CLINICAL GUIDELINE	
Tongue Tie (Ankyloglossia)	
Scope (Staff):	Nursing and Medical Staff
Scope (Area):	KEMH Postnatal Wards

This document should be read in conjunction with this DISCLAIMER

Key Points

- Ankyloglossia is relatively common in varying degrees and usually does not impair the establishment of breastfeeding.
- A few neonates with severe Ankyloglossia will have difficulty attaching and sucking effectively.
- It is not the degree of tongue tie alone that contributes to the difficulty in breastfeeding, but the match between mother's breast and baby's mouth i.e. flat nipples and high palate with a short inelastic frenulum causing restriction of elevation of the tongue.
- Breastfeeding requires well defined peristalsis from front to back of the tongue as well as tongue-palate synchronisation.

Assessment of Tongue Mobility

Assessment of tongue mobility includes the:

- Ability to elevate the tongue to the palate with a wide open mouth is the most important part of assessment.
- Spread of the anterior tongue and ability to cup the tongue.
- Elasticity and length of frenulum.
- Extension of tongue over lower lip.

Signs and Symptoms of Ankyloglossia causing Breastfeeding Complications

- **Mother:**
  - Nipple pain.
  - Damaged nipples.
  - Blocked ducts/Mastitis.
  - Low milk supply.
  - Untimely weaning.
- **Baby:**
  - Increased suction pressure.
  - Ineffective milk transfer.

- Slipping on and off the breast during a feed.
- Failure to thrive.

Dangers of over-diagnosis of Ankyloglossia as a problem requiring surgical intervention include reduced focus on other reasons for difficulty establishing lactation including poor attachment, poor milk supply and an unwell baby.

Management Plan

- Review by the Paediatric team.
- Review by a Lactation Consultant.
- Initiate an individualised plan for mother to preserve the integrity of her nipples, the initiation of her lactation, and the health of her baby.
- Commence the appropriate 'Variance Sheet' when applicable.
- Commence nipple shield use if appropriate.
- Commence expressing using an appropriate size breast shield.

Discharge Planning

- Organise the hire of a breast pump (if required).
- Consider referral to the Breastfeeding Centre for follow up if Ankyloglossia is thought to be significant enough to impair feeding.
- Refer to Mr Parshotam Gera, Dr Liz Whan or Dr Timothy Johnson. Complete the Tongue Tie Referral Letter.
- Organise follow-up to ensure appropriate weight gain following discharge (e.g. CHN, VMS, GP).

References and related external legislation, policies, and guidelines

1. Geddes D, Langton D, Gollow I, JacobsL, HartmannP, Simmer K .2008 Frenulotomy for Breastfeeding Infantswith Ankyloglossia:Effect on Milk Removal and Sucking Mechanisms Imaged by Ultrasound.**Paediatrics** .2008 122;e188-e194
2. National Institute for Excellence: Interventional Procedures overview of division of ankyloglossia in babies with Breastfeeding Difficulties 2005
3. Academy of Breastfeeding Medicine#11:Guideline for the evaluation and Management of Neonatal Ankyloglossia and it's complications in the Breastfeeding Dyad www.bfmed.org
4. The Royal Women's Hospital. Victoria:Clinical Guidelines.**Tongue tie information for Families.**

This document can be made available in alternative formats on request for a person with a disability.

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