FRENOTOMY AFTERCARE INSTRUCTIONS

Date: ..... N**ame:.**..... Lingual .....% Elevation

Lateralisation: notching **Y/N** restriction **Y/N** central groove **Y/N** Milk transfer impaired **Y/N**

Labial Frenum (Lip-tie) I II III IV affects :- flange **Y/N** seal **Y/N** revised **Y/N**

GENERAL GUIDELINES – ALL BABIES

Feeding

- Feed frequently (8-17 feeds in 24 hrs is within the normal range)
- Feeding frequently while calm, sleepy and not too hungry will allow your baby to:
  - ✓ use feeding reflexes and optimise movement
  - ✓ practice without the added stress of being hungry
  - ✓ provide the best opportunity to manage any changes in how the muscles of feeding are working
  - ✓ recognise that the mouth may be sore and feel different

Wound care

- Observe for the diamond while attending to your baby, you will need to see the whole diamond at least once in 24 hours
- A scab will form over the wound in around 24hours (may be more of less and a small number of babies have no scab but the wound is visible)
- The diamond shape will vary depending on the frenulum
- Once the scab forms under the tongue**:**
- Once per day:
  - ✓ using a gloved finger press firmly on the wound
  - ✓ make contact with the side of your finger on the horizontal axis of the wound
  - ✓ We are aiming to remind the wound to heal open and keep the scab from accumulating when the tongue is down and the wound is closed.

Other

- Watch for signs of infection; red edges and white – yellowish colour is normal however a fever may suggest infection. (Infection is very rare but it is important to know what to look for) Contact your local medical support if concerned or phone us on 0295818888
- Extra saliva may be produced this as the mouth responds to changes in the mucosal membrane
- If your baby has swallowed any blood there may be dark areas in the stools

Bleeding

Bleeding may happen if there is crying or the scab is broken when you do the wound care. The amount of blood should be no more than was seen after the procedure and should stop in the same amount of time.

In the unusual event of excessive wound bleeding:

1. Encourage sucking (breast, finger, dummy or bottle) if possible and calm baby
2. If bleeding does not respond to this and continues to fill the mouth:
3. Apply pressure for at least one minute:
   - For upper lip wound, apply from the outside over the cupids bow (philtrum)
   - On top of the tongue for under the tongue wound
4. If the bleeding does not respond to pressure please take your baby to emergency

Lip tie aftercare

Place index fingers on either side of the philtrum (cupid's bow), press gently together then push the lip upward until the diamond becomes visible. Do this frequently in the first 12 hours then 3-4 times per day until healed.

Babies over 4 weeks

We have probably given your baby a dose of children's paracetamol (1 month to 1 year) before the procedure.
Time: **Dose**:

Post-procedure we suggest pain relief is given regularly for 24-48hrs with **no more than four doses in 24 hours.** Give first dose after the procedure at then 6th hourly.

Follow-up

With Dr Nigro – wound check is suggested between 4 and 6 weeks post-procedure – no appointment necessary, please call before to make sure the doctor will be there when you arrive. If your baby is registered with Medicare you can be bulk-billed or an appointment fee of $80 may be charged.

Expected improvement

Each mother and baby will experience the change in tongue movement differently. The degree of aftercare may depend on factors which include, age of your baby, the length of time you have been experiencing problems, type e of feeding problem and in some cases the size and shape of the wound. Other factors that have contributed to feeding difficulties not related to the tongue-tie should have been discussed and addressed at your appointment.

RESOURCES

http://www.unicef.org.uk/babyfriendly/ - RESOURCES
www.premierhealth.com.au - LACTATION
www.kellymom.com
NHMRC Infant Feeding Guidelines for Health Workers

EFFECTIVE FEEDING CHECKLIST after FRENOTOMY

Milk Transfer

- ✓ 5-6 disposable or 6-8 cloth nappies in 24hrs – urine is clear,
- ✓ Regular stools – frequency will depend on your baby's age

Attachment to the breast

- Some babies adapt quickly to the changes in their mouth, however other need more time to adjust, depending on their age and the variations they have made to get their milk.
- While readapting, small frequent feeds while your baby is calm or sleepy will give each of you the opportunity to heal and learn.
- Allowing skin-to-skin contact, as offered at birth, can reconnect your baby with the innate reflexes of feeding, putting their chin and tongue forward in readiness to feed. Practicing this will sequence your baby to feed.
- Ensure head, shoulders and hips are in line
- Bring baby to your breast – leaning forward then repositioning may change where the nipple is in the mouth.
- It may be necessary to shape your breast as baby adjusts

  Sometimes just for the initial attachment, but it may be necessary for a whole feed for a few days after the procedure. Often babies who have had some restriction in tongue mobility can be sensitive at the back of the mouth where the nipple needs to be for optimal milk transfer.

- Chin should touch the breast first, with neck extended back, pushing chin into the breast. Baby's nose should be free to breathe.
- Keep your baby high and close, supporting the shoulders.

If you have had nipple trauma, **initial** attachment may be painful, but should improve as the milk is released

What is a successful breastfeed?

- You observe the milk ejection reflex (MER), also called let-down and there is sucking and swallowing with long jaw movements.
- Your nipple should not be creased or ridged after a feed - this means more breast in the baby's mouth is needed.
- As the feed progresses the bursts of sucking will be shorter and shallower and gaps get longer. If you have another MER there will be another burst of sucking and swallowing.