

Frenotomy clinic referral checklist:

Mothers name and NHI _____.

Baby's name and NHI _____.

An assessment for Frenotomy will only be done if baby is having breastfeeding difficulties. If the breastfeeding is going well, no matter what the TABBY score there is no need for further assessment.

Before completing this form please ensure you have completed a TABBY assessment for baby, a score of 5 or less with breastfeeding difficulties should be referred.

Referral to Frenotomy Clinic checklist:

✓

	Baby must be >24hrs and <6 weeks of age
	Frenotomies cannot be performed if baby has not received IM Vitamin K
	Must be term (>37/40)
	Complete both sides of the TABBY assessment form
	Observe a full breastfeed (Please detail issues below i.e pain, trauma, mastitis etc.)
	Please ensure contact information for the woman is correct and on the referral
	Please provide your contact phone number and email as the referrer

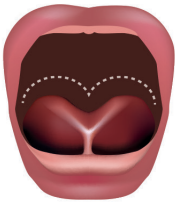
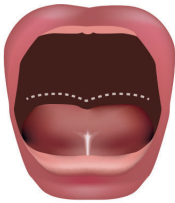
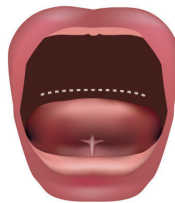
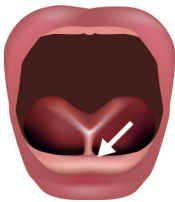
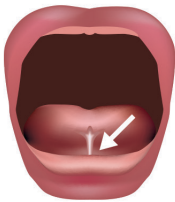
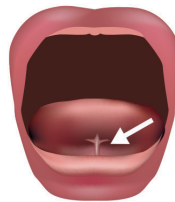
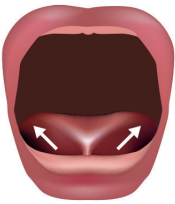
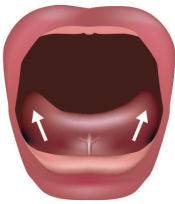


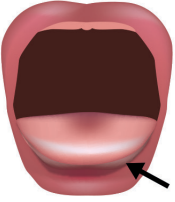

You can email the completed TABBY with this referral to whlactationservice@adhb.govt.nz

Breastfeed TABBY Assessment Tool

Please ensure you attach the correct visit patient label

Date:	Age of Infant:			Weight:	Gestation:		
Breastfeed Assessment	Yes	No	Comment	Baby Assessment	Yes	No	Comment
Position/Latch description				Facial asymmetry			
Effective Milk Transfer				Palate assessment			
Nipple Pain/Trauma				Digital oral exam			
Milk Supply affected				Suck assessment			
Expressing Hand/Pump				Tone			
Blocked Ducts/Mastitis				Output/Wt loss %			
Summary, incl supplementation							

TABBY TONGUE ASSESSMENT TOOL

	0	1	2	Score
What does the tongue-tip look like?				Pre
	Heart shaped	Slight cleft/notched	Rounded or square	Post
Where is the frenulum fixed to the gum?				Pre
	Attached at top of gum ridge	Attached inner aspect of gum	Attached to floor of mouth	Post
How high can the tongue lift with (wide open mouth)?				Pre
	Minimal tongue lift	Only edges to mid-mouth	Full tongue lift to mid-mouth	Post
How far can the tongue stick out?				Pre
	Tip stays behind gum	Tip over gum	Tip over lower lip	Post

TABBY SCORE: /8 Referral for further assessment of tongue restriction if score 5 or less: ☐ Yes ☐ No
Breastfeeding and TABBY Assessment and recommendation by:

Name: _____ Signature: _____ Designation: _____

TABBY Assessment Tool

MUST ATTACH BABY PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the **correct** visit patient label

LMC name: _____ Phone: _____

LMC email: _____

Mother/caregiver name: _____ Phone: _____

Notes:

Pre-frenotomy check (tick):

☐ Well baby

☐ Check palate/micrognathia

☐ No family Hx haemorrhage

Hepatitis Status: ☐ Positive ☐ Negative

Baby immunised for Hep B ☐ Yes ☐ No

Vitamin K Given: IM ☐ Yes ☐ No

☐ Oral (1) ☐ Oral (2)

The following risks and benefits of frenotomy discussed with parents and informaton pamphlet given:

☐ Yes

While surgical management is generally safe, with low complication rates, it can result in rare, but serious harmful consequences:

☐ Damage to the tongue and surrounding area

☐ Infection (very rare)

☐ Possible bleeding post frenotomy

☐ Ulcers

☐ Scarring, need for revision

☐ Pain and oral aversion

☐ May or may not improve breastfeeding

Verbal consent for Frenotomy: ☐ Yes ☐ No

Frenotomy performed by:

Name: _____ Date: _____ Time: _____

Post frenotomy check:

Haemostasis achieved: ☐ Yes ☐ No

Notes:

Follow up:

Date: _____ Improved mobility: ☐ Yes ☐ No

TABBY Score: _____ /8

Assessment by Name: _____ Signature: _____

LMC informed: ☐ Yes ☐ No

Breastfeeding support follow up arranged with LMC/IBCLC

Name: _____

Comments: