

Request for information under the Freedom of Information Act – 2022.077 Released - 30 June 2022

Thank you for your email received 14 June 2022 requesting information regarding tongue tie.

Please find detailed below a summary of your request, together with our response.

Summary of your original request:

I am a midwife, a lactation consultant and tongue tie practitioner and a committee member of the ATP (Association of Tongue tie Practitioners), and I am tasked with sending this FOI request to all NHS Trusts across UK.

Please see completed questionnaire attached.

Could a copy of the completed report please be sent to kcht.foi@nhs.net

Please note that we have redacted details of the individual who completed the questionnaire as it is Trust policy to not release names and contact details of staff below Executive Director Level as this constitutes personal information which is exempt under Section 40(2) in conjunction with Section 40(3A)(a) of the Freedom of Information Act 2000 which relates to 'Personal Information'. Therefore we have redacted individual's names and contact details from this attachment.

An excerpt of the relevant Freedom of Information legislation can be found below:

Section 40 – Personal information

- (2) Any information to which a request for information relates is also exempt information if—
- (a) it constitutes personal data which does not fall within subsection (1), and
- (b) either the first, second or third condition below is satisfied.
- (3a) The first condition is that the disclosure of the information to a member of the public otherwise than under this Act
 - would contravene any of the data protection principles, or (a)
 - (b) would do so if the exemptions in section 24(1) of the Data Protection Act 2018 (manual unstructured data held by public authorities) were disregarded.



The Association of Tongue Tie Practitioners under the umbrella of the All PartyParliamentary Group on Infant Feeding and Inequalities is carrying out a survey of NHS tongue--tie services for babies. This will create a moreaccurate national picture of services and help in achieving improved provision of breastfeeding support.

Attached is a short questionnaire. We wouldbe grateful if you could complete this soon as possible, within the 20 days of The Freedom Of Information guidance.

Your time in completing it is greatly appreciated. If you have any questions about the survey or would like to discuss further, please contact Elizabeth Carter at reviewtt@yahoo.com

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

Your name	Exempt under section 40 – personal information
Role within the Trust	Clinical Services Manager Public Health

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

Kent Community Health NHS Foundation Trust

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

n/a – we are not a provider of maternity services

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

Yes		Proceed to question 7
No	Х	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	х	Proceed to question	6
No		Proceed to question	7

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

During 2021/22 KCHFT completed 1,115 referrals to tongue-tie services.

7. How many babies were referred for possible division? (Write in)

During 2021/22 KCHFT completed 1,115 referrals to tongue-tie services.

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

(Write in)

N/A – we are not a provider of tongue-tie divisions.

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	Not applicable as not a provider of tongue-tie divisions
Maxillofacial	
Health Visitors	
Other (please Specify)	

10. For funding purposes what is the tongue tie release coded as? (Write in)

n/a

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

(Please tick one)

Yes	
No	Not applicable as not a provider of tongue-tie divisions
Don't know	

12. What are the criteria for referral?

(Please tick as many as apply)

Weight loss /poor weight gain	
Obvious Tongue tie	Not applicable
Maternal pain and nipple damage	as not a provider of
Slow messy bottle feeder	tongue-tie divisions
Feeding for long periods and often despite breastfeeding support'	

13. Do you accept referrals for formula fed babies? (Please tick one)

Yes	
No	

Not applicable as not a provider of tongue-tie divisions. Able to refer formula-fed babies as part of the pathway.

14. Does your service divide tongue--ties described as posterior/sub--mucosal? (Please tick one)

Yes	
No	
Don't know	

Not applicable as not a provider of tongue-tie divisions.

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

(Write in)

Not applicable as not a provider of tongue-tie divisions.

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

Not applicable as not a provider of tongue-tie	e divisions	ivisions	ie divisio	tonaue-tie	of t	provider	а	not	as	able	applica	Not
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17. Does your service use any specific assessment tool?

(Please tick as many as apply)

Hazelbaker	
Tabby	
Martinelli	
Clinical Judgement	
Other	

Not applicable as not a provider of tongue-tie divisions.

18. Is specialist breastfeeding support available for mothers and babies immediately after a tongue--tie division?

(Please tick one)

Yes	
No	
Don't know	

19. What follow up do the mothers and babies have after division? (Please tick one

Clinic review	X
Phone call or text	х
None unless requested	

Provided by the Health Visiting Service as part of their Specialist Infant Feeding Service. Details of local breastfeeding groups also provided.

20. When does that review occur?

(Please tick one)

Next day	
A few days	Х
1 week	
2 weeks	
3 weeks	
1 month	

21. What aftercare is recommended?

(Please tickas 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

22. In comparison to preferrals? (Please tick one)	e-CC	OVID (March 2020) have the number of tongue tie	
increased			
stayed the same			
decreased	Х	During 2019/20 1,274 referrals were made to Tongue-Tie providers	
23.In comparison to pre-COVID (March 2020) has your waiting list? (Please tick one)			
increased			
stayed the same		Not applicable as not a provider of tongue-tie divisions.	
decreased			
24. In comparison to pre-COVID (March 2020) have your criteria for referral changed? (Please tick one)			
No	х	Referral criteria for providers has not changed.	
Yes		rtoronal entena for providere nac net enangea.	
If yes, please specify			
25. Has COVID had any other impact on your service? (Please tick one)			
No			
Yes			
If yes, please specify			
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)			

27. If you have any further comments relating to this survey or tongue tie services generally, please use the box below (Write in)				
28. Would you like a copy of the report when it is finished? (Please tick one)				
No				
Yes	Х	Please email to kcht.foi@nhs.net		

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.