

Ref: FOI/GS/ID 7499

**Please reply to:**  
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30 June 2022

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Tongue Tie.

*You asked:*

- 1. What is your name and role within the trust?*
  - 2. What is the name of your NHS trust?*
  - 3. How many babies were born in your trust in 2021?*
  - 4. Is there currently an NHS tongue-tie division in your trust?*
  - 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)?*
  - 6. How many referrals were made to this service in 2021? (or a recent 12-month period)?*
  - 7. How many babies were referred for possible division?*
  - 8. How many babies actually had an NHS tongue tie division in your Trust in 2021?*
- Any comment to add?*
- 9. Who is the service run by?*
  - 10. For funding purposes what is the tongue tie release coded as?*
  - 11. Do you accept out-of-area referrals?*
  - 12. What are the criteria for referral? (Please tick as many as apply)*
  - 13. Do you accept referrals for formula fed babies?*
  - 14. Does your service divide tongue-ties described as posterior/sub-mucosal?*
  - 15. What is the usual waiting time between referral and appointment with the tongue-tie service?*
  - 16. What is the maximum age for babies to be referred to the service?*
  - 17. Does your service use any specific assessment tool? (Please tick as many as apply)*

18. Is specialist breastfeeding support available for mothers and babies immediately after a tongue--tie division?
19. What follow up do the mothers and babies have after division?
20. When does that review occur?
21. What aftercare is recommended? Please tick as many as apply)
22. In comparison to pre-COVID (March 2020) have the number of tongue tie referrals?
23. In comparison to pre-COVID (March 2020) has your waiting list?
24. In comparison to pre-COVID (March 2020) have your criteria for referral changed?
25. Has COVID had any other impact on your service?
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.
27. If you have any further comments relating to this survey or tongue tie services generally, please use the box below:
28. Would you like a copy of the report when it is finished?

Trust response:

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

|                       |                             |
|-----------------------|-----------------------------|
| Your name             |                             |
| Role within the Trust | Infant Feeding Lead Midwife |

2. What is the name of your NHS trust?

Maidstone and Tunbridge Wells NHS Trust

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

6021

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

|     |                                     |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
|-----|-------------------------------------|

[Proceed to question 7](#)

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)?

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

The Trust does not hold this information. Please contact Kent Community Health Foundation Trust (KCHFT)

7. How many babies were referred for possible division?
-

The Trust does not hold this information. Please contact Kent Community Health Foundation Trust.

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

The Trust does not hold this information. Please contact Kent Community Health Foundation Trust.

Any comment to add?

Kent Community Health Foundation Trust co-ordinate the tongue tie service and will be able to answer questions 6,7 and 8

9. Who is the service run by?

|          |   |
|----------|---|
| Midwives | √ |
|----------|---|

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

At present the Tongue Tie Service is being funded in a COVID block from CCG

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

|     |   |
|-----|---|
| Yes | √ |
|-----|---|

12. What are the criteria for referral? (Please tick as many as apply)

|   |   |
|---|---|
| eight loss /poor weight gain                                      | √ |
| Obvious Tongue tie  | √ |
| Maternal pain and nipple damage                                   | √ |
| Slow messy bottle feeder  | √ |
| Feeding for long periods and often despite breastfeeding support' | √ |

13. Do you accept referrals for formula fed babies?

|     |   |
|-----|---|
| Yes | √ |
|-----|---|

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

|     |   |
|-----|---|
| Yes | √ |
|-----|---|

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

1 -2 weeks

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

|          |
|----------|
| 12 weeks |
|----------|

17. Does your service use any specific assessment tool? (Please tick as many as apply)

|            |                                     |
|------------|-------------------------------------|
| Hazelbaker | <input checked="" type="checkbox"/> |
|------------|-------------------------------------|

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

|     |                                     |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
|-----|-------------------------------------|

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

|                    |                                     |
|--------------------|-------------------------------------|
| Clinic review      | <input checked="" type="checkbox"/> |
| Phone call or text | <input checked="" type="checkbox"/> |

20. When does that review occur?

|            |                                     |
|------------|-------------------------------------|
| A few days | <input checked="" type="checkbox"/> |
|------------|-------------------------------------|

21. What aftercare is recommended? Please tick as many as apply)

|   |                                     |
|---|-------------------------------------|
| <b>LEVEL 1 No intervention, feeding the baby as usual</b><br>Other than observing for any bleeding or signs of infection no other action is taken   | <input checked="" type="checkbox"/> |
| <b>LEVEL 2 Feeding the baby as usual and also encouraging parents to do 'tongue exercises' with the baby</b><br>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 ' <b>Care After Tongue-Tie Division (Frenulotomy)</b> ' leaflet. | <input checked="" type="checkbox"/> |

22. In comparison to pre-COVID (March 2020) have the number of tongue tie referrals?

|              |                                     |
|--------------|-------------------------------------|
| ...increased | <input checked="" type="checkbox"/> |
|--------------|-------------------------------------|

23. In comparison to pre-COVID (March 2020) has your waiting list?

|              |                                     |
|--------------|-------------------------------------|
| ...increased | <input checked="" type="checkbox"/> |
|--------------|-------------------------------------|

24. In comparison to pre-COVID (March 2020) have your criteria for referral changed?

|     |                                     |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
|-----|-------------------------------------|

|                        |  |
|------------------------|--|
| If yes, please specify | <i>We worked within the local network to ensure a tighter criteria for referrals and that appropriate Infant Feeding support is given beforehand</i> |
|------------------------|--|

25. Has COVID had any other impact on your service?

|     |   |
|-----|---|
| Yes | √ |
|-----|---|

|                        |  |
|------------------------|--|
| If yes, please specify | <i>Our service was suspended initially at the start of COVID</i> |
|------------------------|--|

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.

|  |
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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:

|  |
|--|
| We are working together as an Infant Feeding network across Kent to run an equitable and easily accessible service. We accept referrals from Lactation Consultants within the KCHFT specialist service and third sectors |
|--|

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

|     |   |
|-----|---|
| Yes | √ |
|-----|---|