TONGUE TIE ASSESSMENT
CONSULTATION INFORMATION

I am a GP trained in Breastfeeding Support and Neuroprotective Developmental Care.

Tongue tie assessment is more complex than simply viewing the mouth, as detailed in the following pages. I commonly provide a second opinion for people who may be unsure whether a tongue tie release is required.

As well as assessing your baby's oral anatomy, and feeding technique, I can provide a holistic assessment of your family context, feeding, sleep and settling issues (which are often related).

These assessments require an extended 60-75 minute consultation involving both infant and mother. Shorter consultations rarely provide enough time to exploration of the relevant issues to make an informed decision about whether to proceed with a procedure. *Both mother and baby will have a consultation documented in their file and a Medicare attendance recorded, this minimises your out of pocket costs.*

I can provide practical breastfeeding assistance which can often improve feeding challenges and may mean further intervention is not required. It is often worthwhile monitoring the effect of these changes before proceeding with scissor release. Follow up consultation will be prioritised in case this is still required.

Where it is necessary, I can perform scissor release of tongue tie in infants under 4 months. This will be after an informed decision making process, if I feel it can safely be undertaken in the clinic.

PLEASE BRING:

- Baby's Green Book
- LC or referral notes (if applicable)
- Baby ready to feed (where possible!!)
- Nipple shields, bottles, teats and other feeding assessories you may need
- Medicare card
  - consider contacting Medicare prior to the appointment to link your infant to your card to allow their component to be bulk-billed
  - ensure you are registered for the Medicare Extended Safety Net to maximise your rebate

FEES INFORMATION

(based on 60-75min consult Dec2023- may vary)

Total amount payable = $358.10
(if baby not yet on Medicare card)
Typical medicare rebate $198.10
(higher if reached Medicare Safety Net)
Out of pocket consultation cost = $160
Frenotomy $43.50, reimbursed by Medicare

Follow up consultations strongly encouraged
-via phone within 1 week 15 min (BB if eligible)
-face to face feeding review 30-45 min
-home visit available within Warragul area 60min

OPTIONAL

PRE-CONSULTATION NOTES

Your name _____

Your child's name _____

Infant age _____

Older children? _____ Names and ages

Please summarise the challenges that you are facing

If you have breastfed in the past, how has this time differed?

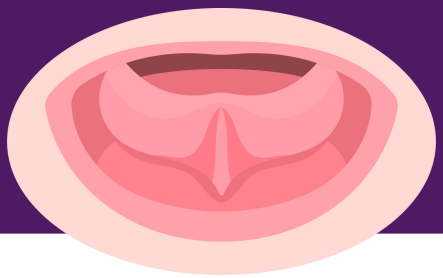
Do you have any goals for your feeding journey?

Have you already seen anyone in regard to your concerns?
If so - list them, and any treatments you have trialled?

Any other questions you want to cover in this consultation?

If you are new to this clinic - who is your usual GP? _____
Would you like a letter shared with them?

TONGUE TIE
Information for Parents



You may have been told by a midwife or other health professional that your baby has a tongue tie, and wonder whether it may be impacting on your feeding journey, or whether it may need release.

This can be a complex question, as there is no consistent standard for defining ankyloglossia (the medical term for tongue tie). It is common for infants to have a prominent transparent membrane running underneath the tongue.

Tongue tie cannot be diagnosed purely on appearance - it requires a combination of restricted movement and functional impact during feeding.

It is actually a normal part of our oral anatomy to have tissue connecting the tongue to the floor of the mouth (lingual frenulum) and this is a dynamic structure containing muscle, vessels and nerves.

This tissue can exist across a spectrum which is only abnormal if excessively tight and causing feeding issues.

This may include symptoms such as:

- inability to latch, slipping off or clicking sound
- nipple pain, damage or misshapen nipple after feeds
- poor milk transfer, supply and poor weight gains

However these symptoms can also reflect positional instability or 'fit and hold' issues which should first be explored with a breastfeeding specialist before diagnosing a true tongue tie.

This is a controversial area!

Different health providers hold varying views on the diagnosis and management

A recent consensus statement based on current evidence is summarised on the next page

In recent years there has been a huge increase in diagnosis and interventions performed for tongue tie - it is likely we are over-treating this issue.

Management is sometimes advised to address unsettled behaviour, wind and sleep concerns, many of which can be normal behaviour of babies getting used to the outside world.

Surgical treatment is unlikely to improve these issues, and may divert your focus from actions you can take to support your newborn and their emotional development (and maintain your own wellbeing as well!).

RESOURCES:

- Factsheet - The Womens Hospital
- Video by Australian Breastfeeding Association and Dr Lisa Amir (GP IBCLC)
- Article in The Conversation by Dr Pamela Douglas (GP IBCLC)

Dr Cassie Rickard | Perinatal GP drcassierickard.com.au

AUSTRALIAN DENTAL ASSOCIATION

Ankyloglossia and Oral Frena Consensus Statement 2021

SUMMARY OF RECOMMENDATIONS

- Many children (and adults) have a shorter, tighter lingual frenulum than others and will not experience functional limitations such as feeding or speech concerns

- **Comprehensive assessment including observation of a breastfeed by a trained health professional before making the diagnosis of ankyloglossia**

- **Non-surgical management is first line:** support with positioning, latch and milk supply

- Surgical management
  - only indicated where there is well defined structural problems causing functional limitation and non surgical management has not been successful
  - scissor frenotomy is preferred over laser in young infants (laser is not more effective, and it brings additional potential risks of thermal and nerve damage)
  - there is no guaranteed improvement of the concern for which surgery was sought
  - there is no role for stretching of the wound in the postoperative period (these can increase feeding aversion and of feed refusal) or bodywork exercises

- **Postoperative breastfeeding support following surgical management is essential for all mother-baby pairs**

- Surgical management should not be undertaken based on speculation about future problems as the evidence does not support the claim that frenotomy protects against long-term issues (*Speech Pathology Australia also do not recommend this to prevent future speech problems)*
- The evidence also shows no benefit for surgical release of the labial or buccal frena ('lip and cheek tie') in infants to assist with breastfeeding difficulties, speech outcomes, or orthodontic issues including midline diastema closure
- 'Posterior tongue tie' is not a medical diagnosis and is often used to describe normal lingual frenula, leading to over-treatment
- There is no evidence to support chiropractic or osteopathic therapy for ankyloglossia

See the full document on the ADA website
and the Academy of Breastfeeding Medicine Position Statement (2021)

Unfortunately the evidence base is limited by the inconsistency of definitions of tongue tie and limitations of research on infants. However in practice, significant improvement in feeding outcomes can be achieved for a classic, anterior tongue tie impacting on feeding.
In the consultation I will provide an opinion on the potential benefits, and explain possible risks, to allow you to make an informed decision, and follow you through to monitor progress.

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