



Follow up information:

The purpose of tongue-tie division in babies is to improve tongue function to enable babies to feed better. The degree of improvement and speed of improvement varies from baby to baby and success of division is measured by improvements in feeding. So, the focus should be on how the feeding is going. It is important to understand that no baby develops full tongue function until they are established on solid food. Tongue function can continue to improve over several months after division.

In some cases, division of tongue-tie is all that is needed to improve feeding. In most cases it is not an instant fix and ongoing help, and support is required, especially in the first 2-3 weeks. Full improvement in feeding can take 2-4 weeks and sometimes longer. **So, if you have concerns about your baby's feeding, please do contact me to discuss this.**

Phone and email support are free for 3 weeks after your last paid for consultation with me. You can also have a free online session with my assistant to look at latch during this 3-week period. If you need further face to face, follow up you can book a follow up appointment with me via my website. The NHS offers support via Infant Feeding Teams. Some of this support will be very helpful. But please be cautious with the advice they provide as the staff they employ are employed on very low pay scales so do not have the qualifications, experience, and skills which I have. They should not be contradicting plans we have put in place and should they do this please contact me.

What to expect after division?

Swallowed blood - Your baby may have swallowed some blood after the procedure so any vomit may look red/brown in the first few hours after the procedure. Stools may also be streaked black in the first 24 hours.

Potential bleeding - If the wound is disturbed in the first few days it may bleed again. This should be light and stop within a few minutes if the baby is fed or sucks on a finger/dummy. In the unlikely event of a heavier or prolonged bleed lasting more than 10 minutes sit baby up and place your clean fingertip wrapped in clean gauze over the wound and apply pressure for 10 minutes. Do not apply any pressure under the chin as this can cause breathing difficulty. If the bleeding does not stop then call an ambulance or take baby to A&E immediately. Continue to apply pressure.

Difficulty feeding - Some babies experience low tongue tone post division and may find latching and feeding difficult in the first 24-72 hours. These babies may find being fed expressed milk via finger feeding, cup, syringe, or bottle easier until this settle. Do lots of skin to skin to calm baby and encourage baby to latch to the breast. Try to latch as soon as baby shows signs of stirring for a feed or being hungry as a calm baby will latch much more easily than a crying one.

Drooling - An increase in saliva/dribbling can occur after division. This will settle down after several days.

Vomiting - Some babies vomit more milk in the days after division due to an improvement in their ability to transfer milk. This will usually settle once they learn to manage the increased flow. Laid back breastfeeding positions can help. You should always use [paced feeding](#) for bottles.

Muscle fatigue - After 5-10 days some babies, having improved, deteriorate with latch and feeding. This is due to muscle fatigue and usually resolves with continued feeding.



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Low tongue tone and tongue placement – Some babies will suffer with the effects of low tongue tone in the first week or so after division. This may impact their ability to correctly place their tongue and keep it correctly placed during feeds which may contribute to an insecure and shallow latch. As baby uses their tongue more during feeding tongue tone will improve and the finger sucking exercise can help too.

Changes in feeding patterns - Feeding patterns may change as babies are often less efficient after division initially due to low tongue tone and muscle fatigue. So, you may see a period of shorter and more frequent feeds. Breast compression can help with this. See link <https://breastfeeding.support/what-is-breast-compression/>

Wound healing and infection - After a day or two the wound under the tongue will turn white and resemble a large mouth ulcer. This is normal and will disappear after about a week. As it heals the edges may look orange in colour and the patch may have a yellow/green tinge. If the wound looks weepy or oozes or baby has a hot temperature or seems unwell then you will need to see a GP to exclude infection. Image shows normally healing wound.



Pain - Breastmilk contains endorphins which have a calming and analgesic effect so regular breastfeeding or breastmilk will usually help keep baby comfortable. Some babies can be quite unsettled and appear in pain. Some may have a period of inconsolable crying a few hours after the procedure. With older babies you can give Infant Paracetamol as per the instructions on the bottle. With babies under 8 weeks, you will need to consult your GP about pain relief. Most babies do not however need pain relief, just the reassurance of skin to skin and being carried usually works well. Getting in a bath with baby can also soothe them and encourage them to feed.

Clicking – Some babies with a tongue-tie will make a clicking sound when feeding. Clicking occurs when the baby is struggling to maintain the tongue in a forward's position during feeding and the tongue slips back and the seal is broken with a 'clicking' or 'smacking' sound. It can happen with most sucks or intermittently during feeds. But clicking is not always just tongue-tie related. Babies who do not have tongue-ties will click if the milk flow is very fast. Some babies will click if they have poor tone in their tongue (a weak suck and cupping). Clicking can be exacerbated by a high arched or bubble palate (roof of the mouth) and this usually co-exists with a tongue-tie as for the palate bones to spread in the womb the baby needs to have a high resting tongue posture, so the tongue rests up against the palate. But in tongue-tied babies resting tongue posture is low so the palate bones do not spread as they should. After division, the resting posture will improve so over several months the palate is likely to reshape, provided the baby continues to be breastfed. The narrow shape of bottle teats unfortunately does not assist in spreading the palate. What does this mean for after division? Will baby stop clicking? Some babies do immediately but many do not and the clicking may continue for several weeks if mum has a fast 'let down' or over supply of milk, or if baby has low tongue tone or a very high palate. Some babies who did not click before division may start to click afterwards because of the tongue muscle feeling weak and tired as described in the section above on muscle fatigue. They may also start clicking after division as they need to learn how to manage flow with the additional movement they now have in their tongue and many babies will latch better



after division, creating more vacuum and therefore more flow which can exacerbate this. It can take 2-4 weeks on average in my experience for babies to learn how to effectively manage flow after division. You can help with all of this by paying close attention to positioning and attachment so you get the deepest latch you can (see link to information sheet at the bottom of this advice sheet). Using laid back feeding positions or upright positions like the koala hold can also be helpful as flow is slower and more manageable in these positions.

Exercises

Before doing any exercises gain your baby's permission by making eye contact. Stop if baby grimaces, turns away and/or puts his hand up to his mouth to block you.

Exercising your baby's tongue can help promote tongue mobility and address compensations developed by your baby before division. The best exercise is feeding, and I suggest breastfeeding frequently (about every 3 hours at least) for at least the first week after the procedure, ideally the first two weeks.

Finger sucking - the finger should be gently inserted into the baby's wide-open mouth nail side down. Gently ease your finger over your baby's tongue until your fingertip reaches the point where the hard roof of the mouth becomes soft. If your baby gags when you do this ease your finger back a bit and gently try again. Ensure the tongue remains over the lower gum during sucking. If you can feel the lower gum (which feels hard and bony) rubbing your finger, take the finger out and start again. You can play a gentle game of tug of war with your finger whilst baby sucks. Finger sucking is good exercise between feeds and can calm a baby before latching. I suggest doing it for around a minute or longer if baby likes it, 3-4 times per day for at least two weeks. Some babies may thrust their tongues forwards or struggle to seal onto the finger. In this case lots of breast and bottle feeding will provide enough sucking exercise but do try each day as any gagging, thrusting, etc is likely to settle over time.

For older babies (12 weeks plus) who are often not keen to suck fingers due to developmental stage giving them an ['O' ball](#) to play with can be helpful as they will put it to their mouths and push their tongue through the holes, etc which encourages tongue movement.

[Sophie giraffes](#) and [long teethers](#) can also be helpful in promoting tongue mobility.

Lateralisation - Slide your finger along the top surface of your baby's lower gum from the centre round to the side to encourage your baby to move his tongue tip first to the left then the right. Run your finger back and forth along the lower gum about 10-12 times and do this 3-4 times per day.

Triggering the phasic bite - If you press down on the lower gum at the back where the back teeth will come through with the pad of your fingertip this will trigger the phasic bite reflex and baby will bite down on your finger and this can help release jaw tension.

Tongue massage - Place your finger pad on the tongue just behind the tongue tip. The fingertip is rotated in a small circle, keeping contact with the tongue. Traction can be applied by increasing the portion of the circular massage that is applied towards the front of the tongue. Do several circles at each session for half a minute or so or less if baby is objecting.

Tongue poking games - Sliding your finger pad along the tongue surface from back to front can encourage tongue extension as can poking your tongue out at your baby. Tapping gently with your fingertip on the lower lip briefly and tapping gently and slowly on the chin can also help encourage



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baby to poke out their tongue. It can take some babies weeks, or occasionally months, to be seen to poke their tongues out spontaneously. But provided the latch at the breast and any nipple pain improves, and/or attachment on the bottle improves this is not a concern as this indicates the baby can bring their tongue further forwards.

Sleeping tongue posture hold - See video at this link for how to do this.
https://m.youtube.com/watch?v=kJY_jme2sOA

You can also pull the chin down and hold gently, as in the video above, but with baby awake to encourage tongue extension.

Tapping gently with your fingertip on the lower lip briefly and tapping gently and slowly on the chin can help encourage baby to poke out their tongue.

Do these exercises at least 3-4 times a day for two weeks.

Facial massage – if your baby has lip blisters and deep facial creases this facial massage may be helpful in relieving tension.



Tummy time for a few minutes a few times per day may also help ease out neck strain from birth.

Positioning and attachment information

[Sore-nipples-and-positioning-and-attachment-sheet.pdf \(sarahoakleylactation.co.uk\)](https://sarahoakleylactation.co.uk/Sore-nipples-and-positioning-and-attachment-sheet.pdf)



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FOLLOW UP OPTIONS

Free phone and email support for up to **3 weeks** after your last face to face appointment with Sarah. After 3 weeks you will need to book an online or face to face follow up for review. **(Texts and Facebook messages/messenger are not reliable and are easily missed so please do not use these methods to contact me.**

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