Developing practice through education’ – How a midwifery education initiative led to the implementation of a policy to diagnose and manage Ankyloglossia (tongue tie).


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Abstract for MAINN conference

Title

A midwifery education initiative which led to the implementation of a policy to diagnose and manage ankyloglossia (tongue tie).

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Abstract

Objectives

Ankyloglossia or tongue tie is described as a congenital condition with an unusually thickened, tightened or shortened frenulum. It is associated with a variety of infant feeding problems for the breast fed baby (Buryk et al 2011). These difficulties include poor attachment of the baby to the breast while feeding, suboptimal weight gain in the baby, and maternal nipple pain, which may lead to early weaning of the infant (Geddes et al 2008). Ankyloglossia affects 1.7% to 4.4% of all infants (Buryk, 2011). When ankyloglossia is associated with breastfeeding difficulties, a frenotomy can be performed by a physician, which involves a surgical procedure where the tongue tie is divided.

Working as a clinical midwife specialist in lactation, a number of babies presented with a tongue tie (Ankyloglossia) and had subsequently experienced varying degrees of difficulties with breastfeeding. There was no clinical policy within the hospital to provide a review of these babies and a referral when necessary for frenotomy. While undertaking a module on a MSc in Midwifery-led care programme, entitled ‘Clinical decision making in Midwifery practice’ I was encouraged to keep a reflective diary of clinical decisions that I had taken and to
The objective was to provide a referral pathway within the hospital to address this issue.

**Methods**

I choose a decision making framework by Velasquez and Andre 2003(adapted) (Appendix 1) to guide this intervention. Following a review of the literature on tongue tie and breastfeeding, six articles from peer reviewed journals were chosen. The first article was from the peer reviewed Journal of Human Lactation, ‘A Round Table Discussion on Tongue-Tie (Hazelbaker et al.2012). The second article was a review of the literature on tongue-tie and breastfeeding (Edmunds et al.,2011). The third article, ‘Frenulotomy for breastfeeding infants with ankyloglossia: Effects on milk removal and sucking mechanisms imagined on ultrasound’ (Geddes et al.2008) The fourth article chosen from Pediatrics titled ‘Efficacy of neonatal release of ankyloglossia: A randomized trial’ (Buryk, 2011). This article also had in the appendix an assessment tool for lingual frenulum function by Hazelbaker where an assessment of tongue tie can be conducted using a scoring system. The fifth article from neo reviews was ‘Tongue tie and frenotomy in the breastfeeding newborn’(Knox, 2010). A National Institute of Clinical Excellence (N.I.C.E.) guideline (2005) ‘Division of ankyloglossia’ concluded the chosen articles.

Following discussion of the current research with the lead paediatrician it was agreed that a multidisciplinary hospital guideline would be developed by the paediatric team and the Lactation team in diagnosing tongue and implementing a plan of care. A pilot project were implemented for six months (April 2012- September 2012) where the Hazelbaker assessment tool was utilised by the lactation team to assess frenulum function in a breastfed infant, with tongue–tie, and experiencing difficulties with feeding.

**Conclusion**

My presentation will include the current evidence on tongue tie and the breastfed baby. In addition I will discuss how I used a decision making framework, to implement a guideline on assessment and diagnosis of tongue tie, and how I developed a pathway of referral if babies needed a frenotomy. I will discuss the use of the Hazelbaker assessment tool I used for diagnoses of tongue tie and I will discuss case studies of babies with tongue tie, some who have had frenulotomy and others who have not had the procedure.