



West Middlesex University Hospital

LINGUAL FRENULUM INFORMATION FOR PARENTS

You have been given this fact sheet because an obvious lingual frenulum has been identified under your baby's tongue. This does not necessarily mean that your baby has a tongue tie.

A frenulum is a thin membrane that attaches the tongue to the floor of the mouth. In the majority of babies, the frenulum is long enough for the tongue to be mobile and allow for a full range of movement sufficient to feed.

Research suggests that approximately 1 in 10 babies may be born with some prominent membrane under the tongue. But only about half of those babies display significantly reduced tongue function, making breast or bottle feeding difficult.

Most breastfeeding problems are not caused by tongue tie and can be overcome with good breastfeeding support.

What is a tongue-tie?

In 'tongue tie' the frenulum is shorter than usual, and this can restrict the tongue's movement necessary to feed. The tongue is effectively tied to the floor of the mouth. The condition may be mild, or the restriction can be more pronounced. It is not possible to assess the severity of the tongue tie based on the appearance of the frenulum alone. A diagnosis of tongue tie can only be made upon assessing how the tongue functions when feeding.

What can be done?

If the tongue function is causing feeding problems, which cannot be remedied by help from breast feeding experts, the frenulum can be 'released' to free the tongue from the floor of the mouth - allowing sufficient movement to be restored which may improve feeding.

How to get a referral?

Your midwife, health visitor or infant feeding specialist, caring for you in the postnatal period, who is competent to assess tongue tie and feeding will refer you to the relevant tongue tie clinic. You will be offered an appointment with one of specialist tongue tie practitioners. Chelsea Site – appointments sent via email. West Middlesex Site – appointments sent via text. Please reply promptly.

What signs and symptoms may indicate a tongue tie?

Mother:

- ✓ **Sore/damaged nipples** that do not heal despite skilled breastfeeding help with positioning and attachment
- ✓ **Nipples** look misshapen or blanched after feeds
- ✓ Recurrent **mastitis**
- ✓ Low **milk supply**

Baby

- ✓ Restricted **tongue movement**
- ✓ **Small gape** resulting in a biting/grinding behaviour
- ✓ Greater than expected **weight loss** in the first five days following birth/**poor weight gain/faltering growth**
- ✓ Starts a feed well yet **slips off the nipple**
- ✓ **Tire** easily at the breast
- ✓ May attach, but **not suck** (sometimes accused of being 'lazy').
- ✓ May **not attach at all** or will only attach with the use of a **nipple shield**
- ✓ Feeds **more than 12 times in 24hrs** or takes a **long time** to feed (over an hour) including those who bottle feed.
- ✓ **Drabbles** and leaks or even squirts milk out of the corners of their mouth during a feed – including those who are bottle feed.

Useful contacts and information

Chelsea Site

Infant feeding team: 0203 315 3017

Email: caw-tr.tonguetie@nhs.net

West Middlesex Site

Infant feeding team: 0208 321 5006

Email: TongueTie.WMUH@nhs.net

Community Midwifery Office:
020 8321 2581

- [Tongue-tie - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- National Breastfeeding Helpline : 0300 100 0212
- Association of Tongue Tie Practitioners:
<https://www.tongue-tie.org.uk/help-and-information-for-parents/>
- NICE guidance: <https://www.nice.org.uk/guidance/ipg149>

For general Infant Feeding information from trusted resources, have a look at our [Feeding & Nurturing your Baby padlet](#).

