

Ankyloglossia Diagnostic Pathway – assessment (assessment by IBCLC/ Midwife/ Dr)

1. Feeding history:
 - Prolonged feeds >18/24 hours after 3rd day
 - Aerophagia and gastric upset during and after feeds
 - Weight loss >10% bw or not back to birth weight at 2/52

2. Look at Latch:
 - Is the infant latching correctly
 - Is latch being maintained
 - Position of baby on breast
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3. Listen and look at the baby while feeding:
 - Clicking sounds while feeding
 - Pooling milk around mouth during feeds
 - Gasping, struggling on the breast
 - Bobbing around, latch slips after initial latch on

4. Look and palpate baby's mouth:
 - Lift of tongue when crying
 - Extension/ Elevation/ Lateralisation
 - Frenulum extends anteriorly to tip of tongue or lower gum line (abnormal)
 - Frenulum only visible on bidigital palpation (either side of "frenulum")

5. Mum:
 - Painful nipples
 - Stinging in breasts/ mastitis/ engorgement beyond normal initial feeding issues
 - Lipstick shape after feed/ bleeding/ ulcerated nipples
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Anterior Type



Posterior Type

Frenotomy is recommended if the tie is causing a functional restriction (or is severe enough to have a likely impact on infant oral functionality)

Suspected tongue tie?

Refer to an appropriately trained professional to undertake the division of tongue tie.

Very obvious anterior restrictive ties can be referred immediately for division. Referral within 2 weeks is appropriate to prevent continuation of feeding problems. Further information if required is available on the neonatal guidelines (link)