Document No: 2415039

TITLE: Tongue-Tie - Assessment & Treatment Guideline (Breastfed Babies)

Contents

1. Statement/Purpose

This guideline describes the process for assessment of babies with suspected tongue-tie that is impacting on breastfeeding, and referral to an appropriately experienced health professional for assessment, management and treatment if required. In recognition of Te Reo Māori as Taonga in Aotearoa, Te Tiriti o Waitangi (the Treaty of Waitangi) and the Crown's special relationship with Māori, Lakes DHB is committed to acknowledging the Treaty by working in partnership with Māori. Lakes DHB personnel who are involved in implementing any of Lakes DHB's policies, procedures, guidelines, or practices should be aware of this document.

2. Scope

This guideline is applicable to health care professionals and students working with mothers and babies.

3. Definitions

The lingual frenulum is a fold in the floor of the mouth fascia which becomes apparent with tongue movement (Mills et al, 2019). The wide range of normal lingual frenulum appearance is influenced by position of attachment to the floor of mouth fascia and the extent to which the mucosa, fascia and genioglossus muscle are drawn into the fold during tongue lift and extension (Mills et al, 2019).

A tongue-tie describes a lingual frenulum that is subjectively considered to be too restrictive to allow the tongue to move adequately. Tongue restriction is a particular concern for effective latching and milk removal during breastfeeding.

Available evidence does not support frenotomy for all infants with tongue-tie. Tongue-tie in the absence of breastfeeding issues is considered functionally normal and no intervention is required (Dixon et al, 2018; Mills et at, 2019; New Zealand Midwifery Council, 2016). There is insufficient evidence to recommend frenotomy to prevent future speech (Messner et al, 2020) or dental problems (New Zealand Dental Association, 2018).

It is expected that Lakes DHB staff will use the Bristol Tongue-tie Assessment Tool (BTAT) and scoring recommendations developed for the New Zealand context, in conjunction with a full breast feeding assessment (Dixon et al, 2018; Waitemata District Health Board, 2020).

Infants who have a tongue-tie which appears to be impacting breastfeeding may benefit from frenotomy. Frenotomy is the division of the lingual frenulum, usually with surgical scissors. There is reasonable evidence to suggest an improvement in subjective maternal reports of nipple pain and in an infant's ability to breastfeed effectively in the short term can be expected (O'Shea et al, 2017).

Simple frenotomy is generally considered a minor procedure however it carries inherent risks including pain, bleeding, oral aversion or poor feeding and subsequent weight loss or a delay in the diagnosis of an underlying medical condition. Sometimes these complications may necessitate paediatric assessment and/or hospitalisation (Hale et al, 2019).

There is insufficient evidence to support the surgical release of labial or buccal frenum in infants for breastfeeding difficulties, speech outcomes or orthodontic issues (Nakhas et al, 2019; NZDA, 2018; Messner et al, 2020).

4. Standards to be met

Evidence based, high quality basic breastfeeding support and guidance will be offered to all mothers and babies.

If breastfeeding continues to be painful, or nipple trauma and difficulty latching persist even after skin to skin contact, assessing a full feed and assisting with positioning then refer to a Lactation Consultant or frenotomy credentialed Midwife, Nurse or Doctor, for a full breastfeeding assessment and review of tongue function. All tongue-tie assessments will be conducted by appropriately trained and credentialed professionals using, the Tongue-tie assessment form (BTAT) and will include a full breastfeeding assessment.

Care should be taken to avoid suggesting a diagnosis, sharing anecdotal reports and personal interpretations of the data or recommending a treatment provider in the absence of a full assessment.

All health professionals should avoid routine recommendations that interrupt breastfeeding especially in the first week post partum. If direct latching is temporarily

discontinued for an appropriate clinical reason, extra support must be provided to ensure lactation is not delayed or suppressed inadvertently.

Parents will be given the most recent copy of the Tongue-tie information / pitopitokorero brochure and verbal information relayed will be consistent with this guideline . In cases where frenotomy is indicated, enough information and time will be given to allow parents to ask questions and make a decision regarding treatment.

Parents who choose not to proceed with frenotomy or to wait and see if symptoms improve should be offered continued support to reach their breastfeeding goals.

Written referrals for simple frenotomy will be emailed to a frenotomy credentialed Midwife, Nurse or Doctor and accompanied by the completed Tongue-tie assessment form (BTAT). Referrals for atypical or complex tongue-tie (or cases where there are any other concerns) must be emailed to an ENT specialist.

When considering frenotomy for a baby in SCBU, the Children's Unit, or otherwise under paediatric care, prior to procedure check with the paediatrician on for the week. LMC must be notified for all babies under 6 weeks.

For the purposes of education of health professionals conducting frenotomy, a credentialed staff member needs to have attended and completed an appropriate educational course from a DHB provider and participate in ongoing education, professional development, documentation and audit requirements (Ministry of Health, 2020).

Frenotomy should only be performed on hospital site with immediate access to resuscitation equipment and professional support available. Haemorrhage requires immediate treatment with sterile gauze and pressure. In severe cases of haemorrhage sterile gauze soaked in Xylocaine 1% with adrenaline 1:100,000 should be applied with pressure to wound (See checklist).

5. Related Documentation

Tongue-tie assessment form (BTAT)
Tongue-tie (Ankyloglossia) pathway for breastfed babies
Tongue-tie information/pitopitokorero Leaflet

6. References

Dixon, B., Gray, J., Elliot, N., Shand, B., and Lynn, A. (2018) A multifaceted programme to reduce the rate of tongue-tie release surgery in newborn infants: Observational study. *International Journal of Pediatric Otorhinolaryngology, Vol 113*:156-163 https://doi.org/10.1016/j.ijporl.2018.07.045.

Hale, M., Mills, N., Edmonds, L., Dawes, P., Dickson, N., Barker, D. and Wheeler, B.J. (2019) Complications following frenotomy for ankyloglossia: A 24-month

prospective New Zealand Paediatric Surveillance Unit study. *Journal of Paediatrics and Child Health* doi:10.1111/jpc.14682

Midwifery Council of New Zealand (2016) Council statement on the midwife's scope of practice with regard to assessment and diagnosis of tongue-tie and the practice of frenotomy. https://www.midwiferycouncil.health.nz/sites/default/files/documents/Tongue%20tiecouncil_statement_April_2016_v_140416_final.pdf

Messner, A.H., Walsh, J., Rosenfeld, R.M., Schwartz, S.R., Ishman, S.L., Baldassari, C., Brietzke, S.E., Darrow, D.H., Goldstein, N., Levi, J., Meyer, A.K., Parikh, S., Simons, J.P., Wohl, D.L., Lambie, E., Satterfield, L(2020) Clinical Consensus Statement: Ankyloglossia in Children *Otolaryngology – Head and Neck Surgery* https://doi.org/10.1177/0194599820915457

Mills, N., Keough, N., Geddes, D.T., Pransky, S.M. and Mirjalili, S.A. (2019) Defining the anatomy of the neonatal lingual frenulum. *Clinical Anatomy* DOI: 10.1002/ca.23410

Ministry of Health. (2020*). National guidance for the assessment, diagnosis and surgical treatment of tongue-tie in breastfeeding neonates.* Retrieved from https://www.health.govt.nz/publication/national-guidance-assessment-diagnosis-and-surgical-treatment-tongue-tie-breastfeeding-neonates

Nakhash, R., Wasserteil, N., Mimouni, F.B., Kasirer, Y.M., Hammerman, C. and Bin-Nun, A. (2019) Upper lip tie and breastfeeding: a systematic review. *Breastfeeding Medicine Volume 14(2)*. DOI: 10.1089/bfm.2018.0174

New Zealand Dental Association (2018) NZDA Position Statement: Ankyloglossia and frenal attachments. https://www.nzda.org.nz/assets/files/Standards__Guidelines/Position_Statements/Position_Statement_Ankyloglossia.pdf

O'Shea, J.E., Foster, J.P., O'Donnell, C.P.F., Breathnach, D., Jacobs, S.E., Todd, D.A. and Davis, P.G. (2017) Frenotomy for tongue-tie in newborn infants (Review). *Cochrane Database of Systematic Reviews* Issue 3 Art. No.: CD011065

Waitemata District Health Board (2020) *Tongue-tie (Ankyloglossia) pathway for breastfed babies.*

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Authorised by: **Child Health CQI**

EDMS #2415039 Version 1.0 Date 01 June 2023

LAKES DISTRICT HEALTH BOARD

[*PLACE INFANT LABEL HERE*]

First Name: _____ Gender: _____
Surname: _____ Ph: _____
Address: _____
Date of Birth: _____ NHI#: _____
Ward/Clinic: _____ Consultant: _____

Tongue-Tie Assessment Form (BTAT)

Assessor:	Date:	Baby's name: Baby age:	
Parent/caregiver(s):			
Breastfeeding Assessment	**Y, N or N/A**	**Current Breastfeeding**	
Deep latch and wide gape		Parity P	
Maintaining latch		□ Exclusive □ Full □ Partial	
Nipples intact/ healing /healed now		Milk supply affected Y N N/A	
Nipple shield in use		**Partial Mode**	
Nipples ridged / wedged / blanched / lipstick		Volume in 24 hours	
Mothers nipple pain score at latch	R L	Volume range	
Mothers nipple pain score after 1 minute	R L	**Pumping**	
Neonate stressed at breast		Volume in 24 hours	
Co-ordinated sucking		Volume range	
Jaw/cheek tremors noted		**Hand expressing**	
Effective milk transfer		Volume in 24 hours	
Neonatal output adequate		Volume range	
Galactogogues (Medication name and dose)			
Comments:			

Bristol Tongue Assessment Tool (BTAT)			
Elements	0	1	2
Tongue tip appearance	Heart shaped	Slight cleft /Notched	Rounded
Attachment of frenulum to lower ridge	Attached at top of gum ridge	Attached to inner aspect of gum	Attached to floor of mouth
Lift of tongue with mouth wide (crying)	Minimal tongue lift	Edges only to mid-mouth	Full tongue lift to mid-mouth
Protrusion of tongue	Tip stays behind gum	Tip over gum	Tip can extend over lower lip
Total			

EDMS #2415039 Version 1.0 Date 01 June 2023

LAKES DISTRICT HEALTH BOARD

[*PLACE INFANT LABEL HERE*]

First Name: _____ Gender: _____
Surname: _____ Ph: _____
Address: _____
Date of Birth: _____ NHI#: _____
Ward/Clinic: _____ Consultant: _____

Tongue-Tie Assessment Form (BTAT) Continued…

Scores:

0 – 3 indicates severe reduction of tongue function, frenotomy is usually indicated

4 discss expectant management, consider use of a nipple shield, review in 7-10 days

≥5 work on the breastfeeding positioning and latching; suggest LMC reviews within 7 days and refer to Community Lactation Consultant for follow up

Discuss issues and support plan:

Frenotomy indicated Yes / No	Referral to other services Yes / No _____

Benefits discussed:

Risks discussed:

☐ Haemorrhage Infection ☐ Damage to surrounding Tissue ☐ Failure to Improve Suck

Pre - frenotomy checks:

☐ IM Vitamin K* ☐ Hepatitis B&C ☐ Consent obtained from Mama/lactating parent
☐ HIV negative ☐ LMC Informed ☐ Patient Information Handout Given

Post frenotomy checks/advice:

☐ Hemostasis ☐ Signs of Infection ☐ Finger tracking exercises ☐ Follow-up

*If nil or by oral, Vitamin K leaflet is given, and LMC asked to arrange for IM Konakion to be given prior to frenotomy being offered. Written information Yes/No LMC confirms IM Vitamin K Yes/No

Consenting parent _____ Signature _____

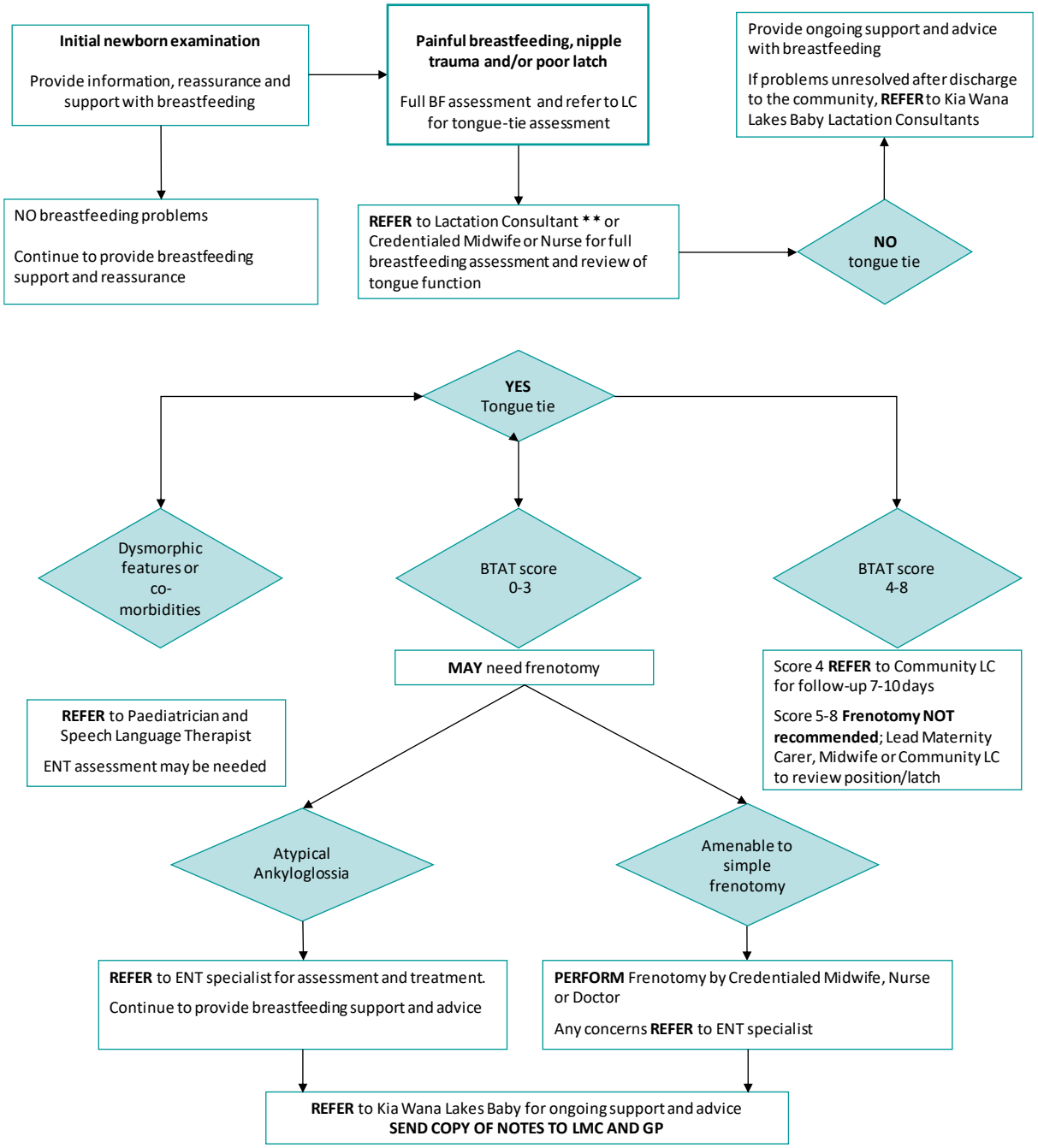
Date _____

Frenotomy performed by _____ Assisted by _____

Signature _____ Designation _____

TONGUE-TIE ASSESSMENT FORM (BTAT)

Tongue-Tie (Ankyloglossia) Pathway for Breastfed* Babies



NOTES

* If non-breastfeeding issues are of concern – **REFER** to GP

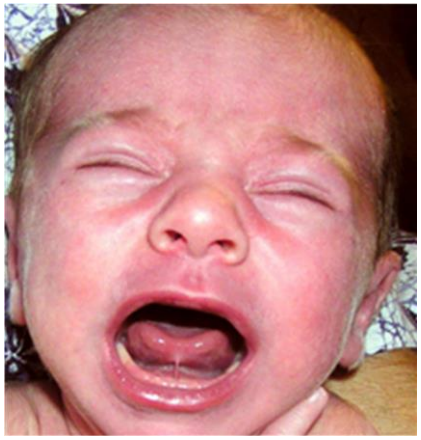
** Inpatient - **REFER** to Hospital Lactation Consultant LC.RefRotoruaHosp@lakesdhb.govt.nz

** Outpatient - **REFER** to Kia Wana Lakes Baby Community Lactation Consultants Lakes.Baby@lakesdhb.govt.nz

After care

This is an area of changing practice from recent years as evidence evolves. You may be shown tongue exercises so the frenulum stays free only if necessary. You will be asked to bring *pēpi* to the breastfeeding clinic for follow-up about a week later.

FOLLOW UP APPOINTMENT:
Please also bring your well child book to this appointment.



Further information & support

- Talk to your Lead Maternity Carer
- GP
- Community Lactation Consultant
- 0800 LAKES BABY (0800 525 372)
- Contact a La Leche League Leader www.lalecheleague.org.nz/get-help

Websites

International Professional Guideline

https://www.nice.org.uk/guidance/ipg149/resources/division-of-ankyloglossia-tonguetie-for- breastfeeding-pdf-1899863228061637

Further information for parents

https://www.unicef.org.uk/babyfriendly/support- for-parents/tongue-tie/

https://www.health.govt.nz/system/files/documents/pages/hp7416-parent-information-on-tongue-tie-v3-jan21.pdf

Thank you to Waitemata DHB for allowing the use of this information.

LAKES DISTRICT HEALTH BOARD

Kia Wana BREASTFEEDING SERVICE

EDMS 2415039, Review 01 June 2023, Version 1.0

LAKES DISTRICT HEALTH BOARD

Woman, Child and Family

Tongue-Tie

Patient Information/Pitopitokorero

What is tongue-tie?

Tongue-tie or *Ankyloglossia* occurs in about 5-10% of pēpi, but at least half of these babies can still breastfeed normally. Tongue-tie is a condition where the tongue cannot move freely because the *frenulum,* which is part of the floor of the mouth, is too tight or too short.
The tongue may be heart shaped or forked at the tip, but sometimes it is not immediately obvious as it can be restricted further back. Tongue-tie often runs in whānau and is more common in boys/tama.

Will having a tongue-tie be a problem for my baby?

In many cases tongue-tie does not cause any problems at all, and the condition often lessens as the tongue tip grows.

In some cases tongue-tie may cause breastfeeding problems such as nipple pain or damage. P*ēpi* who are bottle fed can also have feeding difficulties.

In rare severe cases tongue-tie may cause dental or speech issues, but this is unusual.

Will my baby need treatment?

For most pēpi with tongue-tie it is best to wait and see how feeding goes. There is no reason to treat tongue-tie urgently unless you are having breastfeeding difficulties.

If you are having breastfeeding difficulties your pēpi and their feeding will be assessed to see if treatment is needed.

You may need additional lactation consultant support to help pēpi latch comfortably so you can feed without pain.

Not all breastfeeding issues are related to tongue-tie.

Your pēpi may be offered a frenotomy; this is a minor surgical procedure to release the tongue-tie, which can be performed by a doctor or midwife trained in the procedure.

Your pēpi may be referred to a *specialist paediatric surgical service*, if the tongue-tie is more complex.

Your pēpi may be referred to a *speech language therapist* if there are more complex feeding issues.

What is a Frenotomy?

This is a minor surgical procedure, involving snipping the frenulum with scissors. The procedure is very fast and pēpi are provided with pain management by being allowed to breastfeed immediately.

A staff member will hold *pēpi* in position while the practitioner snips the frenulum, it takes only seconds. The cut will bleed briefly and you should breastfeed immediately. You may see a small discoloured area for a few days during healing.

What are the risks and benefits?

In most cases the frenotomy helps *pēpi* to feed more easily and reduces nipple pain. This improves your ability to breastfeed successfully.

Complications are very rare, but include bleeding and infection of the cut.
Occasionally sucking problems continue and sucking exercises are required. Nipple pain may continue until *pēpi's* latching and sucking is more comfortable and any damage heals.