

**TONGUE-TIE IN INFANT FEEDING**  
**Pathway for diagnosis and referral for frenulotomy**  
**(ANKYLOGLOSSIA)**

<b>Key Document code:</b>	WAHT-TP- 094	
<b>Key Documents Owner/Lead:</b>	Dr Hillman	Consultant Obstetrician
<b>Approved by:</b>	Maternity Governance Meeting	
<b>Date of Approval:</b>	15 <sup>th</sup> November 2019	
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**Key Amendments**

Date	Amendments	Approved by

Ankyloglossia, also known as Tongue-tie, is a congenital anomaly characterized by an abnormally short lingual frenulum which may restrict mobility of the tongue. It varies from a mild form in which the tongue is bound only by a thin mucous membrane, to a severe form in which the tongue is completely fused to the floor of the mouth.

A discussion with the woman should occur around feeding history.

**Associated Problems for the breastfeeding mother;**

- Sore nipples as unable to achieve a comfortable latch
- Engorgement /Mastitis as unable to effectively drain the breast of milk
- Misshaped nipples despite effective positioning and attachment
- low milk supply

**Associated Problems for the baby when breastfeeding;**

- Inability to latch
- Unable to maintain a latch
- Constant feeding
- Frustration
- Crying
- Wind
- Reflux
- Excessive weight loss or slow weight gain / Static weight
- Breastfeeding supplemented or stopped breastfeeding
- Clicking sounds

**Associated problems for baby when bottle feeding;**

- Slow to feed
- Fussy with teat
- Dribbles
- Inadequate weight gain
- Reflux
- Wind
- Frequent feeds

Feeding problems alone should not be used to make a diagnosis of tongue tie, as many early feeding issues as described above are due to poor positioning and attachment at the breast. Mothers should be sign posted to the breastfeeding support service and local breastfeeding support groups. Bottle feeding mothers should be advised to try alternative teats and flows to improve feeding

Many tongue ties are asymptomatic and cause no problems. Conservative management includes breastfeeding information, support and careful assessment to determine whether the frenulum is causing feeding difficulties and whether division is appropriate.

### **Referral pathway for babies with visible frenulum with feeding problems**

If the baby is on postnatal ward and is identified as having a visible frenulum which is significantly affecting feeding, the mother and baby should be referred to the Infant Feeding Advisor/Frenulotomy Practitioner for further assessment of the degree of tongue tie and its impact on feeding.

- The mother should be assisted with her feeding and given additional support on how to feed her baby and maintain lactation, if the tongue-tie is contributing to feeding problems. Any health professional can give this level of support
- History gathering should be used and referral to tongue tie service by emailing form 1 (see appendix 1) to email address; [wah-tr.Tongue-Tie@nhs.net](mailto:wah-tr.Tongue-Tie@nhs.net)
- Mothers will be contacted within a week on receipt of the referral
- Ensure that mothers have access to the patient information leaflet “visible frenulum (Tongue Tie) leaflet. Accessible via <http://www.worcsacute.nhs.uk/services-a-z/maternity-services/after-your-baby-is-born-postnatal-care/> or give the leaflet from the postnatal ward clearly explaining the referral process
- A frenulotomy will only be made on a new-born baby once it has had the opportunity to feed and an assessment of the feeding has been made

### **Assessment by Infant Feeding Advisor /Frenulotomy Practitioner**

- The Infant Feeding Advisor/Frenulotomy Practitioner will take a detailed feeding history, problems the mother is experiencing Inc. family history, by phone and complete form 2 (see appendix 2)
- If needed the mother will be offered an appointment in the tongue tie clinic in a timely manner

### **Prior to performing a frenulotomy**

- The procedure must be undertaken by an appropriately trained Frenulotomy Practitioner within a clinical setting
- Inspection of the mouth using Hazelbaker Assessment tool form 3 (see appendix 3) for lingual Frenulum function to determine tongue function, and ability and a function score and appearance score will be given to determine if frenulotomy is needed
- Discussion with parents to include all the evidence available, information regarding the procedure and post procedure follow on issues

- Parents to have opportunity to ask questions and to the sign consent form

**Frenulotomy may not be offered to babies who don't meet the criteria for the following reasons;**

- The biological parents have clotting disorders
- Vitamin k has not been administered
- The baby is under care of a paediatric/neonatal doctor
- The baby is undergoing diagnostic tests or investigations or signs of illness
- The baby is on certain medication including antibiotics
- NIPE Check not preformed

For all of the above reasons a frenulotomy may only be performed; if the baby has been deemed well enough to have the procedure done by a relevant consultant. This should be documented on the neonatal records or Personal Child health record (red book) that the baby can have a frenulotomy and signed by a named consultant or letter provided.

If the mother has made a fully informed choice not to give the baby Vitamin K at birth, the risks of the procedure will be discussed. The consent form Appendix 6 will be signed by the parents before the procedure takes place.

**Equipment needed to perform a Frenulotomy**

The following equipment must be available:

- Correct sizes gloves
- Sterile blunt ended scissors
- Small gauze squares
- Clean Towel Blankets
- Aprons
- In case of emergency neonatal and paediatric resuscitation equipment.
- A good Light source
- A safe flat surface area to lie the baby on
- Hand washing facilities

An assistant is required to support the baby during the procedure; this can be the parent / guardian if they consent to do so.

**Post procedure**

- Having established that all is well and there is no excess bleeding, the practitioner must document in the Personal child health record (red book). A summary of the type of tongue tie, frenulotomy assessment and procedure.
- Discuss the post procedure advise sheet ( appendix 4 )
- Ensure the parents have appropriate contact numbers for further enquires or feeding support
- Send written notification of attendance to the clinic to the GP via Blue Speir.
- Advise the parents/guardian of the follow up letter will arrive in the post with a return envelope

### **Reformation**

In some circumstances a tongue tie can reform. At each Frenulotomy parents must be made aware of the potential for reformation, they must be advised that this is normally accompanied by an improvement in feeding and then a re-occurrence of initial feeding problems. If this happens parents are advised to contact the Frenulotomy practitioner and request a reassessment in the clinic. A further Frenulotomy can be offered at the practitioner's discretion.

### **Follow up and audit**

Every patient that has had a frenulotomy will be sent a follow up feedback form to complete and return via a stamped addressed envelope. (See appendix 5)

### **Training and development**

Every quarter practitioners will attend Midlands Regional Tongue Tie Meeting at Russells Hall hospital. This will ensure knowledge and skills are up to date and allow cases to be discussed. Practitioners must show evidence of mandatory neonatal, paediatric resuscitation, and infection control update. It is advised to attend the Association of Tongue Tie Practitioner's Conference if able.

### **Linked documents**

- Neonatal resuscitation
- NIPE
- Infant feeding policy

### **References**

Boffey D (2014) Concern over delays to treatment of babies suffering from tongue tie. The Observer, 12/07/2014

Beward S (2006) Tongue tie and breastfeeding; assessing and overcoming the difficulties. Community practice, 79(9) 298-299

Britton C, McCormick F, Renfrew M, Wade A, King S. (2007) Support for breastfeeding mothers. Cochrane database systematic review 1/1/2007 p CD001141

Buryk M, Bloom D, Shope T (2011) Efficacy of neonatal release of Ankyloglossia: a randomised trial. Paediatrics 128 pp280-288

Dollberg.S, Botzer.E, Grunis E, Mimouni F (2006) immediate nipple pain relief after frenotomy in breast fed infants with ankyloglossia: a randomised, prospective study. Journal of paediatric surgery 41, 1598-1600

Finigan V (2013) the effectiveness of frenulotomy on infant-feeding outcomes: a systematic literature review. The Royal College of midwives, Evidence Based Midwifery 11 (2) pp40-45

Genna-Watson (2002) Tongue tie and breastfeeding. Leaven.38.pp27-29

Geddes DT, Langton DB, Gollow I, Jacobs LA, Hartman PE, Simmer K. (2008) Frenulotomy for breastfeeding infants with ankyloglossia: Effect on milk removal and sucking mechanism as imaged by ultrasound. Paediatrics 122, pp188-194

Hazelbacker AK (2010) Tongue tie. Morphogenesis, impact, assessment and treatment. Aidan and Eva press

Hall DMB, Renfrew MJ (2005) tongue tie, common problem or old wives tale? Archives of diseases in childhood.90 pp1211-1215

Hogan M, Westcott C, Griffiths M (2005) Randomised controlled trail of division of tongue tie in infants with feeding problems. Journal of paediatric child health 41 pp246-250

Inch S (2009) Infant feeding. Ed Fraser D, Cooper M, Myles textbook for midwives (15<sup>th</sup> Ed) Churchill Livingstone, Edinburgh pp785-81

Lalakea ML, Messner AH (2002) Frenotomy and frenuloplasty: if, when and how. Operative techniques in otolaryngology-head and neck surgery vol13, no1, pp93-97

National Institute for Clinical Excellence NICE (2005) Division of Ankyloglossia (tongue-tie) for breastfeeding

Notestine GE (1990) The importance of identification of ankyloglossia (short lingual frenulum) as a cause of breastfeeding problems. Journal of human lactation 6(3) 113-5

Renfrew M (2012) Infant feeding survey 2010 see:  
<http://www.hscic.gov.uk/catalogue/PUB08694> accessed 3/1/1015

UNICEF (2013) The Baby friendly initiative best practice standards see:  
<http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/guide-to-the-baby-friendly-initiative-standards/>  
accessed 3/1/2015

UNICEF (2012) Preventing diseases and saving resources; see  
[http://www.unicef.org.uk/Documents/Baby\\_Friendly/Research/Preventing\\_disease\\_saving\\_resources.pdf?epslanguage=en](http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf?epslanguage=en) accessed 3.1.2015

Appendix 1 – Form 1 (page 1 of 2)

**REFERRAL FOR TONGUE TIE ASSESSMENT CLINIC**

**Please complete All the details** Incomplete referrals will delay appointments

Baby full name:  NHS number: Date of birth: Address:  Postcode: Gender:                      Ethnicity:	Parents/Guardian full name:  Telephone number:  Email address:
Baby's place of birth: i.e. name of hospital or county	GP name :
	Name and Address of surgery :
Baby's original EDD	Baby's Age at referral
<b>Reason for referral:</b> <input type="checkbox"/> Breast Feeding issue	<input type="checkbox"/> Bottle feeding issue
<b>Current issue with feeding :</b> (Provide brief explanation)	
<b>DETAILS OF REFERRER: (Tick as appropriate)</b>	
<input type="checkbox"/> Parent /self-referral <input type="checkbox"/> Breastfeeding support worker/buddy <input type="checkbox"/> Infant feeding specialist <input type="checkbox"/> Community Midwife <input type="checkbox"/> Hospital Midwife	<input type="checkbox"/> Health visitor <input type="checkbox"/> General Practitioner <input type="checkbox"/> Paediatrician <input type="checkbox"/> Other (please state) _____
<b>Name of Referrer:</b> <b>Contact details :</b>	
<b>Referral Date:</b>	

Appendix 1 - Form 1 (page 2 of 2)

Checklist for those completing the referral forms.	Yes, No
Do any close family members have a heredity clotting disorders?	
Is the Baby's age no more than 16 weeks from its Expected Date of delivery	
Is this the referral is to address a current feeding problem. <b>Referrals for speech will not be accepted.</b>	
Be aware that a tongue tie practitioner will be in contact within a week of receiving the referral.	
Please be aware that this referral will first involve a telephone consultation, following this an assessment for the tongue tie assessment /feeding clinic <b>MAY</b> be offered.	
Ensure that the patient information leaflet "Tongue Tie" has been accessed on- line. <a href="http://www.worcsacute.nhs.uk/services-a-z/maternity-services/after-your-baby-is-born-postnatal-care/">http://www.worcsacute.nhs.uk/services-a-z/maternity-services/after-your-baby-is-born-postnatal-care/</a>	
Did the baby receive Vitamin K?	
Is the baby currently being treated for an infection (i.e. on antibiotics or treatment for thrush)?	
Is the baby awaiting any hospital appointments or under care of GP or Paediatrician?	
Are you receiving breastfeeding support from a health professional?	
Print Name	Date/time

## Appendix 2 – Form 2 (page 1 of 2)

### Telephone/ First Consultation Form

Baby name		Parent /	
Guardian Name			
Unit number			
Dob			
Contact Details -			
Email address-			
Criteria for appointment to Assessment clinic			
<p><b>All babies</b></p> <input type="checkbox"/> Weight loss <input type="checkbox"/> Slow weight gain <input type="checkbox"/> Prolonged jaundice <input type="checkbox"/> Slow /prolonged feeds <input type="checkbox"/> Frequent Feeds <input type="checkbox"/> Noisy feeds/Clicking <input type="checkbox"/> Dribbling during feeding <input type="checkbox"/> Colic, wind , hiccups or flatulence <input type="checkbox"/> Restricted tongue movement <input type="checkbox"/> Restless during feeds <input type="checkbox"/> Unsettled post feed <input type="checkbox"/> Difficulties' staying attached at bottle <input type="checkbox"/> Difficulties to keep a dummy in		<p><b>Breastfeeding Babies</b></p> <input type="checkbox"/> Difficulties latching <input type="checkbox"/> Misshaped nipples post feed <input type="checkbox"/> Blanched nipples <input type="checkbox"/> Engorgement <input type="checkbox"/> Inability to stay latched /slides off <input type="checkbox"/> Mastitis <input type="checkbox"/> Painful feeds <input type="checkbox"/> Sore /damaged nipples <input type="checkbox"/> Reduced milk supply <input type="checkbox"/> Using Nipple shields <input type="checkbox"/> Anything other please state below; <input type="checkbox"/> Has mother attended group or had local breastfeeding support	



Appendix 2 - Form 2 (page 2 of 2)

Telephone/ First Consultation Form

<b>Advice Given</b>				
<ul style="list-style-type: none"> <li>❖ No Further Action</li> <li>❖ Contact General Practitioner</li> <li>❖ Attend tongue tie clinic</li> <li>❖ Frenulotomy on Ward</li> <li>❖ Other</li> </ul>	Obtain Feeding Support From: <ul style="list-style-type: none"> <li>❖ Contact Breastfeeding support Worker</li> <li>❖ Contact community midwife</li> <li>❖ Contact Health visitor</li> <li>❖ Contact local support Group</li> </ul>			
<b>Frenulotomy Assessment Clinic :</b>		<b>Required/Not required</b>		
<b>Date:</b> KTC	<b>Time :</b>	<b>Venue: (please circle )</b>	<b>Alex</b>	<b>WRH</b>
<b>Appointment Sent via :</b>	<b>Email</b>	<b>Text</b>	<b>Verbal</b>	<b>Post</b>
<b>Parents/Guardian Advised :</b>				
<ul style="list-style-type: none"> <li><input type="checkbox"/> Not to Feed their Baby within an hour of the appointment time</li> <li><input type="checkbox"/> Ensure the Child health book ( Red book ) is brought to the appointment</li> <li><input type="checkbox"/> They have read the Patient information Leaflet</li> <li><input type="checkbox"/> The baby has had vitamin K</li> <li><input type="checkbox"/> The baby is Not Waiting for any Contraindicated hospital Appointments or investigations</li> <li><input type="checkbox"/> There are no Clotting Disorders in Close Family members</li> <li><input type="checkbox"/> The baby is not currently being treated for an infection ie Thrush</li> <li><input type="checkbox"/> They inform the clinic immediately if they are unable or wish to cancel the appointment.</li> </ul>				
<b>Name of Telephone Assessment Practitioner</b>		<b>Signature</b>		
		<b>Print</b>		
<b>Date/time of telephone consultation:</b>				
<b>Date and time of failed Telephone Contacts.</b>				
1. _____	<b>Sign:</b>			
2. _____	<b>Sign:</b>			
3. _____	<b>Sign:</b>			
On Third Occasion Send <i>'unable to make contact'</i> Letter via post to parents Letter sent <span style="background-color: #4a7ebb; color: white; padding: 2px 10px;"> </span>				

### Appendix 3 - Form 3 (Page 1 of 4)

<p><u>Affix Patient ID label</u></p> <p>Baby name;</p> <p>Baby Dob;</p> <p>Address;</p>	<p>Date /time seen in clinic</p> <p>Baby age                /52wks</p> <p>Gestation at birth   /40</p> <p>Attended with :</p>
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Current feeding method:

- Breast feeding
- Artificial Feeding
- Mixed Feeding
- Expressed breastmilk via bottle /cup
- 

**Comments (if feeding Difficulties different Form 2- telephone triage)**

### CHECKLIST PRIOR TO FRENULOTOMY

There needs to be a tick in each green box to proceed	YES	NO
Have the parent/guardian read the patient information leaflet 'tongue tie' and been provided with an opportunity for questions surrounding this information		
Do the biological parents have any clotting or heredity disorders		
Has the baby had Vitamin K at birth ( check red book)		
Has the neonatal examination been performed ( if any problems noted, consider paediatric liaison before proceeding)		
Is the baby currently under the care of a paediatric/neonatal doctor		
Is the baby undergoing any diagnostic tests or investigations		
Is baby receiving any medications (Prescribed by GP/DR)		
Was there any excess bleeding following NNS Screening		
Has the baby had a NIPE check		
If parents are out of area, have parents bought a GP letter		

Please record any relevant details below.

Frenulotomy Practitioner print name:

Signature

Date:

Form 3 (Page 2 of 4)

<p><b>Function items</b> <b>LATERLIZATION</b></p> <p><input type="checkbox"/> 2 Complete <input type="checkbox"/> 1 Body of tongue but not tongue tip <input type="checkbox"/> 0 None</p> <p><b>LIFT OF TONGUE</b></p> <p><input type="checkbox"/> 2 Tip to mid mouth <input type="checkbox"/> 1 Only edges to mid mouth <input type="checkbox"/> 0 Tip stays at alveolar Ridge or rises to mid mouth only with jaw closure</p> <p><b>SNAPBACK</b></p> <p><input type="checkbox"/> 2 None <input type="checkbox"/> 1 Periodic <input type="checkbox"/> 0 Frequent or with each suck</p> <p><b>SPREAD OF ANTERIOR TONGUE</b> 2 Complete 1 Moderate or partial 0 Little or None</p>	<p><b>CUPPING</b></p> <p><input type="checkbox"/> 2 Entire edge , Firm Cup <input type="checkbox"/> 1 Side edges only , Moderate Cup <input type="checkbox"/> 0 Poor or no cup</p> <p><b>PERISTALSIS</b></p> <p><input type="checkbox"/> 2 Complete , anterior to posterior(originates from the Tip) <input type="checkbox"/> 1 Partial Originating posterior to tip <input type="checkbox"/> 0 None or Reverse Peristalsis</p> <p><b>EXTENSION OF TONGUE WHEN LIFTED</b></p> <p><input type="checkbox"/> 2 Tip over lower lip <input type="checkbox"/> 1 Tip over lower gum only <input type="checkbox"/> 0 Neither of above, Or Anterior or mid tongue Humps</p>
<p><b>Appearance Items</b> <b>ELASTICITY OF FRENULUM</b></p> <p><input type="checkbox"/> 2 Very Elastic <input type="checkbox"/> 1 Moderately elastic <input type="checkbox"/> 0 Little or no elasticity</p> <p><b>LENGTH OF FRENULUM WHEN TONGUE LIFTED</b></p> <p><input type="checkbox"/> 2 More than 1cm or embedded in tongue <input type="checkbox"/> 1 1cm <input type="checkbox"/> 0 Less than 1cm</p> <p><b>FEEDING DIFFICULTIES</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Function item Score <input style="width: 30px; height: 20px; border: 1px solid orange;" type="text"/> Appearance <input style="width: 30px; height: 20px; border: 1px solid orange;" type="text"/></p>	<p><b>APPERANCE OF TONGUE WHEN LIFTED</b></p> <p><input type="checkbox"/> 2 Round or square <input type="checkbox"/> 1 Slight cleft in tip apparent <input type="checkbox"/> 0 Heart shaped</p> <p><b>ATTACHMENT OF FRENULUM TO INFERIOR ALVEOLAR RIDGE</b></p> <p><input type="checkbox"/> 2 Attached to floor of mouth or Well below ridge <input type="checkbox"/> 1 Attached at ridge <input type="checkbox"/> 0 Attached just below ridge</p> <p><b>ATTACHEMENT OF LINGUAL FRENULUM TO THE TONGUE</b></p> <p><input type="checkbox"/> 2 Posterior to tip <input type="checkbox"/> 1 At Tip <input type="checkbox"/> 0 Notched or under the mucosa of the tongue base</p>
<p><b>14</b> Perfect Function Score regardless of Appearance item score - Frenotomy not recommended</p> <p><b>11</b> Acceptable Function Score only if appearance item is <b>10</b></p> <p><b>&lt; 11</b> Function Score indicates Function Impaired. Frenotomy considered</p>	<p><b>PLAN:</b> Restricted Tongue mobility <b>yes no</b></p> <p><input type="checkbox"/> FRENULOTOMY <input type="checkbox"/> HOME WITH FEEDING SUPPORT <input type="checkbox"/> NO FOLLOW UP REQUIRED APPOINTMENT REBOOKED FOR:</p> <p style="text-align: right;"><b>Midwife Tongue Tie Practitioner Signature</b></p>

Baby Name		_____
Baby unit number		

**Tongue assessment (Hazelbaker Assessment Tool)**

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key documents supporting information and/or Key Document intranet page, which will provide approval and review information.

Form 3 (Page 3 of 4)

## PARENT/GUARDIAN SECTION

### Consent to Frenulotomy by Parents/Guardian

- I have read the patient information leaflet entitled 'Tongue Tie' I have had an opportunity to ask any questions about the leaflet and the frenulotomy procedure, and the following have been discussed
- ✓ Bleeding
  - ✓ Risk of damage to tongue and surrounding tissues area
  - ✓ Infection
  - ✓ Pain
  - ✓ Reformation
  - ✓ Change in feeding pattern
- I understand all of the implications of a frenulotomy and consent to my baby having a frenulotomy
- I have had all my questions answered fully and are happy with information

**Parent/guardian PRINT name**

**Signature of Parent/guardian**

**Date**

**Form 3 (Page 4 of 4)**

Consent for students to be present     yes     no     NA

Parents /guardian present/absent from room during procedure (*delete as appropriate*)

Signature of Practitioner Performing the Division \_\_\_\_\_  Print \_\_\_\_\_

Date and Time of Procedure \_\_\_\_\_ Number of Snips \_\_\_\_\_

Comments

Pre procedure swab count number <input type="text"/> Count performed by <input type="text"/> Signature <input type="text"/> Counter signature <input type="text"/> Date/Time <input type="text"/>	Post procedure swab count number <input type="text"/> Count Performed by <input type="text"/> Signature <input type="text"/> Counter Signature <input type="text"/> Date/time <input type="text"/>
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**Feeding Method post procedure**

- Breastfeed
- Artificial feed
- EBM via Bottle
- Did not feed

Any Reported Feeding improvement                               yes                               No

ACTION	TICK FOR COMPLETED OR ENTER N/A
Give post procedure patient information leaflet, with discussion and non-urgent contact numbers	
Advise parents that we will be following them up with a phone call approximately a week later. <b>Confirm preferred telephone number</b>	
Letter to General Practitioner sent	

**Appendix 4 - Form 4 (Page 1 of 2)**

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key documents supporting information and/or Key Document intranet page, which will provide approval and review information.

## Post Procedures Assessment Sheet

Baby name		Parents Name	
Baby Dob		Contact Number	
UN/NHS number		Email address	
		Date of Procedure	
<b>Method of feeding Before Procedure</b> B/F    A/F    Mixed		<b>Method of Feeding at time of follow up</b> B/F    A/F    Mixed	
<b>For all babies</b>	<b>Improvement</b>	<b>For Breastfeeding babies</b>	<b>Improvement</b>
<input type="checkbox"/> Weight loss <input type="checkbox"/> Slow weight gain <input type="checkbox"/> Prolonged jaundice <input type="checkbox"/> Slow /prolonged feeds <input type="checkbox"/> Frequent Feeds <input type="checkbox"/> Noisy feeds/Clicking <input type="checkbox"/> Dribbling during feeding <input type="checkbox"/> Colic, wind , hiccups or flatulence <input type="checkbox"/> Restricted tongue movement <input type="checkbox"/> Restless during feeds <input type="checkbox"/> Unsettled post feed <input type="checkbox"/> Difficulties' staying attached at bottle <input type="checkbox"/> Difficulties to keep a dummy in		<input type="checkbox"/> Difficulties latching <input type="checkbox"/> Misshaped nipples post feed <input type="checkbox"/> Engorgement <input type="checkbox"/> Inability to stay latched <input type="checkbox"/> Mastitis <input type="checkbox"/> Painful feeds <input type="checkbox"/> Sore nipples <input type="checkbox"/> Reduced milk supply  Anything other please state below;	

**Form 4 (Page 2 of 2)**

**Patient sent feedback questionnaire by post**

Date sent  
Signed

Date

returned

**Advice given in clinic**

**Re division – 2<sup>nd</sup> Appointment to tongue tie clinic**

**Original division date**

**Performed by**

Appointment Date:

Time:

Venue:

- Appointment given over the phone
- Appointment sent by text

- Appointment sent by email
- Appointment sent by post



**Appendix 5 – Feedback Form (Page 1 of 2)**

Dear \_\_\_\_\_

We hope that you and baby are doing well.

You attended an appointment at the Tongue Tie assessment Clinic on ...../...../..... and we would like to hear about your experiences of our service.

As part of our feedback and audit, we would be grateful if you would complete this questionnaire return it in the envelope provided.

Many thanks

Infant Feeding Midwives

<b>Parents/Guardian full name and address</b>		<b>Baby Name</b>
		<b>Date of Birth</b>
		<b>NHS number</b>
<b>Date of Frenlotomy:</b>		<b>Comments</b>
<b>Did you receive a phone call within a week from making the initial referral?</b>		
Yes <input type="checkbox"/>		
No <input type="checkbox"/>		
<b>Which Site did you attend</b>		
Kidderminster <input type="checkbox"/>		
Redditch <input type="checkbox"/>		
Other <input type="checkbox"/>		
<b>Did you have any problems making the referral?</b>	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
<b>Feeding method before procedure</b>	Breastfed <input type="checkbox"/>	
	Formula <input type="checkbox"/>	
	Mixed Feeding <input type="checkbox"/>	

<b>Feeding method post procedure</b>	Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Mixed Feeding <input type="checkbox"/>	<b>Comments;</b>
<b>Did you have any immediate problems at home with;</b>	Pain <input type="checkbox"/> Breast refusal <input type="checkbox"/> New feeding problems <input type="checkbox"/> Unsettled for more than 48 hours <input type="checkbox"/> Signs of infection <input type="checkbox"/> Bleeding <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Did You need to give Pain relief such as Calpol</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Has feeding improved?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>What was good about your visit?</b>	
<b>Would you recommend our service to friends and family if they needed similar care?</b>	

## Appendix 6 - PARENT/GUARDIAN CONSENT

This form is to be discussed by Tongue tie Practitioner

### **PARENT/GUARDIAN CONSENT FOR FRENULOTOMY WHEN THEIR BABY HAS NOT RECEIVED VITAMIN K**

- I confirm my baby has not received Vitamin K.
  
- I confirm I have received and read the information leaflet "Vitamin K information for parents to be".
  
- I understand the reasons for administering Vitamin K and I am aware that this is recommended prior to Frenulotomy being performed.
  
- I have been offered vitamin k injection prior to the frenulotomy
  - Accepted
  - Declined
  
- I have been offered a clotting Screen
  - Accepted
  - Declined
  
- I confirm, I understand that my baby may require Vitamin K injection to treat bleeding post procedure

**Parent/Guardian Printed Name**

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**Signature of Parent/Guardian**

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**Date**

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