

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

*(Write in)*

Your name	Fiona Roberts
Role within the Trust	Specialist Midwife for Infant Feeding

2. What is the name of your NHS trust?

*(Write in)*

County Durham and Darlington NHS Foundation Trust
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3. How many babies were born in your trust in 2021?

*(Write in)*

4375 total (4363 livebirths)
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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)*

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7. How many babies were referred for possible division?

*(Write in)*

131
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8. How many babies actually had an NHS tongue tie division in your Trust in 2021?

*(Write in)*

95

Any comment to add?

Tongue tie division services were stood down for a period over the pandemic. The clinic operated on an ad hoc basis at the start of 2021 before resuming a regular service therefore numbers may be lower than would be expected.

9. Who is the service run by?

*(Please tick as many as apply)*

Midwives	<input checked="" type="checkbox"/>	
Paediatricians	<input type="checkbox"/>	
Lactation consultants	<input checked="" type="checkbox"/>	
Ear Nose and Throat	<input type="checkbox"/>	
Maxillofacial	<input type="checkbox"/>	
Health Visitors	<input type="checkbox"/>	
Other (please Specify)	<input checked="" type="checkbox"/>	The Trust's Tongue Tie practitioner and Specialist midwife for infant feeding is also an IBCLC.

10. For funding purposes what is the tongue tie release coded as?

*(Write in)*

F26.2 Excision of frenulum of tongue / F26.3 Incision of frenulum of tongue

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

*(Please tick one)*

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

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)*

Usual time 2 weeks, can increase to 4 weeks temporarily with sickness or annual leave.

16. What is the maximum age for babies to be referred to the service?

*(Write in)*

16 weeks

17. Does your service use any specific assessment tool?

*(Please tick as many as apply)*

Hazelbaker	
Tabby	
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
None unless requested	

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)*

<p><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</p>	X
<p><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 '<b>Care After Tongue-Tie Division (Frenulotomy)</b>' leaflet.</p>	X
<p><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.</p>	
<p><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</p>	

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

*(Please tick one)*

...increased	<input type="checkbox"/>
... stayed the same	<input type="checkbox"/>
... decreased	<input type="checkbox"/>

Please see question 27.

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

*(Please tick one)*

...increased	<input type="checkbox"/>
... stayed the same	<input checked="" type="checkbox"/>
... decreased	<input type="checkbox"/>

24. In comparison to pre-COVID (March 2020) have your criteria for referral changed?

*(Please tick one)*

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

If yes, please specify	Prior to covid the Trust did not accept OOA referrals and now accept from 2 other trusts as well as those who birth with our services.
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25. Has COVID had any other impact on your service?

*(Please tick one)*

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

If yes, please specify	The Trust were unable to offer a service for several months followed by a partial service only until the clinic resumed in its current capacity.
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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.

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*(Write in)*

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

*(Write in)*

Although the follow up is a phone call after division this is used as triage and further support, including face to face, may be arranged if required.

After care – The Trust advise parents to encourage making faces and sticking tongue out but do not routinely suggest tongue exercises.

The Trust do not know if referrals have increased or decreased since before the pandemic. The Trust have not yet had a full year since resumption of services in its current format to compare accurately.

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.**