HUTT maternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

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Breastfeeding – Tongue-tie (Ankyloglossia)

Purpose

This guideline describes the process for assessment of babies with suspected tongue-tie, and referral to an appropriately experienced health professional for assessment and management and treatment.

Scope

This policy is applicable to health care professionals and students working with mothers and newborns

Assessment and management of tongue-tie

If tongue-tie is suspected during observation of breastfeeding then a referral for assessment should be made to a Lactation consultant via the Breastfeeding Support Clinic.

Neonates with a suspected tongue-tie should receive a comprehensive breastfeeding and oral assessment and must have a written management plan which includes breastfeeding support and advice and follow up.

Assessment of tongue-tie should ONLY be performed by an appropriately skilled practitioner who has received training. Assessments may be undertaken by lactation consultants, paediatrician, ORL surgeon or frenotomy endorsed midwife.

Tongue-tie release (frenotomy) is only performed by health professionals who have completed appropriate training, this may be a paediatrician, obstetrician, ORL surgeon or frenotomy endorsed midwife.

Midwives must undertake a Midwifery Council approved programme, and be credentialed. Lactation consultants may not undertake frenotomy as this is outside their scope of practice.

Frenotomy procedure

1.	A full assessment must be undertaken using Bristol Tongue Tie Assessment Tool (BTAT) and then a decision to perform a frenotomy will be made following a thorough clinical assessment.
2.	Parents must receive verbal and written information about the risks and benefits of the procedure and give written consent.
3.	A family history is taken, regarding any blood clotting diseases or blood borne viruses. Mothers with Hepatitis B ensure the baby has received immunoglobulin and started Hep B vaccination programme Note: mothers with Hepatitis C must be advised to postpone breastfeeding until the frenotomy wound has healed and measures made to ensure her milk supply is protected.
4.	The neonate must have received intramuscular Konakion at least 12 hours previously, to minimize the risk of haemorrhage during the procedure. If no IM Vitamin K has been given, recommend IM vitamin K.
5.	The procedure must be undertaken using good lighting. It is recommended that a second practitioner gently restrains the baby keeping the newborns head still, and the jaw open. The practitioner wears latex free sterile gloves. The tongue is held out of the way with a grooved elevator, the frenulum is then divided with sterile scissors. The wound is compressed for two minutes with sterile gauze placed on the incision. Place the baby in a sitting position as soon as possible (whilst the pressure is applied). Direct pressure with gauze occlusion should be applied in the event of bleeding while further assistance sought.
6.	Immediately following the procedure when hemostasis is established, the baby should be breastfed to minimize discomfort and to allow continued tongue compression. Baby should be observed carefully for the next 20 minutes.
7.	Procedure for continued bleeding following frenotomy • Apply pressure using sterile gauze • Call SCBU on call Paediatrician immediately • Apply topical adrenalin 1:10,000 on sterile gauze + pressure • Parents to stay until bleeding settled and a breastfeed is attempted without bleeding

Documentation and follow-up

1.	The procedure is documented electronically on Concerto, in the neonatal record (if inpatient) and well-child book. An email is sent to your LMC.
2.	A follow-up appointment is offered for the Breastfeeding Support Clinic to review breastfeeding and provide ongoing support/advice
3.	Documentation of Breastfeeding outcome is recorded at discharge from Lactation Consultant Service.

References

NZROM (2016) Position Statement; Tongue Tie (Ankyloglossia)

Ingram J, et al. Arch Dis Child Fetal Neonatal Ed 2015; 200: F344-F348. Doi: 10.1136/archdischild-2014-307503

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).