Guidance for Outpatient Frenotomy (Division of Tongue-Tie) Procedure

1.0 INTRODUCTION

1.1 Evidence

Tongue-tie, also known as ankyloglossia, is a congenital abnormality that is characterised by an abnormal lingual frenulum that can cause restriction to tongue movement. It has implications for breastfeeding success and other feeding problems. The National Institute for Clinical Excellence (NICE) (2005) has issued guidance on division of tongue-tie (frenotomy) for breastfeeding, suggesting that there are no major safety concerns about its division and showing there is some evidence which suggests that the procedure improves breastfeeding. There is no evidence available for babies who are bottle fed. This limited evidence is, however, adequate to support the use of the procedure provided that arrangements are in place for consent, audit and clinical governance.

1.2 Feeding Problems

Many tongue-ties exist without additional clinical issues being reported. These NHSL guidelines will ensure that, for those mothers or infants with a defined problem, the parents are given the option of frenotomy, when indicated to support their feeding method of choice.

Some tongue-ties can lead to or increase the impact of the following problems:-

1.2.1 Breastfeeding Mother

a. Sore nipples because of difficulty achieving correct and comfortable attachment.
b. Mastitis and or breast pain due to ineffective drainage of milk.
c. Maternal tiredness due to prolonged or excessively frequent feeding.
d. Low confidence and frustration due to difficult and or painful feeding.

1.2.2 Breastfed Baby

a. Inability to attach or maintain attachment,
b. Infant frustrated due to low/poor milk supply or difficult milk removal.
c. Prolonged or excessively frequent feeding,
d. Noisy feeding and excessive wind
e. Excessively unsettled and or crying,
f. Excessive weight loss or slow weight gain,
g. Breastfeeding supplemented and/or stopped.

2.0 STAFF TRAINING

2.1 Procedure

In NHSL division of a tongue-tie may be carried out by Surgeons, Nurses, Midwives and NMC registered Infant Feeding Advisors who have been deemed as competent in the procedure of division of tongue tie.

2.2 Breastfeeding Support

All staff that perform or assist with this procedure should be trained in Infant Feeding and experienced in managing common feeding problems.

2.3 Emergency Care

All staff that perform or assist with this procedure should be trained in infant life support, be orientated to the emergency procedures and able to summon urgent help.

3.0 SCOPE OF THE DOCUMENT

The guideline applies to all staff involved in the procedure stated.

3.1 ROLES AND RESPONSIBILITIES

3.1.1 Referral

Babies under 16 weeks with feeding difficulties and tongue-ties should have been assessed prior to referral by a Midwife, Health visitor or Infant Feeding Advisor who is competent in assessing the baby's feeding and potential impact of tongue tie on this. This ensures that any other cause for breast or bottle feeding difficulty has been excluded.

All babies requiring division of tongue-tie must be referred by a Doctor, Nurse, Midwife, Health Visitor or Infant Feeding Advisor. This will ensure babies are referred quickly and seen at the earliest available appointment.

The health care professional making the referral will provide an appropriate history and contact details for the family. This information can be recorded on the Clinic Referral Proforma available on First port under "Breastfeeding Clinic"

3.1.2 Appointment Procedure

a. Referral Procedure

The Clinic Referral Proforma will be used to note referral information including who has referred, mother's name, Baby's CHI, address and contact number. Any information provided by the referrer as to infant feeding assessment should also be noted. The parents will be contacted by telephone to arrange the appointment and the appointment time and date recorded on the referral form.

Parents will be provided with the NHSL leaflet *"Tongue-tie Information Leaflet"*. to allow them time to think of any questions they wish to ask.

b. On Arrival

Parents are asked to report to the specified clinic. While the parents are sitting in the waiting area they can read the NHSL leaflet *"Tongue-tie Information Leaflet",* if they have not read this already.

c. Non Attendance

Non attendees should be notified and followed up as per the non attendance policy.

d. Post Attendance

After attending the clinic the clinic notes will be available on clinical portal.

4.0 CLINICAL PROCEDURE

4.1 History Taking

A detailed feeding history is obtained and problems recorded on the Breast Feeding Clinic Record, e.g. problems with attachment, slow weight gain, nipple trauma, continuous feeding, dribbling and excessive wind etc. Any other or underlying medical problems should be elicited, especially any bleeding disorders. Any relevant family history should also be noted.

4.2 Inspection

The mouth should be inspected to exclude any other oral pathology e.g. cleft palate or ranula. The diagnosis of tongue-tie is confirmed using the following guide from Griffiths (2004):

i. Type of tongue-tie

- 100% Frenulum attached at the tip of the tongue

- 75% Frenulum attached between the tip and the middle of the tongue
- 50% Frenulum attached at the middle of the tongue
- 25% Frenulum attached between the middle and back of the tongue
- 0% Frenulum attached at the back of the tongue and generally short and thick

ii. Description of the state of the frenulum includes:

- Thick
- Medium thick
- Thin
- Short
- Stretchy

iii. Description of the tongue shape includes:

i. Cleft
ii. Heart shaped
iii. Dimpled
iv. Pointed

4.3 Pre-division Discussion and clinical review

i. The clinician should be fully aware of the infant and family history and ensure that the tongue tie is suitable to divide safely in a clinic setting. In particular if the infant has had vitamin K at birth and any family history of clotting disorders. If any doubt a coagulation screen should be carried out prior to procedure.

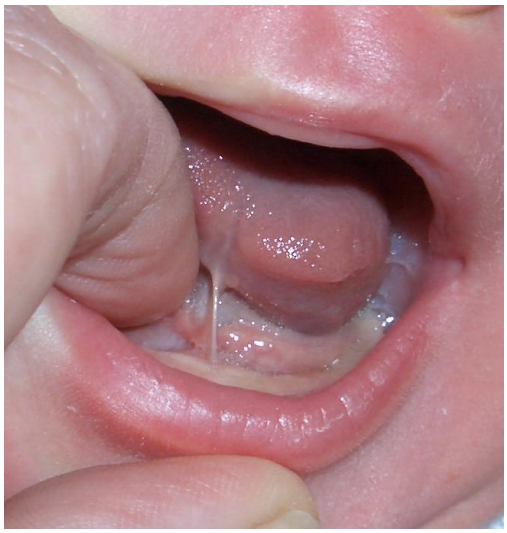
ii. The findings of the inspection, the procedure and both the procedure benefits and risks should be fully explained to the parents/carers and they should be given time to ask any questions.

iii. Parents are then asked whether they understand the benefits and risks, risks identified are potential for excessive bleeding, infection or possible damage to underlying structures. Only then are they asked to decide whether they will provide consent for us to proceed with the frenotomy.

iv. The Breast Feeding Clinic Record will be used to record that the benefits and risks of frenotomy are discussed and that verbal consent is given.

v. If the parents decline to consent or are advised that frenotomy is not clinically indicated or appropriate, they are discharged and the reasons that tongue-tie division was declined recorded in the Breast Feeding Clinic Record, Scottish Women Maternity Handheld Record or Parent hand held community record. If

symptoms persist, the parents are advised to return to their referring clinician for ongoing support.



4.4 Division of Tongue-Tie

i. The procedure should be carried out in a suitable clinical environment with appropriate lighting. There should also be access to additional nursing assistance and medical support if required.

ii. All staff involved in the procedure should thoroughly wash their hands and then apply alcohol hand rub in accordance with National Infection Control Policy (01/13).

iii. The clinician undertaking the procedure should wear plastic aprons and sterile gloves.

iv. The baby should be wrapped safely, but firmly, in a clean wrap.

v. Using the left index finger, the appropriately trained health professional then places the tongue-tie on the stretch, and holds the lower lip down with the left thumb.

vi. The tongue-tie is divided as far as the tongue using sterile scissors with rounded, not pointed, tips usually in one snip, though sometimes a second bite is necessary.

vii. The left index finger tip should be used to ensure that all the tongue-tie is divided.

viii. Where the procedure is being carried out by a left handed individual, they may find it appropriate to use the right index finger

4.5 Post procedure

Briskly unwrap the baby, pick them up, cuddle them, and compress the floor of the mouth with a sterile gauze swab - cotton wool should NOT be used. Promptly return the baby to the mother.

Encourage the baby to have a breast feed immediately following frenotomy to provide comfort and to assess breastfeed, observing for effective positioning and attachment and also ask the mother:

a. What she feels during the feeding process?

b. Has the feeling during feeding improved?

c. Is the pain worse/better?

d. Is the baby behaving differently while feeding i.e. signs of correct attachment, suck swallow pattern, more settled/less windy?

If the baby is bottle fed then feed the baby as usual – observing for any improvement in sucking and swallowing which may be offered by the tongue-tie division.

Having established that all is well, confirm that there is no bleeding from the procedure site or any other problem. Record care episode in the parent hand held record. Complete the Breast Feeding Clinic Record After frenotomy, an area with sufficient privacy to allow the mother to breastfeed should be used.

4.6 Excessive bleeding or other frenotomy concerns

Should there be any post frenotomy concerns about excessive bleeding at the frenotomy site, the wound or the clinical condition of the infant then urgent action should be taken:

a. Immediately summon additional nursing assistance
b. Summon medical assistance depending on severity
    I. Paediatric consultant
    II. Refer to Emergency Department
    III. Emergency Crash Team (unlikely event)
c. If the wound is bleeding slowly but continuously or briskly then apply pressure with a sterile swab and maintain this until it stops bleeding or medical support arrives to take over.(see flow chart)
d. Monitor and record the infant's clinical condition as per resuscitation protocol: level of consciousness, respirations, heart rate, colour and bleeding.
e. If required, begin emergency life support procedure.
f. Additional nursing staff should explain what is happening to the parents and provide reassurance and support.
g. Record all actions.
h. Inform the Lead Clinician for the Frenotomy Service
i. Record incident in Datix.

4.7 After Care

The NHSL leaflet "*Tongue-tie Information Leaflet"* has the phone number to call if any problems which may be related to the procedure occur.

4.8 Follow Up

Encourage the mother to return to the referring Health Professional for further support if necessary. However, some patients will present with more complex feeding problems or clinical issues and will be directly referred to the appropriate, specialist support.

5.0 Review of this Document

This procedure and guidance document will be reviewed on a 3 yearly basis

5.1 Communication and Implementation Plan

To ensure appropriate referral distribution of the Guidance will be to the following:

a. Clinical Director
b. General Manager
c. Hospital Midwives
d. Community Midwives
e. Health Visiting teams
f. Public Health Nurses
g. Registered Children's Nurses
h. All Paediatric Medical Staff
i. All GPs
j. All support staff who have contact with mother and child
k. Neonatal unit/SCBU staff
l. Infant Feeding Advisors and other Breastfeeding Support staff

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