WPH WPP Ankyloglossia Algorithm

- (1) Exam suspicious for ankyloglossia, and/or
- (2) mother reporting pain or difficulty with latch.

First 24 hours of life

- (1) Work on latch with nurse assistance.
- (2) Consider lactation consult based on degree of problem.
- (3) Frenotomy should not be performed in first 24 hours of life.

24-48 old

- (1) Lactation Consult to assist with latch, if not already ordered.
- (2) Lactation Consultant and physician use TABBY tool to assess ankyloglossia.

TABBY ≤ 4

Ankyloglossia likely.
Frenotomy may be considered in discussion with family.
Continue optimizing latch.

TABBY = 5

Equivocal.
Continue optimizing latch.
May discuss risks/benefits of frenotomy.

$TABBY \ge 6$

Ankyloglossia unlikely. Continue optimizing latch.



- (1) Document findings, including TABBY score.
- (2) Discussion between lactation consultant and physician/APRN.
- (3) Physician/APRN discusses management plan with family.



- (1) Perform frenotomy if indicated (low Tabby score and pain with breastfeeding or inadequate latch despite work to optimize latch).
- (2) Continue to support proper latch and breastfeeding.
- (3) Provide family with outpatient lactation resources.
- (4) If continued problems, evaluate for other causes of breastfeeding difficulties.

References

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TABBY Tongue Assessment Tool

| | 0 | 1 | 2 | SCORE |
|--|---|---|---|-------|
| What does the tongue-tip look like? | | | | |
| Where it is fixed to the gum? | | | | |
| How high can it lift (wide open mouth)? | | | | |
| How far can it stick out? | | | | |

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