

SCREENING / ASSESSMENT

WHO: Any healthcare provider can assess

Breastfeeding Concerns

Breastfeeding Assessment

Feeding Issue is Resolved.

N

**Are There Significant
Breastfeeding Concerns?**

Y Referral Required at this Time.

**CLINICAL ASSESSMENT USING
MODIFIED TABBY**

WHO: Lactation Consultant, Midwife LC*

**Concerns for ankyloglossia raised by family or
during breastfeeding assessment**

Refer baby to BCWs Lactation Consultant Team for
further assessment

**Tongue tie is affecting feeding
and frenotomy is likely to be
beneficial**

TABBY Tool and Clinical Assessment

**Tongue tie is NOT affecting
feeding at this time Or
Revision may not be beneficial**

Action:

1. Refer to to Pediatrician
2. Refer to ENT/Dentistry if complex tongue tie
3. Create feeding plan and LC follow-up as needed

Action:

1. Create feeding plan
2. Provide LC follow-up if parents require

TABBYSHARED DECISION MAKING WITH FAMILY AND TEAM

WHO: Pediatrician, Midwife, MRP**

Discuss with MRP and refer to Pediatrician on call/physician
available to perform frenotomy procedure.

Provide parent pamphlet and discuss options for care***.

Information Required:

- ☐ TABBY score
- ☐ Clinical assessment (Part 3 complete)
- ☐ Name of Peds referral

**Yes, Parents Choose to
Have Procedure**

Y

Parent Decision Making

**No, Parents Choose to Not
Have Procedure**

N

**Defer Decision
(Wait and See)**

Actions for Support and Follow-up:

1. Offer support (ie. feeding plan)
2. Provide LC service information for follow-up
(or referral in hospital)
3. Plan for follow-up with MRP in community

Definitions and Footnote

C & W: Children's and Women's Hospital
BCWs: BC Women's Hospital
MRP: Most responsible provider
LC: Lactation consultant
RN: Registered Nurse
OT: Occupational therapist
RM: Midwife
GP: General Practice

* Experienced in using TABBY tool
**Experienced in performing frenotomy

***** Where Can Families Go for Assessment in Community?**

1. BCWs Lactation Consultant Breastfeeding Outpatient Clinic
2. Community LC (BCLCA website)
3. GP/Pediatrician/MRP
4. Midwife LC (< 6weeks old* MSP coverage)

Scope of Project / Assumptions

1. Teams – C&W, Pediatrician on Call
2. Providers – LC, RN, MD, OT, RM
3. Use of Objective Tool for Assessment – Modified TABBY
4. Mode of Referral – any provider refer to LC for assessment;
MRP refer to Pediatrics for frenotomy
5. MSP coverage for outpatient referral = <6 weeks of age
6. Eligibility = Ssessment Pathway for Infants <2 months of age
7. Complex Tongue Tie Assessment by BCCH ENT and Dentistry

CLINICAL ASSESSMENT TOOL

Assessment of tongue appearance and function is only one part of the feeding assessment. Clinical decision on tongue tie release should be based on: (1) assessment of breastfeeding, (2) assessment of tongue appearance and function; (3) clinical judgment; and (4) discussion with parents.

Date	Baby MRUN:	Current Age: Current Weight:	GA at Birth:
Parents Planning to Breastfeed:	Y / N	Initial Concerns:	

PART 1 Infant Feeding Assessment for possible tongue tie related issues

- ☐ Discuss breastfeeding concerns with family and reason for assessment
- ☐ Observe a breastfeed; mother and baby are a dyad and both need to be assessed

Breastfeeding Questions and Assessment	Question	Yes	No	Not Applicable	Additional Notes
	Reported pain during feeding (unresolved with position and latching support)				
	Nipple trauma (i.e. bleeding)				
	Adequate milk production				
	Milk transfer present during feed				
	Able to maintain a latch				

PART 2 TABBY Tongue Assessment Tool¹

Complete the TABBY Tool and record your score for appearance and function.

TABBY Tongue Assessment Tool

*Healthcare provider name/date completing TABBY:

	0	1	2	SCORE
What does the tongue-tip look like?				
Where it is fixed to the gum?				
How high can it lift (wide open mouth)?				
How far can it stick out?				

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Scoring (Circle Final Score)

8	Suggests normal tongue appearance & function
6 or 7	Borderline; wait and see with support for breastfeeding position/attachment Action: Feeding plan & follow-up date (Lactation consultant referral or outpatient clinic)
5 or Below	Suggests impairment of tongue function; may/may not effect breastfeeding Action: Feeding plan, inform MRP, Pediatric referral (Peds on call), follow-up date

PART 3 Clinical Judgement Name/Date:

	Yes	No	Notes
1. Are the feeding challenges most likely related to tongue tie?			
2. Is tongue function limited or restricted?			
3. Is further lactation support required? Feeding plan in place?			
4. Recommendations for intervention? (I.e. Tongue tie release, continue to monitor and reassess, community follow-up)			
5. Have parents received information pamphlet? *Does family want a follow-up phone call? (Check yes/no and provide phone number or email)			
Contact:			