

Reference:	FOI.9301.22
Subject:	Maternity service
Date of Request:	4 July 2022

Request and response:

Attached is a short questionnaire. We would be grateful if you could complete this soon as possible, within the 20 days of the Freedom of Information guidance.

Your time in completing it is greatly appreciated.

Hywel Dda University Health Board (UHB) provides the information requested below, as requested.

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

(Write in)

Your name	Kathryn Greaves
Role within the Trust	Head of Midwifery and Women's Services

2. What is the name of your NHS trust?

(Write in)

Hywel Dda University Health Board (UHB)

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

(Write in)

2,984

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

(Please tick one)

Yes	<input checked="" type="checkbox"/>	<i>Proceed to question 7</i>
No	<input type="checkbox"/>	<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	<input type="checkbox"/>	<i>Proceed to question 6</i>
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No

Proceed to question 7

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

(Write in)

Not held – the midwifery led tongue tie service was introduced formally in January 2022. An initial pilot was held between June and December 2021, during which time 19 divisions were undertaken. The service is still in its initial development phase.

7. How many babies were referred for possible division?

(Write in)

There were 90 referrals for possible division during the period January to July 2022.

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

(Write in)

The Midwifery Service does not hold this information due to the service only being in place since January 2022. However, during a trial period between June and December 2021, 19 tongue ties divisions were undertaken

Any comment to add?

Prior to the implementation of the service tongue tie divisions were undertaken by the UHB's Ear, Nose and Throat service.

9. Who is the service run by?

(Please tick as many as apply)

Midwives	<input checked="" type="checkbox"/>
Paediatricians	<input type="checkbox"/>
Lactation consultants	<input checked="" type="checkbox"/>
Ear Nose and Throat	<input checked="" type="checkbox"/>
Maxillofacial	<input type="checkbox"/>
Health Visitors	<input type="checkbox"/>
Other (please Specify)	

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

(Write in)

NHS Wales does not operate in the same way NHS England. Therefore, there is no funding stream associated with tongue tie release.

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

(Please tick one)

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

12. What are the criteria for referral?

(Please tick as many as apply)

Weight loss /poor weight gain	<input type="checkbox"/>
Obvious Tongue tie	<input checked="" type="checkbox"/>
Maternal pain and nipple damage	<input type="checkbox"/>
Slow messy bottle feeder	<input type="checkbox"/>
Feeding for long periods and often despite breastfeeding support'	<input type="checkbox"/>

13. Do you accept referrals for formula fed babies?

(Please tick one)

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

14. Does your service divide tongue--ties described as posterior/sub--mucosal?

(Please tick one)

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

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

(Write in)

1 – 2 weeks

16. What is the maximum age for babies to be referred to the service?

(Write in)

12 Weeks

17. Does your service use any specific assessment tool?

(Please tick as many as apply)

Hazelbaker	
Tabby	✓
Martinelli	
Clinical Judgement	✓
Other	

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

(Please tick one)

Yes	✓
No	
Don't know	

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

(Please tick one)

Clinic review	
Phone call or text	
None unless requested	✓

20. When does that review occur?

(Please tick one)

Next day	
A few days	
1 week	✓
2 weeks	
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	✓
... stayed the same	

... decreased	<input type="checkbox"/>
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23. In comparison to pre-COVID (March 2020) has your waiting list....?

(Please tick one)

...increased	<input checked="" 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 checked="" type="checkbox"/>
Yes	<input type="checkbox"/>

If yes, please specify	
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25. Has COVID had any other impact on your service?

(Please tick one)

No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>

If yes, please specify	
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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)

deborah.weymouth@wales.nhs.uk
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27. If you have any further comments relating to this survey or tongue tie services generally, please use the box below

(Write in)

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28. Would you like a copy of the report when it is finished?

(Please tick one)

No		
Yes	✓	