



CLINICAL PRACTICE GUIDELINE
KEMH Postnatal Wards

Tongue Tie (Ankyloglossia)

This document should be read in conjunction with the [Disclaimer](#)

Key Points

- Ankyloglossia is relatively common in varying degrees and usually does not impair the establishment of breastfeeding.
- A few neonates with severe Ankyloglossia will have difficulty attaching and sucking effectively.
- It is not the degree of tongue tie alone that contributes to the difficulty in breastfeeding, but the match between mother's breast and baby's mouth i.e. flat nipples and high palate with a short inelastic frenulum causing restriction of elevation of the tongue.
- Breastfeeding requires well defined peristalsis from front to back of the tongue as well as tongue-palate synchronisation.

Assessment of Tongue Mobility

Assessment of tongue mobility includes the:

- Ability to elevate the tongue to the palate with a wide open mouth is the most important part of assessment.
- Spread of the anterior tongue and ability to cup the tongue.
- Elasticity and length of frenulum.
- Extension of tongue over lower lip.

Signs and Symptoms of Ankyloglossia causing Breastfeeding Complications

- **Mother:**
 - Nipple pain.
 - Damaged nipples.
 - Blocked ducts/Mastitis.
 - Low milk supply.
 - Untimely weaning.
- **Baby:**
 - Increased suction pressure.
 - Ineffective milk transfer.
 - Slipping on and off the breast during a feed.
 - Failure to thrive.

Dangers of over-diagnosis of Ankyloglossia as a problem requiring surgical intervention include reduced focus on other reasons for difficulty establishing lactation including poor attachment, poor milk supply and an unwell baby.

Management Plan

- Review by the Paediatric team.
- Review by a Lactation Consultant.
- Initiate an individualised plan for mother to preserve the integrity of her nipples, the initiation of her lactation, and the health of her baby.
- Commence the appropriate 'Variance Sheet' when applicable.
- Commence nipple shield use if appropriate.
- Commence expressing using an appropriate size breast shield.

Discharge Planning

- Organise the hire of a breast pump (if required).
- Consider referral to the Breastfeeding Centre for follow up if Ankyloglossia is thought to be significant enough to impair feeding.
- Refer to Mr Parshotam Gera, Dr Liz Whan or Dr Timothy Johnson. Complete the Tongue Tie Referral Letter.
- Organise follow-up to ensure appropriate weight gain following discharge (e.g. CHN, VMS, GP).

References

1. Geddes D, Langton D, Gollow I, Jacobs L, Hartmann P, Simmer K. 2008 Frenulotomy for Breastfeeding Infants with Ankyloglossia: Effect on Milk Removal and Sucking Mechanisms Imaged by Ultrasound. **Paediatrics** .2008 122:e188-e194
2. National Institute for Excellence: Interventional Procedures overview of division of ankyloglossia in babies with Breastfeeding Difficulties 2005
3. Academy of Breastfeeding Medicine #11: Guideline for the evaluation and Management of Neonatal Ankyloglossia and its complications in the Breastfeeding Dyad www.bfmed.org
4. The Royal Women's Hospital. Victoria: Clinical Guidelines. **Tongue tie information for Families.**

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