Maternity Services
Checking for Tongue Tie (Restrictive Lingual Frenulum)

We are increasing the skills of all staff responsible for the care of breastfeeding mothers and babies in order to enable them to identify when further assessment for tongue tie is required. All midwives are trained to fully understand breastfeeding and are able to assess milk transfer from you to your baby and know **when** to check for a restrictive lingual frenulum (tongue “tie”).

We assess how well your breastfeeding is going using the Breastfeeding Assessment Tool. These breastfeeding assessments are done 4 times in the first 10 days after birth, with the first assessment being before you leave hospital (or before the midwife leaves your home if you have a homebirth). If any problems are identified a plan is put in place to help improve breastfeeding for you and your baby.

If the problems are thought to be possibly cause by a restrictive lingual frenulum (RLF), a RLF (tongue tie) link midwife or nurse, will see you and will perform a more in depth assessment of tongue function and breastfeeding. If required, a referral to the Restrictive Lingual Frenulum Service is then made as soon as possible. The RLF team endeavour to assess most of the patients with 14 days but this cannot be guaranteed. The frenulum will be assessed by the team and if the frenulum is too tight it can be simply divided if appropriate. You will receive a parent information leaflet and consent form to sign when the referral is made and time to ask any questions. In the meantime the midwives will support you to optimise milk transfer and/or expression of milk if your baby is unable to feed effectively.

We often get asked why we do not routinely undertake in depth assessments of the tongue function of all babies at birth. This is because:

1. Checking for tongue tie is not as easy as it sounds – it is not about the *visual* appearance but about the *function* and *movement* of the tongue. To check all babies, a midwife would need to put their fingers into a baby’s mouth. This would interrupt the mother-baby contact and may be uncomfortable for the baby. If we only look for obvious anterior (visible) ties we would miss lots of posterior (hidden) ties. Women may then also think that a tongue tie had been ruled out and not seek further support if a very subtle restrictive frenulum had not been detected by staff.
2. Oral anatomy can adapt and change during the early days as babies recover from birth. Whilst an anterior (obvious) frenulum isn’t going to disappear, posterior tongue function can change as tensions from the birth process are released. Therefore we need to try other helpful measures first such as adjusting positioning to see if that helps, before we ‘jump straight in’ to look for a tongue tie. We therefore try not to refer babies before they are 3 days old for this reason, except in circumstances where the baby simply cannot feed at all effectively.
3. If we *look* for a frenulum we may find one on every 3 or 4 babies, as they are not an abnormality. We would then need to tell mothers their baby *may* experience a problem with feeding but it *may* not. This may damage their confidence in their ability to breastfeed and we could ‘set women up to fail’.

There is no evidence that this would improve outcomes or increase breastfeeding rates.

4. Some mothers whose baby has a visible frenulum are able to breastfeed with no problems at all. This is because there are several individual elements that affect how babies breastfeed, including their palate shape, musculature in their mouth, tongue mobility, and maternal breast and nipple tissue

If you have any further questions, queries or concerns, please don't hesitate to contact the Infant Feeding Co-ordinator on 01603 286058 or ask the midwife caring for you.