

Tongue-Tie Release Aftercare Instructions

ClassificationDate: Name:.....

Lingual% Elevation Lateralisation: notching **Y/N** restriction **Y/N** central groove **Y/N**

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

Each mother and baby will experience the change in tongue movement differently. The degree of aftercare will depend on:

- Age of your baby
- Length of time you have been experiencing problems
- Type of feeding problem
- The size and shape of the wound

General Guidelines – All babies

- Feed frequently (8-17 feeds in 24 hrs is within the normal range)
- Observe the diamond frequently; eg when changing nappies to ensure it remains open
- 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.
- 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 flecks in the stools
- In the unusual event of the 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 be fill the mouth:
 3. Apply pressure for at least one minute:
 - For upper lip wound, apply from the outside over the cupid's 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

Babies over 4 weeks

We have probably given your baby a dose of Children's Panadol (1 month to 2 years) before the procedure, this can continue every 4 hours for 24-48 hours. **Time:** **Dose:**

WOUND AFTERCARE

Under the tongue, press firmly with your finger on the side into the wound to loosen the scab (2-3wks), the diamond shape will vary.



Upper lip, 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.

FOLLOW-UP is strongly recommended between 7 and 10 days

Resources

<http://www.kiddsteeth.com/2013bookbreastfeeding.pdf>

<http://www.unicef.org.uk/babyfriendly/> - RESOURCES

www.premierhealth.com.au - LACTATION

www.breastfeeding.asn.au – BREASTFEEDING INFORMATION, local mothers groups

www.kellymom.com

EFFECTIVE FEEDING CHECKLIST after FRENOTOMY

Milk Supply

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 learns.

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 forward, 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 experience a let-down reflex, 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 let-down of milk there will be another burst of sucking and swallowing.

Exercises that may help before a feed.

- Allow baby to draw your finger (pad down) in as far as he/she is comfortable.
- Gently move finger forward so it is at the very back of the tongue and
- Push gently in the centre in a circular motion for 2-3 seconds.
- Maintain the pressure and gently encourage tongue forward so it extends over the lower gum.
- Repeat 3-4 times before a feed

