

Reference FOI202223/152

Number:

From: Commercial

Date: 04 July 2022

Subject: Tongue tie service provision and benchmarking

Q1 Please provide a response to the attached list of questions

A1 Please see attached document: FOI 152 Response

We are 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.

Please complete the following questions. Your time in completing it is greatly appreciated.

1. What is your name and role within the trust? (Write in)

Your name	Rachel Rowson-Hills	
Role within the Trust	Service Manager	

2. What is the name of your NHS trust? (Write in)

Alder Hey Children's Foundation Trust

3. How many babies were born in your trust in 2021? (Write in)

Zero – The Trust does not provide maternity services

4. Is there currently an NHS tongue-tie division in your trust? (Please tick one)

Yes	X	Proceed to question 7
No		Proceed to question 5

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	Proceed to question 6
No	Proceed to question 7

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

Not applicable		
7. How many babies were referred (Write in)	d for po	ossible division?
1,440		
8. How many babies actually had 2021? (Write in)	an NH	S tongue tie division in your Trust in
737		
Any comment to add?		
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)		urse led service led by specialist nursing am
10. For funding purposes what is th	e tong	ue tie release coded as?
Frenotomy		
11. Do you accept out-of-area refer	rals?	
162 /		

No	
Don't know	

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'	

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	
No	X
Don't know	

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

(Write in)

3 to 4 weeks we have but we have urgent slots each week

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

6 months			
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17. Doe	s your	service	use any	specific	assessm	ent tool?
(Ple	ase tick	as manv a	s apply)			

Hazelbaker	
Tabby	
Martinelli	
Clinical Judgement	X
Other	

18. Is specialist breastfeeding support available for mothers and babies immediately after a tongue--tie division? (Please tick one)

Yes	Yes at Liverpool Women's NHS Foundation Trust
	Certain clinics at Alder Hey
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	
None unless requested	X

20. When does that review occur?

(Please tick one)

Next day	
A few days	
1 week	
2 weeks	
3 weeks	
1 month	
Other	Upon request

21. What aftercare is recommended?

(Please tickas many as apply)

(1 lease tiekas many as apply)	
LEVEL 1 No intervention, feeding the baby as usual Other than observing for any bleeding or signs of infection no other action is taken	
LEVEL 2 Feeding the baby as usual and also encouraging parents to do 'tongue exercises' with the baby 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.	
LEVEL 3 Encouraging 'tongue lifting' 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.	
LEVEL 4 Active wound management (AWM) or disruptive wound massage/management (DWM) 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	
Other	We provide our own after care leaflet.

22. In comparison to p referrals? (Please tick one)	re-CO	VID (March 2020) have the number of tongue tie		
increased	X			
stayed the same				
decreased				
23. In comparison to p	re-CO	VID (March 2020) has your waiting list?		
increased	X			
stayed the same				
decreased				
24. In comparison to pre-COVID (March 2020) have your criteria for referral changed? (Please tick one)				
No	X			
Yes	i			
If yes, please specify	,			
25. Has COVID had any other impact on your service? (Please tick one)				
No				

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)

babies and parents per clinic

We still provide a service but with social distancing we saw less

Yes X

If yes, please specify

Having considered this question we do not deem that it meets the criteria for a valid request for information under the FOIA, as it is asking for perspective and opinion rather

than recorded data or information held by the Trust i.e. it does not 'describe the information being requested'.

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

(Write in)

Having considered this question we do not deem that it meets the criteria for a valid request for information under the FOIA, as it is asking for perspective and opinion rather than recorded data or information held by the Trust i.e. it does not 'describe the information being requested'.

28. Would you like a copy of the report when it is finished? (Please tick one)

No	
Yes	X

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.