



## GUIDELINE

# Tongue Tie (Ankyloglossia)

<b>Scope (Staff):</b>	Midwifery, Nursing and Medical Staff
<b>Scope (Area):</b>	KEMH Postnatal Wards

### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

## Aim

The purpose of this guideline is to provide a multi-disciplinary, evidence-based consensus regarding the diagnosis and management of short, tight labial and lingual frena and ankyloglossia to guide best practice.

## Risk

Inappropriate diagnosis and management of short, tight labial and lingual frena and ankyloglossia.

## Principles / Key points

- Ankyloglossia refers to the restricted movement of the tongue causing functional limitations, accompanied by a visually restricted lingual frenum.
- Ankyloglossia is relatively common in varying degrees and usually does not impair the establishment of breastfeeding.
- A few neonates with severe Ankyloglossia may have difficulty attaching and sucking effectively
- Further research is needed regarding other reported adverse health outcomes, such as problems with speech, malocclusion, lingual gingival recession and obstructive sleep apnoea as evidence of a consistent causative relationship is lacking.
- Dangers of over-diagnosis of Ankyloglossia as a problem requiring surgical intervention include reduced focus on other reasons for difficulty establishing lactation including poor attachment, poor milk supply and an unwell baby.

## Diagnosis

- The anatomical appearance of oral frena can demonstrate considerable variability without functional issues.
- Therefore, diagnosis of ankyloglossia should NOT be based solely on anatomic appearance.
- In the absence of a functional limitation, the lingual frenum should be considered functionally normal.
- The key pre-requisites for a diagnosis are:
  - Thorough case history.
  - Objective functional assessment of tongue function
  - Complete assessment of functional issues impacted by the suspected ankyloglossia by a qualified professional.

## Assessment of Tongue Mobility – See [Quick Reference Guide](#)

Assessment of tongue mobility includes the:

- Ability to elevate the tongue to the palate with a wide-open mouth is the most important part of assessment.
- Spread of the anterior tongue and ability to cup the tongue.
- Elasticity and length of frenulum.
- Extension of tongue over lower lip.

## Signs and Symptoms of Ankyloglossia causing breastfeeding complications

- **Mother:**
  - Nipple pain.
  - Damaged nipples.
  - Blocked ducts/Mastitis.
  - Low milk supply.
  - Untimely weaning.
- **Baby:**
  - Increased suction pressure.
  - Ineffective milk transfer.
  - Slipping on and off the breast during a feed.
  - Failure to thrive.

## Management Plan

Non-surgical management strategies can be effective first-line therapies for management of functional limitations associated with ankyloglossia. Surgical

management should be considered only after non-surgical management has failed to address the functional issue that led to the diagnosis.

- Review by the Paediatric team.
- Review by a Lactation Consultant.
- Initiate an individualised plan for mother to preserve the integrity of her nipples, the initiation of her lactation, and the health of her baby.
- Management can include advice on
  - positioning
  - latch optimisation
  - feed frequency
  - supporting mothers to maintain milk supply, and the use of external tools such as nipple shields or supplementary nursing systems.

### Surgical Management

Surgical management should not take place without the presence of a well-defined structural problem, which is causing functional issues. Likewise, surgical management should not be undertaken based on speculation about future problems despite lack of current problems.

Surgical management of the lingual frenum may be indicated after:

- Diagnosis of ankyloglossia by an appropriately trained health professional using appropriate diagnostic assessments;
- Failure of non-surgical management; and
- Full informed consent is obtained.



### Discharge Planning

- Consider referral to the Breastfeeding Centre for follow up if Ankyloglossia is thought to be significant enough to impair feeding.
- If required, organise the hire of a breast pump.
- Organise follow-up to ensure appropriate weight gain following discharge (e.g. CHN, VMS, GP).
- If non-surgical management is unsuccessful, refer to paediatric surgeon. Complete the [Tongue Tie Referral Letter](#).

**References**

1. Geddes D, Langton D, Gollow I, Jacobs L, Hartmann P, Simmer K. 2008 Frenulotomy for Breastfeeding Infants with Ankyloglossia: Effect on Milk Removal and Sucking Mechanisms Imaged by Ultrasound. **Paediatrics**. 2008, 122;e188-e194
2. Ankyloglossia and oral frena consensus statement. Australian Dental Association, 2020

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatology Coordinating Group		
Date First Issued:	August 2011	Last Reviewed:	July 2022
Amendment Dates:		Next Review Date:	July 2025
Approved by:	Neonatology Coordinating Group	Date:	26 <sup>th</sup> July 2022
Endorsed by:	Neonatology Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards:   Child Safe Standards: 1,10		

Printed or personally saved electronic copies of this document are considered uncontrolled

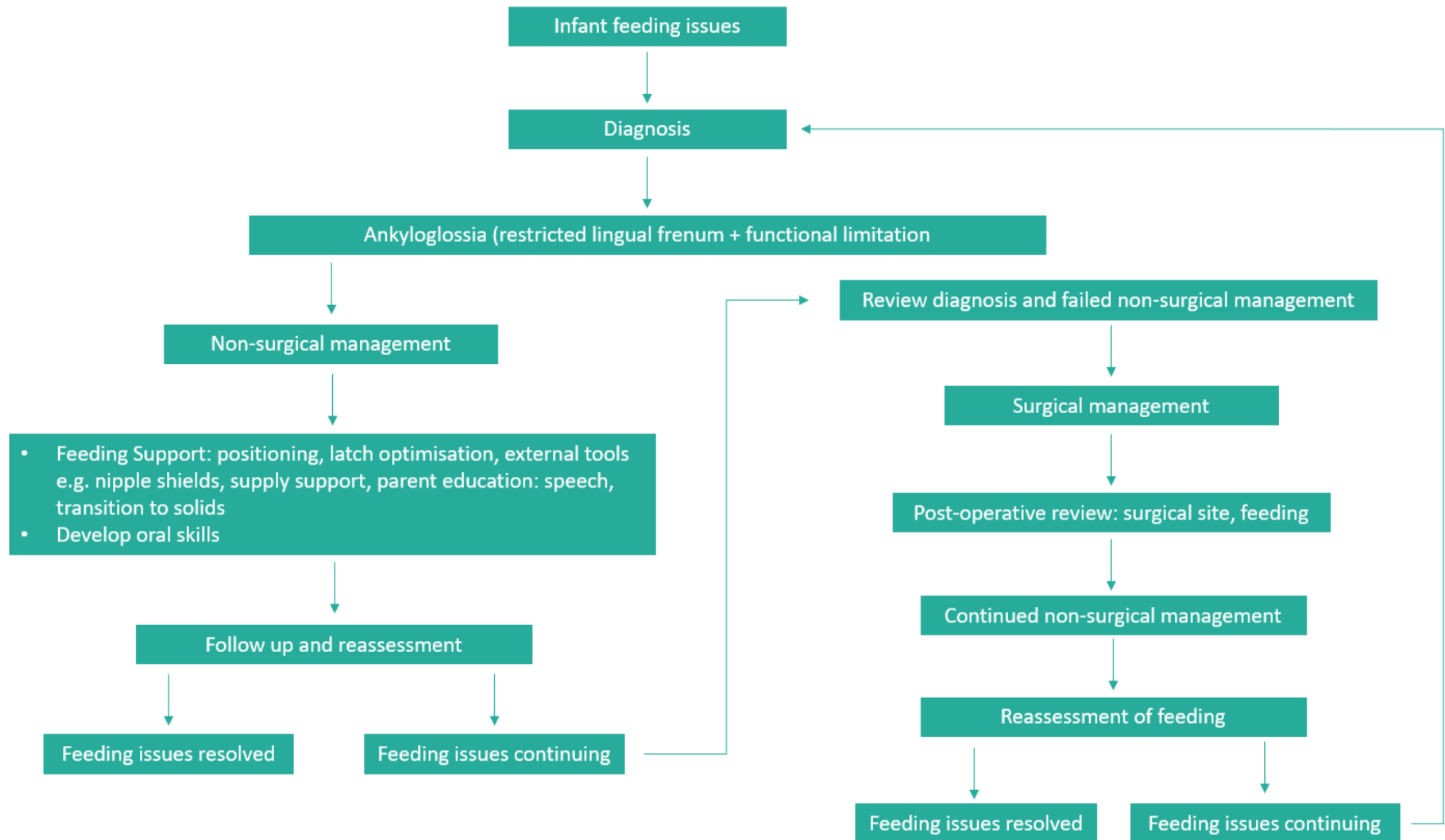


**Healthy kids, healthy communities**

Compassion Excellence Collaboration Accountability Equity Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

## Appendix 1: Suggested management pathway for infants diagnosed with ankyloglossia



Ankyloglossia and oral frena consensus statement. Australian Dental Association, 2020