

Consensus statement:

Tongue-tie (Ankyloglossia)

Approved, awaiting ratification



New Zealand
College of Midwives

TE KĀRETI O NGĀ KAIWHAKAWHANAU KI AOTEAROA

Consensus statement:

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Tauākī | Statement

This statement describes the position of the New Zealand College of Midwives | Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa (the College) on neonatal tongue-tie (ankyloglossia). The College supports the provision of a free, equitable and accessible service for the release of neonatal tongue-tie if this condition is impacting negatively on breastfeeding. Frenotomy is not always necessary, even when a tongue-tie is diagnosed in a neonate, but pathways for consistent assessment and timely referral are the responsibility of Health New Zealand | Te Whatu Ora and should be freely available in all regions. The midwife has a range of skills to assess and support breastfeeding, and to assist with improvement of latch, positioning and breast milk supply issues. Midwives can identify and assess for tongue-tie using an accredited tool, then advise, refer or treat accordingly.

Te Reo | Language

College statements utilise words from Te Reo Māori to acknowledge and respect the indigenous language of Aotearoa New Zealand.

Honouring Te Tiriti o Waitangi

Midwifery practice in Aotearoa is guided by the cultural competencies of Tūranga Kaupapa (Ngā Māia Trust, 2024). Tūranga Kaupapa honours a Tiriti-based partnership and is foundational in providing care to whānau Māori. Midwives work in ways that uphold the mana of all whānau, recognising the role of cultural identity, values and belief systems in shaping health experiences (New Zealand College of Midwives, 2025). Midwives share evidence-based information and actively ensure that equitable access to culturally safe care and breastfeeding support is facilitated for whānau Māori.

Upholding Te Tiriti o Waitangi requires equitable access to health services, including breastfeeding support. Achieving equity in breastfeeding outcomes requires actively reducing barriers to accessing care, including timely assessments, breastfeeding support, referrals and treatment where necessary. Access to care in rural settings may be reduced where

limited services are available. Although breastfeeding initiation rates for Māori are high, data indicates that breastfeeding rates decline quicker for Māori compared to other population groups, and exclusive breastfeeding rates for Māori are lower at six months.

Midwives are encouraged to reflect on their own practice and to engage in ongoing education that strengthens cultural safety, particularly when discussing newborn assessment (New Zealand College of Midwives, 2025).

Whakamārama | Background

Tongue-tie (ankyloglossia) is a congenital condition characterised by a short or tight lingual frenulum that may restrict infant tongue movements. Estimated incidence is between 4-11% of newborn infants (O'Shea et al., 2017). Degrees of ankyloglossia vary and while most infants with tongue-tie may breastfeed successfully, there may be challenges for a small percentage of infants. Frenotomy is not always necessary even when a tongue-tie is identified. There is a range of normal neonatal oral anatomy, which can be influenced by genetics or temporarily by the intrauterine environment.

In a systematic review, surgical release of a tongue-tie was found to not consistently improve infant feeding but likely to improve maternal nipple pain. Evidence was low to moderate due to the small number of studies and low infant numbers (O'Shea et al., 2017). Tongue-tie is a potential source of maternal nipple discomfort and trauma, and impeded breast milk transfer to the infant; it is also considered a risk factor for premature breastfeeding cessation (LeFort et al., 2021).

Anatomic studies have found that the term "posterior tongue-tie" is anatomically incorrect, and Mills et al. (2019) suggest this term is discontinued, while also asserting that tongue-tie cannot be diagnosed solely on the appearance of the lingual frenulum. The band of tissue at the base of the tongue often contains the genioglossus muscle which may lengthen with breastfeeding, resulting in infant feeding ability improving with time (Mills et al., 2019).

Due to concerns about over-diagnosis and the unnecessary treatment of tongue-ties, a Ministry of Health guideline (2020) was developed to provide clear and consistent guidance to the health sector to support identification, assessment, diagnosis and treatment of tongue-tie. A statement concerning the midwifery scope of practice with regard to tongue-tie was issued by Midwifery Council | Te Tatau o te Whare Kahu (2016). There has been limited data on the incidence, treatment and follow-up outcomes of babies with tongue-tie in Aotearoa New Zealand, despite concerns about over-diagnosis and treatment. Any service undertaking tongue-tie release should provide full breastfeeding and lactation support and follow up for data collection and audit purposes.

Ngā Aratohu | Guidance for practice

- Breastfeeding is an interaction between the mother and her infant, and there are many factors other than tongue-tie that need to be considered when managing breastfeeding difficulties.
- Infants with possible symptomatic tongue-ties need monitoring and continued support for breastfeeding.
- Identification of a tongue-tie which is causing feeding problems can be made by a midwife during a complete breastfeeding observation. An evidence-based tool, such as the Bristol Tongue Tie Assessment (BTAT) (Ingram et al., 2015), Tongue Tie and Breastfed Babies (TABBY; Ingram et al., 2019) or the Hazelbaker Assessment Tool (Amir et al., 2006), can be used.
- Performing limited simple lingual frenotomy using an approved assessment tool and technique is within the scope of midwives who have completed specific training (Midwifery Council, 2016).

- Infants with complex tongue-ties or babies with any medical or relevant physical conditions require referral to a specialist (Midwifery Council, 2016).
- Conditions often referred to as posterior tie, upper lip ties, buccal ties, lower lip ties and 'after treatment stretches' have limited or no evidence to support diagnosis or treatment (Mills et al., 2019; New Zealand Dental Association, 2018; Shah et al., 2020).
- An infant with a tongue-tie may benefit from a style of feeding that supports instinctive behaviours and feeding cues, such as mother-infant skin-to-skin contact extending into the postnatal period, and the laid-back position for breastfeeding which decreases nipple pain and trauma and supports an effective latching position (Brimdyr et al., 2020; Colson, 2005; Wang et al., 2021; Widström et al., 2020).
- Skilled breastfeeding support and management takes precedence over surgery and should be the first line of intervention – this includes clinical assessment, modifying the latch and the position of the infant, assessing the milk intake, monitoring infant weight gain and output, treating sore or damaged nipples, and protecting lactation as necessary (Genna et al., 2017; LeFort et al., 2021; Ministry of Health, 2020).
- Shared decision making between the midwife, mother and whānau includes discussion about the risks and benefits of all aspects of management, informed consent and decision making, assessment and follow-up.
- Sucking blisters are a normal finding in newborn infants, and do not indicate pathology (Thomas et al., 2024).

Vitamin K prophylaxis for frenotomy

- * Prophylactic Vitamin K should be administered to infants before elective frenotomy (IM preferred) (Starship, 2020).
- * Wait at least several hours (preferably delay til the next day) following intramuscular administration of Vitamin K (Fujimara et al, 1988)
- * If Vitamin K has been administered orally, at least two doses (one week apart) is optimal prior to frenotomy (Nimavat, 2025)
- * Usual doses of Vitamin K prophylaxis should be offered (1mg/0.1ml IM, 2mg orally x 3 doses) (Canadian Paediatric Society, 2018; Jullien, 2021).

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Whakamana | Ratification

This updated statement uploaded 16 October 2025 will be ratified at the College's AGM in 2026. This statement replaces Consensus Statement: Tongue Tie, ratified 2 August, 2017.

Arotake | Review - 2030

The purpose of the New Zealand College of Midwives Consensus Statements is to provide women, midwives, and the maternity services with the profession's position on specific situations. These guidelines are designed to educate and support best practices, and are regularly reviewed and updated in line with evidence-based practice.

Please note: Statements may be updated within the review period. We recommend midwives refer to the College website for the most up-to-date versions. <https://www.midwife.org.nz/midwives/professionalpractice/guidance-for-practice/>

Tūtohu | Suggested citation

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