Newborn

Disclaimer: The recommendations contained in this guideline do not indicate an exclusive course of action, or serve as a standard of medical care. Variations, taking individual circumstances into account, may be appropriate. The authors of these guidelines have made considerable efforts to ensure the information on which they are based is accurate and up to date. The authors accept no responsibility for any inaccuracies, information perceived as misleading, or the success of any treatment regimen detailed in the guidelines.
Umbilical Hernia

**Definition**
An umbilical hernia occurs due to incomplete closure of the umbilical ring after birth.

**Diagnosis**
An umbilical hernia presents as a swelling around the umbilicus. It may enlarge when the child is active or crying.

**Management**
The majority of umbilical herniae will resolve spontaneously within the first three to four years of life. Surgery is deferred until after this time so referral to specialist care is not normally required until after the 3rd birthday at least.

**Complications**
Complications of umbilical herniae are exceedingly rare but if the hernia is irreducible or painful referral to specialist care is advised.

**Parent information**
Parents can be reassured that in the majority of cases no treatment is required.

Surgery will be deferred until the child is 3 years old and specialist review is not necessary prior to this time.

An information leaflet may be helpful.

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Tongue ties

**Definition**
Tongue tie is a condition involving a shortened lingual frenulum which extends to the tip of the tongue and appears to restrict the movement of the tongue.

Tongue tie can be found in approximately 5% of the well baby population.

**Diagnosis**
The child will be unable to extend their tongue beyond the lower incisor teeth.

On inspection the lingual frenulum will appear short or attached to the tip of the tongue.

**Management**
Tongue ties usually improve spontaneously within the first two years of life.

If there are no complications, referral to specialist care/surgery is not indicated.

**Complications**
There is little evidence to suggest that a tongue tie causes speech impediment or problems with infant feeding. If parents have concerns regarding breast feeding referral to a breast feeding support worker is advised. Speech problems should initially be referred to a speech therapist.

**Parent information**
Parents can be reassured that problems with tongue ties are rare.

They should be informed that surgery for a tongue tie would be for cosmetic purposes only.

An information leaflet may be useful.

This document was updated by Mr A Sabharwal and Mr G Walker, June 2009.