| **Tongue-tie (Ankyloglossia): Assessment, Management and Treatment MATY070** | |
|---|---|
| **Type:** Guideline | **HDSS Certification Standard** [optional] |
| **Issued by:** [Approving Committee] | **Version: 1.1** |
| **Applicable to:** Hutt Valley District only | **Contact person:** Clinical Midwifery Manager |
| **Document Owner:** Lactation Consultant | **Senior Document Owner:** Director of Midwifery |
| **Lead District:** Hutt Valley | |

## Purpose:

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

## Scope

For the purposes of this document, staff will refer to:

All staff within Te Whatu Ora - Capital, Coast and Hutt Valley

This includes staff not working in direct contact with patients/consumers. Staff are taken to include anyone engaged in working to the Capital, Coast and Hutt Valley Districts objectives. This may include but is not limited to:

- Employees irrespective of their length of service
- Agency workers
- Self-employed workers
- Volunteers
- Consultants
- Third party service providers, and any other individual or suppliers working for Capital, Coast and Hutt Valley, including personnel affiliated with third parties, contractors, temporary workers and volunteers
- Students

This guideline is applicable to health care professionals and students working with mothers, parents and newborns including;

- Lead Maternity Carers (LMCs)
- Paediatricians
- Lactation consultants
- Midwives
- Nurses

## Definitions:

**Tongue-tie (ankyloglossia)** is a condition in which an unusually short, thick or tight band of tissue (lingual frenulum) tethers the bottom of the tongue's tip to the floor of the mouth

**Frenotomy** surgical release of the restricted frenulum

**ORL Surgeon** Otorhinolaryngology, medical specialty that deals with the medical and surgical management of conditions of the head and neck

## Criteria:

- >24 hours old
- Clinical features suggesting infant feeding issues related to tongue-tie; painful, damaged nipples, inability to latch.
- Initial examination suggestive of tongue tie.

## Incidence:

Around 5 to 10 percent of babies are born with a tongue-tie, but at least half of these babies can still feed normally. That means around 2 to 5 percent of babies have a tongue-tie that may cause a problem with feeding from the breast.

## Risk Factors:

- Previous sibling with tongue tie

## Referrals:

See Tongue Tie Pathway (Appendix 1)

| *Code* | *Condition* | *Description* | *Referral category* |
|---|---|---|---|
| 8013 | Sustained feeding difficulties in a newborn not related to gestational age | | Consultation |

## Assessment and Management of Tongue-Tie

| Step | Action |
|---|---|
| 1 | Assessment |
| 2 | Management |
| 3 | Treatment |

- If tongue-tie is suspected after an observation of breastfeeding then a referral for assessment should be made to a Lactation Consultant (LC) via the Breastfeeding Support Clinic. This can be done manually or electronically and emailed via LC referral form. Click here
  - Newborn's with a suspected tongue-tie should receive a comprehensive breastfeeding and oral assessment and should have a written management plan which includes breast/chest feeding support, advice and follow up. Families should be offered the Tongue Tie information booklet.
  - Assessment of tongue-tie should ONLY be performed by an appropriately skilled practitioner who has received training. Assessments may be undertaken by lactation consultants, paediatricians, ORL surgeon or a frenotomy endorsed practitioner.
  - 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 practitioner.
  - Health professionals must complete an approved programme and be credentialed. Lactation consultants who are not credentialed may not undertake frenotomy as this is outside their scope of practice.

## Frenotomy procedure:

| | |
|---|---|
| 1. | A full assessment should be undertaken using the Bristol Tongue Tie Assessment Tool (BTAT) (Appendix 2) and then a decision whether to perform a frenotomy will be made following a thorough clinical assessment and discussion with the parents/whānau. |
| 2. | Parents should be given verbal and written information about the potential risks and benefits of the procedure and give written consent. See Tongue Tie Procedure Consent Form MATF160. |
| 3. | A family history is taken, regarding any blood clotting diseases or blood borne viruses. For a birth parent with Hepatitis B, ensure the baby has received immunoglobulin and Hepatitis B vaccine.<br><br>Note: A breastfeeding parent with Hepatitis C should be advised to postpone breastfeeding until the frenotomy wound has healed and measures put in place to ensure that milk supply is protected. |
| 4. | The newborn should have received intramuscular Konakion (Vitamin K) at least 12 hours prior or oral Vitamin K given 24 hours prior to minimize the risk of haemorrhage during the procedure. If Vitamin K has been declined, recommend IM vitamin K to the parents or continue with breast/chest feeding support and avoid frenotomy. |
| 5. | Ensure good lighting is available during the procedure. It is recommended that a second practitioner gently supports the baby keeping the newborn's head still, and the jaw open. The practitioner performing the procedure wears latex free sterile gloves. The tongue is held out of the way with a grooved elevator and the frenulum is then divided with sterile scissors. The wound is compressed for two minutes with sterile gauze placed on the |

| | |
|---|---|
| | incision. Post procedure 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 ongoing bleeding while further assistance is sought. |
| 6. | Immediately following the procedure when haemostasis is established, the baby should be breastfed to minimize discomfort and to allow continued tongue compression. The baby should be observed carefully for the next 20 minutes. |

⚠ Procedure for continued bleeding following frenotomy

- Apply pressure using sterile gauze
- Call 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/Follow-Up:

- The procedure is documented electronically on Concerto, in the newborn's notes (if inpatient) and well-child book. An email is sent to the LMC
- A follow-up appointment (phone or face-to-face) is offered for the Breastfeeding Support Clinic to review breastfeeding and provide on-going support.
- Documentation of feeding outcome is recorded at discharge from the Breastfeeding Support Service.

## References:

Ingram J. (2015) The development of an assessment tool to assist with identification of tongue tie. *Arch Dis Child Fetal Neonatal Ed*; 200: F344-F348.

National Guidelines for Assessment, Diagnosis and Surgical Treatment of Tongue Tie in Breastfeeding Neonates (2020). www.health.govt.nz

## Related Documents:

- Lactation Services Assessment Form MATF014A
- Lactation Services Referral Form MATF014B
- Tongue-tie Procedure Consent Form MATF160

## Keywords for searching:

1. Tongue tie
2. Ankyloglossia
3. Frenotomy
4. MATY070

## 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 an individual 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).

## Tangata Whenua Statement:

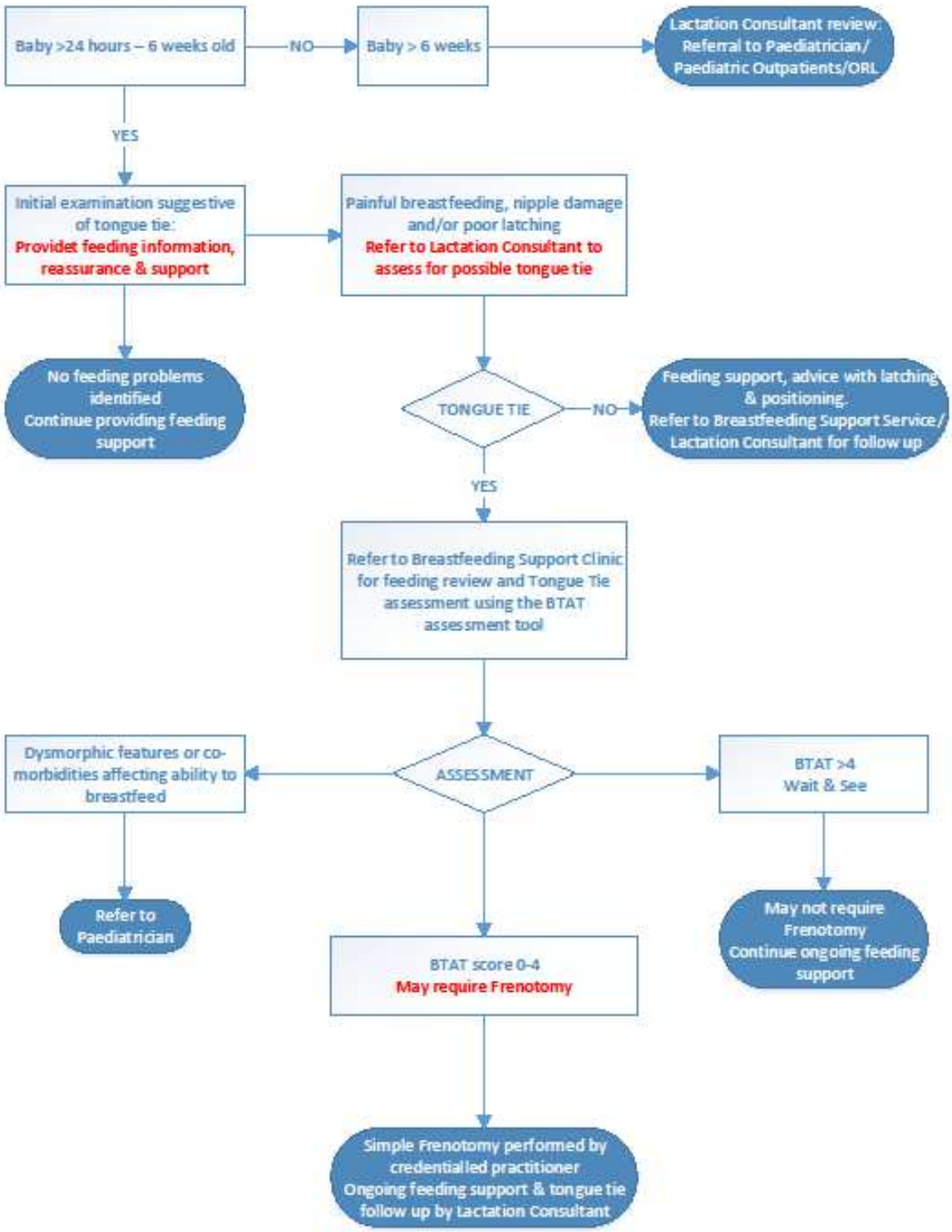
The Women's Health Service recognises the rights and responsibilities of Māori as tangata whenua and Treaty Partners. This allows and acknowledges the importance of cultural diversity in all aspects of our care and practice in Aotearoa New Zealand.

As stated in Te Pae Amorangi (Hutt Valley Māori Health Strategy) 2018-2027, Te Whatu Ora Capital, Coast and Hutt Valley as a Crown agency is committed to our role in maintaining active relationships with iwi, under Te Tiriti o Waitangi. This strategy recognises the established principles of Partnership, Participation and Protection and recognises steps towards the reviewed interpretation of Te Tiriti principles to date (from the Wai 2575 claim into health). These are tino rangatiratanga, equity, active protection, partnership and options.

Attention in particular is drawn to:

- Article one – Kāwanatanga: actively engaging and working alongside with local iwi through the Hutt Valley Māori Health Unit
- Article two – Tino Rangatiratanga: Self-autonomy, self-determination; the responsibility to enable Māori to exercise their authority over their own health, determinants and definition of health
- Article three – Ōritetanga: equal health outcomes of peoples; ensuring that policy, guidelines or programmes do not further perpetuate any inequity
- Article four (the 'oral clause') – Wairuatanga: spirituality; thriving as Māori and the importance of health providers understanding health in te ao Māori (the Māori world), acknowledging the interconnectedness and inter-relationship of all living and non-living things.

Appendix 1 - Hutt Hospital Tongue Tie Assessment Pathway



Appendix 2

| Bristol Tongue Assessment Tool (BTAT) | | | | |
|---|---|---|---|---|
| | **0** | **1** | **2** | **Score** |
| **Tongue tip appearance** | Heart shaped | Slight cleft/notched | Rounded | |
| **Attachment of frenulum to lower gum 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 | |

**SCORE:**

0 - 4 May need frenotomy

Over 4 'Wait and See' or frenotomy not required.