

Freedom of Information Request

Reference Number: [EPUT.FOI.22.2531](#)
Date Received: [16.06.2022](#)

Information Requested:

1. What is your name and role within the trust?

(Write in)

| | |
|-----------------------|--|
| Your name | |
| Role within the Trust | |

2. What is the name of your NHS trust?

(Write in)

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

(Write in)

4. Is there currently an NHS tongue-tie division in your trust?

(Please tick one)

| | | |
|-----|--|------------------------------|
| Yes | | <i>Proceed to question 7</i> |
| No | | <i>Proceed to question 5</i> |

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 | | <i>Proceed to question 6</i> |
| No | | <i>Proceed to question 7</i> |

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

(Write in)

7. How many babies were referred for possible division?

(Write in)

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

(Write in)

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 | | |
| Maxillofacial | | |
| Health Visitors | | |
| Other (please Specify) | | |

10. For funding purposes what is the tongue tie release coded as?

(Write in)

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

(Please tick one)

| | |
|------------|--|
| Yes | |
| No | |
| Don't know | |

12. What are the criteria for referral?
(Please tick as many as apply)

| | |
|---|--|
| Weight loss /poor weight gain | |
| Obvious Tongue tie | |
| Maternal pain and nipple damage | |
| Slow messy bottle feeder | |
| Feeding for long periods and often despite breastfeeding support' | |

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

| | |
|-----|--|
| Yes | |
| No | |

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

| | |
|------------|--|
| Yes | |
| No | |
| Don't know | |

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

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

| |
|--|
| |
|--|

17. Does your service use any specific assessment tool?

(Please tick as many as apply)

| | |
|--------------------|--------------------------|
| Hazelbaker | <input type="checkbox"/> |
| Tabby | <input type="checkbox"/> |
| Martinelli | <input type="checkbox"/> |
| Clinical Judgement | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

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

(Please tick one)

| | |
|------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

19. What follow up do the mothers and babies have after division?

(Please tick one)

| | |
|-----------------------|--------------------------|
| Clinic review | <input type="checkbox"/> |
| Phone call or text | <input type="checkbox"/> |
| None unless requested | <input type="checkbox"/> |

20. When does that review occur?

(Please tick one)

| | |
|------------|--------------------------|
| Next day | <input type="checkbox"/> |
| A few days | <input type="checkbox"/> |
| 1 week | <input type="checkbox"/> |
| 2 weeks | <input type="checkbox"/> |

| | |
|---------|--|
| 3 weeks | |
| 1 month | |

21. What aftercare is recommended?

(Please tick as many as apply)

| | |
|---|--|
| <p>LEVEL 1 No intervention, feeding the baby as usual Other than observing for any bleeding or signs of infection no other action is taken</p> | |
| <p>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.</p> | |
| <p>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.</p> | |
| <p>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</p> | |

22. In comparison to pre-COVID (March 2020) have the number of tongue tie referrals....?

(Please tick one)

| | |
|---------------------|--------------------------|
| ...increased | <input type="checkbox"/> |
| ... stayed the same | <input type="checkbox"/> |
| ... decreased | <input type="checkbox"/> |

23. In comparison to pre-COVID (March 2020) has your waiting list....?

(Please tick one)

| | |
|---------------------|--------------------------|
| ...increased | <input type="checkbox"/> |
| ... stayed the same | <input type="checkbox"/> |
| ... decreased | <input type="checkbox"/> |

24. In comparison to pre-COVID (March 2020) have your criteria for referral changed?

(Please tick one)

| | |
|------------------------|--------------------------|
| No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> |
| If yes, please specify | <input type="text"/> |

25. Has COVID had any other impact on your service?

(Please tick one)

| | |
|------------------------|--------------------------|
| No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> |
| If yes, please specify | <input type="text"/> |

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)

| |
|----------------------|
| <input type="text"/> |
|----------------------|

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 | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> |

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.

Response:

Essex Partnership University NHS Foundation Trust is a mental health, learning disability and community health services Trust and does not provide these services.

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