Baby Acorn Clinic - Tongue Tie Parent Information

Please read this important information before your baby's appointment

Tongue tie division (Frenulotomy) on babies is a simple procedure that carries few risks.

Baby Acorn Clinic offers tongue tie division for babies with both anterior and less obvious tongue ties that are causing feeding difficulties that are not resolved by other methods.

The tongue tie division procedure can be completed at the same visit and is performed by an experienced Registered Midwife or Registered Children's nurse with additional specialist training in feeding support and in assessing and dividing tongue tie.

Tongue tie procedure and possible risks

We will swaddle your baby tightly in a thin blanket and examine the mouth.

We will assess your baby's mouth and tongue using the widely known assessment tool called The Hazelbaker score.

The palate, tongue function and mobility are checked during this examination. We will then assess the tightness and attachment of the frenulum to the tongue by lifting up the tongue with two fingers. This can make babies gag a little so we tend to leave that until last as it can be unpleasant for the baby . This whole examination takes less than two minutes.

After the assessment we will discuss the findings and talk about whether you would like the tongue tie division procedure completed, if this is appropriate.

This will give you a chance to ask any further questions you may have.

We will ask you to sign a consent form, if you would like the procedure done.

The baby is then brought back to the examination couch/table and we will show you how to hold the baby's head firmly.

The tongue tie is then divided with sterile scissors.

A small gauze swab is pressed against the wound and a finger applied to stop any bleeding. We will then unwrap and bring your baby to you for a cuddle and a feed.

The tongue tie procedure usually takes less than 1 minute to complete.

It is best to feed the baby straight away. This is because feeding soothes the baby and allows the tongue to start working freely as soon as possible. It will also reduce any minimal bleeding there may be.

"Borderline" tongue tie

Most tongue ties are clearly identified. However **s**ometimes, by the time parents come to us they will have had many different opinions about whether the baby has tongue tie or not. Using the Hazelbaker tool means that we can use an objective score in those cases that are not clear.

It is possible that we may suggest one or two cranial osteopathy sessions before division, to see if relaxing some of the surrounding tissues can allow the jaw to open better and the tongue to move more freely, even though the frenulum will still be short and /or tight. This does NOT mean we are dismissing your concerns, but that we want to do the division if it is needed. We can revisit the situation in a few days and decide to divide at that point. It may be that addressing bodywork issues and getting the best position and attachment for your feeding does not resolve the feeding difficulties, and we can revisit the situation with a borderline tongue tie.

Pain

Pain is often the first concern of parents when thinking about whether their baby should have a tongue tie division. Research at Southampton Hospital involving 10,000 babies concluded that 20% of babies in the study stayed asleep throughout the procedure (so were not in any pain!) and another study also measured the average crying time as 15 seconds.

Babies are normally settled by a feed straight away; sucking produces natural painkillers called endorphins so babies are generally upset (if they are at all) for a very short time.

Older babies (over 8 weeks) can have a Parecetamol liquid (e.g. Calpol) if needed. You can give this an hour before the appointment to be working if your baby does need the procedure .We do not use local anaesthetic as the procedure is quick and frenulum has little nerve supply. Older babies can occasionally be more upset and may need soothing and rocking, or sucking on a sterilised dummy before they want to feed.

Very occasionally the procedure will upset a baby to a greater degree, and they will have a few days of very unsettled behaviour, and find feeding worse for a short time before it gets better.

Numbing the area would mean your baby's mouth would be numb just when they need to feel and move the tongue effectively for the feed afterwards.

Potential risks

Tongue tie division (frenulotomy) is a surgical procedure which is widely used across the UK to support improved feeding for the baby. There is a very low level of complication; however we do like parents to be informed of the potential risks.

Excessive bleeding

There is a very small chance of excessive bleeding.

An audit of 12,015 ATP Practitioners in 2022 found that 3:12,015 babies required hospital prescriptions for bleeding.

The amount of bleeding is usually about one or two spots on the Day 5 blood spot test card and sometimes there is no bleeding at all.

We have a protocol for managing excessive bleeding and the baby will be transferred by ambulance to hospital if bleeding continues after division. In the occasional case where bleeding hasn't stopped; the hospital team may apply an adrenaline-soaked swab, put in a stitch or use a cautery stick to stop the bleeding.

Vitamin K

Vitamin K injection is recommended and offered to all babies at birth in the UK. If your baby has had Vitamin K as an injection OR at least the first dose of Vitamin K orally (and kept it down well) we can divide your baby's tongue tie at any age. If your baby *has not had any* Vitamin K at all we will divide the tongue tie but will wait at least 7-10 days after birth. The level of Vitamin K is known to be particularly low on days 3-5 so to reduce the (admittedly small) risk of bleeding we ask you to wait until your baby is at least starting to make a little Vit K on their own. If your baby has not had Vitamin K at all we ask you to sign to say you acknowledge the slight increased risk of excessive bleeding.

Infection

Infection rates in tongue tie division are extremely low: Approximately (1:10,000) from one study in Southampton. This is because the mouth heals very quickly and constantly replaces cells. Breast milk and saliva both help healing. You may notice a white or yellow diamond shape under your baby's tongue about 24 hours after the division: this is normal. Signs of infection include swelling or inflammation, fever, redness or pus from the wound. If you are concerned about infection then we advise you to contact your GP straight away for antibiotic treatment. We would also be very grateful to be informed, for audit purposes. A small survey of ATP practitioners of babies who had Tongue Tie division, found that 1 baby in 12,015 developed an infection.

Re-growth

Baby's mouths heal really quickly and occasionally new scar tissue will form, giving the appearance of a new "tongue tie". This can be divided again once if needed. The evidence about what is the best way to reduce this risk of reattachment is not clear.

We can give you exercises to help keep the tongue moving well and frequently, and this *may* reduce the risk of reattachment. The average re-division rate from ATP practitioner survey of 12,015 babies in 2022 was 2.5%. If the baby requires a second division for reattachment, we will always wait at least 4 weeks after the first division. Click the video link on the website to see how to do the exercises.

No improvement from the procedure

Although this procedure has a very good success rate (ranging from 80% to 90%), sometimes a baby will have this procedure and the feeding issue is not resolved. It can take up to 4 weeks or more to see improvement sometimes, although it can be an immediate improvement from the very first feed post procedure.

Please be aware that you can also keep getting support for feeding from your NHS midwife (up to 28 days), your health visitor, and GP or NCT breastfeeding counsellor / breastfeeding support groups.

Complaints

If you have any complaints or feedback about any part of our service please ask for a copy of our complaints policy. Complaints can also be made directly to the midwives' governing body: The Nursing and Midwifery Council (NMC) or the CQC (Care Quality Commission).

Data protection

Personal data is processed in accordance with the General Data Protection Regulations (GDPR) 2017 and relevant data protection laws. We keep your information and contact details only for your care and do not give your details to any other organisation, unless required by law. Further details can be found on the Baby Acorn Clinic website. As Healthcare Professionals, in the extremely rare event we have any safety or safeguarding concerns for you, your baby, or your children, we will share our concerns and details with the relevant teams.

What we need for a Clinic visit please

Your baby's Red Book – this is required for identification purposes please

Suitable adult helper to hold the baby's head (usually one of baby's parents)

If the baby isn't currently feeding at the breast/chest bring a bottle with expressed or formula milk

If using nipple shields, please bring sterilized shields with you

If your baby has a dummy, please bring a sterilized dummy with you

At least one person with parental responsibility

A thin baby blanket or large muslin square to wrap your baby in.

What we need for a Home visit please

- A clear waist-high surface (e.g. a kitchen or dining table)
- A disinfected plastic baby changing mat (or similar)
- Good mobile phone signal or a landline
- If you are not directly breast or chest feeding a bottle of expressed or formula milk ready
- If you are using them, sterilized nipple shields / dummy
- Baby's Red Book
- A thin baby blanket or large muslin square to wrap your baby in
- An adult helper to hold the baby's head
- At least one parent with parental responsibility

Clinical reasons to delay the procedure

- Oral thrush
- Baby has any medical issues under the care of a paediatrician (we will need to liaise with your paediatrician team before division)
- Your baby is unwell

Follow Up

For most babies no follow-up is required but we will text a few days after the procedure as standard. Contact us at any time for 2 weeks after the procedure to arrange a video, email or text chat as needed. Follow-up visits after 2 weeks are charged at the breast-feeding support visits rate of £60 per hour.

We ask for a feedback survey after four weeks collecting data for audits for CQC and ATP; this means tongue tie practitioners can measure outcomes and this can inform practice nationally. The anonymized information from this audit may be shared with the CQC and ATP.

Further Questions: Tel 07570 793715 or email babyacornclinic@outlook.com

If you have any further questions please contact us before your appointment and/or feel free to ask at your appointment. The procedure can be delayed if you prefer time to reflect.