Tongue-tie practitioner group chair speaks out after criticism

Association of Tongue-tie Practitioners responds to concerns that frenotomy is being carried out too often and without supervision

A nurse representing practitioners who perform frenotomy or ‘dividing’ has insisted it is safe and carried out only after assessment.

Association of Tongue-tie Practitioners (ATP) chair Sarah Oakley commented after medical experts implied that frenotomy, which involves snipping a baby’s skin connecting the tongue to the floor of the mouth, is offered too readily. She was responding to suggestions that frenotomy is too often performed incorrectly, leading to scarring and further procedures.

NHS Choices says that between 4% and 11% of babies are born with skin connecting the tongue to the mouth and about half require surgery.

Ms Oakley said: ‘Whether practitioners are private or NHS based, they must be Nursing and Midwifery Council registered and have completed the additional required training. Of course there are occasions where you don’t get a clean, full divide, but they are rare.’

Former practice nurse and health visitor Ms Oakley holds a recognised qualification in breastfeeding from the International Board of Certified Lactation Consult Examiners and trained in tongue-tie division at Southampton General Hospital.

She helped set up ATP 4 years ago to share knowledge among professionals in private and NHS practice. She now performs about 500 procedures a year.

She said: ‘NHS waiting lists in some areas are up to 12 weeks long, which is unacceptable if a baby cannot latch, is not gaining weight or causes trauma to the mother’s nipples during feeding.’

One concern expressed by a consultant paediatric surgeon at King’s College Hospital NHS Foundation Trust is that private practitioners lack the supervision provided to NHS nurses.

RCN professional lead for children and young people Fiona Smith agrees. She said: ‘This kind of procedure must be undertaken within clear governance and regulatory frameworks.’

Commission calls for improved training

The training of community teams caring for children who need respiratory support in their own homes can be inadequate, clinical leads have revealed in a Care Quality Commission (CQC) report.

The CQC investigated the management of long-term respiratory care, including tracheostomies for infants in the community in England.

Anyone caring for children on long-term respiratory support in the home should have training in ventilation and resuscitation, among other skills, the CQC report states.

But training of community teams, including nurses, is inadequate, according to half of the clinical leads for long-term ventilation networks across England questioned in the report. One lead told the CQC: ‘Community teams do not get the same training as staff in a tertiary service. They do not see ventilated children often and may not have enough staff to care for them in their local hospitals.’

The CQC team received feedback from eight ventilation network leads and 16 clinical commissioning groups. Nearly all groups said clinical supervision is offered to staff who care for infants in need of long-term ventilation and tracheostomy.

Nurse adviser at an independent consultancy Doreen Crawford, who was consulted for the report, said: ‘New registrants may never have cared for a complex-needs child requiring this level of support.’

RCN professional lead for children and young people’s nursing Fiona Smith said more training would ensure greater uniformity of skills and knowledge among children’s nurses.

The report also addresses the detection of fetal abnormalities and care of newborn babies whose condition could deteriorate.

Read the CQC report at tinyurl.com/h5ag5br