

1. What is your name and role within the trust?
(Write in)

Your name	Jayne Beasley
Role within the Trust	Head of Midwifery

2. What is the name of your NHS trust?
(Write in)

Aneurin Bevan University Health Board

3. How many babies were born in your trust in 2021?
(Write in)

5348

4. Is there currently an NHS tongue-tie division in your trust?
(Please tick one)

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Proceed to question 7

Proceed to question 5

5. If there is no tongue-tie division service in your Trust, do you have a referral pathway to a service (e.g. which may be private or located in another Trust)?
(Please tick one)

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Proceed to question 6

Proceed to question 7

6. How many referrals were made to this service in 2021?
(or a recent 12 month period)?
(Write in)

Midwife and HV referrals to lactation consultant initiates feeding assessment (15 referrals)
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7. How many babies were referred for possible division?
(Write in)

8

8. How many babies actually had an NHS tongue tie division in your Trust in 2021?
(Write in)

As above

Any comment to add?

All babies referred via lactation consultant have division

9. Who is the service run by?
(Please tick as many as apply)

Midwives		
Paediatricians		
Lactation consultants		
Ear Nose and Throat		
Maxillofacial		
Health Visitors		
Other (please Specify)	x	Referral to ENT consultant via lactation consultant following a full breast feeding assessment

10. For funding purposes what is the tongue tie release coded as?
(Write in)

F 26.3

11. Do you accept out-of-area referrals?

(Please tick one)

Yes	
No	x
Don't know	

This is referral for tongue tie division can be referred for any breast feeding problem – if cannot resolve breast feeding problem then referral occurs

12. What are the criteria for referral?

(Please tick as many as apply)

Weight loss /poor weight gain	x
Obvious Tongue tie	x
Maternal pain and nipple damage	x
Slow messy bottle feeder	
Feeding for long periods and often despite breastfeeding support'	x

13. Do you accept referrals for formula fed babies?

(Please tick one)

Yes	
No	x

14. Does your service divide tongue-ties described as posterior/sub-mucosal?

(Please tick one)

Yes	
No	x
Don't know	

15. What is the usual waiting time between referral and appointment with the tongue-tie service?

(Write in)

Immediate review with lactation consultant then 1-2 weeks with ENT consultant

16. What is the maximum age for babies to be referred to the service?

(Write in)

Maternity only follows up babies to 4 weeks, after 4 weeks this is outside the remit of maternity services, however we have referred babies older than this and babies over 4 months are not referred

17. Does your service use any specific assessment tool?

(Please tick as many as apply)

Hazelbaker	
Tabby	
Martinelli	
Clinical Judgement	x
Other	

18. Is specialist breastfeeding support available for mothers and babies immediately after a tongue-tie division?

(Please tick one)

Yes	x
No	
Don't know	

19. What follow up do the mothers and babies have after division?

(Please tick one) follow up as requested . However informed telephone would usually suffice, if no post op issues.

Clinic review	X
Phone call or text	

None unless requested	
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20. When does that review occur?
(Please tick one) as above

Next day	
A few days	
1 week	
2 weeks	
3 weeks	
1 month	X

21. What aftercare is recommended?
(Please tick as many as apply)

LEVEL 1 No intervention, feeding the baby as usual Other than observing for any bleeding or signs of infection no other action is taken	X
LEVEL 2 Feeding the baby as usual and also encouraging parents to do 'tongue exercises' with the baby These exercises might include: Encouraging baby to suck a clean finger and withdraw the finger slowly in a 'tug of war' game; running a clean finger along baby's lower gums to encourage sideways tongue movement; parent(s) sticking their tongue out at the baby to encourage the baby to mimic the action. These are detailed on the current ATP ' Care After Tongue-Tie Division (Frenulotomy) ' leaflet.	
LEVEL 3 Encouraging 'tongue lifting' The parent is encouraged to insert either one or two of their fore fingers under the baby's tongue, with the finger tips at each side of the wound and lifts the tongue upwards enough to stretch the wound site. Touching the wound site itself is not encouraged.	
LEVEL 4 Active wound management (AWM) or disruptive wound massage/management (DWM) This involves using a clean finger(s) in a 'sweeping', rubbing or circulate motion (massaging) across the opened wound site. Sometimes including stretching or opening the wound in addition	

22. In comparison to pre-COVID (March 2020) have the number of tongue tie referrals....?
(Please tick one)

...increased	
... stayed the same	x
... decreased	

23. In comparison to pre-COVID (March 2020) have the number of tongue tie referrals....?

(Please tick one)

...increased	
... stayed the same	x
... decreased	

24. In comparison to pre-COVID (March 2020) have your criteria for referral changed?

(Please tick one)

No	x
Yes	
If yes, please specify	

25. Has COVID had any other impact on your service?

(Please tick one)

No	
Yes	
If yes, please specify	<i>Initial cessation of services at start of lockdown now resumed.</i>

26. If you would be happy to be contacted for further details about the tongue tie services in your area, please give your email address.

(Write in)

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27. If you have any further comments relating to this survey or tongue tie services generally, please use the box below

(Write in)

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28. Would you like a copy of the report when it is finished?

(Please tick one)

No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>