

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

FRAMEWORK FOR MIDWIFE CERTIFICATION FOR ASSESSING AND EVALUATING ANKYLOGLOSSIA AND PERFORMING A FRENULOTOMY IN THE NEWBORN¹

Registered midwives in British Columbia provide primary care to clients throughout the perinatal period under their own responsibility. The CMBC's *Competencies for Registered Midwives* states that midwives must have the ability to provide responsive holistic care and advice during the postpartum period including the ability to identify special, unusual or abnormal situations and develop an appropriate plan of action.

During the postpartum period, a thorough assessment and evaluation of newborn breastfeeding is particularly important in the presence of ankyloglossia.

Ankyloglossia – is an oral condition that decreases mobility of the tongue and lip caused by an unusually short, tight or restrictive lingual frenulum, a membrane connecting the underside of the tongue to the floor of the mouth.

An accurate assessment and feeding care plan is particularly important specifically when a less than optimal latch is contributing to a poor breastfeeding experience which may include but is not limited to the following problems: difficulty feeding, swallowing, mobility issues such as the inability to extend, elevate and lateralize the tongue normally, poor weight gain, nipple pain, engorgement, mastitis, and/or low milk production.

Performing a frenulotomy also known as frenectomy, frenulectomy or frenotomy, tongue revision or release of the frenulum of a newborn can be an effective means to correct ankyloglossia when there is strong evidence that this condition is contributing to problems experienced during breastfeeding as described above.

Frenulotomy - is where a tight frenulum may be relieved by making an incision in the tight tissue but does not remove the frenulum.

Frenectomy also known as frenulectomy or frenotomy – is a surgical removal of a frenulum which can refer to a frenula in several places on the human body. A frenectomy is performed inside the middle of upper lip, which is called labial frenectomy or under the tongue called lingual frenectomy.

Performing a frenulotomy under their own responsibility is beyond the competencies required of entry-level midwives. Experienced midwives² with special training in performing a frenulotomy who are certified by the College of Midwives of BC (CMBC) may conduct a frenulotomy in accordance with the limitations listed below.

Performing a frenulotomy requires specialized education and training, as this therapy is not without risk. Specialized practice certification in this competency area may be obtained

¹ PLEASE NOTE: Certification programs are not yet in place. For more information, please contact CMBC.

² Only midwives who have completed their New Registrant period and can document a significant volume of clinical experience will be considered for certification.

through a course or program established or approved under the authority set out in the *Bylaws* for the CMBC that meets the requirements set out in this framework.

The objective of the specialized practice certification is to understand the theoretical and practical knowledge in treatment with a special focus on learning how and when to appropriately perform a frenulotomy while implementing the highest standards of safety.

Limitations - A midwife with specialized practice certification in this competency area may **only** perform a frenulotomy on a newborn for the purpose of correcting ankyloglossia under the following conditions:

- there are convincing, compelling indications to proceed with a frenulotomy;
- there is reason to believe that the procedure will be successful;
- the procedure is only attempted when all corrective attempts for latch improvement have been initiated and there has been no improvement;
- the procedure is only attempted in the presence of a diagnosis of a **simple** ankyloglossia,;
- there is a consultation plan in place with a specialist for the complicated cases of ankyloglossia. Examples of such cases may involve: posterior tongue tie, vascular upper lip tie or vascular lower lip or tongue tie.

Certification

The certification process must be carried out by a program that is approved by CMBC.

Upon successful completion of the certification process, proof of competence and a letter of recommendation from the supervising health care practitioner must be submitted to CMBC before certification is granted.

Where competence in this area of specialized practice has been acquired in a jurisdiction outside of British Columbia, CMBC may assess the certification program for equivalency in meeting CMBC requirements through a CMBC Quality Assurance evaluation and approval process.

Specialized Practice Certification must include:

Demonstration of theoretical and practical knowledge of indications for, and proper procedure and protocol for frenulotomy, the advantages, disadvantages, risks and benefits of frenulotomy and appropriate client counseling to elicit the informed consent through the completion of study materials and successfully passing written and/or oral, and/or simulated practical assessments prior to the demonstration of clinical skills under supervision.

Demonstration of appropriate skills in frenulotomy will include:

- 1) determination of appropriateness of, offering and performing a frenulotomy;
- 2) application and acceptable protocol for the appropriate tools for performing a frenulotomy;
- 3) documentation of indications for, procedures followed and outcomes of performing a frenulotomy;

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The certification process must include initiating and managing a **sufficient number of frenuotomies under the supervision** of an approved health care practitioner to demonstrate competence. A letter of recommendation from the supervisor is required.

Continuing Education

Evidence-based continuing education programs are a necessary component for updating practitioners' knowledge and skills. Midwives are expected to keep up to date with the latest evidence relevant to assessing and evaluating ankyloglossia and performing a frenuotomy. Midwives are expected to seek mentoring or continuing education, especially in cases where the skills have not been practiced regularly.

References

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Siegel, S. (2016). Aerophagia Induced Reflux in Breastfeeding Infants with Ankyloglossia and Shortened Maxillary Labial Frenula (Tongue and Lip Tie). *Int Journal of Clinical Paediatrics*, 5(1), 6-8. doi: <http://dx.doi.org/10.14740/ijcp246w>

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