TONGUE-TIE (ANKYLOGLOSSIA) – ASSESSMENT AND MANAGEMENT

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Assessment and management of a neonate with suspected tongue-tie and breastfeeding difficulties

2. PATIENT

- Neonate

3. STAFF

- Medical, midwifery, and nursing staff
- Clinical Midwifery Consultant (CMC) Lactation

4. EQUIPMENT

- Small sharp blunt-tipped scissors
- Sterile gloves
- Sterile gauze swab
- Oral sucrose

5. CLINICAL PRACTICE

- Refer to flowchart (appendix 1)
- Ensure support of parents with a neonate diagnosed with tongue-tie
- Ensure full breastfeeding assessment has excluded other causes of breastfeeding problems
- Complete and file Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) (appendix 2) in neonatal medical record
- Discuss findings with parents and provide written information on same (appendix 3)
- Discuss possible complications of the procedure with parents i.e. excessive bleeding, haematoma, infection, ulceration, possibility of repeat procedure needed
- Minimise complications by:
  - Performing neonatal examination including oral assessment
  - Ensuring vitamin K has been administered to neonate
  - Investigating family history of any bleeding disorders
  - Determining hepatitis status of mother and following management guidelines
- Complete written consent with parent(s) for procedure, (if performed at RHW) file in the medical record
- Complete Frenotomy checklist (see appendix 4)
- Refer to Westmead Tongue-tie clinic or private paediatrician, as alternatives, if requested by parent(s)
- Perform frenotomy (by qualified and experienced paediatric medical officer) in the Breastfeeding Support Unit (BSU) using the following technique:
  - perform hand hygiene
  - wrap neonate securely
  - stabilisation of neonate's head by an assistant
  - administer analgesia in the form of oral sucrose (0.25ml to 1ml)
  - don sterile gloves
  - use thumb to stabilise the jaw whilst placing index finger under the neonate's tongue to gain clear access to the frenulum
  - divide the frenulum with a small pair of sharp, blunt-tipped scissors

TONGUE-TIE (ANKYLOGLOSSIA) – ASSESSMENT AND MANAGEMENT cont'd

- apply pressure to the floor of the mouth with a sterile gauze swab to stop any bleeding (a small amount is normal and should have stopped by 15 minutes)
- return neonate to mother
- encourage mother to breastfeed neonate as soon as practicable
- assess for bleeding after 15 minutes
- document procedure and outcome in medical record

6. DOCUMENTATION

- Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF)
- Medical Record – Maternal and Neonatal
- BSU referral form
- Request/Consent for medical procedure treatment (For parents/guardians of patients less than 16 years of age)

7. EDUCATIONAL NOTES

- Ankyloglossia (tongue-tie) is a condition whereby the lingual frenulum attaches near the tip of the tongue and may be short, tight and thick[2,8]
- Tongue-tie is present in 4-11% of neonates[1]
- Tongue-tie has been cited as a cause of[1,4]:
  - poor breastfeeding because the neonate is unable to attach or stay attached to the breast
  - maternal nipple pain and damage
  - unsettled neonate
  - poor neonatal weight gain
- When the peristaltic action of the neonatal tongue is impeded, milk removal from the breast is restricted[8]
- Range of motion is the most important factor in a neonate's ability to breastfeed with a tongue tie[1,2]
- There is evidence that non-surgical management of the breastfeeding dyad can be effective first line management providing support and education with positioning, latch optimisation, feeding frequency, support of maternal milk supply and the use of tools such as a nipple shield[2,8]
- A severely restrictive lingual frenulum will usually keep the tongue behind the gum line. Touching the lower gum ridge triggers reflexive biting which would normally be inhibited by the presence of the neonatal tongue[2]
- Frenotomy may correct the restriction to tongue movement and allow more effective breastfeeding and less maternal nipple pain[3]
- Surgical management may be indicated following assessment by an appropriately trained health professional after failure of non-surgical interventions
- At The Royal Hospital for Women, HATLFF[4,] is used for assessment of appearance and function of the neonatal tongue suspected of having a tongue-tie. This tool has a high reliability in recommendation for frenotomy in neonates with tongue-tie[7,8]
- Frenotomy procedure should be performed by a skilled clinician using cold steel frenotomy blunt tipped scissors in a healthcare facility with access to neonatal resuscitation equipment and the ability to manage acute airway or bleeding complications[2]

TONGUE-TIE (ANKYLOGLOSSIA) – ASSESSMENT AND MANAGEMENT cont'd

- Post frenotomy, an immediate improvement in maternal nipple pain and breastfeeding efficacy may be demonstrated
- Contraindications to frenotomy include[2]:
  - neonate who has not been given intramuscular (IM) vitamin K, or has not been administered the second dose of oral vitamin K
  - family history of bleeding disorder that has not been investigated
- If the mother is hepatitis C positive, breastfeeding post frenotomy should be delayed until any neonatal bleeding has ceased
- Follow up for all neonates who have had a frenotomy is recommended to assess healing of frenotomy, progress of breastfeeding and to provide further support if required as it may take extra time for breastfeeding to become established. There may be other issues besides the tongue-tie that are not resolved by frenotomy[4,8]

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Breastfeeding – protection promotion and support
- Supplementary feeding of a Breastfed Neonate in the Postpartum Period
- Breastfeeding Support Unit – BSU
- Vitamin K (Phytomenadione) prophylaxis in a Neonate
- Hepatitis C Positive Mothers and their Babies
- NSW Health PD 2017_013 Infection Prevention and Control Policy

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 5 – Comprehensive Care

11. REFERENCES

1. ACT Government, 2018, Tongue-tie and feeding your baby, Canberra health services, Canberra https://health.act.gov.au/sites/default/files/201811/Tongue%20tie%20and%20feeding%20your%20baby.pdf
2. Australian Dental Association. 2020. Ankyloglossia and Oral Frena Consensus Statement. Available: www.ada.org.au/ankyloglossia
3. Berry J, Griffiths M, and Westcott C. 2012, 'A Double-Blinded Randomized, Controlled Trial of Tongue-Tie Division and Its Immediate Effect on Breastfeeding' *Breastfeeding Medicine*, vol 7, no. 3 https://www.liebertpub.com/doi/pdf/10.1089/bfm.2011.0030
4. Canadian Agency for Drugs and Technologies in Health, 2016, Frenectomy for the Correction of Ankyloglossia: A Review of Clinical Effectiveness and Guidelines, Rapid response report: Summary with critical appraisal https://www.cadth.ca/sites/default/files/pdf/htis/june-2016/RC0785%20Frenectomy%20Final.pdf
5. Genna C 2017, Supporting Sucking Skills in Breastfeeding Infants, 3rd ed, Jones & Bartlett Learning, Burlington, MA.

TONGUE-TIE (ANKYLOGLOSSIA) – ASSESSMENT AND MANAGEMENT cont'd

6. Ghaheri BA, Cole M, Fausel SC, Chuop M Mace JC 2016, Breastfeeding improvement following tongue-tie and lip-tie release: A prospective cohort study. The Laryngoscope, vol. 127, no.5, pp. 1217-123 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516187/pdf/LARY-127-1217.pdf
7. Ingram J, Johnson D, Copeland M, Churchill C, Taylor H, & Emond A. 2015, The development of a tongue assessment tool to assist with tongue-tie identification. *Archives of disease in childhood. Fetal and neonatal edition*, *100*(4), F344-8 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4484383/pdf/fetalneonatal-2014-307503.pdf
8. O'Shea J, Foster JP, O'Donnell C, Breathnach D, Jacobs SE, Todd DA, Davis PG 2017, 'Frenotomy for Tongue-Tie in Newborn Infants', *Cochrane Database of Systemic Reviews*, Issue. 3. Art. No.: CD011065 https://www.journalslibrary.nihr.ac.uk/downloads/other-nihr-research/cochrane-programme-grants/Frenotomy%20for%20tongue-tie%20in%20newborn%20infants.pdf

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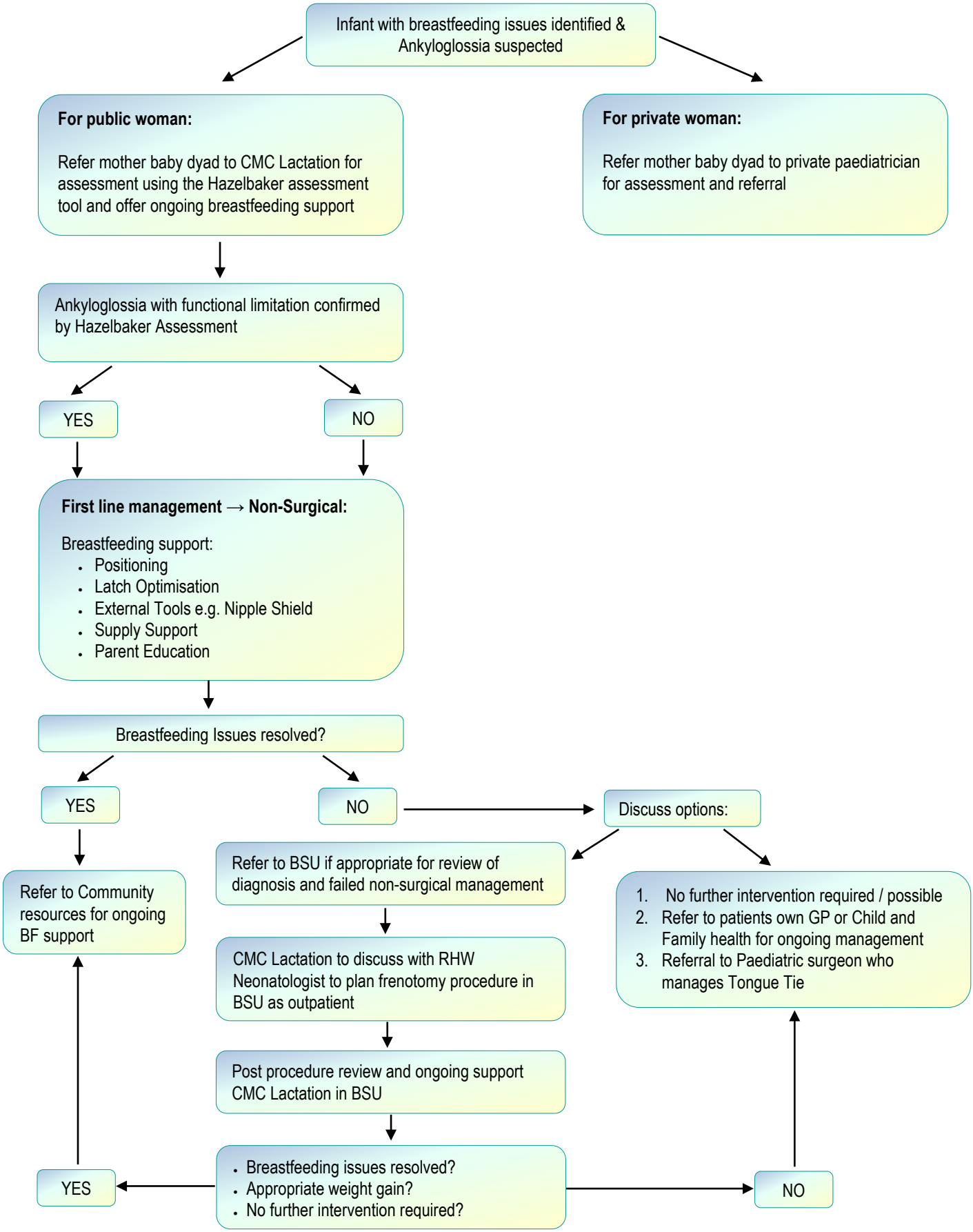
REVISION & APPROVAL HISTORY
Reviewed and endorsed Maternity Services LOPs Nov/Dec 2020
Approved Quality & patient Safety Committee March 2019
Reviewed and endorsed Maternity Services LOPs 8/3/19
Approved Quality & Patient Care Committee November 2016
Reviewed and endorsed Maternity Services LOPs 25/10/16
Approved Quality & Patient Safety Committee 15/8/13
Endorsed Maternity Services LOPs 13/8/13

FOR REVIEW : DECEMBER 2025

…./Appendices

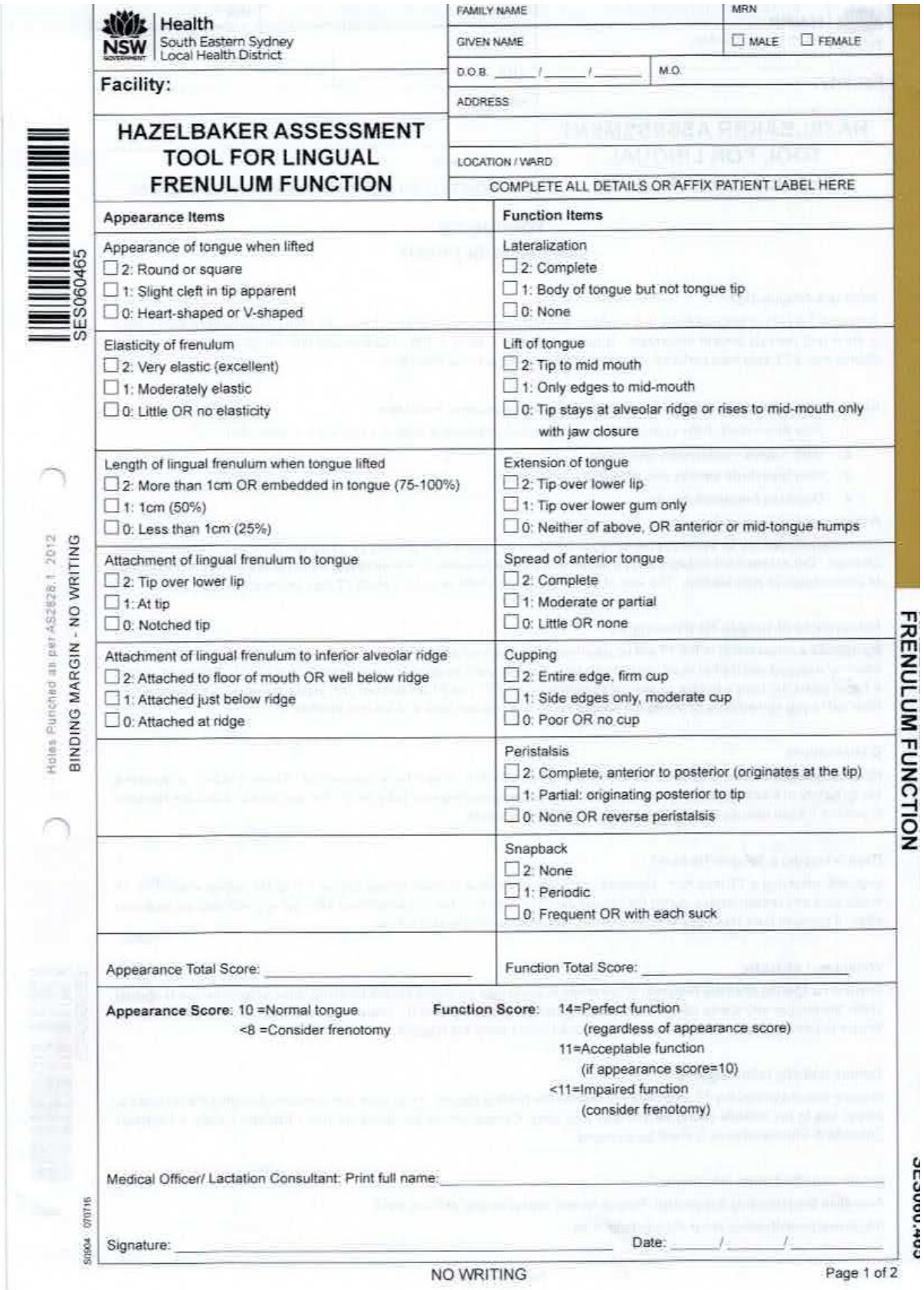
Appendix 1

ANKYLOGLOSSIA (TONGUE TIE) MANAGEMENT FLOWCHART



Appendix 2

HAZELBAKER ASSESSMENT TOOL for Lingual Frenulum Function



Health
South Eastern Sydney
Local Health District

Facility:

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. ____/____/____ | M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

HAZELBAKER ASSESSMENT TOOL FOR LINGUAL FRENULUM FUNCTION

SES060465

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

FRENULUM FUNCTION

Appearance Items	Function Items
Appearance of tongue when lifted ☐ 2: Round or square ☐ 1: Slight cleft in tip apparent ☐ 0: Heart-shaped or V-shaped	Lateralization ☐ 2: Complete ☐ 1: Body of tongue but not tongue tip ☐ 0: None
Elasticity of frenulum ☐ 2: Very elastic (excellent) ☐ 1: Moderately elastic ☐ 0: Little OR no elasticity	Lift of tongue ☐ 2: Tip to mid mouth ☐ 1: Only edges to mid-mouth ☐ 0: Tip stays at alveolar ridge or rises to mid-mouth only with jaw closure
Length of lingual frenulum when tongue lifted ☐ 2: More than 1cm OR embedded in tongue (75-100%) ☐ 1: 1cm (50%) ☐ 0: Less than 1cm (25%)	Extension of tongue ☐ 2: Tip over lower lip ☐ 1: Tip over lower gum only ☐ 0: Neither of above, OR anterior or mid-tongue humps
Attachment of lingual frenulum to tongue ☐ 2: Tip over lower lip ☐ 1: At tip ☐ 0: Notched tip	Spread of anterior tongue ☐ 2: Complete ☐ 1: Moderate or partial ☐ 0: Little OR none
Attachment of lingual frenulum to inferior alveolar ridge ☐ 2: Attached to floor of mouth OR well below ridge ☐ 1: Attached just below ridge ☐ 0: Attached at ridge	Cupping ☐ 2: Entire edge, firm cup ☐ 1: Side edges only, moderate cup ☐ 0: Poor OR no cup
	Peristalsis ☐ 2: Complete, anterior to posterior (originates at the tip) ☐ 1: Partial: originating posterior to tip ☐ 0: None OR reverse peristalsis
	Snapback ☐ 2: None ☐ 1: Periodic ☐ 0: Frequent OR with each suck
Appearance Total Score: _____	Function Total Score: _____

Appearance Score: 10 =Normal tongue
<8 =Consider frenotomy

Function Score: 14=Perfect function (regardless of appearance score)
11=Acceptable function (if appearance score=10)
<11=Impaired function (consider frenotomy)

Medical Officer/ Lactation Consultant: Print full name: _____

Signature: _____ Date: ____/____/____

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NO WRITING

Appendix 3

TONGUE-TIE: Information for parents

Health
South Eastern Sydney
Local Health District

Facility:

HAZELBAKER ASSESSMENT TOOL FOR LINGUAL FRENULUM FUNCTION

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. _____/_____/_____ | M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

TONGUE-TIE
Information for parents

What is a Tongue-Tie?

A Tongue-Tie (TT) or ankyloglossia is a condition in which the thin piece of skin (frenulum) sitting underneath baby's tongue is short and restricts tongue movement. It occurs in about 2-10 in a 100 of babies and may range from mild to severe. Babies with a TT may feed perfectly, although almost half experience difficulties.

Signs and symptoms to indicate the Tongue-Tie may be causing a problem

1. Poor attachment, baby unable to maintain effective attachment, mother experiencing discomfort
2. Sore nipples – misshapen after feeds
3. Poor breastmilk transfer and intake/poor weight gain
4. Decrease breastmilk supply

Assessment of Tongue-Tie

The recommendations for treatment will be made following an assessment process by a Lactation Consultant or experienced clinician. The assessment includes baby's mouth and tongue movement, a breastfeed, maternal discomfort and exclusion of other causes of poor feeding. The size of the TT is not important as even a small TT may cause problems.

Release/snip of Tongue-Tie (Frenotomy)

Sometimes a release/snip of the TT will be recommended if you consent a consent form must be signed. Your baby will be securely wrapped and his/her head gently held still. Your baby will be given a sugar drops for pain relief. The doctor places a finger under the baby's tongue to gain clear access to the TT. The TT is released with sterile scissors. Your baby will be returned to you immediately following the procedure so that you can feed and comfort him/her.

Complications

Rare complications of the procedure include bleeding and infection. If your baby has not had Vitamin K at birth or there is a family history of bleeding please discuss this with the doctor assessing your baby before the procedure. If you are Hepatitis C positive please discuss this with the doctor before the procedure.

Does releasing a Tongue-Tie hurt?

Logically, releasing a TT may hurt. However, a significant number of small babies (about 1 in 6) are asleep when their TT is released and remain asleep during the procedure. The milk from the first breastfeed after the snip will also act as a pain killer. If possible feed your baby/provide a breast milk feed before the procedure.

Wound and Aftercare

There is no specific aftercare required. A few drops of blood may be visible but the bleeding stops when pressure is applied under the tongue with sterile gauze. The bleeding rarely causes a problem. There may be a small white patch under the tongue (a healing ulcer). It heals quickly and doesn't cause baby any discomfort.

Tongue mobility following snip

In some circumstances the TT snip does not resolve the feeding issues. If you have any concerns following the procedure, please talk to the midwife caring for you and your baby. Contact details for follow up with Child and Family, a Lactation Consultant, Paediatrician or G.P will be arranged.

Where can I find more information?

Australian Breastfeeding Association 'Tongue tie and Breastfeeding January 2015

http://www.breastfeeding.asn.au/bf-info/tongue-tie

NO WRITING

Appendix 4

Frenotomy Checklist

Prior to procedure

- [ ] Hazelbaker attended
- [ ] Consent form signed
- [ ] Baby had vitamin K injection at birth or 2 doses of oral vitamin K
- [ ] Review history of maternal thrombocytopenia/hepatitis C positive

Post Procedure

- [ ] Breastfeed assessment
- [ ] Information sheet to parents
- [ ] RHW contact information
- [ ] F/U planned