Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · PAEDIATRICS

Tongue tie
the question is feeding, not appearance

Tongue tie is a tight or short piece of tissue under the tongue restricting its movement. Many babies have one and feed perfectly well. Whether it needs treating depends entirely on whether it is causing a problem — which is why a feeding assessment always comes before any decision to divide it.

Seek same-day assessment if your baby

- is **not gaining weight, or losing weight** after the first two weeks
- has **fewer than six wet nappies a day** after day five
- is **very sleepy, difficult to rouse or floppy**
- has a **dry mouth, sunken fontanelle** or no tears
- is **jaundiced and feeding poorly**
- has **bleeding from the mouth** after a division that will not stop with pressure

Poor weight gain in a newborn needs assessing the same day, whatever the cause. Persistent bleeding after tongue tie division is uncommon but needs review. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When it matters

A tongue tie is only significant if it is **restricting function**. Signs that it may be:

- **In the baby** — difficulty latching or staying attached, sliding off the breast, clicking during feeds, very long or very frequent feeds, falling asleep quickly then waking hungry, poor weight gain, excessive wind or reflux-like symptoms.
- **In the mother** — painful, damaged or misshapen nipples, a compressed or lipstick-shaped nipple after feeds, recurrent blocked ducts or mastitis, and low milk supply from poor drainage.
- **Appearance** — the tongue cannot lift to the roof of the mouth, cannot extend past the lower gum, or looks heart-shaped or notched when lifted.

A feeding assessment comes first

Tongue tie has become a default explanation for every feeding difficulty, and division is offered widely, including privately and without proper assessment. Most feeding problems are **positional** and resolve with skilled help within a session or two — a deeper latch, a different hold, better support. Dividing a tie that was not the problem changes nothing and puts a newborn through an unnecessary procedure. Equally, a genuinely restrictive tie left undiagnosed ends many breastfeeding journeys unnecessarily. Both errors are common, and the way to avoid both is to watch a full feed before deciding.

Division

- **Frenotomy** is a quick procedure: the tissue is divided with sterile scissors, usually taking a few seconds.
- **No anaesthetic is needed** in young babies — the area has few nerve endings and little blood supply.
- There are a few drops of blood at most. A white or yellow patch forms under the tongue as it heals over one to two weeks — this is normal healing, not infection.
- **Feed immediately afterwards**; this comforts the baby and helps stop any bleeding.
- Many mothers notice improvement in pain and latch quickly, though it can take days to weeks as the baby learns a new pattern — and **continued feeding support afterwards is what determines the outcome**.
- Division is best done in the early weeks; for older babies with an established feeding pattern the benefit is less predictable.

Posterior tongue tie and after infancy

- **Posterior tie** — a tie further back and less visible — is a genuine entity but is also over-diagnosed. It should only be divided where feeding is clearly impaired and positioning has been optimised.
- **Speech** — tongue tie rarely causes speech problems. Most children with one speak normally, and division is not usually recommended for speech alone without speech and language assessment.
- **Bottle-fed babies** are less often affected, but a tie can still cause slow feeding, dribbling and excessive wind.
- **Upper lip tie** — evidence for dividing this is weak, and it is rarely necessary.

Why come to us. The most useful thing anyone can do is watch a whole feed, and that takes time most appointments do not allow. We offer unhurried paediatric appointments seven days a week — including weekends, when new parents are often most stuck — with the baby weighed and examined, the feed observed, and an honest answer about whether a tongue tie is actually the problem. Where division is genuinely indicated we arrange it promptly, with feeding support afterwards.

The feed watched before anything is divided

Unhurried paediatric appointments, weekends included.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Paediatrics** · **Women's Health** · **Private GP Services** · **All patient leaflets**

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This leaflet is based on current NHS, NICE IPG149 and UNICEF Baby Friendly guidance on tongue tie and infant feeding. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.