

# UNICEF UK BABY FRIENDLY INITIATIVE

## GUIDANCE FOR PROVIDING REMOTE CARE FOR MOTHERS AND BABIES DURING THE CORONAVIRUS (COVID-19) OUTBREAK



### GUIDANCE SHEET 5F (CHALLENGES): TONGUE-TIE

Delivering Baby Friendly services at this time can be difficult. However, babies, their mothers and families deserve the very best care we can provide. This document on the management of babies with a 'tongue-tie' is part of a series of guidance sheets designed to help you provide care remotely.

#### THE MOTHER IS CONCERNED THAT HER BABY HAS A TONGUE-TIE

Some babies may experience feeding difficulties and/or the mother may experience sore nipples. This is usually due to ineffective positioning and attachment, however occasionally either or both can be caused by a short or tight frenulum (tongue-tie). Top priorities include providing ongoing support with positioning and attachment as this can help to minimise or resolve the issues. This may be needed for several weeks, particularly during the Covid-19 outbreak when tongue-tie services can be difficult to access.

#### PREPARING FOR THE CONVERSATION

- Plan a mutually agreed appointment with the mother and consider using video so that you can watch a feed and see the mother and baby
- Refer to [Guidance Sheet 1](#) before you start
- Be aware that parents may be feeling vulnerable and frightened because of Covid-19, so sensitivity and active listening are important
- Take the parent's worries seriously as they can often sense when something is wrong.

#### USEFUL RESOURCES

- [Breastfeeding assessment tools](#) (midwives, health visitors, neonatal or mothers)
- [Bottle feeding assessment tool](#)
- [Unicef UK support for parents overcoming breastfeeding problems](#)
- Knitted breast and doll (if video call)

#### DURING THE CALL

##### Introduce yourself and confirm consent for the call

- Ask the mother to describe her feeding journey so far and carry out a [full feeding assessment](#). Ask the mother if she has ever seen her baby stick his tongue over his bottom lip or if his tongue stays flat when he cries (*it is important not to give the mother the impression that her baby has a tongue-tie until this has been formally diagnosed by an infant feeding specialist*)
- Revisit [positioning](#) and [attachment](#) to ensure that the baby is effectively attached to the breast. Ideally, guidance can take place over video whilst the mother feeds.

##### Offer appropriate strategies

- Even small changes can make a difference, such as holding the baby lower (nose to nipple) with his bottom lip further away from the base of the nipple to encourage an [asymmetrical latch](#)
- Suggest trying different positions, such as underarm or laid-back breastfeeding and encourage prolonged skin-to-skin contact to stimulate the baby to self-attach
- Babies with a tongue-tie may struggle with maintaining effective attachment and may slip back towards the nipple which can result in a shallow attachment – ensure the mother can recognise this and knows to re-attach the baby to avoid nipple trauma
- Nipple shields can sometimes help babies maintain effective attachment and reduce slipping on the breast. Before they are introduced, discuss with the mother about their use as for some they can interfere with effective attachment and reduce milk supply. Nipple shields must be cleaned and sterilised between each use. Ongoing support/guidance should be provided for the mother and baby.
- If the mother is struggling to breastfeed, support her to maintain her lactation and give expressed breastmilk to the baby. If the mother is using infant formula whilst waiting for an appointment, then support her to get back to full breastfeeding once the frenulotomy has been carried out. Further information on maximising breastmilk can be found [here](#).

### Put a plan of care into place until the situation is resolved

- Plan a follow up phone call in 24 hours and in a timely manner thereafter
- If improvements are made, encourage the mother to continue to [monitor her breastfeeding](#) and the contents of her baby's nappy and to contact you again if she is concerned
- Because many mothers will be waiting for a longer period during Covid-19 for referral to tongue-tie services, it is important to discuss with the mother how to maintain breastfeeding and her milk supply
- Encourage the mother to think one feed at a time to begin with (the mother may need emotional support and reassurance to ensure she is confident to continue expressing/feeding)
- If required, refer to an infant feeding specialist for further support and/or to the tongue-tie service.

### CLOSING THE CONVERSATION

- Ensure the mother knows she can carry on breastfeeding
- Ask the mother how she feels and if there is anything else she would like to know
- Offer to send her a summary of the conversation (with links to resources) and plan of care by email/text
- Inform her of what happens next
- Record the conversation and make a referral as appropriate in line with trust guidelines.

#### ADDITIONAL INFORMATION

- Take the parent's worries seriously
- If the baby appears unwell, refer for a paediatric/GP assessment
- Report and record your findings in line with trust guidelines.

### IF THE MOTHER HAS COVID-19

1. Review with parents how to take precautions to limit the spread of [Covid-19](#) to the baby:
  - Wash hands thoroughly before and after contact with the baby
  - Routinely clean and disinfect any surfaces touched
  - Clean any infant feeding equipment, including breast pumps, in hot, soapy water and sterilise thoroughly before and after use
  - Practice respiratory hygiene, e.g. avoid coughing/sneezing on the baby during feeding and wear a face mask or suitable alternative if available.
2. If a breastfeeding mother is feeling unwell, continuing to breastfeed rather than expressing may be easier and less stressful during this time. Alternatively, she may prefer for someone who is well to feed expressed breastmilk to the baby.
3. If a baby is being bottle fed with infant formula or expressed milk, wash equipment in hot, soapy water and sterilise carefully before each use.
4. If the mother is too unwell to breastfeed/express, she may be supported to when well enough. Consider using donor milk if available or applicable.

# APPENDIX: CASE STUDY

## APPENDIX TO GUIDANCE DOCUMENT 5F: TONGUE-TIE



This case study on the Sherwood Forest Hospital postnatal service provides one example of how health services across the UK are quickly adapting to meet the needs of babies, their mothers and families during the coronavirus (Covid-19) outbreak.

### ADAPTING TO MEET THE NEEDS OF BABIES, THEIR MOTHERS AND FAMILIES

As of 17 March 2020, all Sherwood Forest Hospital postnatal non-essential home visits were suspended locally with many onsite clinics and face-to-face appointments adapted to take place via telephone or similar alternative. The senior leadership team agreed at the outset that breastfeeding infants requiring clinical assessment or treatment for tongue-tie associated with breastfeeding challenges could be considered as essential and would therefore be suitable for face-to-face contact in community and hospital settings. Following new adaptations for the service, staff were required to:

1. Contact the mother before the appointment to ask her to report any new symptoms of Covid-19 for herself or anyone in her household and postpone the appointment if symptoms are reported. If anyone is Covid-19 positive, [remotely support the mother](#) to breastfeed and maintain lactation until the situation has changed. If there is no suspected or confirmed case of Covid-19, then follow the below listed steps and provide preparatory information to the mother by telephone so that she understands what will happen when she attends the clinic and to clarify any queries or questions.
2. Ask the mother to attend the appointment with just her baby and inform her that a second person or child would not be permitted to be present and could result in rearrangement of the appointment.
3. Ask any additional partners, adults or children who travelled with the mother and baby to wait in the car and to not enter the hospital.
4. Give strict appointment times and specifically ask the mother to arrive no earlier in order to reduce the time they may have to be in the hospital.
5. Ask the mother to wear a face mask in the hospital.
6. Wear PPE prior to the mother's arrival and greet and usher her from outside the venue into the clinical room, therefore avoiding the need for the mother and baby to sit in a waiting area.
7. Ask the mother to wash her hands upon arrival to the clinical room.
8. Wear full PPE for the duration of patient contact, including eye protection, gowns, masks and gloves (according to guidance).
9. Change gloves for the procedure and again after the procedure is performed.
10. Escort the mother out of the clinical area after the appointment has finished. Provide the mother with contact details and [virtual follow-up details](#).
11. Change apron and gloves between each appointment.
12. Clean chairs, tables/desks and door handles prior to start of the clinic, between patient appointments and after the last patient has left.

The Sherwood Forest Hospital community band 3 infant feeding support workers were trained to assess for tongue-tie and therefore could provide support for some babies at their midwife postnatal clinic appointment in the community or at home whilst following PPE guidance. This helped to rule out challenges with positioning and attachment and avoided bringing babies into hospital unnecessarily.