patient PERSPECTIVE

SERVICE IMPROVEMENT CASE STUDY: MATERNITY SERVICES

The case study highlights the provision of Tongue Tie Services and feeding support

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Contents

1 Introduction

The data collected from the national patient surveys can seem overwhelming, and even when the results are made clear, and trusts have an opportunity to identify strengths and areas for improvement, it can be hard to work out how to go about making changes in response to the feedback patients have given.

Patient Perspective is an approved contractor for the National Patient Survey Programme and has been working with trusts for nearly 20 years. As part of our service, we have developed case studies of good practice. Case studies are based on the projects, initiatives and service improvements trusts have undertaken to bring about change.

The case studies aim to highlight and share examples of service improvements made due to several factors including poor scores, issues and themes highlighted by patients from the national surveys and often linked to feedback from patients from other methods of patient involvement.

Case studies published to date have covered:

- **Inpatient Survey** – Reducing delays on discharge; nutrition and assistance at mealtimes and reducing noise at night and promoting better sleep.
- **Inpatient Survey** - Improvements in discharging patients from hospital.
- **Maternity** – Accommodating partners and visiting times.
- **Maternity** - Telephone triage service, patient flow, and the UNICEF Baby Friendly Initiative.
- **Children and Young People** - Patient and staff engagement, patient passports, an interactive children's website, and healthcare app.
- **Children and Young People -** Youth Service Digital Youth Service; Elective Pathway for Children, Youth Councils & improvements in patient information and food.
- **Emergency Department** – Overall service improvements.

2 The provision of tongue tie services and feeding support

One theme which has continued to be raised in the National Maternity Survey has been concerns from parents about support for breast feeding including the lack of delay in diagnosis of babies with tongue tie. In this report we have gathered examples of improvement work undertaken by some of the Trusts responding to a Freedom of Information request which asked the following questions:

- Which assessment tool is used to identify tongue tie?
- Which staff perform the assessment?
- Wha3t services each trust provides and staffing?
- What improvements have been made offering parents support on tongue tie in the past 18 months because of patient feedback?

A sample of 50 Trusts were sent the above Freedom of Information request and 40 Trusts replied to the request.

3 What is Tongue Tie?

A tongue tie (also known as Ankyloglossia) is caused by a short or tight membrane under the tongue (the lingual frenulum). This can restrict normal tongue movement in babies and can lead to breast- or bottle-feeding difficulties. This can include being unable to attach to the breast, or staying attached, pain while feeding and slow weight gain. Some babies can feed without difficulties, others may find feeding easier after a frenulotomy.

The key to identifying and dealing with tongue tie is accessing support from somebody appropriately skilled and well informed as soon as possible – such as your local infant feeding team.

4 Tools and Techniques used to assess infants with feeding difficulties

NHS Trusts use various tools and techniques to assess babies, particularly when evaluating feeding difficulties such as tongue tie. The assessment process typically involves a combination of clinical evaluation, observation, and parental history. The following tools may be utilised:

Visual Examination: Healthcare professionals visually inspect the baby's mouth, tongue, and frenulum to identify any visible signs of tongue tie. They assess the appearance, mobility, and position of the tongue, as well as the thickness, length, and attachment of the frenulum.

Oral Function Assessment: The assessment may involve evaluating the baby's ability to move their tongue freely and perform essential oral functions, such as sucking, swallowing, and protruding the tongue. This evaluation helps determine if tongue tie is affecting the infant's feeding ability.

Latch and Breastfeeding Assessment: Healthcare professionals assess the baby's latch during breastfeeding. They observe the positioning and attachment of the infant to the breast, checking for signs of an ineffective latch or difficulty in maintaining suction. This assessment helps identify any difficulties associated with tongue tie that may impact breastfeeding.

Feeding Observation: Observing a feeding session allows healthcare professionals to assess the baby's feeding behaviour, including signs of discomfort, inadequate milk transfer, or prolonged feeding times. They may observe the baby's tongue movements and coordination during feeding to identify any issues related to tongue tie.

Frenulum Assessment: The healthcare professional examines the baby's frenulum and assesses its thickness, length, and level of attachment to determine if it may be causing restriction in tongue movement.

Pre- and Post-frenulotomy Assessment: In cases where frenulotomy (tongue tie release procedure) is recommended, healthcare professionals may conduct a pre-frenulotomy assessment to establish a baseline and determine the severity of feeding difficulties. Post-frenulotomy assessment is performed to

evaluate the impact of the procedure on tongue mobility and feeding effectiveness.

It's important to note that while these assessment tools are commonly used, the specific techniques employed may vary depending on the healthcare professional and the NHS Trust's protocols. Additionally, the assessment process may involve collaboration with other specialists, such as lactation consultants, paediatric dentists, or speech and language therapists, who may provide additional expertise and utilise their own assessment tools when required.

4.1 The Bristol Tongue-tie Assessment Tool

The Bristol Tongue-tie Assessment Tool (BTAT) has been developed by a team in Bristol to provide an objective, clear and simple indication of the severity of tongue-tie. The Tongue-tie and Breastfed Babies (TABBY) assessment tool is a visual version of the BTAT assessment tool.

4.2 The Tabby assessment tool for tongue-tie

The TABBY tool consists of 12 images demonstrating appearance of the infant tongue, its attachment to the gum and the limits of tongue mobility. The TABBY tool is scored from 0 to a maximum of 8.

4.3 The Hazel Baker Tool

Dr. Hazelbaker created The Assessment Tool for Lingual Frenulum Function™© (ATLFF™©) as a result of her work developing, formalizing and codifying the diagnostic criteria for tongue-tie in infants.

The ATLFF was designed to be used on all babies, regardless of feeding method. The tool was designed to screen bottle-fed babies as well as breastfed babies. The ATLFF assesses seven functional movements of the tongue and five visual characteristics of the lingual frenulum.

The benefit of using a tool such as ATLFF is that it really emphasises the need to look at both oral function and the anatomy before deciding if a baby is tongue tied.

5 Findings: Freedom of Information Request

5.1 Examples of assessment in practice:

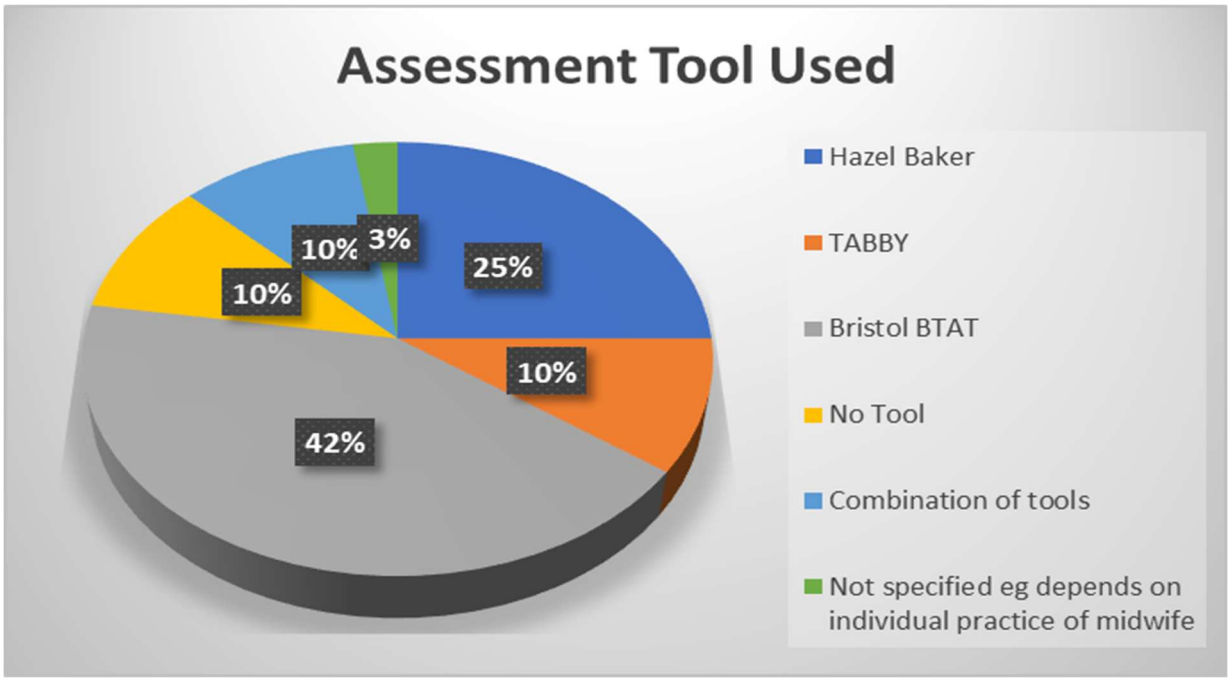
"I assess for tongue tie at any NIPE assessment or when examining neonates and infants. If mild and not appearing to impact feeding, then I let parents know but reassure them and give patient leaflet / advice on things to look out for. If very significant or appearing to affect their latch or feeding, then we refer to the tongue tie clinic for assessment/management - Paediatric Doctor

One Trust advocates a strong understanding of the mechanics of how an infant breastfeeds plus oral assessment (not just visualisation), assessment of sucking, texture and elasticity of lingual frenulum, infant behaviour, challenges being experienced (pain, faltering growth, frequent feeding etc), breastfeeding/bottle-feeding observation and families' perspective informed their recommendation on frenulotomy.

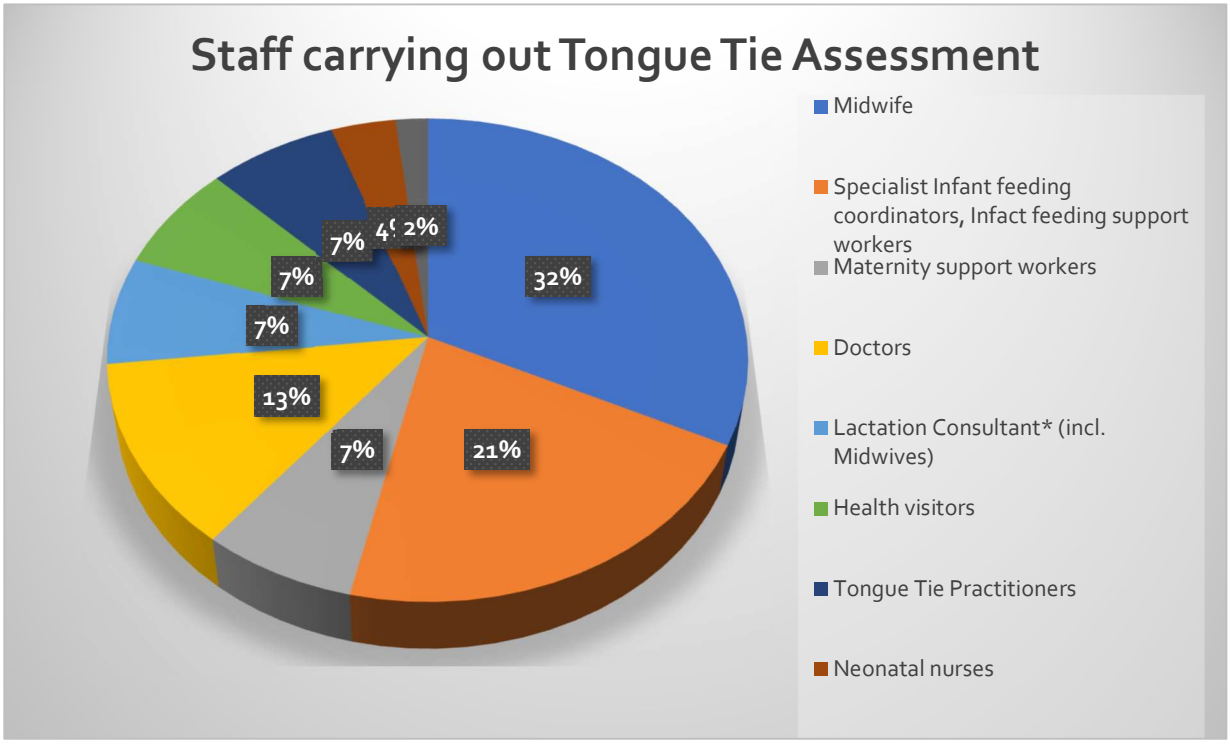
Midwives will assess the baby's feeding ability and if a problem is suspected they will refer to the Specialist infant feeding midwives for full assessment using the Bristol Tongue Tie Assessment tool (BTAT) (see 4.1)

5.2 Assessment Tool Used

Of the trusts responding, % of Assessment Tool (Tools : Reference 4.1 Hazel Baker, 4.2 TABBY 4.3



5.3 Staff carrying out the Tongue Tie Assessment



6 A Summary of Service Provision and Staffing Levels (where stated)

NHS Trust	Service	Nursing/Midwife Staff by Band						Comments
		8a	7	6	5	4	3	
Bedfordshire		-	2	-	-	-	-	Babies may also be seen by the maxillofacial team when appropriate. A member of staff (infant feeding lead nurse in Neonates (NICU) has also been trained to perform the procedure. The trust aims to see babies for tongue tie assessment within a matter of days of referral.
Bolton	Outpatient	-	2	1	-	-	-	Specialist midwives are both lactation consultants.
Blackpool Teaching Hospitals		-	-	*	*	*	-	* ENT surgeon assisted by neonatal nurses
Northern Devon	Outpatient	-	-	-	-	-	1	Oral and Maxillofacial Consultant and 7 Oral and Maxillofacial doctors.
County Durham and Darlington	Outpatient (Weekly)	-	1	-	-	-	1	Infant feeding midwife Supported by a maternity care assistant.
Calderdale and Huddersfield NHS Foundation Trust	Paediatric Outpatient Clinic	-	1	-	-	-	-	Infant feeding advisor/specialist midwife performs frenulotomy.
Mid Cheshire Hospitals NHS Foundation Trust	Weekly Outpatient service	1	1	-	-	-	-	An advanced neonatal nurse practitioner (B8a) or a lactation consultant/ hospital feeding team leader (B 7). There is also an inpatient service for infants who meet certain criteria.
County Durham and Darlington NHS Foundation Trust	Outpatient Clinic runs one day per week	-	1	-	-	-	1	Infant feeding midwife and supported by a band 3 maternity care assistant. The Trust accept referrals from North and South Tees ICS for all babies with a feeding problem which is suspected to be caused by

NHS Trust	Service	Nursing/Midwife Staff by Band						Comments
		8a	7	6	5	4	3	
								a restricted frenulum up to the age of 16 weeks.
Countess of Chester NHS Foundation Trust	Children's outpatient clinic with 2 clinics per week.	-	2	2	-	-	-	Infant feeding lead for maternity who is a Registered Midwife, IBCLC (International Board-Certified Lactation Consultants). Every infant receives a follow up phone call 2 weeks after frenulotomy. They have also requested space for a 3rd weekly clinic especially for infants who require further face to face follow-up.
Chelsea and Westminster NHS Foundation Trust*	Paediatric Surgery Outpatient	5	-	-	-	-	-	Staff review babies on the ward, when possible, where it is evident for example in a case of readmission when Tongue tie is impeding a baby in their feeding.
West Middlesex NHS Trust (merged with *)	Outpatient and postnatal ward	-	2	-	-	-	-	Staff review babies on the ward, when possible, where it is evident for example in a case of readmission when Tongue tie is impeding a baby in their feeding.
Royal Surrey County Hospitals NHS Foundation Trust	Outpatient Clinic	-	1	-	-	-	1	Trained midwife/ International Board-Certified Lactation Consultant and an Infant feeding support worker.
Wye Valley NHS Foundation Trust		-	-	1	-	-	1*	*Maternity support worker (MSW).
Northampton General Hospitals NHS Foundation Trust	Outpatient clinic	-	-	-	-	-	-	A Maxillofacial doctor provides a half-day clinic once a fortnight.
Frimley Health NHS Foundation Trust: this includes a response from	Weekly tongue tie division clinic in an	-	-	-	-	-	-	Usually, one specialist midwife or MSW and the general surgeon who carries out the procedure

NHS Trust	Service	Nursing/Midwife Staff by Band						Comments
		8a	7	6	5	4	3	
Frimley Park Hospital (FPH) and Heatherwood and Wexham Park Hospital (HWPH*).	paediatric outpatient clinic *Increased appointments to 6-9 per week							itself, the midwife provides feeding support afterwards and assesses for any complications. Continued breastfeeding support is offered after the procedure.
Tameside and Glossop Integrated Care NHS Foundation	Outpatient Clinic	-	-	2	-	-	1	Band 6 midwives job share 1 WTE post plus MSW support.
East Lancashire NHS Foundation Trust	Outpatient Clinic	-	-	-	-	-	-	Oral surgeon performs the tongue tie division, a support staff member helps run the clinic and a trained peer supporter provides post division feeding support.
Newcastle Upon Tyne Hospitals NHS Foundation Trust	Outpatient Clinic and ward review prior to discharge if identified	-	1	1	-	1	-	Infant Feeding Team. Referrals are accepted by the team for assessment and division (if required) for infants up to 6 weeks of age living in the Newcastle locality as well as all infants under midwifery care as inpatients in maternity. Infants out of this remit will have a frenulotomy performed in a Great North Children's Hospital clinic by an appropriately experienced member of the surgical team.
Surrey and Sussex Healthcare NHS Trust	Weekly outpatient clinic	-	2	2	-	-	-	One band 7 Lead Midwife and additional midwives to cover extra clinics, holidays. and sickness.

Six Trusts did not have a tongue tie service (some refer to other trusts). Two trusts made referrals to GP or health visitors and the remainder referred women and babies to neighbouring trusts.

7 Training

Training – Trusts have invested in training and have staff as Tongue Tie Practitioners, and trusts are also investing in training staff to do assessments.

Some trusts reported staff being trained in the Wolverhampton module on management of tongue tie and the Wolverhampton module on management of tongue tie.

7.1 Association of Tongue Tie Practitioners

https://www.tongue-tie.org.uk/

A parent information leaflet Tongue-tie and Infant Feeding' and Aftercare Advice following surgical tongue-tie release is available via the Association of Tongue Tie Practitioners website :

https://irp.cdn-website.com/f3c762d5/files/uploaded/ATP-Tongue-Tie-Infant-Feeding-A5-March-19_2.pdf

https://irp.cdn-website.com/f3c762d5/files/uploaded/ATP%20Aftercare%20Advice%20Leaflet%20A5.pdf

The leaflet provides information to healthcare professionals and parents, explaining what tongue-tie means, the possible problems it can cause and how it can be treated. Several colour photos show clear images of tongue-tie and the wound post-division.

The following are links to training from the Association of Tongue Tie Practitioners:

https://www.tongue-tie.org.uk/tongue-tie-training

All leaflets produced by the Association of Tongue-tie Practitioners (ATP) are designed to be used in conjunction with the individualised care provided by your Health Care Practitioner.

8 Case Studies

8.1 South Tees Hospitals NHS Trust

Have a team of midwives that perform assessment of tongue mobility using an assessment form from a neighbouring Trust that they refer to for specialist assessment and division of tongue tie. This includes both anatomical and functional criteria. They are in the process of training 2 highly experienced maternity support workers to complete tongue tie assessments.

The Tongue Tie assessor provided training for 7 members of staff to increase capacity for assessment.

The 'Suspected tongue tie SOP' and patient information leaflet have been updated to support consistency of information and a more streamlined referral process.

Infant Feeding Specialist Midwife enrolled to complete advanced tongue tie practitioner course with a view to increasing expertise within the service and developing an in-house training programme.

They do not currently have an in-house tongue tie service. They have an agreement with a neighbouring Trust, who has a band 7 specialist midwife providing frenulotomy. Wait times from referral vary between 2-6 weeks.

Information is included on the trust website about maternity services and assessment and support services.

https://www.facebook.com/southteesmaternityservices

https://www.facebook.com/profile/100037804279870/search/?q=tongue%20tie

In the 4 questions in the National Maternity Survey 2022 relating to support for breastfeeding, this trust scored <1.0 below the highest scoring trust for 4 questions and scored Somewhat Better on Question E3 and Better on Question F17. Page 31 and 33

8.2 Ashford and St Peter's Hospitals NHS Foundation Trust

Increased the frequency of clinics to 2/3 times a week to reduce waiting times to under 7 days (usually 1-3 days).

Changed the clinic from a tongue tie clinic to a complex feeding clinic to move the focus from tongue ties being the sole cause of feeding issues.

Employed a permanent tongue tie practitioner to help run a consistent service, audit for service improvement and train wider staff.

Moved the infant feeding team off the ward and upskilled the wider maternity staff in infant feeding support to enable the feeding team to focus on training, education and specialist feeding support for complex feeding issues.

The feeding specialists (IBCLC trained) work in collaboration with the tongue tie practitioners to follow up and support complex feeding issues during maternity care.

Constructive feedback has been received through PALS, Maternity Voice Partnership involvement and in routine parent experience questionnaires returned. The new permanent tongue tie practitioner will start a specific parent experience audit for families being referred to the complex feeding clinic.

In the 4 questions in the National Maternity Survey 2022 relating to support for breastfeeding, this trust scored <1.0 below the highest scoring trust for 1 question E2 page 30

8.3 York and Scarborough Teaching Hospitals NHS Foundation Trust

Patient feedback has assisted in the Infant Feeding Coordinators successfully achieving the reinstatement of the breastfeeding clinic and tongue tie service to its previous operational level following a reduction in service due to Covid related staff shortages.

A new breastfeeding Clinic Maternity Support Worker post has been created to provide additional capacity.

Three new staff members have been trained in the tongue tie division procedure and the clinic are training staff from other trusts to help those trusts begin their own service.

In addition to the York based service, a breastfeeding clinic now operates on the Scarborough site weekly where a tongue tie assessment can be conducted. The aim is working towards offering tongue tie divisions on the Scarborough site.

Scarborough – As a result of concerns raised about waiting times for the Breastfeeding clinic, a case was made to ensure protective staffing to operate at least twice per week. In addition, more staff to be trained on the procedure.

The Maternity Voices Partnership raised concerns about the lack of tongue tie division service on the Scarborough site. They are in the process of addressing this and expect to be able to do divisions at Scarborough in 2023.

The Infant Feeding Coordinators have advocated for an investment by surrounding and local trusts in training Health Visitors as Lactation Consultants and the unit trains staff from other units in the tongue tie procedure.

Reference 13.4 – Website and patient information leaflet

In the 4 questions in the National Maternity Survey 2022 relating to support for breastfeeding, this trust scored <1.0 below the highest scoring trust for 2 questions E2 and E17. (See slide 30 and 33)

8.4 Great Western Hospitals NHS Foundation Trust

They are committed to helping mothers and babies establish breastfeeding, all women are given the opportunity to discuss feeding with a health professional, to ensure they receive unbiased, evidence-based information.

Staff are dedicated to supporting mothers and babies whichever way they choose to feed and will ensure that parents who choose to bottle feed are shown how to do so safely.

They provide positive support and encouragement for mothers who would like to breastfeed, and they are committed to UNICEF's Baby Friendly Initiative to support breastfeeding, a proven way of increasing breastfeeding rates.

They have designated staff to perform tongue tie surgery. This is currently an ENT led service, which is in a period of transition. The service is currently delivered by a Specialist ENT Surgeon and Specialist Infant Feeding Midwife. There is a Specialist Infant Feeding Nurse who will complete this training in 2023.

40 staff across Maternity and health visiting have received training regarding tongue-tie assessment and referral. This is to ensure parents have the correct support and follow up in place and are prepared for what the clinic assessment and procedure if completed entails.

The service is commissioned to see babies within two weeks of receiving a referral. Referrals are triaged to ensure referral criteria is met. Babies are usually seen within a week, unless there is a cancellation of clinic, it is a particularly busy period, or parental choice.

Clinics run once a week in a clinical room in ENT Outpatients. There are six half hour clinic slots each week and there is a trained breastfeeding support volunteer to offer support with feeding.

Although this is not a new addition, all parents as part of discussion and procedure consultation have a detailed discussion about risk factors and what is entailed if one of these occurs, for instance the procedure for wound compression for 10 minutes in the event of bleeding. An explanation is also given of how the baby will be held during the procedure.

Information promoted on the trust website including Youtube clip.

https://www.gwh.nhs.uk/wards-and-services/maternity-services/after-birth-postnatal-care/infant-feeding/

https://youtu.be/LgpThbs2PII

In the 4 questions in the National Maternity Survey 2022 relating to support for breastfeeding, this trust scored <1.0 below the highest scoring trust for 2 questions E2 and F17. Page 30 and 33

8.5 Bradford Teaching Hospitals NHS Foundation Trust

A Midwifery-led infant feeding clinic offering Frenulotomy where the clinical need arises. Team comprises: Specialist Infant Feeding Midwife – Coordinator 1 member of staff (Band 7 midwife) performs all frenulotomys within 8 weeks of age as an Outpatient appointment.

They receive referrals from Midwife, Ward staff, GP, Health visitor, or direct from parents. The service is more patient-centred, more conservative management of the Ankylosis and follow up care offered with a focus on getting infant feeding right for that maternal-infant dyad. *Reference 13.5*

Feedback to date on the new service:

> *From a colleague in Community Health Visiting Infant Feeding Team (HVIF) with linked-up support provision made possible with my frenulotomy skills:-*
>
> I just wanted to thank you and send the Mother's sincere appreciation for you reviewing her baby's tongue tie and completing its Division. The community HVIF Team will be seeing them in our clinic on Thursday and continuing to offer ongoing support. The nipple trauma mum experienced has significantly improved.
>
> "A week in giving birth, my milk supply was reducing, formula was his main food supply, and my mental health was seriously being affected. I found myself crying every night, feeling as though I failed my child. I was so happy you were able to see us at such short notice and work with us on a solution. Your support really made me believe breastfeeding was going to be possible and that I wasn't going to have to admit defeat! It's been a very different journey this time compared to my others but I'm so glad I stuck with it! Thanks to your help we are now happily gaining weight, feeding on demand, and getting some sleep! Thank you once again for your support."
>
> "My husband and I were adamant to continue breastfeeding. We spoke to the community midwife, and she referred us to a breastfeeding specialist. Little did I know that this is a one-to-one session where the specialist provides a person-centred approach. Evaluating mother and baby and giving complete personalised advice on what will work best for us. The specialist was hands on, passionate and motivating which turned my breastfeeding journey into what started off negative to a positive end. The specialist also referred my child for his tongue tie. A

service that I would not know where to even access. She examined his mouth and found that he has a pitched pallet also, again something that I did not know or perhaps would never have known."

In the 4 questions in the National Maternity Survey 2022 relating to support for breastfeeding, this trust scored <1.0 below the highest scoring trust for 2 questions E2 and F17. (See page 30 and 33)

8.6 Oxford University Hospitals NHS Foundation Trust

The Infant Feeding Team in maternity assess, counsel, and refer for frenulotomy from their specialist outpatient breastfeeding clinic, and continue to support families post-frenulotomy if needed.

It would provide more continuity of care to have frenulotomy clinics based within the Infant Feeding Team service. There are two specialist midwives who are trained to divide, but it would require an increase in staff hours to cover the existing service.

The Infant Feeding Team has revised the patient information leaflet.

The team seek frequent feedback from families who have attended specialist breastfeeding clinic for possible tongue-tie and discuss these with our colleagues in health visiting and voluntary agencies at our countywide breastfeeding meetings as we are often seeing the same families who are experiencing feeding challenges.

A shared referral pathway is being developed like their faltering growth guideline which can be used by the multidisciplinary team providing feeding support across all services.

Frenulotomy clinics are based in Ear, Nose & Throat (ENT) Outpatients with support from One Paediatric ENT Consultant. One Speciality ENT Doctor. Letter sent to the referrer and GPs.

They have been discussing for some time whether a Midwifery-led service would offer a better experience to families.

The trust has Facebook Live sessions. Weekly sessions about feeding, suitable for pregnancy and beyond with Oxfordshire Maternity Voices Partnership.

1 

Skin to skin contact

ouhnhs • 306 views • 2 years ago

2 

Positioning and Attachment

ouhnhs • 600 views • 2 years ago

3 

Hand Expressing

ouhnhs • 593 views • 2 years ago

4 

Four reliable signs that your baby is getting enough milk

ouhnhs • 541 views • 2 years ago

5 

Expressing and how to use a breast pump

ouhnhs • 502 views • 2 years ago

In the 4 questions in the National Maternity Survey 2022 relating to support for breastfeeding, this trust scored <1.0 below the highest scoring trust for 2 questions E2 and F17. (See page 25 and 30)

8.7 King's College Hospital NHS Foundation Trust

Babies are now given timed appointment slots, which reduces prolonged starvation times. Previously they were booked into clinic as a group, with the youngest babies seen and treated first.

Saturday clinics have been easier for working parents to attend. · Referrals are more tightly screened, to reduce the number of wasted appointment slots for babies who were not ready for treatment on the day.

A new information leaflet is available before appointments. This leaflet outlines what to expect in clinic, information related to tongue tie and wound care. It has also enabled the team to ensure appointments are within the expected length of time.

The trust tongue tie service consists of an outpatients clinic and 12 members of staff; x1 Consultant paediatric surgeon x1 Lactation Consultant Team Leader – Part time (Registered Midwife) x6 Lactation consultants - part time x4 and Band 3 Maternity Support Workers - Part time.

The Lactation consultants at King's Tongue Tie clinic perform the tongue tie assessments. However, Midwives, Infant Feeding Support Workers and Maternity Support Workers perform breastfeeding assessments which is the requirement for referring to the tongue clinic.

8.7.1 King's College Hospital referral form can be made following two breast feeding assessments.

King's College Hospital NHS
NHS Foundation Trust

Department of Paediatric Surgery
[redacted]
Email: [redacted]

Denmark Hill
London
SE5 9RS
Switchboard: 020 3299 9000

Tongue-tie Service referral form

Important:
• We only accept referrals from NHS Breastfeeding Specialists (i.e. Lactation Consultant, Infant Feeding Advisor and Breastfeeding Counsellor). • GP / Hospital consultant referrals only accepted with feeding assessment from breastfeeding specialist (as named above). • Non-NHS referrals must be accompanied by a supporting GP referral to ensure funding for the procedure. • We try to see properly worked up referrals in our next available clinic. Incomplete referrals will result in a delay.

About the patient (baby)			
Baby's gender			
Baby's name			
Date of birth		Place of Birth	
NHS Number		KCH Hosp. ID	
GP name/ address/ email address			
About the parents			
Full names of baby's parents			
Postal address			
Phone number			
Email address			
Is an interpreter required?	Yes ☐	No ☐	
	If yes, specify language:		
Referrer's information			
Referrer's full name			
Referrer's job title			
Name of referrer's NHS commissioning organisation / postal address			
Referrer's email address			
Referrer's phone number			

In the 4 questions in the National Maternity Survey 2022 relating to support for breastfeeding, this trust scored <1.0 below the highest scoring trust for 4 questions and scored Somewhat Better on Question E3 and Better on Question F17. (See page 31 and 32)

9 Examples of service improvements made as a result of patient feedback.

9.1 University Hospitals Bristol and Weston NHS Foundation Trust

Feedback from parents / patients for their specialist tongue tie service has been overwhelmingly positive. As part of other work based on audit and to build on good patient and staff experience, the trust has expanded their team to increase accessibility and support in all aspects of infant feeding and to nurture for patients and staff. They continue to offer staff training and updates which includes information on how / when to refer for specialist support from their team including tongue tie if indicated.

9.2 Barnsley Hospital NHS Foundation Trust

The Trust has invested in two Midwives, an Infant feeding Coordinator (IFC) and a Continuity NIPE trained Midwife, to perform assessment and division. There is a business paper under development with the proposal that the IFC and the continuity midwife will provide a midwife led tongue-tie service.

Currently a Consultant in the Maxillofacial department performs the frenulotomy with an HCA or nurse in the clinic room for support.

9.3 Royal Devon University Healthcare

Electronic referrals/triage with same day (or occasionally next day) triage and appointment allocation. Signposting to post discharge feeding support, with feeding support trained staff available postoperatively. Patients had previously been reviewed by telephone to shape the service, but the workload involved became unmanageable.

9.4 Surrey and Sussex Healthcare NHS Foundation Trust

A weekly outpatient clinic is held, and divisions are performed on the postnatal ward and Neo Natal Unit. There are two Band 6 midwives and two band 7 Midwives who are trained in Tongue Tie Division. One band 7 midwife has 15 hours a week as Lead Midwife. The other midwives work bank shifts or try to fit clinics within their work hours to cover extra clinics, holidays, and sickness.

They have received excellent feedback from the Friends and Family Test 99% scoring very good and 1% good.

Staff aim to add extra clinics when they are very busy with referrals and see mothers and babies on the Post Natal ward if able. They also now give each mother a card with contact details if they haven't had a phone call or email a week after discharge.

9.5 Mid Cheshire Hospitals NHS Foundation Trust

The referral pathway has been reviewed to include an extra support visit to ensure feeding plans were being assessed, also the age of referral has changed, and staff use the TABBY instead of Bristol for assessment. This was to stop false positive referrals, parents' time, resources, and dissatisfaction with the process.

9.6 Dartford and Gravesham NHS Trust

As a result of confusion around the referral process the pathway has been streamlined so that the referral process is clearer for the staff and parents, following a multi-disciplinary working group to provide a local, equitable service for all Kent residents. Out of area families are referred by the Hospital Infant Feeding Team.

9.7 Northampton General NHS Foundation Trust

Training has made staff more confident in describing signs of a tongue-tie using Bristol Tongue-tie assessment tool and understanding the importance of having a feeding plan in place whilst awaiting division.

9.8 Northumbria Healthcare Trust

The implementation of a triage service to ensure that all babies are seen sooner, and that feeding support is in place with the support of a specialist feeding clinic. Service improvements are currently being assessed to increase the clinic frequency to ensure waiting times are limited to <7 days and that formula fed babies who have been identified with a feeding issue are seen.

9.9 Chelsea and Westminster NHS Foundation Trust*

A six-hour face to face study days on Tongue-Tie Awareness are offered to all NIPE midwives and community midwives – to support timelier and appropriate referrals and improve communication with parents about Tongue-Tie. They have trained additional Tongue-Tie Practitioner midwives so that they can offer more appointments, to reduce the waiting time for appointments.

9.10 West Middlesex University Hospital (managed by*)

They have decreased the waiting time from 40% of women seen within 7 days following receipt of referral to 90% of women being seen within 7 days.

9.11 Newcastle Upon Tyne Hospitals NHS Foundation Trust

A mum who lived outside of the Newcastle locality gave feedback via PALs that she had been unable to have a division via the infant feeding team during her hospital stay. They now ensure that any baby who is not within Newcastle locality who has a suspected tongue tie is referred to their local infant feeding service, where it has not been possible/appropriate for our infant Feeding team to perform the procedure.

10 Conclusions

- Maternity services provided by NHS Trusts play a vital role in identifying and addressing feeding difficulties in infants, including tongue tie. These services encompass antenatal education, breastfeeding support teams, specialised clinics for tongue tie assessment and treatment, postnatal support, and collaboration with other healthcare providers.

- Through these comprehensive services, NHS Trusts strive to address feeding difficulties, focusing on tongue tie, and discuss the interventions and support available to parents and infants.

- The results from this Freedom of Information Request (FOI) have confirmed many trusts are investing in or expanding their tongue tie service to increase midwifery led support, working further to ensure the correct assessment and an increase in feeding support.

- Most trusts use a tool to assess for tongue tie, such as created The Assessment Tool for Lingual Frenulum Function ATLFF which emphasises the need to look at both oral function and the anatomy before deciding if a baby is tongue tied. However, 10% of trusts reported no tool being used.

- Examples of improvements being made included improved referral processes being reviewed and improved and more frequent clinics to assess and where needed carry out divisions.

- Tongue tie can restrict normal tongue movement in babies and can lead to breast- or bottle-feeding difficulties. The Association for Tongue Tie Practitioners is conducting an audit of outcomes on bottle fed babies so that will provide some evidence on the benefits of division for this group. The results will be published on their website.

It is important to note that specific services and practices may vary between NHS Trusts.

11 Looking to the Future

Examples of what trusts say how services are being developed:

Our new permanent tongue tie practitioner will start a specific parent experience audit for families being referred to the complex feeding clinic

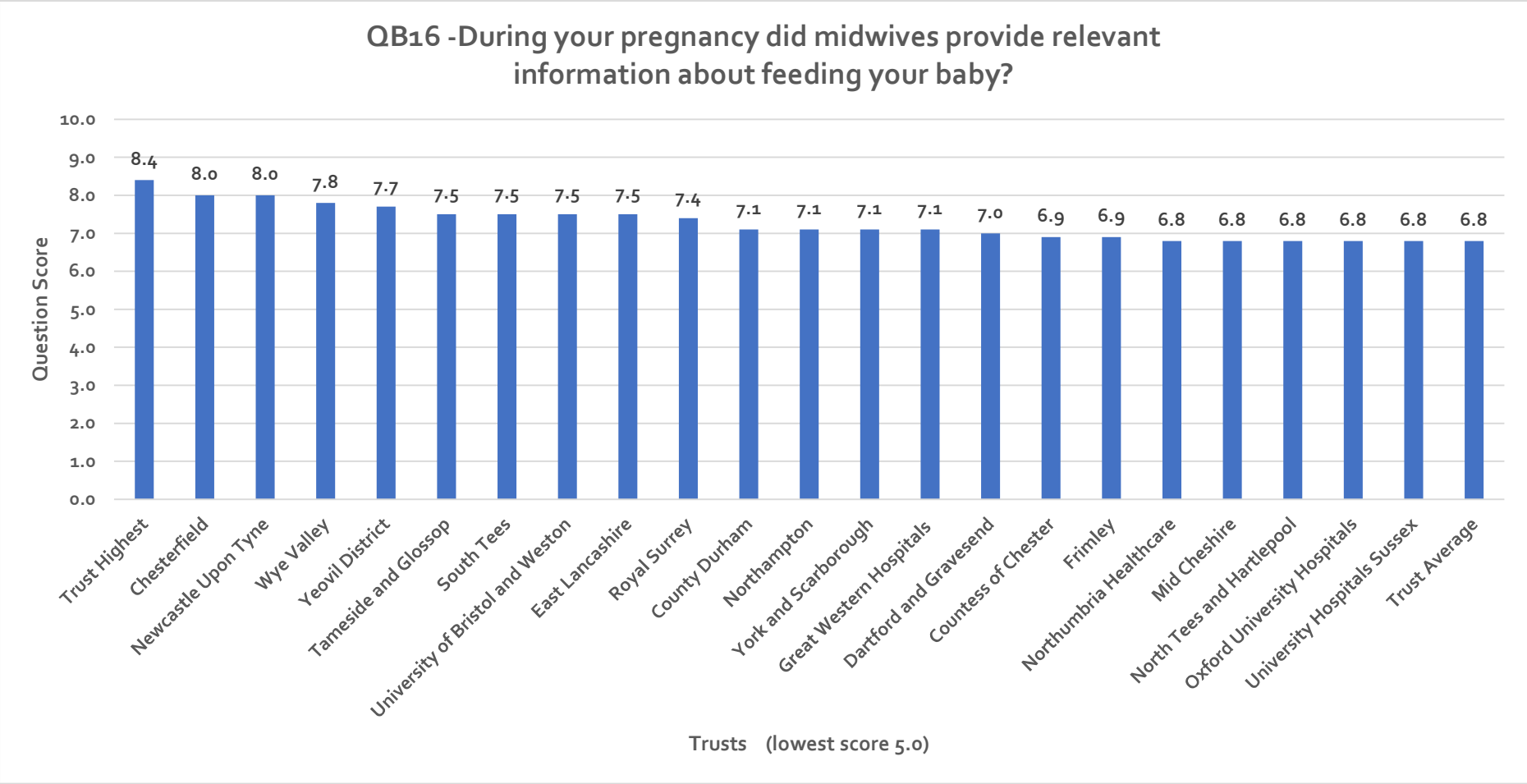
We are now developing a midwife led service due to concerns over the current service provision.

Parent information prior to tongue tied on what to expect during the appointment has been updated to include information regarding one of the possible risks associated with the frenulotomy which is the divided tissue can become re-attached causing scar tissue. Feeding improvement can halt or even then deteriorate. This information is included in the triage conversation prior to the appointment, the information leaflet and also on the consent form parents sign.

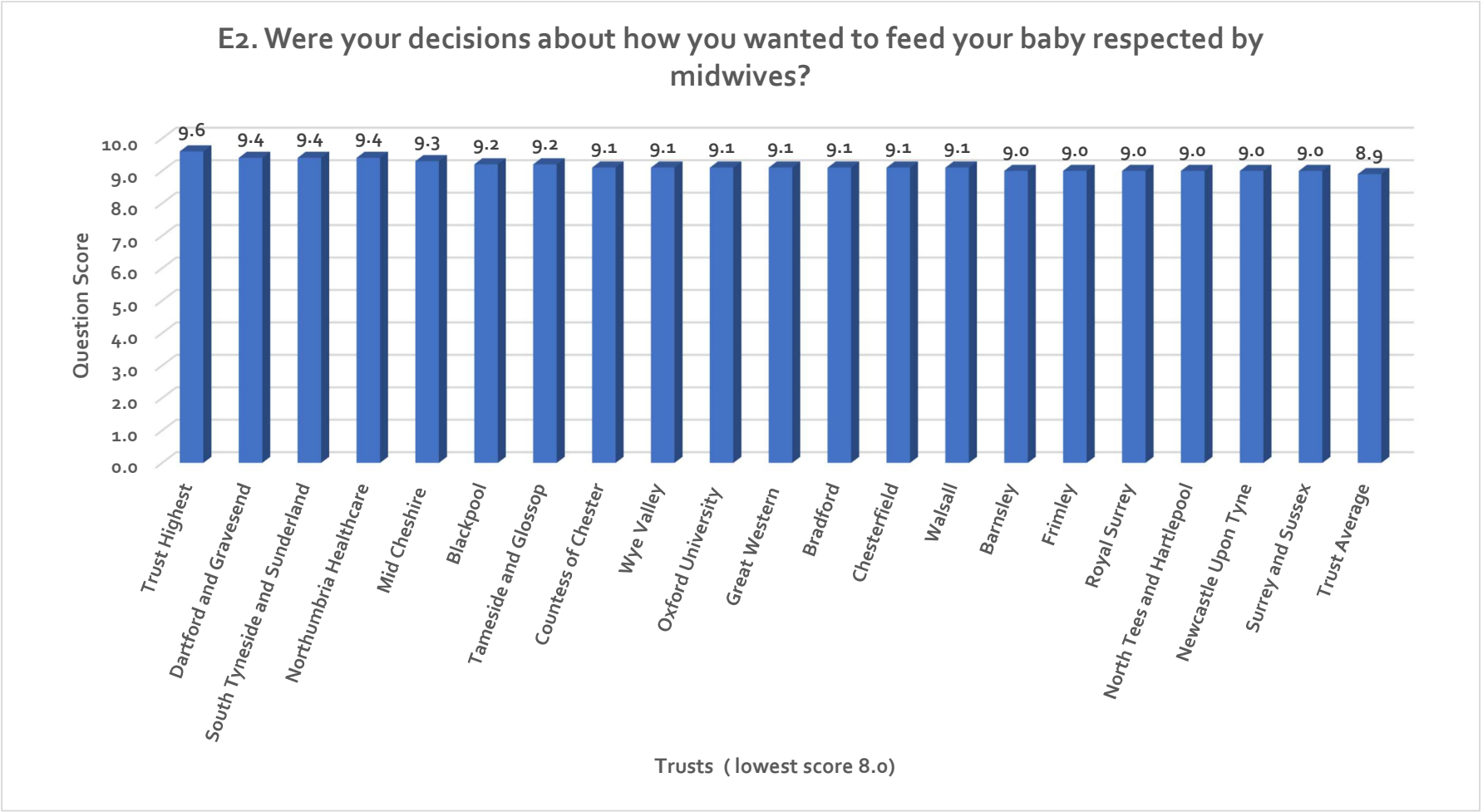
12 CQC National Maternity Survey 2022 – Trust results* from highest national score to average

(*responding to the FOI)

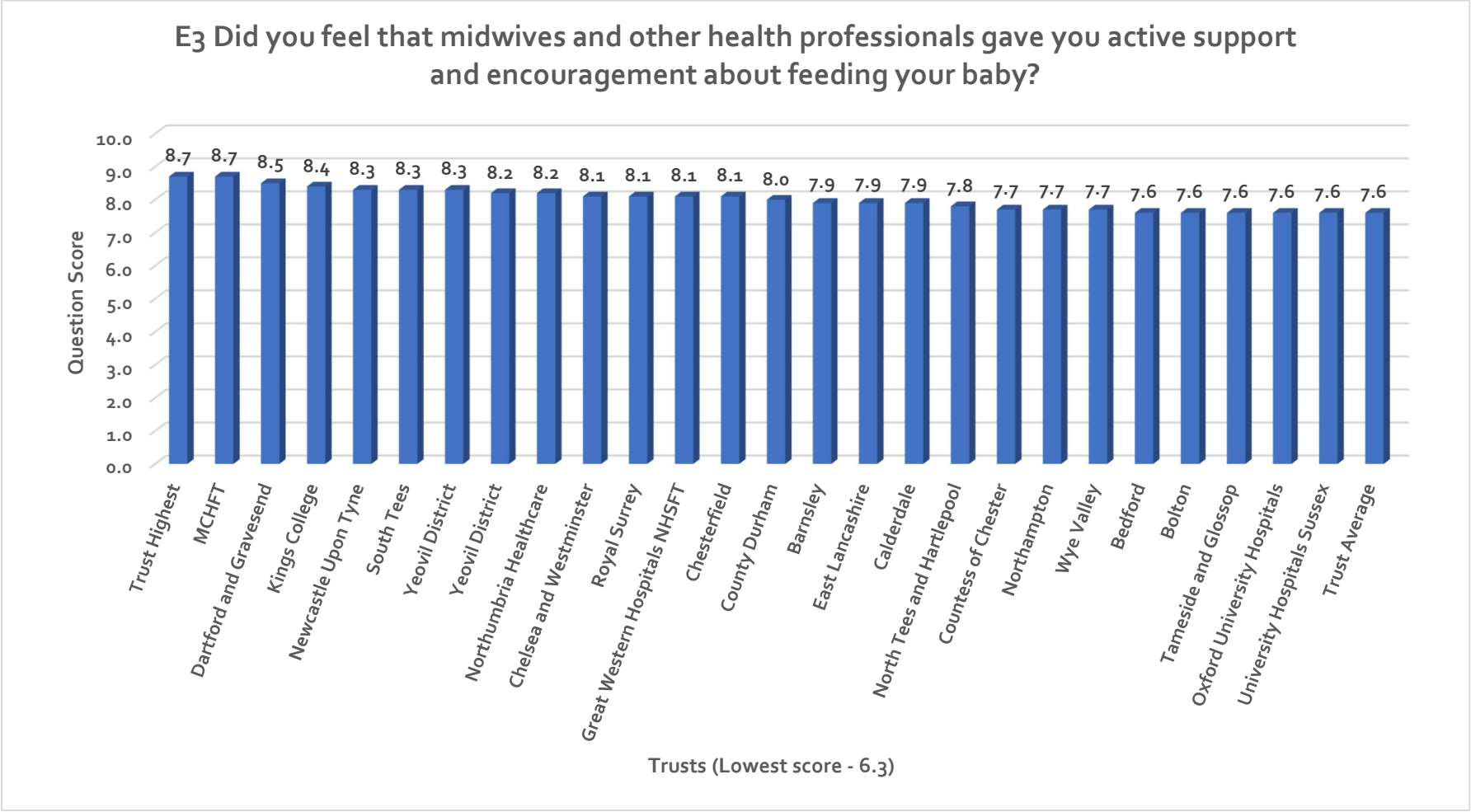
12.1 Question B16



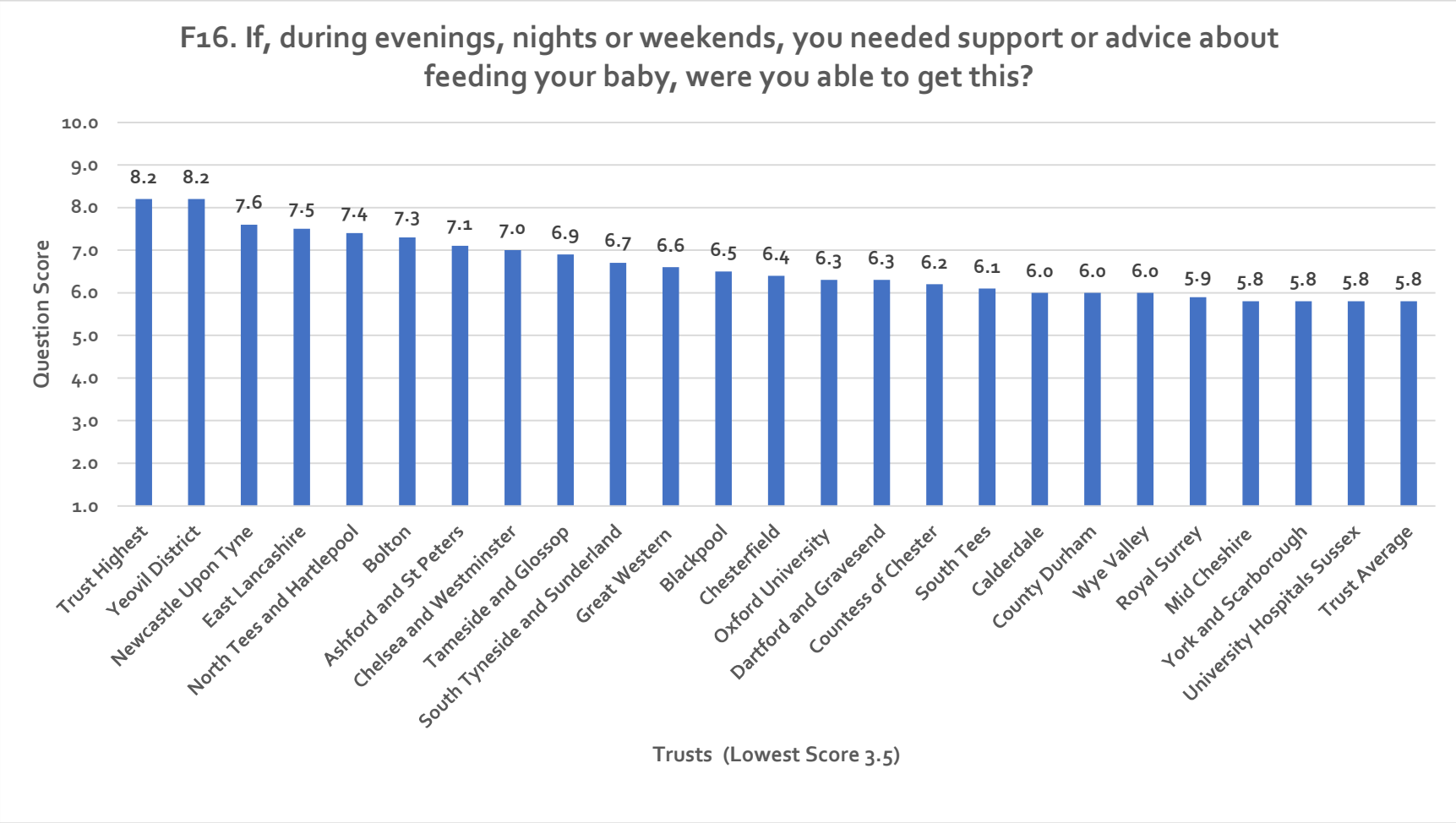
12.2 Question E2



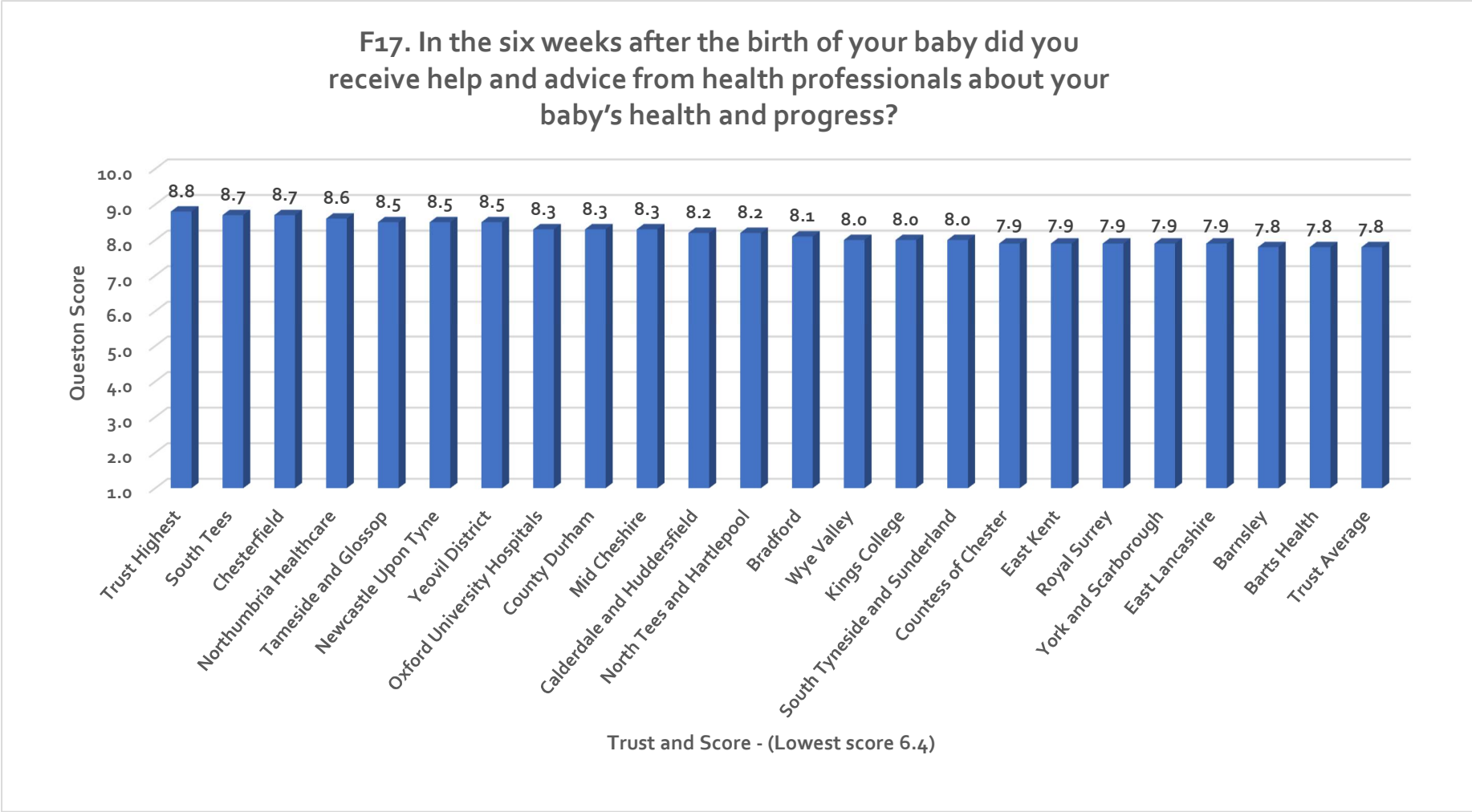
12.3 Question E3



12.4 Question F16



12.5 Question F17



13 References

13.1 Hazelbaker Assessment

https://pubmed.ncbi.nlm.nih.gov/16722609/#:~:text=The%20Hazelbaker%20Assessment%20Tool%20for%20Lingual%20Frenulum%20Function%20(HATLFF)%20has,rater%20reliability%20of%20the%20HATLFF

13.2 The Tongue-tie and Breastfed Babies (TABBY) assessment tool

https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-019-0224-y

13.3 Assessment Tool for Lingual Frenulum Function (ATLFF)™

https://www.birthbabyandyou.co.uk/wp-content/uploads/2020/08/HATLFF.pdf

13.4 Tongue Tie patient information leaflet York Hospitals NHSFT

https://www.yorkhospitals.nhs.uk/seecmsfile/?id=1953

https://www.yorkhospitals.nhs.uk/our-services/a-z-of-services/maternity-services/breastfeeding/breastfeeding-useful-videos

13.5 DYAD

The term "mother-baby dyad care" was developed as a way of promoting evidence-based clinical practices of caring for the baby with the birthing parent in the immediate hours after birth.

13.6 Whatdotheyknow.com

Website used to make the Freedom of Information Request

https://www.whatdotheyknow.com/help/requesting

14 Links to further information

https://www.unicef.org.uk/babyfriendly/support-for-parents/tongue-tie/

https://www.nhs.uk/conditions/tongue-tie/

https://www.laleche.org.uk/tongue-tie/

https://www.breastfeedingnetwork.org.uk/breastfeeding-information/problems-with-breastfeeding/tongue-tie/

National Breastfeeding Helpline on 0300 100 0212, which is open 9.30am – 9.30pm every single day of the year.

Association of Tongue Tie Practitioners "Are Tongue Tie Services Equitable?" https://irp.cdn-website.com/f3c762d5/files/uploaded/ATP%20Are%20Tongue%20Tie%20Services%20Equitable.pdf

15 Citation

Attached is a reference to specific sources of information about Tongue Tie.

Thank you to Mid Cheshire Hospitals NHS FT library service for providing the Citation.

16 Appendix – Care Quality Commission Summary of National Maternity Survey 2022

https://www.cqc.org.uk/publication/surveys/maternity-survey-2022

This survey looked at the experiences of women and other pregnant people who had a live birth in early 2022. Women and other pregnant people who gave birth between 1 and 28 February 2022 (and January if a trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey. Fieldwork took place between April and August 2022. Responses were received from 20,927 women and people who had recently given birth. This was a response rate of 46.5%.

16.1 Survey Findings

At a national level the 2022 maternity survey shows that people's experiences of care have deteriorated in the last 5 years. Trend analysis was carried out on 26 evaluative questions on data from between 2017 and 2022. Of these questions, 1 showed a statistically significant upward trend, 4 showed no change and 21 showed a statistically significant downward trend. Furthermore, of the 21 questions with downwards trends, results for 2022 were at the lowest point for the 5-year period in 10 cases.

Results for 18 of these questions declined during the height of the pandemic (2021). Out of the 18 questions that saw a large decline in experience in 2021, 5 have seen a further decline in 2022 and 6 have stayed level with 2021 results. This indicates that some experiences of maternity services haven't yet recovered to pre-pandemic levels including care during labour and birth and postnatal care at home and in hospital.

16.2 Positive results

16.2.1 Hospital discharge

Since 2017, there has been a positive upward trend for women and other people who had recently given birth reporting that there was no delay with their discharge from hospital, from 55% to 62% in 2022.

16.2.2 Mental health support

- Support for mental health during pregnancy is improving, although there remains room for further improvement.
- Nearly three-quarters of women and other pregnant people (71%) said their midwife definitely asked about their mental health during antenatal check-ups; an improvement compared with 69% in 2021 and 67% in 2019.
- Furthermore, 85% said they were given enough support for their mental health during their pregnancy; an improvement compared with 83% in 2021.
- In terms of postnatal care, the vast majority said a midwife or health visitor asked them about their mental health (96% compared with 95% in 2021 and 2019).

16.3 Key areas for improvement

16.3.1 Availability of staff

- The proportion of women and other pregnant people being given the help they needed when they contacted a midwifery team during antenatal care, dropped from 74% in 2017 to 69% in 2022.
- Women and other pregnant people were less likely to say they were 'always' able to get a member of staff to help them when they needed attention during labour and birth; 63% compared with 65% in 2021 and 72% in 2019.
- Results are lower still for care in hospital after the birth; 57% said they were 'always' able to get help, a decrease compared with 59% in 2021 and 62% in 2019.
- In terms of postnatal care, 70% were 'always' given the help they needed when contacting a midwifery or health visiting team, down from 73% in 2021 and 79% in 2019.
- Less than half (45%) said they could 'always' get support or advice about feeding their baby during evenings, nights or weekends, a downward trend since 2017 (56%).

16.3.2 Confidence and trust

- Just over two-thirds (69%) of women and other pregnant people reported 'definitely' having confidence and trust in the staff delivering their antenatal care
- Results were higher for staff involved in labour and birth (78%) but there has been a downward trend since 2017 (82%)
- In terms of postnatal care, while most said they 'definitely' had confidence and trust in the midwifery team (71%), the trend is again a downward one, from 73% in 2017
- There has also been a downward trend for 'always' being treated with kindness and understanding whilst in hospital after the birth, from 74% to 71%

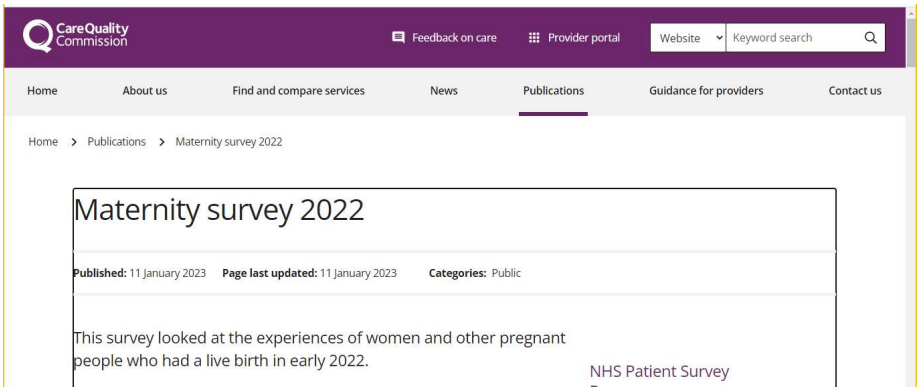
16.3.3 Communications and interactions with staff

- The proportion of women and other pregnant people saying they were given appropriate advice and support when they contacted a midwife or hospital at the start of their labour, decreased from 87% in 2017 to 82% in 2022
- There has also been a downward trend since 2017 for women and other pregnant people saying that if they raised a concern during labour and birth, they felt it was taken seriously, from 81% to 77% in 2022
- 59% of women and other pregnant people were always given the information and explanations they needed during their care in hospital, down from 66% in 2017

16.4 Survey Findings

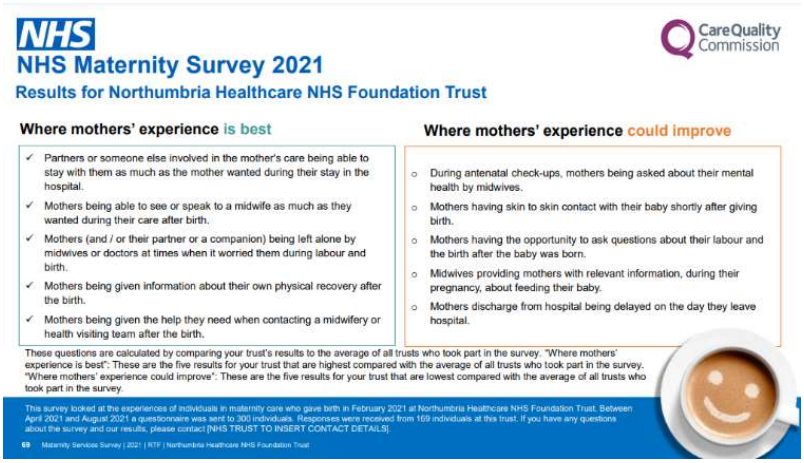
How experience varies for different groups of people

Women and other pregnant people report some differences in their experiences of maternity care according to certain demographic characteristics. Some of the more consistent differences include women are more likely to report positive experiences of maternity care if they have continuity of carer or have an unassisted vaginal delivery. Women are more likely to report poorer experiences across the maternity care pathway if they have had an emergency caesarean birth, do not have continuity of carer (no named midwife) or have not had a previous pregnancy.



16.5 Trusts promoting results

The CQC Benchmark reports all include a template poster highlighting five results for each trust that are lowest compared with the average of all trusts who took part in the survey.



17 Patient Perspective

If you would like more information on services from Patient Perspective visit https://patientperspective.org/. If you have further examples to add to the case study, please email us and we will include them in an update. If there are other topics you are interested in receiving case studies about or you have good examples you wish to share with others please also let us know. **sue.pickup@patientperspective.org**