Tongue Tie (Ankyloglossia) in the Neonate

Classification:	Guideline		
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Authors Division:	Women's and Children's Health/Surgery		
Departments/Group this Document applies to:	Maternity/Oral Maxillo Facial Department		
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Unique Identifier: MIDW/GL/112	**Status:** Approved	**Version No:** 9	
Guideline to be followed by (target staff): Maternity			
To be read in conjunction with the following documents: Milton Keynes University Hospital, *Tongue Tie Division Patient Information Leaflet,* MIDW/PI/31, version 6, 2019			
Are there any eCARE implications? No			
CQC Fundamental standards: Regulation 9 – person centred care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 17 – Good governance Regulation 19 – Fit and proper			

Disclaimer -

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.
The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

This document is in response to the NICE guidance. The aim is to inform service users and staff regarding local guidance to reduce the risk of difficulties breastfeeding due to the presence of a tongue tie in the neonate.

Executive Summary

- Identify babies born with this anomaly whose parents intend to breastfeed and to enable staff to support and refer as appropriate.
- To ensure parents are given unbiased information about the procedure and post procedure care, whether they breast or bottle feed
- To support mothers that wish to breastfeed.
- To follow a pathway of care prior to a final decision to perform frenulotomy
- To prevent illness in the mother from ineffective breast drainage
- To prevent illness (such as faltering growth) in the infant from ineffective transfer of milk

Definitions

EDM – Electronic Document Management
IM – Intramuscular
GP – General Practitioner
NAD – Nothing Abnormal Detected
NIPE – Newborn and Infant Physical Examination
TT – Tongue Tie

1.0 Roles and Responsibilities:

An appropriately trained health professional must perform the procedure. This may be a member of Oral Maxillo Facial (OMF) Team, qualified Paediatrician, or midwife who has had the appropriate training and achieved competency.

2.0 Implementation and dissemination of document

The guideline will be available on the hospital intranet.

3.0 Processes and procedures

3.1 Identification

Ankyloglossia, also known as tongue-tie, is a congenital anomaly characterised by an abnormally short lingual frenulum, which may restrict the mobility of the tongue. It can be associated with a short, square ended 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. Tongue ties may be asymptomatic and cause no problems. Breastfeeding difficulties may arise, such as problems with latching, sore nipples, and poor infant weight gain. Not every visible frenulum will impact on the tongue function.

Conservative management includes breastfeeding advice and a full assessment. If the baby continues to have difficulty with breastfeeding, then surgical division of the lingual frenulum should be considered using the tool in Appendix 3. Careful assessment is important to determine whether the tongue-tie is causing issues with breastfeeding and whether its division is appropriate.

3.2 Signs and Symptoms in the breastfeeding mother

- Sore /damaged nipples that do not respond to good positioning and attachment support
- Nipple pain during feeding
- Mastitis/ breast infections from poor breast drainage
- Diminished milk supply
- Exhaustion from frequency of feedings
- Psychological effects from failure to establish breastfeeding

3.3 Signs and Symptoms in the breastfed baby

- Difficulty latching or maintaining latch
- Excessive, early weight loss
- Unable to open mouth wide
- Fussiness at the breast
- Frequent and prolonged feedings
- Prolonged physiological jaundice
- Clicking sounds whilst feeding
- Faltering growth (in an older infant)
- Colic symptoms

3.4 Signs and Symptoms in the bottle-fed baby

- Excessive early weight loss
- Faltering growth
- Continuous loss of milk from the mouth when feeding or dribbling
- Prolonged feeds
- Difficulty maintaining seal on the teat

3.5 Contraindications

- Oral anomalies in the baby for example, cleft palate: Pierre Robin syndrome
- Blood clotting problems or anaemia
- Cardiac anomalies
- Medical conditions
- Infection, excluding oral thrush
- Jaundice that requires treatment
- Not experiencing feeding problems

3.6 Consideration for referral

Babies under the care of the maternity team can be referred directly to Oral Maxillo Facial Surgeon for assessment and performance of Frenulotomy, if required. Referral form can be found at **Appendix 1.**
Babies under the care of the Paediatric team, for any reason, can be seen or referred to OMF Surgeon, but prior to any recommendations being made to the parents, proposed treatment must be discussed with a Paediatrician. The agreement of both must be that this action is necessary.

3.7 Referral Pathway

- An appropriately skilled professional must refer the mother and baby; Midwife, Nursery Nurse, Maternity Support Worker, Health Visitor, General Practitioner, Paediatrician, Infant Feeding Midwife or skilled peer breastfeeding supporter or counsellor (community or hospital based).
- Referral to the Infant Feeding Lead Midwife to be made who will support with other non-invasive procedures, to improve breastfeeding. For example; good positioning and attachment or other deep latch techniques. These techniques may assist in relieving the signs and symptoms. The mother may need ongoing specialist support to express her milk to maintain a good supply during this process.
- Tongue tie will not be divided for concerns other than those of infant feeding.

3.8 Procedure

Someone experienced in breastfeeding must assess the baby's feeding using the Breastfeeding Assessment tool.

- Tongue-tie division will only be performed on infants under 6 months of age.
- Verbal information will be supported by an information leaflet to ensure parents know what the procedure involves. This includes the advantages, disadvantages and alternatives, together with the details of the procedure and aftercare.
- Referral to Oral Maxillo facial team (Appendix 2).
- A full assessment of the tongue function will take place (see Appendix 3) then necessity of procedure will be discussed with the Parent/s
- Written consent for the procedure will be obtained and documented on the consent form and filed in the baby's notes (for those who are still inpatients) or the Red Child's Health Record if outpatient. This may require documentation on eCARE and electronic document management (EDM) systems.
- An interpreter may be required during the consent process for women who do not speak English as first language.
- The procedure will take place within an appropriate clinical setting, with neonatal resuscitation equipment present.
- The procedure includes supporting their head and shoulders, lifting the tongue to stretch the tongue-tie, dividing the tongue tie with blunt ended, sterile scissors, giving pressure to the wound with a sterile gauze prior to returning the baby to its mother and put immediately to the breast to feed.
- The mouth will be checked again after the feed and if the wound is still oozing further pressure with sterile gauze will be given for a time of 1 min.
- If the wound continues to ooze pressure will be given for 5 mins. If the bleeding does not cease see emergency procedure at 3.8.

- Follow up care will be given by either the Infant Feeding Lead Midwife or other appropriately trained member of staff until breastfeeding is re-established or the mother feels able to breast feed confidently.
- Parents will also be signposted to community and national breastfeeding support groups both pre and post procedure.
- The procedure will be recorded in the personal Child Health Record (Red book) and on eCARE system on baby's record.

3.9 Emergency Procedure

In the event of an emergency a 2222 call will be made stating "Neonatal emergency – Location – Ward" if baby is 0-10 days or "Paediatric Emergency" if the baby is >10days of age.
If the rare risk (1:10000) of continuous bleeding of the wound site the baby will be taken to the Emergency Department by the health professional, accompanied by the parent/s.

4.0 Statement of evidence/references

Association of Breastfeeding Mothers (2021) Association of Breastfeeding Mothers. [Online]. Available from: https://abm.me.uk/ [Accessed 19th October 2022].

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Ingram, J. et al. (2015) The development of a tongue assessment tool to assist with tongue-tie identification. Archives of Disease in Childhood - Fetal and Neonatal Edition, 100, F344-F349. [Online]. Available from: https://fn.bmj.com/content/100/4/F344 . [Accessed 19th October 2022].

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NHS (2019) Breastfeeding help and support. [Online]. Available from: https://www.nhs.uk/conditions/pregnancy- and-baby/breastfeeding-help-support/. [Accessed 19th October 2022]. NHS (2020) Tongue-tie. [Online]. Available from: https://www.nhs.uk/conditions/tongue-tie/ . [Accessed 19th October 2022].

UNICEF Baby Friendly Initiative (2022) Overcoming breastfeeding problems: tongue tie. [Online]. https://www.unicef.org.uk/babyfriendly/support-for-parents/tongue-tie/ . [Accessed 19th October 2022].

5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
9	Nov 22	Michelle Hancock	Reviewed and updated

Section Number	Amendment	Deletion	Addition	Reason
	'ENT' replaced with 'Maxillo facial'			Update
3.8			Referral to the Infant Feeding Lead is made using alternative referral letter (Appendix 2)	Up
3.6	Consideration for referral		referral is made to the Oral Maxillo Facial team for frenulotomy procedure	update
Appendix 1	Referral pathway created		Referral pathway is available for all staff to follow	update
Appendix 3	Assessment for Lingual Frenulum Function	Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF)	Bristol Tongue Assessment Tool (BTAT)	update

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
All staff in Women's health		28/11/2019		See individual comments	Yes
Karen Rice	NNU	28/11/2019		Nil comments received	Yes
Marian Foster	NNU	28/11/2019		Nil comments received	Yes
Zuzanna Gawlowski	Neonatal Consultant	28/11/2019		Nil comments received	Yes
Indranil Misra	Neonatal Consultant	28/11/2019		Nil comments received	Yes
Niamh Kelly	CGL	27/11/2019	28/11/2019	Comments received	Yes
Arun Majumdar	Oral Maxillo facial	01/06/2019	01/06/2019	Comments received	Yes
Jayne Plant	Consultation	Nov 2018		References	Yes
Surgical CIG		11/12/2020		Comments received	Yes
Indranil Misra	Neonatal Consultant	11/11/22	20/11/22	No comment	N/A

Janice Styles	Consultant Midwife	11/11/22	20/11/22	No comment	N/A
Anja Johansen-Bibby	Consultant Obstetrician	12/11/22	20/11/22	Clarity for signs of tongue tie and evidence	Yes
Clair Reeve	Midwife	13/11/22	20/11/22	Query re vit k	responded
Maternity Voice Partnership	MVP	28/11/22	29/11/22	Various comments	responded
Marian Forster	NNU	5/12/22	5/12/22	No comments	N/A
Ghaly Hanna	Consultant Obstetrician	6/12/22	6/12/22	No comments	N/A

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
None applicable to this guideline				

5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women and Children's	Department	Maternity
Person completing the EqIA	Michelle Hancock	Contact No.	86523
Others involved:	N/A	Date of assessment:	11/2022
Existing policy/service	Yes	New policy/service	No

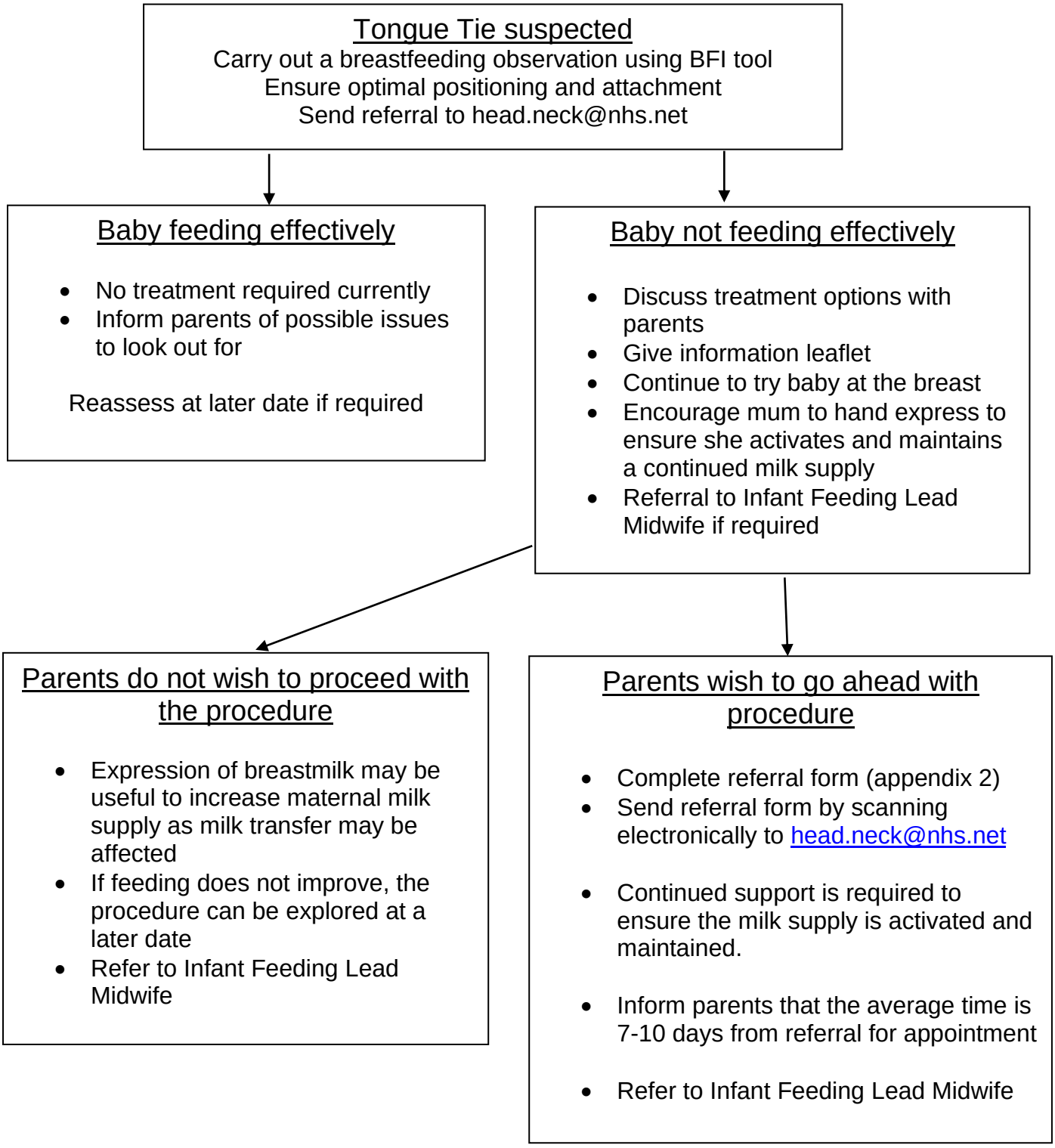
Will patients, carers, the public or staff be affected by the policy/service?	Yes
If staff, how many/which groups will be affected?	*Midwives/Nursery Nurses/Maternity Care assistants*

Protected characteristic	Any impact?	Comments
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	YES	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	

What consultation method(s) have you carried out?
Consultation with all staff, circulation to staff for comments, Maternity Voices Partnership
How are the changes/amendments to the policies/services communicated?
Infant Feeding Training, Intranet, Guidelines dissemination channels
What future actions need to be taken to overcome any barriers or discrimination?

What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA	Nov 2025		

Appendix 1: Referral pathway for suspected Tongue Tie



Appendix 2: Referral for suspected Tongue Tie

Mother's Name: Home No: Mobile No:	GP Name: Tel No: Fax No:
Baby's Sticker:	GP Address:

An **assessment of feeding** has been carried out and the following problem/s has/have been identified:

	Nipple Trauma
	Baby unable to latch effectively.
	Significant weight loss
	Other issue (please state)

Type of Tongue tie suspected:	
Type of birth:	**Vitamin K IM/Oral:** **Yes or no**
Gestation at birth:	**Family history of Tongue Tie (TT):** **Yes or no**
NIPE examination NAD **Yes or no**	**Breastfeeding Assessment completed date:**

I would like to refer this child to you for assessment of, and if appropriate division of their lingual frenulum (Ankyloglossia). Please could you indicate your findings and confirmation of procedure (if applicable) in the baby's Child Health Red Book.

Referrer name:	Position:
Signed:	Date:

Appendix 3: Assessment for Lingual Frenulum Function

Bristol Tongue Assessment Tool (BTAT)

Ingram, J. et al (2015) The development of a tongue assessment tool to assist with tongue-tie identification.

	0	1	2	Score
Tongue tip appearance	Heart shaped	Slight cleft or 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 of 0-3 = severe which would benefit from division procedure