The Shrewsbury and Telford Hospital NHS Trust

Tongue Tie (Ankyloglossia) Management in the Newborn for Breastfeeding (including referral for Frenulotomy)

Version 4

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Care Group :	Women and Children's
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Comments :	References to SaTH Guidelines in the text pertain to the latest version of the Guideline on the intranet. Printed copies may not be the most up to date version.

Version	Implementation Date	History	Ratified By	Full Review Date
1	12th February 2013	New	MGG	February2016
2	28th April 2016	Full review and introduction of Frenulotomy service	MGG Maternity Governance	April 2019
3	10th June 2019	Full Version review, to include new form for Frenulotomy referral clinic	MGG Maternity Governance	June 2024
3.1	28th October 2019	Addition of appendix 2 pathway for post frenulotomy bleeding	MGG Maternity Governance	June 2024

3.2	20th August 2020	Revision to appendix 2 post frenulotomy bleeding	GC authorised	June 2024
3.3	1st February 2022	Change made to the inclusion criteria. 5.3 now accepting babies Under 42 days corrected gestational age.	MGG and Maternity Governance	June 2024
3.4	November 2022	Audit & Monitoring paragraph updated to reflect new process		June 2024
4	17th May 2024	Full version review	Maternity Governance	May 2027

In this guideline we use the terms ‘woman’ or ‘mother’ throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth.

1.0 Introduction

Ankyloglossia, otherwise referred to as tongue-tie, is a variation of normal anatomy, in which the short lingual frenulum or highly attached genioglossus muscle restricts tongue movement. The incidence of tongue-tie occurs in up to 10.7% of babies, with a greater incidence in boys (Renfrew & Hall, 2005) and 50% of all babies diagnosed have a family history (Griffiths, 2004).

Restriction of the tongue can inhibit the baby’s ability to feed well, with ensuing difficulties and early cessation of breastfeeding, with a subsequent reduction in the short and long-term health benefits of breastfeeding to mothers and babies, and an increased cost to the NHS (Renfrew et al, 2012). However, not all tongue-ties will cause feeding difficulties. Feeding problems alone should not be used to make a diagnosis. A thorough history should be taken. If restricted tongue movement is suspected in the hospital or community, then a referral should be made to the TTAC. Parents/guardians should not be told baby has/has not got a tongue tie, as this cannot be diagnosed unless the assessment is made in TTAC by a qualified frenulotomy practitioner. Current evidence suggests that there are no major safety concerns about frenulotomy, and evidence suggests that the procedure can improve breastfeeding (NICE, 2005).

2.0 Aim(s)

This document seeks to clarify the process of identification of ankyloglossia for health professionals, provide information regarding the referral process for frenulotomy, and outline the process for assessment by the frenulotomy practitioner with post procedural follow-up.

3.0 Objectives

3.1 To support women in their choice to breastfeed by reducing the rate of early breastfeeding cessation as a result of problems associated with ankyloglossia.
3.2 To increase breastfeeding maintenance rates.
3.3 Referral process to the Frenulotomy Service

4.0 Definitions and Abbreviations

4.1 **Frenulum** (lingual) is the thin narrow piece of mucous membrane which stretches from the floor of the mouth to the base of the tongue.
- **Anterior frenulum** – visible mucous membrane, which extends in varying degrees up the midline shaft of the underside of the tongue. This can often be seen extending to the tip of the tongue and can create a classic heart shaped appearance to the tip.
- **Posterior frenulum** also known as a sub-mucosal ankyloglossia is less common and lies at the base of the tongue.

4.2 **Ankyloglossia**, also known as tongue tie is a congenital anomaly characterised by an abnormal lingual frenulum, which may restrict mobility of the tongue. Ankyloglossia varies from a mild form in which the tongue is bound to the floor of the mouth by a thin mucous membrane, to a severe form in which the tongue is completely fused to the floor of the mouth (NICE 2005a).
4.3 **Frenulotomy** is the procedure to divide the frenulum and release the tongue to improve its mobility.

4.4 **Frenulotomy Practitioner -** a health professional who has undergone further training to become skilled and safe in diagnosing and assessing an ankyloglossia and performing a frenulotomy.
4.5 **Lactation Consultant** - is an allied health professional who specialises in the clinical management of breastfeeding. They are certified through the International Board of Lactation Consultant Examiners.
4.6 **Extension** – ability of the baby to extend the tongue over the lower jaw.
4.7 **Lateralisation** – ability of the baby to move the tongue tip side to side
4.8 **Elevation** – the ability of the baby to lift the tongue up towards the roof of the mouth
4.9 **Peristalsis** – wave like motion of the tongue during sucking.
4.10 **TTAC** – tongue-tie assessment clinic
4.11 **NIPE** - Newborn and Infant Physical Examination
4.12 **WSA** - women's services assistant
4.13 **MSW**- Maternity Support Worker
4.14 **MIS** – Maternity Information System
4.15 **DYAD** – of two parts, "the mother and child dyad"
4.16 **GALACTAGOGUE** – Food, drug or herb that promotes or increases lactation.
4.17 **Aerophagia** – excessive and repetitive air swallowing

5.0 Process

5.1 Diagnosis

Everyone has a frenulum, the tissue on the underside of the tongue, which anchors the tongue to the floor of the mouth.
The frenulum can be visible, ie anterior or can be less visible, ie posterior/sub-mucosal. The thickness, length, and position, along with individual anatomy, will diagnose if it is restrictive. Diagnosis should only be made by a qualified frenulotomy practitioner in the Tongue Tie Assessment clinic.
Staff not trained in frenulotomy should refrain from using terminology such as "mild, moderate or severe tongue tie" as this does not exist and could cause unnecessary worry to parents.
In the presence of a visible anterior frenulum or if a tight frenulum is suspected and/or the woman is having feeding difficulties then parents should be reassured, and referral made to the TTAC for complete assessment.

Assessment in TTAC will be made using the appropriate assessment tool by a qualified frenulotomy practitioner:-

- The frenulum may be seen or palpated attached to the tip of the tongue, or at differing degrees between the tip and the base, along the midline of the underside of the tongue**.** Kotlow 1999, Griffiths, 2004 or Hazelbaker 2010 have assessment tools.
- Inspection of the tongue may identify the tip of the tongue as having a heart-shape, cleft, dimple or appear pointed.
- Tongue function may be observed as restricted, ie restriction in extension, elevation and lateralisation of the tongue.
- The back of the tongue may also be seen to lift if the anterior portion is restricted.
- Digital examination with a gloved finger will also allow for a full assessment to:
    - Assess the baby's ability to lateralise by stroking the side edges of the tongue the baby will try to follow the stimulus with the tip.
    - Assess the baby's ability to suck. Sucking ability may be reduced if the baby cannot extend the tongue out over the lower jaw to hold on to the finger and produce a smooth rhythmic motion.
    - Assess peristaltic motion of the tongue.

- Side to side digital examination under the tongue may also identify a definite obstruction.

- Depending on the range of movement identified many tongue-ties are asymptomatic and cause no problems to mothers and babies during breastfeeding.
- A tongue-tie may be identified at any time during the neonatal period and may cause maternal and/or neonatal difficulties with feeding.

5.2 Associated problems may include all or some of the following:

Maternal

- Difficulty attaching baby to breast
- Nipple trauma
- Persistent nipple pain
- Mastitis and other breast infection
- Having to use nipple shields
- Reduction in lactation
- Using galactagogues
- Expressing milk to maintain lactation
- Using supplementary formula
- Tiredness, frustration or feels like giving up
- Delay with breastfeeding ease and satisfaction
- Associated psychological problems

Neonatal

- Difficulty attaching to the breast.
- Difficulty maintaining the latch, 'slipping off' /'head bobbing'
- Short, frequent feeds
- Excessive aerophagia
- Noisy feeding/clicking sounds.
- Reduction in signs of effective feeding, alteration of stooling or passing urine
- Readmission for feeding issues.
- Excessive weight loss
- Slow weight gain
- Prolonged jaundice
- Transfers milk sporadically.
- Receives supplementary formula and its associated health problems

5.3 Referral Process:

If a tongue tie is suspected and breastfeeding problems are identified, despite good positioning and attachment technique, refer to a tongue tie practitioner who will perform a full assessment, observe a breastfeed, perform appropriate frenulotomy and provide on- going support.

Health professionals wishing to make a referral are requested to complete a referral form and forward to the Tongue Tie Assessment Clinic.

When discussing tongue tie, or when a referral is being discussed and submitted, parents should be advised to access the NICE guideline "Division of ankyloglossia (tongue-tie) for breastfeeding-2005" via an internet search.

Referrals should be made via the MIS wherever possible. Confirm parent contact details and amend if required, before submitting the referral.

To complete referral on Badgernet:

- New note / Referral (Baby) / Referral to → **Baby Tongue Tie/ Feeding Assessment Referral** / accept and close / confirm consent.
- In the second tab of this window, add the narrative of concerns identified and plans that have been discussed.
- Save and close. Pop up "A referral has been made and not sent, would you like to view it now?" Click "yes". This will open a new window.
- Add any text you do not wish to be seen on the badgernet referral but will be seen on the email referral can be entered now.
- Click "authorise" and enter your login details to send the referral.

The referrer to should check to ensure that the referral has been successfully sent to TTAC. In order to do this, go back into baby/ reports/ patient reports/ referrals and you should see "baby tongue tie/feeding assessment sent"

The SaTH tongue tie leaflet will be forwarded with the confirmation email of an offered appointment.

Agencies that do not have access to SATH Maternity Badgernet, such as health visitors, breastfeeding facilitators, Neonatal /paediatric unit Staff and GP surgeries can use the older referral form. **Appendix 1.** This should be completed and emailed to: **sth.tr.tonguetieassessmentclinic@nhs.net**

Please advise parents the TTAC team will email them to make contact, as opposed to calling on the telephone. If the parents wish an alternative method of communication, this should be advised at this time and documented on the referral in the free text box.

The breastfeeding dyad will continue to have appropriate breastfeeding support whilst waiting for a TTAC appointment. **See Appendix 3**

Inclusion criteria for assessment at TTAC:

- Under 42 days corrected gestational age
- NIPE will have been performed
- Vitamin K will have been administered at least 48 hours prior to the procedure. **See below.**
- There are no hereditary conditions or clotting disorders
- Identify if baby is on any medication
- The baby is not currently under the care of a Neonatologist/Paediatrician and/or undergoing any diagnostic tests or investigations. If baby is undergoing any tests or investigations, discussion with appropriate consultant is necessary prior to consultation in TTAC.
- Babies born prematurely will not be considered for frenulotomy until they reach their estimated due date. All blood results and diagnosis of any conditions of prematurity should be discussed with neonatologist prior to consultation in TTAC. Correspondence via email can be added to MIS.
- Normal newborn blood spot screening results.
- Meets inclusion from the assessment tool.

Vitamin K

In order to be suitable for a frenulotomy procedure, babies should have had appropriate Vitamin K prophylaxis. This would consist of:

- A single dose of intramuscular Vitamin K (1mg)
- A minimum of two doses of oral Vitamin K (2mg). Usually given after birth and day 5.

- Ideally, three doses of oral Vitamin K (2mg) if exclusively breastfeeding. Usually given after birth, day 5 and day 28. **If a frenulotomy procedure is planned before day 28 then the third dose of oral Vitamin K can be brought forward. It should be administered at least 7 days after the second dose and at least 48 hours before the procedure.**

5.4 Assessment at Tongue Tie Assessment Clinic

The named parent/guardian will initially be contacted by email. If there is no response to this email, a follow up text will be sent.

An appointment will be arranged within 7-10 days on receipt of the contact email. If there is no confirmation of the offered appointment a further text or call will be made.

The baby will be assessed in the TTAC by an appropriately trained frenulotomy practitioner.
Assessment will be made on:

- History
- Observation of a feed
- Inspection and palpation using an appropriate assessment tool.

If the score meets criteria for division, a full discussion will be had regarding the risk and benefits of the procedure. A decision will then be made in consultation with the parent by the frenulotomy practitioner to offer/or not to perform frenulotomy.

Prior to frenulotomy procedure

If a frenulotomy is offered:

- Confirm parent/guardian has read the Trust information leaflet/NICE guidance
- Explain risks and benefits of the procedure.
- Provide opportunity for questions
- Verbally check inclusion criteria has been met **–for babies who do not meet the inclusion criteria a frenulotomy will not be offered, further medical advice must be sought.**
- Discussion and obtain verbal consent to proceed, document this on the post procedure notes found on MIS Badgernet.

Frenulotomy procedure

- The frenulotomy procedure will take place in the Children's Outpatient Clinic at the Women and Children's Centre, PRH, Telford with access to resuscitation equipment and clinical support.
- The procedure will be performed after full assessment by an appropriately trained frenulotomy practitioner.
- A WSA /MSW will be assisting to support the baby during the procedure.
- The parents will be asked if they would like to stay or leave the room during the brief procedure. Parents/guardian should be made aware to feed the baby immediately after the procedure.
- Frenulotomy is performed using the following equipment:
    - Sterile gloves
    - Sterile round ended scissors.
    - Small gauze pad
    - Clean towel or blanket
    - Good light source

- The baby is prepared and wrapped securely in clean towel/blanket and assistance given to stabilise the head.
- Lingual frenulum will be divided.
- Ensure all the frenulum has been divided and a diamond shape appears as the frenulum releases at the base of the tongue.
- Compress the floor of the mouth with a sterile gauze pad, unwrap and return the baby to the parent/guardian for immediate feeding.
- Encourage the baby to feed asap and support the parent /guardian to do so.
- Reassure the parent/guardian
- Observe the feed.
- Observe for signs of bleeding and take appropriate action to take control **(Appendix 2)** a laminated copy is available at the time of the clinic.
- Record the oral assessment using the system tool on the drop down provided on MIS and within the Child Health Record (Red Book)
- Complete letter for GP and if necessary Paediatric Consultant, Appendix 4
- Potential adverse effects are rare and include bleeding, infection, ulceration, pain, damage to the tongue and submandibular ducts, and reformation of the tongue tie. Potential adverse effects will be discussed with parent/guardian and documented.
- Post procedure sticker **appendix 3** will be issued to parent/guardian, which contains appropriate contact numbers for further enquiries/support.
- The Association of Tongue Tie Practitioners After Care leaflet will be sent to the parent/guardian electronically.
- An emergency department letter will be issued to the parent/guardian outlining details of the procedure should the need arise for emergency treatment (Appendix 5)
- Complete ongoing audit form

Record dyad attendance date, unit number, age, procedure score, whether procedure performed and if not- why not, use also to highlight if follow up email sent, whether there was a response and if there was any improvement following the procedure.

Post Procedure

- Follow up email will be sent to the original email of communication at one week.
- Parents/guardians advised they can contact TTAC via email in the interim as required.
- Parents/guardians advised to seek ongoing breastfeeding support as highlighted in sticker
- Parents/guardian advised to seek advice from GP/111/urgent care provision regarding pain or infection with baby as required.
- Parents/guardians will have been advised regarding “bleeding at home” during the procedure appointment and advised to call an ambulance if worried.
- An emergency department letter will be issued to the parent/guardian outlining the details of the procedure, should the need arise for emergency treatment (**Appendix 5**)
- Follow up contact will be documented on the MIS, under frenulum procedure and its outcome, the body of the email from parent /guardian can be copied and pasted onto the MIS
- If follow up attempts are unsuccessful, this should be documented on the MIS with details of the dates the emails were sent. If, after 3 unsuccessful attempts (and confirming the correct email address is in use) the dyad will be discharged from TTAC.

6.0 Training

6.1 Frenulotomy practitioners will have completed the Advanced Clinical Skills in Ankyloglossia Management Course (Level 7)

6.2 Frenulotomy practitioners – annual Paediatric Basic Life Support

6.3 Frenulotomy practitioners will have an annual period of observed practice including an annual peer review in conjunction with the Midlands Tongue Tie Group of Practitioners.

6.4 Frenulotomy practitioners will attend the infection control and neonatal life support update annually.

7.0 Monitoring/audit

Compliance with this guideline / SOP will be audited as part of the Shrewsbury and Telford Hospital NHS Trust's five-year rolling programme of NICE and local guideline audits, unless circumstances require an earlier or more frequent audit. The audit will be carried out against the auditable standards and the results of the audit will be reported and acted on in accordance with the Trust Clinical Audit Policy (CG25).

8.0 References

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Appendix 1- Referral Form (When Badgernet cannot be accessed)

REFERRAL FORM FOR TONGUE TIE ASSESSMENT CLINIC

Baby Name:		**Parental Name:**
Baby Unit/NHS Number:		**Baby's Gender:**
Baby Date of Birth:		**Baby's Ethnicity:**
Baby's Address		**Name & Address of GP:**
Baby's Expected Date of Delivery: (EDD)		**Baby's age at referral:**
Parent Preferred Contact Number:		
Parent Email Address:		

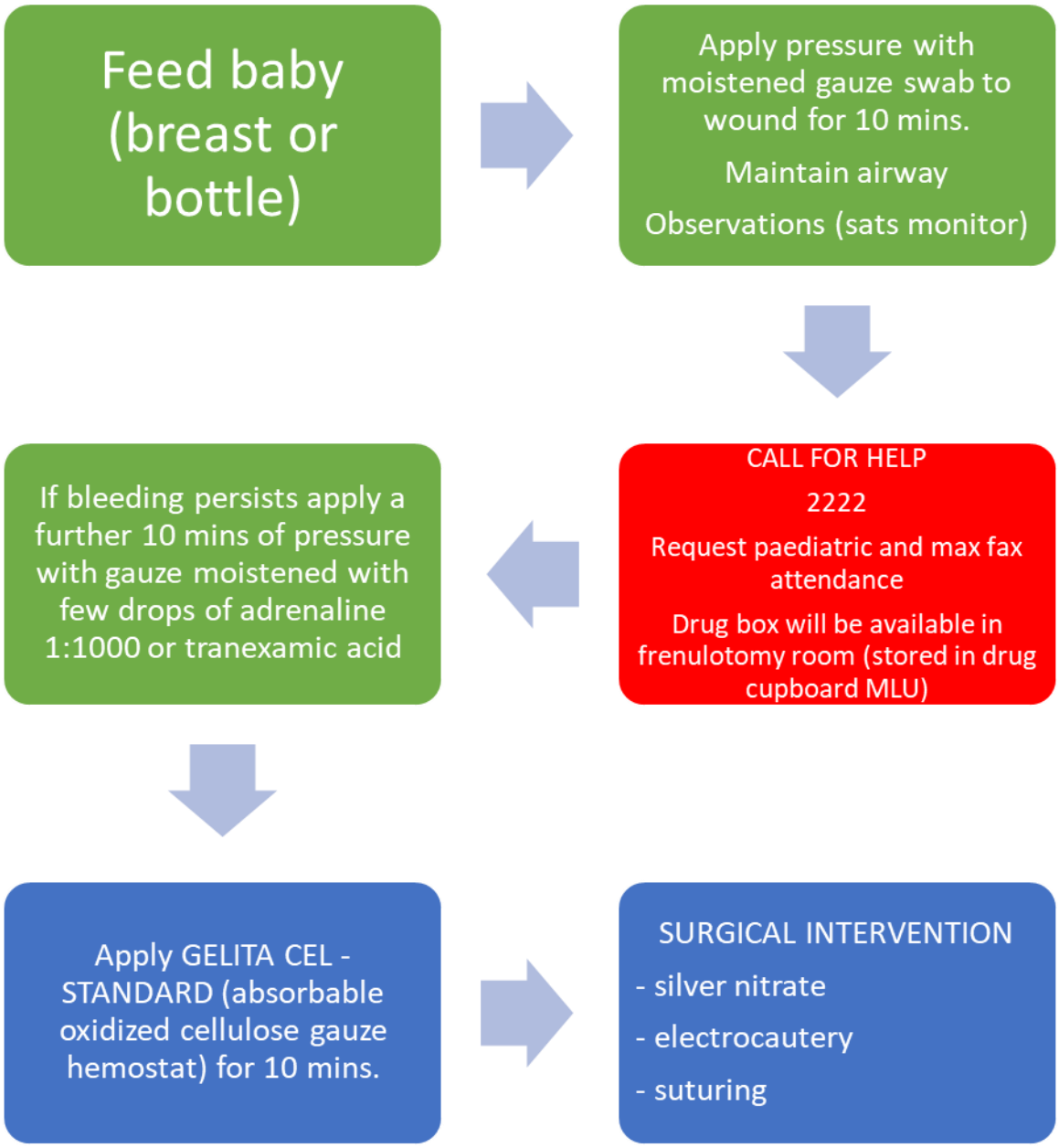
REASON FOR REFERRAL	
NB: Referrals for 'future' potential problems e.g. speech difficulties will not be accepted	
DETAILS OF REFERRER: (delete as appropriate)	
Community Midwife General Practitioner Health Visitor Hospital Midwife	Infant Feeding Specialist Midwife Self-Referral Other _____
Name of Referrer:	**(PRINT)**
Referral Date:	
Referrer Contact Address:	**Referrer Contact Number:**

CHECKLIST FOR THOSE COMPLETING THE REFERRAL FORM FOR TONGUE TIE ASSESSMENT CLINIC – COMPLETE ALL BOXES

ACTION	Enter a YES/NO or N/A
Do the parents have any heredity clotting/bleeding disorders	
Has the baby had a full course of Vitamin K? IM or PO	
Ensure the baby is no more than 42 days of age from the Expected Date of Delivery (EDD) **NB:** Do not continue with this referral if: babies are over this age, refer the parents/guardian to the Association of Tongue Tie practitioners, a list of local practitioners can be found at: **http://www.tongue-tie.org.uk/index.html,** their GP or an ENT specialist	
Ensure the referral is to address a **CURRENT** feeding problem, referrals are **ONLY** accepted for **CURRENT** feeding problems.	
Ensure this is a **NEW** referral and care/procedure has not been provided previously/currently by another hospital or tongue tie practitioner.	
Explain that this referral will first involve email discussion. following this a tongue tie assessment clinic appointment **MAY** be offered. At the clinic feeding will be assessed and frenulotomy **may be** offered and performed. Further breast feeding support **may** also be provided.	
Advise the parent to read or issue the Nice.org.uk guidance on Division of Ankyloglossia (tongue tie) for breastfeeding.	
Referrals should be emailed to: sth-tr.tonguetieassessmentclinic@nhs.net	
Print Name: **Signature:**	**Date:**

Appendix 2- Frenulotomy bleeding pathway.

All babies should be encouraged to feed post frenulotomy. This pathway should be followed when bleeding continues.

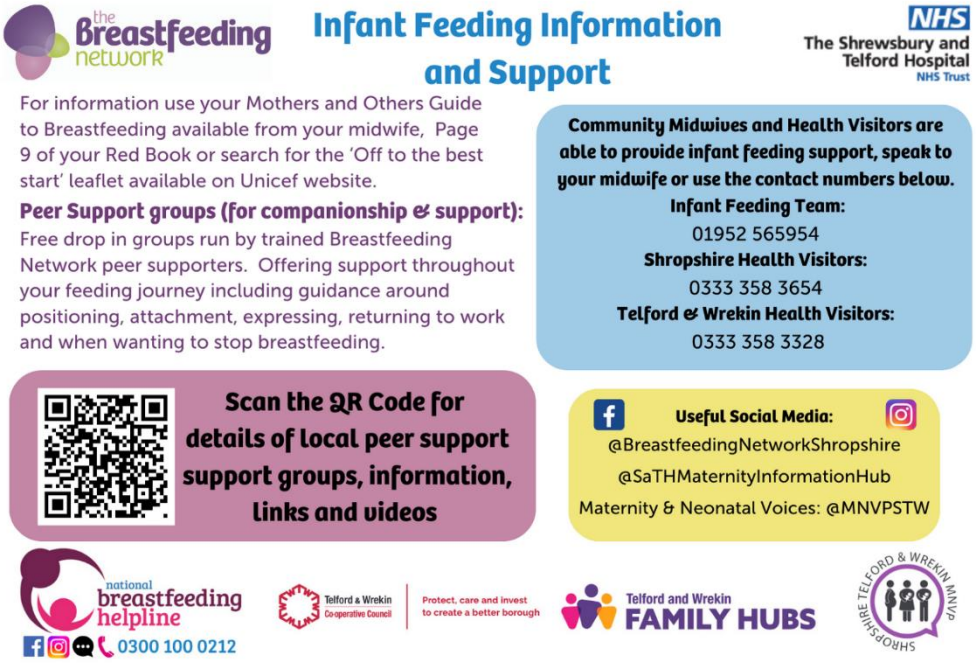


Colour code:

Midwifery / Frenulotomy Practitioner Intervention

Medical Intervention

Appendix 3- Infant Feeding Information and Support ‘Sticker’



Appendix 4- GP letter

The Shrewsbury and Telford Hospital NHS Trust

Patient

Tongue Tie Assessment Clinic
Children's Outpatient Department
Women & Children's Centre
Princess Royal Hospital
Grainger Drive
Telford
TF1 6TF

Date

Dear Dr

Date of Tongue Tie Assessment Clinic (TTAC): _____.

I have examined and reviewed this baby's tongue tie in relation to a feeding problem in the Tongue Tie Assessment Clinic. A frenulotomy HAS/ HAS NOT been performed.

Yours sincerely

Midwife, Frenulotomy practitioner.

Parent/Guardian Information

Name:

DOB:

NHS no:

Appendix 5- ED letter

The Shrewsbury and Telford Hospital NHS Trust

Patient

Tongue Tie Assessment Clinic
Children's Outpatient Department
Women & Children's Centre
Princess Royal Hospital
Grainger Drive
Telford
TF1 6TF

Date

Dear Colleague
A frenulotomy procedure (tongue tie division) has been performed on this baby at PRH, Telford on:

Date & time: _____.

In the event of the frenulotomy wound bleeding at home the parents/guardians have been advised to do the following:

- Feed the baby to compress the wound (either breast or bottle).
- If baby wont feed try to encourage the baby to suckle a pacifier or clean finger, again to compress the floor of the mouth.
- If baby is reluctant to suckle, we have advised the parents to apply continuous direct pressure to the wound using a damp gauze swab (given in clinic) wrapped around the forefinger for a period of 10 minutes, keeping baby upright and ensuring baby can breathe.
- If bleeding continues after this time, keep applying continuous pressure and call 999 for assessment in the emergency department.

Baby will require assessment by an ENT/maxillofacial specialist.
The **frenulotomy bleeding pathway** to support management can be found on Appendix 2 of the "Tongue Tie (Ankyloglossia) Management in the Newborn for Breastfeeding (including referral for Frenulotomy)" maternity guideline.
Frenulotomy drug box kept in drug cupboard on Wrekin Midwife Led Unit.
You can contact a member of the **infant feeding team / frenulotomy practitioner** Monday – Friday 08.30 – 16.30 on **01952 565954**.

Yours Sincerely

Midwife Infant Feeding Specialist / Frenulotomy Practitioner