

Patient Outcomes and Parental Satisfaction After Office Frenotomy

2019 DNP National Conference

Terri Giordano DNP

Betsey Kim CRNP

Ashley Williams CRNP

Brooke Jaquith CRNP

Division of Otolaryngology



ANKYLOGLOSSIA

- Tongue tie
- Abnormally short, thickened or tight lingual frenulum that restricts tongue mobility
- Poor latching, frequent loss of latch, prolonged feeding, irritability with feeding, poor weight gain or inability to breast feed
- 0.1 - 12% of newborns with male to female predominance of 3:1
- Reduced tongue mobility, articulation, orthodontic problems including malocclusion, open bite, separation of lower incisors, mechanical problems related to oral clearance and psychological stressors

ANKYLOGLOSSIA

- No consensus on diagnosis and management
- American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant



FRENOTOMY

- Minor surgical procedure - separation or cutting of frenulum
- Consent obtained
- Child held or placed on papoose board
- Topical anesthesia with lidocaine
- Tongue elevated with grooved director
- Frenulum cut
 - Avoid trauma to Whartons's ducts
- Infant then breastfed



QI PROJECT

- September 2015 to assess the outcomes for newborns and infants undergoing office frenotomies
- Questions:
 - Seeing a lactation consultant
 - Pain with breastfeeding
 - Difficulty latching on
 - Use of nipple shield
 - Prolonged feeding time
 - Weight loss
 - First-time breastfeeding mother

QI

- Data collected in REDCap
- 842 procedures
- Indications
 - Maternal reports of pain with breastfeeding
 - Difficulty latching
 - Weight loss
 - Prolonged feeding
 - Dysphagia
- 57% first-time breastfeeding mothers

RESULTS

- Mean age 30 days
 - 96% between 2 - 90 days old
- 72% indication for procedure resolved
- Reduced maternal pain
 - Pre-procedure reported 5.9
 - Post-procedure 1.2
- 75% continued breastfeeding
 - Milk supply
 - Return to work
 - Personal preference
 - Long-term goal not breastfeeding

CONCLUSION

- Frenotomy is a quick procedure that can be done safely in the office setting
- Consider frenotomy in newborns and infants with ankyloglossia who present with difficulty nursing to improve outcomes in breastfeeding dyad
- Saves time, money and avoids general anesthesia

REFERENCES

- Francis DO, Krishnaswami S, McPheeters M. Treatment of ankyloglossia and breastfeeding outcomes: A systematic review. *Pediatrics* 2015;135(6):1458-1466.
- Toner D, Giordano T, Handler S. Office frenotomy for neonates: resolving dysphagia, parental satisfaction and cost-effectiveness. *ORL Head Neck Nurs* Spring 2014;32(2):6-7.
- Walsh J, Tunkel D. Diagnosis and treatment of ankyloglossia in newborns and infants, a review. *JAMA Otolaryngol Head Neck Surg* Oct 2017;143(10):1032-1039.
- Wong K, Patel P, Cohen MB, Levi JR. Breastfeeding infants with ankyloglossia: Insight into mothers' experiences. *Breastfeed Med* 2017;12(2):86-90.
- AAP Section on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics* Mar 2012;129(3): e827-841