

Pre-Appointment Tongue-Tie Division Information

Frenulotomy (tongue-tie division): information for parents

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Introduction

Before Your Baby's Frenulotomy

A tongue-tie division can make a meaningful difference, but understanding what it involves, and preparing for it, is just as important.

This information is designed to help you feel confident about what will happen during the visit, the decisions you may be asked to make, and how best to support your baby before and after the procedure.

Every baby and every feeding journey are unique. Taking time to read, ask questions, and feel informed helps ensure the procedure and follow-up care are as calm, safe, and effective as possible.

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Tongue-Tie Division Parent Information

What happens during the appointment?

Your baby will be gently swaddled in a thin muslin or blanket for their mouth to be examined. Assistance will be needed to gently steady your baby's head, you can do this yourself, or if you prefer not to, please ensure another adult is present who can. They do not need to watch the procedure; it is over quickly, and your baby is back with you for reassurance and a feed before you know it.

During the appointment, your baby's palate, tongue function, mobility and appearance will be assessed using an evidence-based tool to provide a diagnosis and guide decisions around treatment. The assessment process can make some babies gag slightly but be reassured it does not cause discomfort. There are various ways to classify a tongue-tie, and the method being used will be explained to you during your appointment.

If tongue movements are normal, division is not necessary. In such cases, additional feeding support or treatment from a specialist lactation consultant, chiropractor, osteopath, or craniosacral therapist may be suggested.

If division is indicated

The tongue-tie is divided using sterile, curved scissors at the base of the mouth. A small gauze swab is then placed over the wound, and gentle pressure is applied to stem any bleeding. Your baby will then be brought straight back to you for a cuddle and a feed. Most of the appointment time is spent on assessment and aftercare – the division itself usually takes just a few minutes.

Pain and comfort

Many parents naturally worry about pain. The discomfort is similar to a quick injection, briefly painful but not ongoing. Most babies under two weeks old cry for less than 20 seconds, and it's rare for a baby under eight weeks to cry for more than a minute. Older babies may cry for up to five minutes. Cuddles and feeding immediately afterwards help settle them quickly. Sucking releases natural painkillers (endorphins), so babies are generally only upset for a very short time.

Some babies may be unsettled for a few hours afterwards. If your baby appears to be in pain, it is safe to give babies over eight weeks of age liquid paracetamol (Calpol) as directed on the packaging. Babies under eight weeks can also have liquid paracetamol under GP direction. If you feel your baby is in pain, please phone your GP or out-of-hours service for advice, they will calculate the correct dose based on your baby's age and weight.

Anaesthetic is not used because babies tolerate the procedure very well, and numbing agents have not been shown to improve comfort. They can, in fact, cause more distress and make feeding difficult immediately after the division.

Bleeding during the procedure

Most babies will only bleed a couple of drops, which are absorbed by the gauze. Occasionally, a little more pressure is needed for a few minutes. If bleeding continues, firm pressure would be applied for 10 minutes, then the wound rechecked. If it continued or restarted, pressure would be applied for another 10 minutes. If still unresolved, transfer to hospital would be recommended while maintaining pressure throughout. The risk of needing hospital transfer for bleeding is very rare (approximately 1 in 3–5,000). Severe bleeding requiring further treatment is extremely rare (less than 1 in 10,000).

Bleeding in the hours or days after division

Rarely, a baby may bleed in the hours or even days after division. This bleeding is usually light and stops with feeding, or by allowing the baby to suck on a dummy or clean finger. If bleeding doesn't stop, applying pressure for five minutes using clean gauze or a muslin will usually resolve it. If you feel the bleeding is heavy or does not stop, please go to your nearest A&E department. This situation is very rare (less than 1 in 10,000).

Infection and healing

Infection rates are extremely low (around 1 in 10,000) because the mouth heals quickly and, if feeding breast milk, natural antibodies assist in avoiding infection. You may notice a white, pink, or yellow diamond, triangular or linear shape under your baby's tongue around 24 hours after division – this is normal healing in the mouth.

Please ensure all bottles, teats, dummies, and nipple shields are thoroughly washed in hot soapy water, rinsed, and sterilised. Only clean fingers should be used for gentle oral exercises. Good hand hygiene before feeding, after nappy changes, and before exercises is very important – soap and water for 20 seconds is better than hand gel.

Signs of infection include redness, swelling, or pus from the wound; these can be difficult to see in the mouth, so it is important to monitor your baby's general wellbeing too. If you are concerned, please contact me or your GP for assessment. Infection is usually treated with a short course of antibiotics. If you notice any change in your baby's usual behaviour or signs of good health, check their temperature using a thermometer placed in the armpit and seek medical review if the result is raised. It is helpful to have the correct type of thermometer at home; in-ear and contactless thermometers are not suitable for small babies.

Tongue fatigue or tiredness

After a tongue-tie division, your baby's tongue begins to move in a new way. Like any muscle, it may tire easily until it builds strength. Some babies feed very well straight after the procedure but then struggle for a short while over the next 24 hours. This is temporary and usually resolves within a day, though babies over eight weeks old may take up to 48 hours. Lots of cuddles, skin-to-skin, and offering the breast or bottle frequently can help. A warm bath together can also encourage feeding. If you are concerned, please contact me or your GP.

Before the appointment – important information

Ideally, your baby should have received Vitamin K (either by injection or at least one oral dose). If your baby has not received Vitamin K, please let me know before the appointment. If you declined Vitamin K, we will discuss the associated bleeding risks during your visit.

Please also let me know if there is any family history of bleeding or clotting disorders, as your baby may need a blood test before proceeding. If your baby currently has an infection, oral thrush, or is on any medication, please inform me as the appointment may need to be rescheduled.

Checklist before the visit

To help everything run smoothly during the visit, please kindly take a moment to consider the following preparations:

- If bottle feeding, or mixed feeding, prepare a bottle ready for after the procedure
- Have any nipple shields you use ready and sterilized
- Your child's health record book (aka red book)
- Ensure another adult is available to help support your baby's head if you prefer not to do this yourself
- Prepare a clean surface, such as a kitchen or dining table, suitable for placing a changing mat
- If you have other children, please arrange for someone to supervise them during the visit. They should ideally not be present during the procedure

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

Gem, Day One Midwife.