



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](http://www.bfmed.org)
4. The Royal Women's Hospital. Victoria: Clinical Guidelines. **Tongue tie information for Families.**

Document owner:	Neonatal Directorate Management Committee		
Author / Reviewer:	Neonatal Directorate Management Committee		
Date first issued:	August 2011		
Last reviewed:	17 <sup>th</sup> November 2016	Next review date:	17 <sup>th</sup> November 2019
Endorsed by:	Neonatal Directorate Management Committee	Date endorsed:	17 <sup>th</sup> November 2016
Standards Applicable:	NSQHS Standards: 1  Governance		

**Printed or personally saved electronic copies of this document are considered uncontrolled.  
Access the current version from the WNHS website.**