rarely happens in a straight line.

If your baby seems unsettled following division, they will often feel comforted by frequent feeds and cuddles. Skin-to-skin contact provides excellent reassurance, increases endorphins and can help to boost milk supply. It is worthwhile focussing on good positioning and attachment, returning to the basics to achieve a deep latch at the breast or bottle. Paced feeding is important for the latter, please see the QR code/hyperlink to a tutorial video. Occasionally, babies may refuse a feed. Try not to worry about this as it can be normal. Having skin-to-skin in the bath (only if the cord has separated) or offering milk via syringe, cup, or finger feeding can help if your baby is reluctant to latch. Some babies also become temporarily fussier or take smaller, more frequent feeds for the first 24 to 48 hours. This is normal and usually settles quickly.

Wound Appearance

Healing begins very quickly. Within the first few days, you will notice a yellow or white patch under the tongue at the wound site, often diamond, triangular, or line-shaped in appearance. As healing progresses, this may change to a paler colour before gradually returning to the usual tongue colour over the course of two weeks. This is a normal part of healing and not a sign of infection.
If your baby is jaundiced, the patch may appear brighter yellow than usual until both the wound and the jaundice subside.





Bleeding Following the Procedure

1. **For a small amount of bleeding**, offer the breast or a bottle. If your baby won't feed, let them suck on a dummy or your clean finger.
2. **Apply pressure straight away if bleeding is very heavy**. Also apply pressure if bleeding hasn't stopped within 15 minutes of offering a feed or encouraging sucking. With one finger and a clean piece of gauze or muslin, press directly on the wound under the tongue for 10 minutes. Avoid pressing under your baby's chin, as this can affect their breathing.
3. **Call 999 if bleeding continues after 10 minutes of pressure, or at any point if you feel unable to manage the bleeding**. Keep pressure on the wound and tell the call handler your baby has had a tongue-tie division.

Exercises and Supporting Healing

Exercises are best done when your baby is in a quiet alert or early-active state so that exercise can be enjoyable and relaxed. If your baby is reluctant or disinterested, wait and try again later. The following exercises are adapted from C. Genna Watson's 'Supporting Sucking Skills in Breastfeeding Infants' (Chapter 8). Please ensure your hands are clean and your fingernails are short.

- Lifting the Tongue
  (Morning and evening for the first week)
  Place one index finger on either side underneath your baby's tongue, as shown at your visit. Gently lift the tongue just enough to see the healing area. Stop before the tissue underneath stretches or becomes taut.

- Tongue Poking
  Sit your baby in front of you and poke your tongue out. Your baby will often copy you, even as a newborn. This helps to encourage tongue awareness and early imitation.

- Sucking Exercise (also known as "Tug-Of-War")
  (30 seconds before a feed, a few times a day for two weeks)
  Gently stroke the area between your baby's top lip and nose. When they open their mouth, offer your clean index finger for them to suck. The soft pad of your finger can rest on their tongue or against the roof of their mouth, whichever is more comfortable for your baby.
  Once your baby is sucking, slowly draw your finger back and out of their mouth, letting them try to keep hold of it. Keep it gentle and playful.

- Lateralisation of the Tongue
  (30 seconds before every feed for two weeks)
  Encourage your baby to open their mouth and gently run your fingertip along the gum line from one side to the other. You'll see their tongue follow your finger. With daily practice, your baby's ability to move the tongue side to side will strengthen and improve.

- Tongue Massage
  (Only if your baby has excessive saliva)
  Gently stimulate the area above the top lip to encourage your baby to open their mouth. Place the pad of your finger on the surface of the tongue, just behind the tip, and rotate your finger in a small circular motion while maintaining contact. If your baby starts to suck your finger, turn it upwards so the pad rests against the palate, and continue gently massaging the tongue.

- De-sensitising the Palate
  (Only where advised for a baby with a strong gag reflex)
  Some tongue-tied babies have a strong gag reflex. This exercise can help gently de-sensitise the palate. Place the soft pad of your finger along the hard palate, stopping just before the gag reflex is triggered. Over time, your baby may become more comfortable with gentle pressure to the palate, helping to reduce sensitivity and ease feeding. Repeat several times daily, potentially for several months, but only for as long as advised and according to your baby's progress.

- Tongue Play with an O-Ball
  An O-ball (a lightweight sensory ball with open holes) can be offered for gentle, supervised mouthing and is suitable for both younger and older babies. Younger babies can be helped to bring the ball towards their mouth, while older babies may benefit even more as they begin to grasp and guide it themselves during play. This activity encourages tongue elevation and forward movement in a fun, engaging way.

I recommend performing the exercises advised for your baby (other than the tongue lift) frequently during the first 48 hours, ideally before feeds, and then several times daily for at least 14 days following division. Some exercises are only appropriate in specific circumstances, as explained above.

If you are breastfeeding, this in itself is excellent exercise. Offer feeds frequently after the division to encourage full tongue movement. If your baby has been bottle-fed and you would like to return to breastfeeding, a nipple shield can sometimes help with this transition for a short period (usually 1–4 days).

Please Note: The QR codes and hyperlinks below lead to YouTube videos that have been reviewed and considered safe for use. Please note that other online videos, including those from the same creators, may show approaches that are not recommended in the UK or may not be suitable for your baby.

If you would like tailored advice or further video suggestions, please contact me directly.



Immediate Post-Division Exercises



Exaggerated Latch Technique



Elevated Side-Lying Paced Feeding



Desensitisation Technique
(only use if advised)

Comfort and Pain Relief

If your baby seems unsettled, a dose of infant paracetamol (Calpol®) may be given if they are aged 8 weeks or over and weigh at least 4 kg. Always follow the dosage instructions on the packaging and consult a pharmacist or GP if unsure.

Active Wound Management

Active wound management, sometimes referred to as “disruptive wound management,” is **not recommended in the UK**. This approach involves stretching the tongue with fingers or disturbing the healing area to try to prevent reattachment.

Although you may come across videos or information from international sources where this is advised, there is currently **no published evidence** that it reduces the risk of reattachment. Disturbing the healing tissue may also cause pain or oral aversion in babies and could increase the risk of bleeding or infection.

Is There a Risk of Reattachment?

Reattachment of the frenulum occurs in a small number of cases, estimated at around 2.5% or less, based on data collected by the Association of Tongue-Tie Practitioners. This risk is thought to be lowered by completing the recommended exercises as advised.

A further assessment can be performed and another division offered, if necessary, but generally not before four to six weeks of healing from the original procedure. Due to the risk of scarring, it is discouraged to divide the frenulum more than twice, as this itself can restrict tongue movement and function.

As the wound heals, some tissue can naturally re-form beneath the tongue. This does not necessarily mean there is a problem or that the tongue-tie has returned. If feeding is going well and tongue movement is good, no further treatment is needed.

Whilst there is good evidence that tongue-tie division significantly improves feeding for most babies, some may continue to experience feeding difficulties and could benefit from IBCLC or osteopath support or advice.

When to Seek Further Advice or Medical Help

If bleeding starts again, follow the steps on page 3. If bleeding continues after 10 minutes of pressure, keep pressure on the wound and call 999.

Contact your GP urgently or call NHS 111 if your baby is reluctant to feed, has fewer wet nappies than usual, is unusually sleepy or irritable, or if the wound looks red and swollen, has discharge or smells unpleasant.

Go to A&E straight away if your baby is under 3 months old with a temperature of 38°C or above or is 3 to 6 months old with a temperature of 39°C or above.

Call 999 if your baby is struggling to breathe or is difficult to wake.

Aftercare Support and Follow-up Visits

I'll check in with you after the procedure to see how you and your baby are getting on. **Follow-up support by phone or message is included for up to four weeks after your visit.**

If you have any questions about healing, or if feeding is still difficult or becomes difficult again, you're welcome to get in touch. We can talk through what you're noticing and see whether a follow-up visit would help. At a follow-up visit, I'll reassess your baby's tongue movement and function and discuss any ongoing feeding difficulties.

The reduced fee for this visit is £50, as detailed in the terms and conditions.

Gem, Day One Midwife.

Further Information

Association of Tongue-Tie Practitioners
Aftercare Advice Leaflet

click here or scan QR code