



Baby Acorn Clinic - Tongue Tie Parent Information

Please read this important information before your baby's appointment

Tongue tie division (Frenulotomy) on babies is a simple procedure that carries few risks.

Baby Acorn Clinic offers tongue tie division at clinic for babies with both anterior and less obvious tongue ties that are causing feeding difficulties that are not resolved by other methods.

The tongue tie division procedure can be completed at the same visit and is performed by an experienced Registered Midwife with additional specialist training in assessing and dividing tongue tie.

Tongue tie procedure and possible risks

At the clinic visit we are reducing the face to face contact as much as possible to minimize any small risk passing the Covid 19 virus between us. I'll be wearing all the recommended PPE for the visit; mask gloves, apron & visor. The room is aired for 30 minutes between each family.

I will swaddle your baby tightly in a thin blanket and examine the mouth.

I will assess your baby's mouth and tongue using the widely known assessment tool called The Hazelbaker score.

The palate, tongue function and mobility are checked during this examination. I will then assess the tightness and attachment of the frenulum to the tongue by lifting up the tongue with two fingers. This can make babies gag a little so we tend to leave that until last as it can be unpleasant. This whole examination takes less than two minutes.

After the assessment I will discuss the findings and talk about whether you would like the tongue tie division procedure completed, if this is appropriate.

This will give you a chance to ask any further questions you may have.

I will ask you to sign a consent form.

The baby is then brought back to the examination couch/table and I'll show you how to hold the baby's head firmly.

The tongue tie is then divided with sterile scissors.

A small gauze swab is pressed against the wound and a finger applied to stop any bleeding. I will then bring your baby back to you for a cuddle and a feed.

The tongue tie procedure usually takes less than 1 minute to complete.

I ask that **only two** adults are in the room, to reduce any infection risk and that face coverings are worn.

It is best to feed the baby straight away. This is because feeding soothes the baby and allows the tongue to start working freely as soon as possible. It will also reduce any minimal bleeding there may be.

“Borderline” tongue tie

Most tongue ties are clearly identified. However sometimes, by the time parents come to me they will have had many different opinions about whether the baby has tongue tie or not. Using the Hazelbaker tool means that I can use an objective score in those cases that are not clear.

It is possible that I may suggest one or two cranial osteopathy sessions before division, to see if relaxing some of the surrounding tissues can allow the jaw to open better and the tongue to move more freely, even though the frenulum will still be short and /or tight. This does NOT mean I am dismissing your concerns, but that I want to do the division only if it is needed. We can revisit the situation in a few days and decide to divide at that point....if addressing bodywork issues and getting the best position and attachment for your feeding.

Pain

Pain is often the first concern of parents when thinking about whether their baby should have a tongue tie division. Research at Southampton Hospital involving 10,000 babies concluded that 20% of babies in the study stayed asleep throughout the procedure (so were not in any pain!) and another study also measured the average crying time as 15 seconds.

Babies are normally settled by a feed straight away; sucking produces natural painkillers called endorphins so babies are generally upset (if they are at all) for a very short time.

Older babies (over 8 weeks) can have a paracetamol liquid (e.g. Calpol) if needed. I do not use local anaesthetic as the procedure is quick and frenulum has little nerve supply.

Numbing the area would mean your baby’s mouth would be numb just when he or she needs to feel and move the tongue effectively for the feed afterwards.

Potential risks

Tongue tie division (frenulotomy) is a surgical procedure which is widely used across the UK to support improved feeding for the baby. There is a very low level of complication; however I do like parents to be informed of the potential risks.

Excessive bleeding

There is a very small chance of excessive bleeding.

A small audit of 50 ATP Practitioners in 2018 found that 1: 400 babies required pressure to settle the bleeding, around 1: 7,000 required application of adrenaline, and 1: 7,700 will require cautery or suturing.

The amount of bleeding is usually much less than one spot on the Day 5 blood spot test card and sometimes there is no bleeding at all.

I have a protocol for managing excessive bleeding and the baby will be transferred by ambulance to hospital if bleeding continues after division. In the occasional case where

bleeding hasn't stopped; the hospital team may apply an adrenaline-soaked swab, put in a stitch or use cauterizing stick to stop the bleeding.

Infection

Infection rates in tongue tie division are extremely low: Approximately (1:10,000) from one Southampton study. This is because the mouth heals very quickly and constantly replaces cells. Breast milk and the baby's saliva both help healing. You may notice a white or yellow diamond shape under your baby's tongue about 24 hours after the division-this is normal. Signs of infection include swelling or inflammation, redness or pus from the wound. If you are concerned about infection then we advise you to contact your GP straight away for antibiotic treatment. I would also like to be informed as a service, for audit purposes if possible.

Re-growth

Baby's mouths heal really quickly and occasionally new scar tissue will form, giving the appearance of a new "tongue tie". This can be divided again once if needed.

To reduce the likelihood of this happening I will give you exercises to help keep the tongue moving well and frequently. Click the link on the website.

No improvement from the procedure

Although this procedure has a very good success rate (ranging from 80% to 90%), sometimes a baby will have this procedure and the feeding issue is not resolved. It can take up to two weeks to see improvement sometimes, although it is often an immediate improvement from the very first feed post procedure.

Please be aware that you can also keep getting support for feeding from your NHS midwife (up to 28 days), your health visitor, and GP or NCT breastfeeding counsellor / breastfeeding support groups.

Complaints

If you have any complaints or feedback about our any part of our service please ask for a copy of our complaints policy. Complaints can also be made directly to the midwives' governing body: The Nursing and Midwifery Council (NMC) or the CQC (Care Quality Commission).

Data protection

Personal data is processed in accordance with the General Data Protection Regulations (GDPR) 2017 and relevant data protection laws. We keep your information and contact details only for your care and do not give your details to any other organisation, unless required by law. Further details can be found on the Baby Acorn Clinic website.

What I need for a clinic visit please

Baby's Red Book

Suitable adult helper to hold the baby's head (usually the baby's mum or dad)

If the baby isn't currently feeding at the breast please bring a bottle with expressed or formula milk

If using nipple shields, please bring sterilized nipple shields with you

Follow Up

I ask for a feedback survey at 2 weeks collecting data for anonymous audits for CQC and ATP. This means tongue tie practitioners can measure outcomes and this can inform practice nationally.

Most of the time no follow-up is required but I will text 1-2 days after the procedure as standard, and also at 2 weeks to find out how things are going. Contact me at anytime for 2 weeks after the procedure for a video, email or text chat as needed.

Further Questions: Tel 07570 793715 or email babyacornclinic@outlook.com

If you have any further questions please contact me before your appointment and/or feel free to ask at your appointment. The procedure can be delayed if you prefer time to reflect.