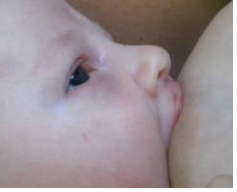
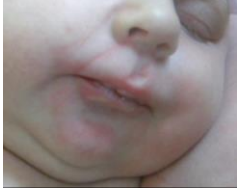


Frenotomy Decision Tool for Breastfeeding Dyads



Date:		
Baby:	**Mum:**	
PART 1 (Yes = 1 No = 0 Not applicable = N/A)	**1**	**0**
1. Mother with nipple pain/trauma while breastfeeding		
2. AND/OR infant with inability to latch or maintain latch		
3. AND/OR endless feeds described by mother		
4. AND/OR poor milk transfer observed		
5. AND/OR infant (>5 days) with weight gain < 20g/d without supplementation		
Total =		**/5**
PART 2 (Yes = 1 / No = 0)	**1**	**0**
An infant with a visible or palpable membrane anterior to or at the base of tongue restricting tongue movement and leading to any of the following:		
1. An inability to elevate tongue at least mid-way with wide open mouth		
2. An inability for the tongue to cup/maintain suction on an examining finger or on the breast		
3. An inability to protrude the tongue past the gum line or a central dimpling (bowl shape) of the tongue on extension		
4. Diminished lateral movement of tongue		
5. White tongue with absence of white patches elsewhere (pseudoleukoplakia)		
Total =		**/5**
PART 3 (Yes = 1 / No = 0)	**1**	**0**
An infant with a visible or palpable labial membrane at the center of the upper lip between the lips and the gums leading to any of the following:		
1. Upper lip folds in, puckering or pursed lips		
2. Perioral blanching and/or naso-labial folds		
3. Two tone lips (lighter interior of inner aspect of lips)		
4. Persistent lip blisters		
Total =		**/4**

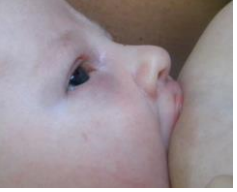
SCORING: ***There needs to be positive scores in two parts (1 & 2 or 1 & 3)***

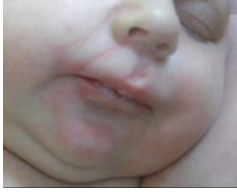
Part 1	/5 + Part 2	/5 =	/10	≥ 2 lingual frenotomy recommended	☐ Yes ☐ No
Part 1	/5 + Part 3	/4 =	/9	≥ 2 labial frenotomy recommended	☐ Yes ☐ No

Lingual frenotomy performed	☐ Yes ☐ No
Labial frenotomy performed	☐ Yes ☐ No

Evaluator's name

Signature





Frenotomy Decision Tool for Breastfeeding Dyads

Guide for using the Frenotomy Decision Tool for Breastfeeding Dyads (FDTBD)

***** We suggest you print this guide and keep it for future use*****

As breastfeeding is the normal feeding behaviour it is important to observe the mother and baby breastfeeding. Infants may have visible or palpable frenulums that are not interfering with breastfeeding. Just because you see or feel one does not mean it needs to be treated. Basic breastfeeding techniques such as skin to skin, laid back breastfeeding and latch adjustment need to be addressed as well as ensuring maintenance of milk production should the tight frenulum be causing problems.

The FDTBD is a tool to help health care professionals in their evaluation of breastfeeding infants with tongue and or lip tie. The FDTBD is only one part of the tongue or lip tie evaluation. The tool is a guide in the decision making related to lingual frenotomy or release of the labial tie. As breastfeeding is a dyad behaviour both mother and baby need to be evaluated. The tool is divided into 3 parts. Part 1 & 2 relate to lingual-tie and Part 1 & 3 relate to lip tie.

Part 1 is an evaluation and description of breastfeeding looking at both mother and infant.

1. **Mother with nipple pain/trauma while breastfeeding.** The mother will describe her pain level. The pain will remain present throughout the feeding. Latch adjustment doesn't eliminate the pain completely. The mother may have cracks or wounds on her nipples from continuous irritation by the tight frenulum.

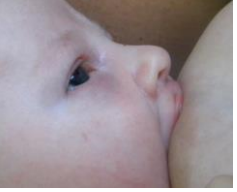
2. **AND/OR infant with inability to latch or maintain latch.** Some babies simply can't latch, others latch but slide back onto the nipple, and can't maintain a deep latch. There may be clacking sounds with feeding as the tongue can't maintain the seal. If a lactation device is used the baby may have limited transfer of milk because latch can't be maintained.

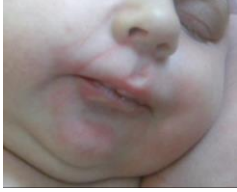
3. **AND/OR endless feeds described by mother.** The mother may describe her breastfeeding as "*the feeding go from one to the other*," "*I can't count them because I don't know when they start or finish*," "*feedings last for hours*," "*baby never seems satisfied*"

4. **AND/OR poor milk transfer observed.** You need to observe the feeding to evaluate this. You may notice the baby does lots of sucking but not a lot of swallowing. There is a chewing like motion while breastfeeding. Baby often fatigues as the feeding continues and are at breast BUT not transferring milk. Need to evaluate urine and stool output. If a lactation device is tried the baby can't transfer the milk because it can't maintain the strong vacuum to draw the milk into the tubing.

5. **AND/OR infant (> 5 days) with weight gain < 20g/d without supplementation.** Most infants will stabilize their weight and start gaining by day 5. Indicate N/A if < 5 days. Weight gain varies with age and the grams/day will also vary. The baby may be just maintaining or a little under the expected average weight gain. Some babies are failure to thrive, many babies are unable to maintain the average weight gain and supplementation has been recommended. Some babies do well initially while milk supply is under hormonal influence and then weight becomes an issue when baby is ineffective with milk transfer and doesn't stimulate the breasts effectively to maintain milk production.

For more information, please contact Carole Dobrich at carole@health-e-learning.com





Frenotomy Decision Tool for Breastfeeding Dyads

Part 2 is an evaluation and description of the infant oral anatomy related to tongue visuals, movements, and restrictions.

In part 2 there needs to be an infant with a visible or palpable membrane anterior to or at the base of tongue restricting tongue movement and leading to any of the following.

1. **An inability to elevate tongue at lease mid-way with wide open mouth.** When the baby opens its mouth does the tongue elevate without restriction. Does the mother notice the baby's tongue at times rest on the roof of the mouth? Does the tongue stay flat on the floor of the mouth when the baby cries?
2. **An inability for the tongue to cup/maintain suction on an examining finger or on the breast.** Some babies are able to latch yet baby does not stay well latched, slides back to the nipple or the seal breaks during feeding. There might be a humping rather than cupping of the tongue on suction.
3. **An inability to protrude the tongue past the gum line or a central dimpling (bowl shape) of the tongue on extension.** Mother will often state that she noticed the baby doesn't stick its tongue out or when baby cries the tongue edges elevate and the center stays low forming a dimple or a bowl shape.
4. **Diminished lateral movement of tongue.** Baby's tongue will bunch or look thick as baby tries to move its tongue from side to side. The tip of the tongue does not lateralise.
5. **White tongue with absence of white patches elsewhere (pseudoleukoplakia).** This is an observation by many carers that the tongue midway back has a white coating that is often confused with candida. Often the dyad has been treated for candida without improvement.

There needs to be a positive score in both part 1 & part 2. If the total score is ≥ 2 a frenotomy maybe recommended.

Part 3 is an evaluation and description of the infant oral anatomy related to upper lip, labial membrane, and gums by visuals and restrictions.

An infant with a visible or palpable labial membrane at the center of the upper lip between the lips and the gums leading to any of the following:

1. **Upper lip folds in, puckering or pursed lips.** Baby does not form a complete seal. Lips are not even with the seal**.** Mums are often stating that they have to "flip out the upper lip".
2. **Perioral blanching and/or naso-labial folds.** Post feeding infant has notable blanching above and below the lips and or red lines/prominent folds at the upper lip or between lips and cheeks.
3. **Two tone lips (lighter interior of inner aspect of lips).** After feeding there will be a lighter and darker colour of the lips which was not evident before the feeding.
4. **Persistent lip blisters.** These may be just central upper lip or over both lips.

There needs to be a positive score in both part 1 & part 3. If the total score is ≥ 2 a labial frenotomy maybe recommended.