Modernisation of the Tongue Tie service in a District General Hospital

Miss Kerry-ann Hanks, ENT Specialty Doctor
Dr Sarah Bates, Consultant Paediatrician & Neonatologist
Mr Angus Waddell, Consultant Surgeon and Clinical Lead for ENT
Great Western Hospitals NHS Foundation Trust

Introduction

Breastfeeding reduces baby's risk of infections, sudden infant death syndrome (SIDS), childhood leukaemia, type 2 diabetes, obesity and cardiovascular disease in adulthood (1)

Ankyloglossia, also known as tongue-tie, is a congenital anomaly characterised by an abnormally short lingual frenulum, which may restrict mobility of the tongue. It varies from a mild form in which the tongue is bound only by a thin mucous membrane, to a severe form in which the tongue is completely fused to the floor of the mouth. Breastfeeding difficulties may arise, such as problems with latching, sore nipples and poor infant weight gain. (2) Tongue-tie is quoted as being present in 4% to 11% of newborns. (3)

Following the CQC review in 2015 several key issues with the GWH tongue tie service were identified:

- Waiting times
- Disparity of diagnosis resulting in large numbers of babies being referred who did not require division
- Disparity of diagnosis causing confusion and concern amongst the public
- Very disparate online information and social media sites heavily influenced public knowledge and expectations regarding tongue tie

Objectives

Our objective was to deliver an evidence based service to improve long term breastfeeding rates. Our aims for the service were

- To provide consistent clear patient information from all staff
- To use validated, evidence based tools for assessment to improve accuracy of referrals to ENT
- To offer a prompt and responsive service for division for babies who need it.

Methodology

The current literature and evidence base was reviewed and following consultation with other local Neonatal Teams across the South West Neonatal Network we opted to implement the Bristol Tongue Assessment Tool (BTAT.) This tool has the advantage of being a evidence based, well validated tool that is simple to use and we were able to take advantage of significant local expertise, since the team that developed the tool are from our local tertiary neonatal unit in Bristol.

We developed the new pathway, and the new parent information leaflet. A launch conference for the new pathway was held in February 2016, which was well attended by representatives from Public Health, midwifery, health visitors, paediatricians, ENT specialists, and GPs.

Training was provided for our paediatric consultants, registrars and community midwives in the BTAT tool and in breastfeeding support techniques with tongue tie. We performed outreach workshops for all Swindon and Oxfordshire health visitors along with Berkshire, Swindon and Wiltshire GPs.

We launched this pathway in April 2016. The service is under constant review and several improvements have been made along the way.

Initially we were still seeing a significant discrepancy in referral score to score on assessment by ENT. This was addressed by contacting the referrer, feeding back the outcome and offering further BTAT training if needed.

Methodology continued

Currently all tongue tie letters received have an appointment made that day as there is no need for a triaging process. We aim to see everyone within a week but can book into the second week if absolutely necessary.

The Clinical Lead for ENT is personally notified if any baby is going to wait more than 2 weeks and is committed to provide extra capacity. The ENT team assess the babies and consider the need for division. ENT have implemented a weekly tongue tie clinic with a dedicated named clinician. A breast feeding support worker is present during these clinics and offers mothers one to one advice and support with breast feeding techniques regardless of BTAT score.

Infant Tongue Tie Assessment & Referral Pathway		Great Western Hospitals NHS Foundation Trust		
Baby's name:		Mother's name:		
Baby's DOB:		Baby's NHS No or Hospital No:		
Address:		Home Tel No:		
		Mobile No:		
		GP Surgery label:		
Postcode:				
Bristol Tongue Assessment Tool				
	0	1	2	Score
Tongue tip appearance	Heart shaped	Slight cleft / notched	Rounded	
Attachment of frenulum to lower gum ridge	Attached to top of gum ridge	Attached to inner aspect of gum ridge	Attached to floor of mouth	
Lift of tongue with mouth wide (joyful)	Minimal tongue lift	Edges only to mid-mouth	Full tongue lift to mid-mouth	
Extension of tongue	Tip stays behind gum	Tip over gum	Tip can extend over lower lip	
TOTAL BTAT SCORE =				
SCORE < 5 = REFER TO ENT FOR ASSESSMENT				
Breast Feeding Assessment & Any other concerns or comments				
DID THIS BABY RECEIVE IM VITAMIN K AT BIRTH? yes ☐ no ☐				
Name of Referrer:		Designation /role:		
Contact Tel No:		Date referral sent:		
Contact email:				
For office use:				
Date Referral Received:		Initials:		
Date sent to registration:				
Date sent to Booking Centre:				
Date of Clinic Appointment:				
SB - Consultant Paediatrician & Neonatologist AW - Consultant Paediatric ENT Surgeon CG - Infant Feeding Specialist Midwife 2016				

Conclusion

GWH tongue tie service is a multidisciplinary service involving paediatrician, midwives, health visitors, ENT clinicians and breast feeding support workers. The majority of babies are seen within one week. All are seen within 2 weeks. Babies can still be seen on the day of referral if there is clinical need.

Prior to the introduction of the pathway, we were receiving an average of 30 referrals per month. Over the last year this figure has dropped to 16. We are hoping this reflects the impact of the BTAT assessment identifying the babies who need to be seen.

ALL babies who are assessed by ENT as having significantly impaired tongue mobility (BTAT ≤5) are offered division. Our yearly division rate is 45%, with 1.7 % of the birth population having a tongue tie division.

On going data review of breast feeding rates for all babies assessed for tongue tie (whether referred to ENT or not) including that from private practitioners so that we can ensure the best possible service is provided based upon robust outcome data.

Value to the Trust

- Improved assessment resulting in fewer unnecessary outpatient appointments
- Improved patient satisfaction
- GWH tongue tie service viewed positively regionally resulting in requests to review out of area patients
- Further involvement with a larger randomised control trial
- More Breast feed infants has a long term public health benefit and cost savings in the future for the NHS.

References

1. NHS Choices. Benefits of Breast Feeding. available at: <http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/benefits-breastfeeding.aspx>
2. NICE, (2005) Division of ankyloglossia (tongue-tie) for breastfeeding Interventional procedures guidance available at : <https://www.nice.org.uk/guidance/ipg149/resources/division-of-ankyloglossia-tonguetie-for-breastfeeding-pdf-1899863228061637>
3. O Shea JE, Foster JP, O'Donnell CP, Breathnach D, Jacobs SE, Todd DA, Davies PG. Frenotomy for tongue-tie in newborn infants. Cochrane Database Sytematic Review. 2017 Mar 11;3:CD011065. doi: 10.1002/14651858.CD011065.pub2