

The Association of Tongue Tie Practitioners under the umbrella of the All Party Parliamentary Group on Infant Feeding and Inequalities is carrying out a survey of NHS tongue--tie services for babies. This will create a more accurate national picture of services and help in achieving improved provision of breastfeeding support.

Attached is a short questionnaire. We would be grateful if you could complete this soon as possible, within the 20 days of The Freedom Of Information guidance.

Your time in completing it is greatly appreciated. If you have any questions about the survey or would like to discuss further, please contact Elizabeth Carter at [reviewtt@yahoo.com](mailto:reviewtt@yahoo.com)

1. What is your name and role within the trust?

*(Write in)*

Your name	Susan Keay
Role within the Trust	Infant Feeding Lead/ Integrated Midwife

2. What is the name of your NHS trust?

*(Write in)*

NHS Shetland
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3. How many babies were born in your trust in 2021?

*(Write in)*

April 21- March 22 176
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4. Is there currently an NHS tongue-tie division in your trust?

*(Please tick one)*

Yes	<input checked="" type="checkbox"/>	<i>Proceed to question 7</i>
No	<input type="checkbox"/>	<i>Proceed to question 5</i>

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 type="checkbox"/>	<i>Proceed to question 6</i>
No	<input type="checkbox"/>	<i>Proceed to question 7</i>

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

See 8

7. How many babies were referred for possible division?  
*(Write in)*

See 8

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

April 21 – March 2022 10

Any comment to add?

Babies in NHS Shetland are referred to the Infant feeding Specialist service for feeding review for any feeding issues when a midwife or health visitor wishes more support for the mother, which may include tongue tie review. All babies referred have a feeding review from the Infant feeding lead who also provides the tongue tie assessment, division & follow up service. Self referrals from mothers also accepted.

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	<i>Infant Feeding Lead/ Integrated midwife</i>

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

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Not broken down into a code

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

*(Please tick one)*

Yes	
No	
Don't know	x

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	x
Feeding for long periods and often despite breastfeeding support'	x

13. Do you accept referrals for formula fed babies?

*(Please tick one)*

Yes	x
No	

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

*(Please tick one)*

Yes	x
No	
Don't know	

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

*(Write in)*

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Can be same day or within a few days.

16. What is the maximum age for babies to be referred to the service?  
*(Write in)*

No maximum age given for referral or review by infant feeding lead.

17. Does your service use any specific assessment tool?  
*(Please tick as many as apply)*

Hazelbaker	x
Tabby	x
Martinelli	
Clinical Judgement	x
Other	x

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)*

Clinic review	
Phone call or text	X see 27
None unless requested	

**Commented [SC1]:** Should this be a single or multiple choice answer?

**Commented [ec2]:** One

20. When does that review occur?  
 (Please tick one)

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

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

<b>LEVEL 1 No intervention, feeding the baby as usual</b> Other than observing for any bleeding or signs of infection no other action is taken	X
<b>LEVEL 2 Feeding the baby as usual and also encouraging parents to do 'tongue exercises' with the baby</b> 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.	partial
<b>LEVEL 3 Encouraging 'tongue lifting'</b> 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.	
<b>LEVEL 4 Active wound management (AWM) or disruptive wound massage/management (DWM)</b> 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	partial

**Commented [SC3]:** Not really sure this question makes sense, would this answer not vary on a case by case basis?

**Commented [ec4]:** Should be one general plan

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

...increased	
... stayed the same	See 8
... decreased	

23. In comparison to pre-COVID (March 2020) has your waiting list....?  
*(Please tick one)*

...increased	
... stayed the same	X no waiting list
... 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>Mothers anecdotally delayed accessing service.</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)*

susan.keay@nhs.scot

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

*(Write in)*

19. Follow up phonecall at a few days & following week. Mother can contact IFL prior to phonecall if required. Face to face available if required. As IFL provides infant feeding specialist support often seen following division for feeding review. Good continuity of care with this.

Some divisions by local consultant surgeon.  
Some referral to consultant paediatrician at tertiary hospital

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

*(Please tick one)*

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

Many thanks for completing the survey. Your time in completing it is much appreciated. The data will create a more accurate national picture of services and help in achieving improved provision of breastfeeding support.

**Thank you.**