



Tongue tie (ankyloglossia)

Fact sheet for parents

Tongue tie occurs when the frenulum, or piece of tissue, which bridges the gap between the underside of the tongue and the floor of the mouth is short, either stopping the tip of the tongue from protruding beyond the lower gum and/or restricting the normal movement of the tongue.

The degree to which the movement of the tongue is restricted will determine the breastfeeding challenges that may arise. It is important to note that not all tongue ties cause breastfeeding issues and some resolve over time.

Breastfeeding issues associated with tongue ties include:

- Nipple pain and damage
- Difficulty attaching the baby
- Baby may attach but slips off the breast easily,
- The attachment may be shallow and cause pinching or creasing of the nipple
- Inefficient milk transfer and possible reduced milk supply
- Milk leaks from the side of the baby's mouth (on breast and/or on bottle)
- Low weight gains, or in some cases weight loss
- Long feeds
- Clicking sounds



You can see:

- A heart shaped or notched tongue tip (see photos)
- The baby's tongue remains low in the mouth especially when the baby cries
- The baby has difficulty lifting the tongue to the roof of his/her mouth or poking its tongue out
- A white line or piece of skin that sits centrally under the tongue is often seen
- Cupping of the front part of the tongue whilst the middle remains anchored

Possible baby behaviours include:

- Baby does not maintain their latch on the breast
- Baby may fall asleep at the breast and wake up shortly after, ready for feeding again
- Clicking sounds may be heard during a feed
- Minimal audible swallows whilst feeding

Assessment by a lactation consultant

Your lactation consultant at the Breastfeeding Centre will conduct a thorough assessment of a breastfeed and your baby's oral anatomy and tongue movement to identify further treatment that may be required.

The assessment will involve observing a breastfeed to assess efficiency of milk transfer, level of pain, nipple shape, depth and maintenance of latch. Further assessment will involve a visual and, if necessary, a digital examination of the baby's tongue and its movement.

How is tongue tie treated?

The frenulum may require releasing if there are ongoing breastfeeding issues.

This procedure involves cutting the frenulum with a small pair of sterile scissors or by using a laser. The procedure usually requires your baby to be gently restrained.

Following the release of the frenulum, there may be a drop or two of blood, which is normal and rarely poses a problem.

The baby is usually encouraged to breastfeed immediately after the procedure, which is comforting for your baby, and your breastmilk will bathe the wound area, assisting with healing.

As the wound heals it becomes white or cream in colour (see photo), which is normal healing and not an indication of infection. If you have any concerns, contact the practitioner who performed the procedure.



Thank you to the parents who kindly shared the photographs of their babies used in this publication.



Does it hurt?

We know that babies often cry during the procedure, however it is unclear whether this is due to the procedure itself or to being restrained. The anatomy of the mouth tells us that there is less blood and nerve supply in young babies and this may reduce the level of pain they feel.

The inside of the mouth heals much faster than most of the rest of the body because the lining of the mouth is regularly worn away and renewed. This happens even quicker in babies. You will need to discuss wound management with the practitioner who performs the procedure.

After the procedure

Please check with the practitioner who has cut or lasered the frenulum for further information about the required aftercare.

Please make a follow-up appointment with your lactation consultant as this procedure is one step towards successful breastfeeding for you and your baby.



Women and Newborn Health Service
King Edward Memorial Hospital
📍 374 Bagot Road, Subiaco WA 6008
☎ (08) 6458 2222
🌐 kemh.health.wa.gov.au

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