

Assessment and Management of Babies with Tongue-tie

1. Purpose

This clinical guideline outlines the requirement for assessment and management of babies with tongue-tie at the Women's.

Tongue-tie can interfere with a baby's ability to suckle efficiently at the breast and may lead to nipple pain, trauma, poor milk intake and decreased supply.

Tongue-tie associated with clearly identified feeding problems may be treated by lingual frenotomy (division of the lingual frenulum) (Ballard 2004). Where there are no feeding problems, a tongue-tie is considered a normal variant and frenotomy may not be required (O'Shea 2017)

This guideline is related to [Breastfeeding policy](#).

2. Definitions

Tongue-tie (ankyloglossia) is a congenital condition in which the lingual frenulum is abnormally short and may restrict mobility of the tongue.

It occurs in about 1-12% of infants (varying on the criteria used) and is more common in boys.

The lingual frenulum is a normal structure, but if short and restricting tongue movement and function, it may impede breastfeeding.

3. Responsibilities

Midwifery, Nursing and Medical Staff:

Provide evidence-based care to babies identified with a tongue-tie through accurate assessment, planning, documentation and communication. Give parents accurate information and advice regarding tongue-tie and feeding of their baby. Refer parents to the lactation consultants in the breastfeeding service

Clinical educators, facilitators and preceptors in Maternity and Newborn Services:

Educate staff regarding evidence based care and management of babies with tongue-tie.

Lactation Consultants: Provide primary or secondary lactation consultation to parents and clinical staff regarding tongue-tie.

Staff performing tongue-tie assessment and frenotomy are primarily in the breastfeeding service and are appropriately trained and maintain their competence.

This guideline is related to the Credentialing and Scope of Clinical Practice Policy Credentialing and Scope of Clinical Practice - Nursing and Midwifery Procedure

At Sandringham – babies identified with tongue-tie are referred to the breastfeeding service for feeding assessment. If further assessment is required the baby and mother are referred to local GP or other clinician who are trained in assessment and release of tongue-tie.

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4. Guideline/Procedure

4.1. Signs associated with a significant tongue-tie:

- tongue cannot extend beyond the baby's lips
- tongue cannot be moved sideways
- tongue tip may be notched or heart-shaped
- when the tongue is extended, the tongue tip may look flat or square instead of pointed.

It is important to make a thorough feeding assessment to ascertain if common breastfeeding problems are as a result of the tongue-tie or if improvements of positioning and attachment will improve breastfeeding issues.

Problems associated with tongue-tie may be:

- nipple pain and damage
- a misshapen nipple after breastfeeding
- a compression/stripe mark on the nipple after breastfeeding
- the baby regularly loses suction during a feed
- a clicking sound may be heard whilst the baby is feeding
- poor weight gain.

4.2. Tongue-tie assessment and frenotomy procedure

- Prior to physical assessment a complete history is taken by to exclude other causes of breastfeeding difficulty. A credentialed lactation consultant or doctor conducts a thorough assessment of breastfeeding and infant tongue mobility using the 'Assessment of Lingual Frenulum Function (ATLFF)' tool (see appendix 2)
- The baby's mouth is inspected to exclude other oral anomalies (e.g. cleft of the soft palate)
- Using the Hazelbaker Assessment Tool for Lingual Frenulum Function (ATLFF) (updated 2012), the appearance and function of the infant's tongue is recorded.
- The clinician advises parent/s of the assessment outcomes, informed consent is sought and where given, the consent documents are completed prior to the procedure and filed in the infant record
- An appropriately credentialed staff member should perform tongue-tie release
- If the frenulum is thick and release considered appropriate, the baby should be referred to a an appropriate specialist
- Babies may have the procedure performed without anaesthesia with little discomfort up to around 4 months of age
- Minor bleeding may occur with the procedure so parent is asked if there are any familial bleeding disorders, and if so then advice is sought.
- If Vitamin K was not administered to the baby at birth then the tongue-tie release procedure must be delayed for at least 24 hours after the administration of intramuscular or the 2nd oral dose of Vitamin K
- The baby is placed supine with the elbows held flexed securely close to the face. The tongue is lifted gently with gloved finger and thumb so as to expose the frenulum. With sterile scissors, the frenulum is released by approximately 2 to 3 mm at its thinnest portion, between the tongue and the alveolar ridge, into the sulcus just proximal to the genioglossus muscle. Care is taken not to incise any vascular tissue (the base of the tongue, the genioglossus muscle, or the gingival mucosa). There should be minimal blood loss, i.e. no more than a drop or 2, collected on sterile gauze.
- The infant should be returned immediately to the mother for feeding. Infant latch reassessment should occur post release and mother may note change in nipple pain
- There is no specific care required following the procedure. Occasionally a small white healing area may be seen under the tongue; this is normal and commonly resolves within two weeks of the release.

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5. Evaluation, monitoring and reporting of compliance to this guideline or procedure

Compliance to this guideline or procedure will be monitored, evaluated and reported through review of incidents, and annual audit

At the annual breastfeeding service meeting the RWH Frenotomy register is reviewed. Data is reported to the clinical director for maternity services (maternity) on an annual basis.

6. References

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7. Legislation/Regulations related to this guideline or procedure

Not applicable

8. Appendices

Appendix 1 – Tongue-tie - Accreditation for Clinicians

Assessment and management of symptomatic tongue-tie should be performed by an experienced clinician who has undertaken approved observation and supervised practice (as per the Tongue-tie Accreditation Guideline).

To achieve accreditation RWH clinicians are required to perform an assessment on a minimum of 10 infants who are suspected to have a tongue-tie (under supervision). In addition, the clinician is required to observe the release of a minimum of 5 tongue-ties and correctly perform under supervision, a minimum of 5 satisfactory releases.

Clinicians must perform a minimum of 10 tongue-tie releases annually in order to maintain accreditation.

Appendix 2 – Assessment of Lingual Frenulum Function (ATLFF), MR1822

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<p>Assessment of Lingual Frenulum Function (ATLFF) © Allison K. Hazelbaker, PhD, IBCLC April 21, 2012</p>	UR number: _____ Surname: _____ Given name/s: _____ Date of birth: _____ Gender: _____ (AFFIX PATIENT LABEL)
	Mother's name: _____ Baby's name: _____ Baby's age: _____ Date of assessment: _____ Assessor: _____
FUNCTION ITEMS	
<p>Lateralisation</p> 2 Complete 1 Body of tongue but not tongue tip 0 None	<p>Cupping of tongue</p> 2 Entire edge, firm cup 1 Side edges only, moderate cup 0 Poor OR no cup
<p>Lift of tongue</p> 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	<p>Peristalsis (progressive contraction)</p> 2 Complete anterior to posterior (originates at tip) 1 Partial: originating posterior to tip 0 None OR reverse peristalsis
<p>Extension of tongue</p> 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	<p>Snap back</p> 2 None 1 Periodic 0 Frequent OR with each suck
<p>Spread of anterior tongue</p> 2 Complete 1 Moderate OR partial 0 Little OR none	
APPEARANCE ITEMS	
<p>Appearance of tongue when lifted</p> 2 Round OR square 1 Slight cleft in tip apparent 0 Heart shaped	<p>Elasticity of lingual frenulum</p> 2 Very elastic (excellent) 1 Moderately elastic 0 Little OR no elasticity
<p>Length of lingual frenulum when tongue lifted</p> 2 More than 1cm OR absent frenulum 1 1cm 0 Less than 1cm	<p>Attachment of lingual frenulum to tongue</p> 2 Posterior to tip 1 At tip 0 Notched OR under the mucosa at the tongue base
<p>Attachment of lingual frenulum to inferior alveolar ridge</p> 2 Attached to floor of mouth OR well below ridge 1 Attached just below ridge 0 Attached to ridge	
<p>SCORING</p> Function item score: _____ Appearance item score: _____ Combined score: _____ / _____ Frenotomy recommended: YES / NO	<p>ASSESSMENT</p> 14 = Perfect score (regardless of Appearance item score. Surgical treatment not recommended). 11 = Acceptable Function score only if Appearance item score is 10. <11 = Function score indicates function impaired. Frenotomy should be considered if management fails. Frenotomy necessary if Appearance item score is <8.

ASSESSMENT OF LINGUAL FRENULUM FUNCTION

MR/1822