Tongue tie: appropriately qualified and trained staff are essential

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The articles by NCT (page 92) and Dr Stephen Wardle (page 94) presented in this issue of *Infant* address a topic of increasing debate – tongue tie and breastfeeding. The subject appears to be highly controversial and emotive for parents while healthcare professionals have differing opinions on its diagnosis and treatment.

Frenulotomy is a procedure evidenced and approved by the National Institute for Health and Care Excellence as being effective in treating restrictive tongue mobilities, which may or may not cause difficulty with breastfeeding. The guidance requires practitioners and the service to audit their practice's outcomes; in the absence of other evidence this is the best that can be offered at present. Both of the practices that I am involved with (in the NHS and in private practice) have excellent outcomes reported at six-weeks post-frenulotomy. We have conducted two major studies examining aerophagia and tongue tie, and post-frenulotomy wound care to minimise recurrent tongue tie. These studies are in the process of publication.

It is essential that patients are not over treated and unnecessarily exposed to the risks of frenulotomy, which include pain, bleeding and recurrence. Good models of assessment and treatment pathways exist in both the NHS and private practice to ensure that the patient has a surgically adequate procedure at a time when they are frenulotomy-ready, including: thorough assessment of feeding; initiation of a feeding plan; timely review by a breastfeeding specialist to ensure that the baby is having experience at the breast, and the presence of a maternal milk supply appropriate for the baby's weight. It is equally important that feeds are observed, a thorough maternal history relevant to pregnancy and lactation is taken, and any presenting pathology is treated. Only then, when the referring or treating practitioner recognises that all other possible interventions have been considered, should frenulotomy be considered.

It is important that our discussions with parents do not lead them to believe that frenulotomy is an instant fix to their breastfeeding difficulties; the mother-infant dyad will have acquired adaptive behaviours to compensate for feeding with restricted tongue mobility. It is also vital that parents are fully aware of the benefits, risks and alternatives to frenulotomy and normal post-frenulotomy feeding behaviours and rehabilitation. In addition, parents need to have appropriately qualified and trained staff in the community to assist and reassure them.

It is vitally important that dyads who have been treated are reviewed within days of surgery to ensure that the frenulotomy site is healing without adhesion or recurrence, the baby is breastfeeding well, and that the mother is beginning to achieve her breastfeeding goals.

I was particularly interested to learn from the NCT article that several infant-feeding leads reported opposition to commissioning tongue tie services. I have observed that often if senior neonatologists or consultant paediatric surgeons are opposed to the setting up of a tongue tie clinic in their particular hospital, no amount of convincing input from infant-feeding leads will persuade managers to provide the service. Happily in my NHS trust, we set up a very successful tongue tie service more than a decade ago, which assesses and treats more than a thousand babies a year from a very wide catchment area. The commitment and ongoing clinical lead from a consultant paediatric surgeon and oversight of the service has been essential. As a bonus the service generates significant revenue for the trust. Perhaps this is the way forward for those infant-feeding leads experiencing difficulty pitching their plans for a service to divisional managers. A suggested first step would be to undertake a site visit to an established tongue tie service to see what's involved.

There is no doubt that research to further evidence the effectiveness of frenulotomy is needed. Until this evidence is available, frenulotomy providers should ensure that only babies that need this surgery are treated and that treatment is delivered in a safe and effective manner.

Katherine Fisher is the author of *Common misconceptions about tongue tie* which was published in the September 2016 issue of *Infant* (*Infant* 2016;12:166-67).

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