Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

WOMEN'S HEALTH AND PAEDIATRICS
MATERNITY UNIT

Frenulotomy (Tongue Tie) Guideline

Amendments			
Date	Page(s)	Comments	Approved by
20.11.14	Whole guideline		
12.01.16	Appendix added	Control of excessive bleeding	
14.05.18	Amendment	Administration of Vitamin K prior to procedure.	
06.05.21	Whole guideline		

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In Consultation with:	Women's Health Guideline Group, Obstetric Consultants, ASPH Neonatal Team.
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Comments on this document to:	Fiona Lewis

Contents

1.0 Purpose/ Function

This protocol will enable frenulotomy to be performed on the newborn by a midwife where tongue-tie is negatively impacting on feeding. It will give mothers the best opportunity of exclusive breastfeeding for a minimum of six months in line with DOH and WHO guidelines.

2.0 Definition:

Frenulotomy is a surgical procedure whereby the frenulum is divided. Blunt ended sterile scissors are used and the procedure is undertaken in an outpatient clinic without anaesthetic or analgesia.

3.0 Rationale and evidence for performing frenulotomy

The government have implemented 'WHO' guidelines encouraging exclusive breastfeeding for 6 months. In the systematic review summary paper "Breastfeeding for longer – what works?" NICE (2005) include division of the frenulum as a "form of care that appears to be promising for extending the duration of breastfeeding, well grounded in theory and with some research to substantiate". NICE (2006) have produced guidance on frenulotomy for professionals and information for parents and the public.

By performing a frenulotomy. the tongue is freed, thereby enabling a pain-free and effective latch. Ballard et al (2002) examined 3036 infants with breastfeeding problems and diagnosed ankyloglossia in 123 (4%) of the infants. Following frenulotomy, latch improved in all cases and maternal pain levels fell significantly. **Support with positioning and attachment is required prior to the procedure as a first line measure to avoid unnecessary surgical intervention.**

Frenulotomy in babies is a simple procedure as the frenulum has a poor blood and nerve supply (Lactation Consultants of Great Britain, 2001). Most recently, Griffiths (2004) studied 215 infants younger than 3 months who had major problems breastfeeding despite professional support. During the frenulotomy procedure, 18% of babies slept and the mean length of crying overall were 0-15 seconds. There were no significant complications. Twenty-four hours post-division, 80% were feeding better and 64% breastfed for at least 3 months (UK national average is 30%).

3.1 Patients that can be included for frenulotomy:

- Newborn babies from birth to 6 weeks found to have a frenulum which is negatively impacting on breast or bottle feeding are observed for at least one feed by a named infant feeding advisor.
- Some of the problems that may arise include: prolonged and frequent feeding, not able to sustain an effective latch, sore nipples, and mastitis, supply and weight issues.

3.2 Patients that should not be included:

- Babies whose parents refuse frenulotomy

- Those babies who do not suffer any negative impact on their feeding because of their frenulum.
- Babies who have not had Vitamin K.
  NB If the baby has not had any Vitamin K at birth, please offer Vitamin K IM and continue with the procedure. If the baby has had 1 dose of oral Vitamin K at birth, then the procedure can commence, and the baby continue on the oral vitamin K pathway with a dose at 7 days and another at 1 month.

4.0 Referral pathway

A baby who is found to have a frenulum which is negatively impacting on feeding will be referred to the infant feeding team. This referral can be made whilst the baby is still in hospital or in the community.

4.1 Maternity:

The referral is made by Badgernet under referrals; baby and these are checked daily by the infant feeding team (IFT).

The IFT contact the mother and invited her to attend the assessment clinic, where a tongue tie practitioner will observe a feed and assess the appearance and function of the baby's tongue using the hazel baker assessment tool (Appendix B).

4.2 TCU/NICU:

Referrals are made via Badgernet referral or by directly emailing the IFT. The baby will be reviewed on the ward, where the Tongue function and appearance will be assessed by the tongue tie practitioner.

The procedure will be performed once the baby is taking 50% of feeds orally and baby has had 3 or more feeds scoring D, E or F as per the breastfeeding/ bottle feeding assessment score charts. (NICU guideline on transition from tube to oral feeds)

5.0 Clinics

Assessment clinic held every Wednesday from 11.00-15.00 in the Weybridge maternity hub

The mother will attend the assessment clinic at her timed appointment

A tongue tie practitioner will observe a feed and assess the appearance and function of the baby's tongue using the hazel baker assessment tool (Appendix B).

- **14 = Perfect Function score regardless of Appearance Item score. Surgical treatment not recommended.**
- **11 = Acceptable Function score only if Appearance Item score is ≥8.**
- **<11 = Function Score indicates function impaired. Frenulotomy should be considered if management fails.**
- **Function score of 9-10 with an appearance score of 8-9 is considered borderline, all other management strategies should be exhausted before division. Bodywork is indicated.**
- **Frenulotomy necessary if Appearance Item score is < 8 AND Function Score is <8.**

An explanation of tongue-tie and the various options will be given, and the parents given time to make their informed choice. If a frenulotomy is advised, the parents are given a leaflet 'frenulotomy explained' and the baby is booked into the next Friday clinic.

Support with positioning and attachment and how to recognise effective milk transfer is essential

Advice and guidance will be given where problems can be overcome without proceeding to a frenulotomy. Where an improvement in feeding is not attainable, parents will be fully informed of their options, which include;

1. Continued feeding support by attending support groups which run throughout the week (Hyperlink support groups)
2. Expressing breast milk and feeding the baby by cup or bottle.
3. Refer to weighing baby guideline for an appropriate feeding plan to ensure baby wellbeing and to protect the Mother's milk supply. Feeding plan to be fully documented on Badgernet under feeding update
4. Proceed with Frenulotomy

The tongue tie practitioner will document his/her findings on Badgernet under feeding update and frenulotomy procedure.

If the Mother is unable to attend the assessment clinic or an infant feeding advisor has observed a breastfeed and feels that the frenulum is negatively impacting on feeding, then the mother may be offered an appointment straight into the frenulotomy clinic.

Frenulotomy clinics will be held every Friday from 09.00- 15.30 in the Stephanie Marks Centre, room 3

The neonatal team will respond to any emergency by calling 2222 and telling the operator **'neonatal priority in Stephanie Marks centre Room 3'**

The clinic will only run if a tongue tie practitioner is in attendance

6.0 Frenulotomy performed outside of clinic

The procedure can only occur outside clinic times if a breastfeeding observation and an assessment of tongue function and appearance is performed by a tongue tie practitioner. **This procedure may only be performed on the postnatal ward if the frenulum is negatively impacting on feeding and support with positioning and attachment is unsuccessful.**

Parents must be signposted to the feeding support clinics in their bobble pack so the baby can be followed up around 7 days after the procedure to check the wound is healing and offer support with feeding.

7.0 Procedure

At the frenulotomy clinic, a further opportunity will be given for the parent/s to discuss other options and the frenulotomy procedure itself. Frenulotomies performed within or outside of clinic times must follow the following procedure:

1. A consent form (No 3) will be signed by the parent/s and placed in the baby notes (see Appendix C) A copy will be given to the parents.

2. The tongue tie practitioner (or assistant who has been trained and is competent in performing baby observations) will gain consent from parent/s to perform a set of observations on baby. Temperature (normal range 36.6-37.4) HR (normal range 100-160bpm) Resps (normal range 30-60 bpm) These will be documented on Badgernet. **If any of these observation are not within normal range then the baby must go immediately to paediatric A+E for review and the procedure not performed.**

3. The baby will be wrapped in a towel and placed face up, in a cot and the head held securely by the hands of an assistant **who has been instructed on how to hold the baby safely, prior to assisting.**

4. The Tongue tie practitioner will open and put on his/her sterile gloves and open the sterile scissors

5. The tongue tie practitioner will use two fingers of the non dominant hand to extend the tongue, whilst the assistant secures the head with one hand and extends the jaw with the other.

6. Using blunt-ended sterile scissors, the frenulum will be snipped back its full length.

7. A sterile swab will immediately be pressed on the cut to stop any bleeding and the infant taken straight back to the mother for feeding.

8. The tongue tie practitioner and or assistant will support the mother with positioning and attachment plus check that any bleeding has stopped.

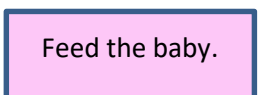
9. The parents are asked to attend a support group the following week to check that the wound is healing well and for support with feeding. The support groups are listed in the bobblepack. The parents are also signposted to the ‘frenulotomy explained’ leaflet (Appendix A) to refer to for post procedure advice.

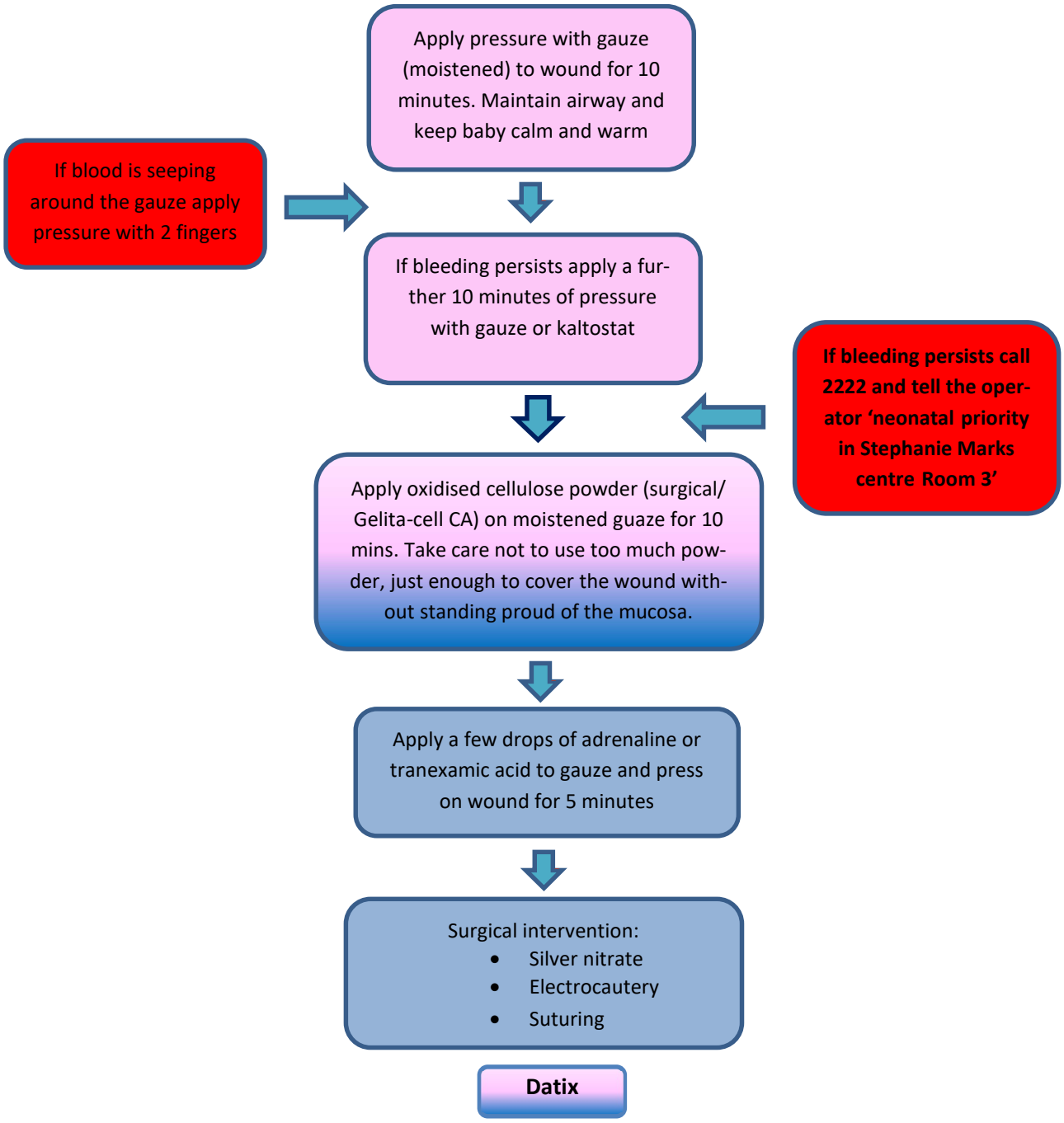
10. The tongue tie practitioner will document the procedure on Badgernet under feeding update and frenulotomy procedure.

8.0 Control of bleeding post tongue-tie division

A small amount of bleeding post division is common and to be expected. Allowing the baby to feed on the breast or bottle treats this best, as feeding will compress the floor of the mouth. If there is an unusual amount of bleeding after division, it is likely to be dark venous bleeding. Bright red arterial bleeding is very rare.

Management of bleeding post tongue tie procedure flow chart





Key: Steps in pink can be carried out by a midwife/ nurse. Steps in blue require medical staff input. Steps in pink/blue can be carried out by either nursing/ midwifery staff or medical staff. To be used in conjunction with the full ATP guideline.

9.0 Training and Supervision

Midwives are accountable for their actions and omissions and maintaining competence in all skills. Midwifery practice may require the acquisition of new skills but these skills do not ne7cessarily become part of the role of all midwives. In such circumstances each employing authority is required to have a locally agreed guideline which meets the NMC standards (Midwives rules and standards rule 6).

NICE Guidance (2005) states: Division of ankyloglossia (tongue-tie) for breastfeeding should only be performed by registered healthcare professionals who are properly trained. This stance on limiting the role to registered healthcare professionals has been supported by the Department of Health.

Registered Healthcare professionals will have successfully completed an appropriate training course to become a tongue tie practitioner and be assessed as competent.

Tongue tie practitioners will attend annual training in neonatal resuscitation.

Tongue tie practitioners will maintain a portfolio of evidence to demonstrate ongoing competence in the procedure.

10.0 Audit

All procedures will be documented on Badgernet for traceable audit.

Frenulotomy figures are collated monthly plus an email audit to all parents whose baby receives a frenulotomy, tracking parent experience and effectiveness of the procedure.

Appendix 1

Assessment Tool for Lingual Frenulum Function (ATLFF)™

Function Item score: _____ Appearance Item score: _____ Combined Score: _____/ _____

Mothers Name:

Baby's name: Baby's age:

Date of assessment:

FUNCTION ITEMS

Lateralization

2 Complete

1 Body of tongue but not tongue tip

0 None

Cupping of tongue

2 Entire edge, firm cup

1 Side edges only **OR** moderate cup

0 Poor **OR** no cup

Lift of tongue

2 Tip to mid-mouth

1 Only edges to mid mouth

0 Tip stays at alveolar ridge **OR** tip rises only to mid-mouth with jaw closure **AND/OR** mid-tongue dimples

Peristalsis

2 Complete anterior to posterior

1 Partial **OR** originating posterior to tip

0 None **OR** Reverse peristalsis

Extension of tongue

2 Tip over lower lip

1 Tip over lower gum only

0 Neither of the above **OR** anterior or mid-tongue humps **AND/OR** dimples

Snap back

2 None

1 Periodic

0 Frequent **OR** with each suck

Spread of anterior tongue

2 Complete

1 Moderate **OR** partial

0 Little **OR** none

APPEARANCE ITEMS

Appearance of tongue when lifted	**Elasticity of frenulum**
2 Round **OR** square	2 Very elastic (excellent)
1 Slight cleft in tip apparent	1 Moderately elastic
0 Heart shaped	0 Little **OR** no elasticity
Length of lingual frenulum when tongue lifted	**Attachment of lingual frenulum to tongue**
2 More than 1 cm **OR** absent frenulum	2 Occupies less than 50% of the tongue underside in the mid-line
1 1 cm	1 Occupies 50-75% of the tongue underside in the midline

11.0 References:

Ballard J; Auer C; Khoury J. (2002) Ankyloglossia: Assessment, Incidence, and Effect of Frenuloplasty on the Breastfeeding Dyad. Internet address URL http://www.paediatrics.org/cgi/content/abstract/110/5/e63 available on 03/11/2002

Griffiths M. (2004) Do Tongue Ties Affect Breastfeeding? Journal of Human Lactation 20(4) pp409-413

National Institute for Health and Clinical Excellence (2005) Breastfeeding for longer – what works? National Institute for Health and Clinical Excellence

National Institute for Health and Clinical Excellence (2005) Division of ankyloglossia (tongue-tie) for Breastfeeding. Internet address URL <http://www.nice.org.uk/ipcat.aspx?o=222016; available on 18/01/2006

Lactation Consultants of Great Britain (2001) Breastfeeding and Tongue-tie. Lactation Consultants of Great Britain. www.babyfriendly.org.uk

Nursing and Midwifery Council (2004) Midwives rules and standards. Nursing and Midwifery Council. London

Association of tongue tie practitioners (2020) Management of bleeding post tongue-tie division flow chart