

Division of your baby's tongue-tie

This leaflet gives information about your baby's tongue tie, and how we'll divide it. This leaflet only refers to the procedure for babies between 1 and 12 weeks old. If your baby is older than 12 weeks, please contact their GP who can refer your baby to an appropriate hospital. If you have any questions, please contact us (details at the end of this leaflet).

What is a tongue-tie?

Tongue-tie (also known as ankyloglossia) is when the skin between the underneath of the baby's tongue and the floor of the mouth (frenulum) is causing their tongue movements to be restricted. This can lead to difficulties for the breastfeeding baby. However, this piece of skin can be visible and not cause any feeding issues and might be referred to as a 'visible frenulum'.

Symptoms of tongue-tie

The tip of your baby's tongue might appear blunt or forked, or have a heart-shaped appearance, or it might not cause any problems, and nothing will need to be done.

For some breastfeeding babies the restricted movement of the tongue can interfere with effective milk transfer by restricting the attachment to the breast. This can cause frequent, and sometimes long or short unsettled feeding, leading to poor weight gain. The mother might have painful or damaged nipples, and mastitis (painful and inflamed area of breast) as the milk isn't removed properly from the breast. This can be very painful, exhausting and distressing when you're trying to establish breastfeeding.

Feeding difficulties can happen for many reasons, so it's important when considering treatment of tongue-tie that at least 2 feeding assessments are done by a professional who has experience of assessing breastfeeding.

If it's difficult to meet all of your baby's needs with breastfeeding it's important to protect your supply with expressing. Hiring a hospital-quality breast pump is usually the most effective way to protect your supply. Pumping at least 8 times in 24 hours is important.

How to get an appointment

You can be referred to our service by a healthcare professional. You can only be referred if the answer to all of these questions is 'yes'.

- Is your baby between 1 and 12 weeks old?
- Was your baby born at or after 37 weeks, or if they were premature, have they now reached 37 weeks corrected age (based on their original due date)?
- Has tongue-tie been confirmed with 2 assessments?
- Are you still having feeding issues despite ongoing feeding support by a trained professional (including peer supporters)?
- Do you intend to continue breastfeeding?
- Has your baby had intramuscular (IM) injections, or 3 oral (by mouth) doses of vitamin K?

When a baby is born, they should be offered vitamin K by health professionals to help their blood to clot. It's important that babies having tongue-tie division can clot blood, so that their tongues can heal.

If your baby is under 4 weeks old and has not had any vitamin K, and you have decided not to give them vitamin K, you need to contact your GP. Your GP will have to arrange for your baby to have a blood test to check if their blood can clot. An appointment for tongue-tie division will not be booked until the results from this blood test are available.

Please note that we do not accept referrals because of issues that **might** happen in the future (perceived issues), such as speech difficulties.

Tongue-tie division is done to help with breastfeeding difficulties. If you're exclusively bottle feeding and there are no concerns, you will not be offered this procedure. It would be unnecessary, and if you're not breastfeeding there's an increased chance of the tongue tie re-forming.

We'll call you or send you a text message to offer you an appointment close to the time of the clinic. Letters are not sent because the appointments are made so quickly in this clinic. You will be allocated a time and we will try to see you within 30 minutes of this time.

If you need to change your appointment, please contact the booking clerk, **phone** 020 7188 7188 extension 89098, option 7, or **email** gstt.paediatricappointmentspaedsurgery-pf@nhs.net

Coming for the procedure

It's important that you do not feed your baby for 2 hours before your appointment as we want your baby to feed immediately after the procedure.

Sometimes if a baby becomes very distressed due to hunger, they may be seen before another baby with an earlier appointment.

We'll try to respect your privacy during breastfeeding, however, you will be sharing the waiting room with other breastfeeding mothers.

Your other children can accompany you to your baby's appointment, but we have very limited space in the clinic, so you must have someone who can look after them.

The procedure

The tongue-tie can be separated in a quick procedure by a consultant children's surgeon. A full assessment will not be done before the procedure as this should have been completed by the healthcare professional who referred your baby.

The procedure and potential risks will be discussed with you by the surgeon, and we will ask for your consent (permission) before the procedure. The possible risks of the procedure include:

- a small amount of bleeding
- a short-term, non-serious infection
- the tongue-tie growing back
- no difference to feeding issues

You can stay and observe the procedure or wait outside the room. Your baby will be wrapped up and held by the assistant. The procedure should take less than a minute.

No pain relief or (anaesthetic) is necessary.

After the procedure

Immediately after the procedure, you'll be taken to another room to breastfeed your baby. A midwife or support worker will be available to support and guide you with feeding. Once baby has fed, any bleeding should stop.

Breastfeeding immediately after the procedure is important because it:

- provides comfort and pain relief
- reduces bleeding by applying pressure to the wound
- protects against the small risk of infection

Immediately after the procedure some mothers feel a significant improvement in breastfeeding. Babies can be seen to move their tongues around, push them out, and have an improved latch. For some mothers this improvement will take several feeds, with the baby having to adjust their feeding technique with a more mobile tongue. Unfortunately, sometimes there is no improvement in breastfeeding. Please note that using nipple shields can increase the risk of the tongue-tie coming back or reforming (re-adhesion).

Your baby's normal routine should be followed, and we strongly recommend that you seek support from your local breastfeeding support groups or from the person who referred you while you're waiting for your appointment, and after the procedure.

There are generally no specific requirements after the procedure. We do not recommend that you massage under your baby's tongue after the procedure, as there isn't strong enough evidence to suggest that it helps. Improving attachment at the breast will encourage tongue movement and reduce the chance of re-adhesion.

A small white or yellow spot often appears under the tongue within 48 hours of the procedure. This is part of the normal healing process, and will reduce ideally within 2 weeks.

The risk of infection is very small, but contact your GP in the first few days after the procedure if your baby:

- has a high temperature (fever)
- is not feeding
- has excessive dribbling
- there is pain at the wound site

Bleeding after a full feed is unlikely, however if your baby has active bleeding (not spotting) at home, apply pressure to the wound site with your index finger. If this continues for more than 10 minutes, go to your nearest A&E.

Follow-up appointment

No follow-up appointments from us are necessary, but whoever referred you should arrange to see you again after the procedure and direct you to a local feeding group.

Support and more information

Guy's and St Thomas' Hospitals

You can find breastfeeding groups in Lambeth and Southwark, plus lots of other helpful information on our website, [web](#) search 'maternity information after birth' at www.guysandstthomas.nhs.uk

UK Baby Friendly Initiative

Information for parents and healthcare professionals about maternity care and care for babies. [web](#) www.babyfriendly.org.uk

National Breastfeeding Helpline

The National Breastfeeding Helpline offers friendly, non-judgemental, independent, evidence-based breastfeeding and infant feeding support and information to anyone in the UK who needs it. [phone](#) 03001000212 (24 hrs) [web](#) www.nationalbreastfeedinghelpline.org.uk

The Breastfeeding Network (BfN)

Support and information for anyone who's breastfeeding, [web](#) www.breastfeedingnetwork.org.uk

La Leche League (LLL)

A charity of volunteer breastfeeding counsellors that provide mother-to-mother support to women who want to breastfeed. [phone](#) 08451 202 918, 8am to 10pm, [web](#) www.laleche.org.uk

Association of Breastfeeding Mothers (ABM)

Information about breastfeeding, weaning and related subjects for mothers and healthcare professionals. Breastfeeding counsellors also available. [Phone](#) 08704017711, 9.30am to 10.30pm, [web](#) www.abm.me.uk

National Childbirth Trust (NCT)

A UK-based charitable organisation offering information and support in pregnancy, childbirth and early parenthood. [phone](#) 08704017711, 8am to 10pm, [web](#) www.nct.org.uk

Contact us

If you have any questions, please contact the tongue-tie team, [email](mailto:gst-tr.evelinatonguetieclinic@nhs.net) gst-tr.evelinatonguetieclinic@nhs.net

For more information about conditions, procedures, treatments and services offered at our hospitals, please visit [web](#) www.evelinalondon.nhs.uk/leaflets



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