
Association of Tongue Tie Practitioners [http://www.tongue-tie.org.uk/tongue-tie-information.html](http://www.tongue-tie.org.uk/tongue-tie-information.html)


NELFT refers to the following NHS Tongue Tie Clinics:
- Evelina Children’s Hospital, Guys & St Thomas’s, London SE1 (for babies under 3 months) (approximate waiting time 1-2 weeks), [http://www.evelinalondon.nhs.uk/our-services/hospital/general-surgery/tongue-tie.aspx](http://www.evelinalondon.nhs.uk/our-services/hospital/general-surgery/tongue-tie.aspx)
- Royal Free Hospital, Hampstead, London, NW3 (approximate waiting times 4-6 weeks)
- King’s College Hospital, Camberwell, London SE5 (approximate waiting time 2-3 weeks)

NELFT can refer babies to other tongue tie clinics attached the hospital where baby was born:
- Babies born at Whipps Cross Hospital, Newham Hospital and the Royal London Hospital can be referred by our Team to the Barts Health Tongue Tie Clinic based at the Royal London Hospital [http://www.homerton.nhs.uk/our-services/services-a-z/m/maternity-services/caring-for-you-and-your-baby/](http://www.homerton.nhs.uk/our-services/services-a-z/m/maternity-services/caring-for-you-and-your-baby/)
- Babies born at UCLH can be referred to their tongue tie clinic

**Breastfeeding and Tongue Tie Assessments** Not all babies with a visible Frenulum (tongue tie string) will have breastfeeding problems. Tongue ties or frenulums are only a problem if they restrict tongue function, tongue movement and negatively impacts on breastfeeding. Negative impacts on breastfeeding for baby may include:- weight lost, slow to regain birth weight, slow weight gain, jaundice, constant green stools. Negative impacts on breastfeeding for mother may include cracked nipples, painful latch, ineffective milk transfer, blocked ducts or mastitis. If you have been told your baby has a tongue tie, then please contact the Redbridge Infant Feeding Team to arrangement for a breastfeeding and tongue tie assessment at one of our Baby Feeding Cafes.

**Breastfeeding Support** Babies with a tongue tie will especially benefit from effective position and attachment and an efficient latch. All Mothers and babies are welcome to attend our Baby Feeding Cafes in Redbridge to get support and information regarding techniques for effective feeding.

**Tongue Tie and Speech** Health care professionals cannot refer babies for tongue tie divisions for potential speech issues before the child can speak. There is no evidence that all babies with tongue tie will develop speech problems. Prior to a child being able to speak, tongue tie division referrals can only be made if there is a significant feeding issue. Tongue Tie Practitioners (the medical professionals who cut tongue ties) will perform their own feeding assessment and will only divide the tongue tie if there are symptoms which they believe will be improved by a division.

**Risks** No surgical procedure is pleasant and there is a small risk of infection, but breastmilk has anti-bacterial properties so it is important to breastfeed as much as possible after the procedure. Some babies may have a sore mouth after the procedure, and may bleed, many will breastfeed straight away but a very small minority of babies may refuse the breast. In this circumstance we encourage mothers to practise as much skin to skin as possible in order to gently encourage baby back to the breast whilst baby receives expressed breastmilk.

**Bottle Feeding** Not all Tongue Tie Clinics consider dividing tongue ties for bottle feeding babies where baby has noticeable feeding difficulties. If you live in Redbridge, please contact the Redbridge Infant Feeding Team to arrange a full bottle-feeding assessment by an Infant Feeding Advisor at one of our Baby Feeding Cafes.
Tongue Tie Referrals. Tongue Tie Referrals for babies resident in Redbridge are made by the Redbridge Infant Feeding Team. Referrals in other boroughs can be made by GP, Midwife, Health Visitor, Breastfeeding Counsellor, Lactation Consultant or Infant Feeding Advisor. Before referral, hospitals prefer that you have seen a breastfeeding specialist at least once and that they have watched your baby feed, reviewed your position and attachment and also can continue to support you and baby after the division. Other NHS Tongue Tie Clinics - http://www.unicef.org.uk/BabyFriendly/Parents/Problems/Tongue-Tie/Locations-where-tongue-tie-can-be-divided/

Private Option – Self Referral. Please consult “The Association of Tongue-tie Practitioners” website and read all the information in full. You can contact Private Tongue Tie Practitioners directly to discuss their experience, qualifications, indemnity insurance, the cost, their availability, possible home visits and what follow-up support they might offer. Private Lactation Consultants can also support you before and after the Tongue Tie Division or you can continue to attend your local Breastfeeding Support Group or Baby Feeding Cafe. http://www.tongue-tie.org.uk/find-a-tongue-tie-divider.html

Lips Ties. Lip Ties can be an indicator that a Tongue Tie may be present but as long as baby is able to make a seal around the breast and the top lip is not curling under then there is no evidence to suggest that a lip tie needs dividing. http://www.tongue-tie.org.uk/lip-tie.html

Association of Tongue Tie Practitioners Statement on Lip Tie. Currently there is no published evidence supporting a link between breastfeeding issues and lip tie. NICE (National Institute for Health and Care Excellence) have not issued any guidance on this issue, and therefore, training is not available in the UK in lip tie division for practitioners. This situation may change in the future if new research and evidence influences best practice guidelines. Currently nurse/midwife tongue-tie practitioners working in the UK cannot offer lip tie division as the Nursing and Midwifery Council’s Code of Conduct states that nurses, midwives and health visitors must ‘deliver care based on the best available evidence or best practice’ and ensure any advice given is evidence based if suggesting healthcare products or services. The Code also requires that nurses and midwives recognise and work within the limits of their competence. On the rare occasions that lip ties are divided by surgeons in the NHS it is usually done in relation to concerns about dental issues, not breastfeeding. If you have concerns about lip ties we suggest you discuss this with your dentist.

If you choose not to have a Tongue Tie Division. Babies who have a Tongue Tie Restriction or tight frenulum will want to feed more frequently and may get tired while feeding. Please note there is no risk of over feeding a breastfed baby. Holding baby in skin to skin contact as frequently as possible, keeping baby close and feeding in response to early feeding cues will help. Some babies may benefit from tongue exercises and massage. Anecdotal evidence is suggestive that some babies benefit from Cranial Osteopathy, although studies are limited. Some mothers may feel that they want to express to maintain their milk supply. Please find a link to the Unicef Expressing Checklist:- http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/breastmilk_expression_checklist_may_2013.pdf?epslanguage=en

Information on feeding your baby until the tongue tie appointment (NB This information is for mothers who are breastfeeding or hoping to breastfeed after an appointment)

In our experience the mums and babies who have the best outcomes after the tongue tie is divided find the following helps: to continue to get support with breastfeeding, as getting the attachment as good as possible helps the baby to attach well afterward the procedure. Hold your baby in skin contact at any opportunity (baby inside your clothes next to your skin, wearing only a nappy). If your baby does breastfeed, continue to offer your baby breastfeeds as much as you can, even if painful and only once or twice a day (as long as the nipple isn’t too damaged). Babies who are used to being at the breast are much more likely to breastfeed afterward the procedure.

If your baby isn’t able to attach to your breast at all or only occasionally; it is very important that you keep expressing regularly to maintain a good milk supply. We recommend at least 8 times in 24 hours including at least once at night. You can then give this milk to your baby. Frequency is the most important thing – so it is better to do more sessions for less time than a very long session only once or twice a day. It should be possible for the majority of mums to express enough milk for their babies so that formula isn’t necessary. We have found that babies who are having all expressed breast milk are more likely to attach to the breast and suckle well immediately after the tongue tie procedure and in the days following. However, some babies who are used to bottle feeding may find breastfeeding much more challenging even if they are given expressed breast milk. Your local breastfeeding support may suggest alternative methods of feeding, such as finger feeding or cup for giving expressed milk or formula to your baby. In our experience this can make the transition to breastfeeding easier for your baby. (Source - Tongue Tie Service, Royal London Hospital, July 2015)

Aftercare Please follow the advice of the Tongue Tie Practitioner that divided your baby’s frenulum. We strongly recommend that Mothers and Babies attend their local Baby Feeding Café or Breastfeeding Support Group on a weekly basis for 6 weeks after the procedure for ongoing support with breastfeeding.

Redbridge Infant Feeding Team Contact Details
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