



Position Statement: Tongue-tie (Ankyloglossia)

The New Zealand College of Midwives (Inc) believes that all District Health Boards should have a free, equitable, accessible and timely service along with consistent assessment and referral pathways for the release of tongue tie when it is having an impact on breastfeeding. In addition we consider that it is vital that national data is collated to identify the short and long term outcomes for those infants that have received a frenotomy.

Background

Tongue tie (Ankyloglossia) is a congenital condition where the lingual frenulum is abnormally short or tight which restricts the movement of the tongue. The thickness and length of the frenulum varies from person to person. If the frenulum is short/ tight it may restrict the range of movements of the tongue and may cause latching and/or sucking difficulties during breastfeeding.

There are varying degrees of severity of tongue tie and their impact on baby behaviours, feeding and/or development is variable. The treatment for tongue tie is known as frenotomy, although a frenotomy is not indicated in every instance as some babies with tongue tie can breastfeed successfully without intervention.

There is no consistent evidence-based agreement on definition, assessment tools, and diagnosis or best treatment options for tongue tie¹⁻³. There is also no consensus internationally on the health practitioner(s) best placed to assess, diagnose or treat tongue tie. The New Zealand College of Midwives (Inc) therefore agrees that pathways for assessment, diagnosis and treatment are best developed by, and for, a multidisciplinary team.

Due to the limited research available on benefits and harms of frenotomy it cannot be recommended unless there is a clear association with breastfeeding difficulties.

Information for women and their family's needs to be disseminated along with the provision of education for health professionals to ensure consistent assessment in relation to tongue tie management to enable correct diagnosis and to ensure that surgery is not carried out unnecessarily.

Discussion

The Midwifery Council of New Zealand has released an updated statement (April 2016) which sets out the midwife's scope of practice with regard to assessment and diagnosis of tongue tie and the practice of frenotomy 4.

The statement acknowledges that:

"... assessment of breastfeeding, the neonates' oral cavity including Ankyloglossia and appropriate and timely referral and support was a competency for all midwives(P1)

...that frenotomy sits within the scope of practice of midwives who have completed specific training and practical assessment in the diagnosis and treatment of ankyloglossia (p2).

It is expected that midwives undertaking frenotomy will be limited to performing simple lingual frenotomy using an approved assessment tool such as the Hazelbaker tool and technique (P2).

Practice Points

- A full breastfeeding observation and assessment is required to determine the impact of tongue tie on feeding
- Not every breastfeeding difficulty is due to tongue tie and not every tongue tie causes a breastfeeding issue.
- If it is believed that a tongue tie is causing difficulties with breastfeeding the baby should be referred to a specialist for a fuller assessment

References

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4. Midwifery Council of New Zealand. Council statement on the midwife's scope of practice with regard to assessment and diagnosis of tongue tie and the practice of frenotomy. Wellington: Midwifery Council of New Zealand; 2016.

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Ratification

This statement was ratified at the NZCOM AGM on 2nd August 2017

Original Statement ratified

References updated

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession’s position on any given situation.

The guidelines are designed to educate and support best practice.

All position statements are regularly reviewed and updated in line with evidence-based practice.