

## **Midwifery Council statement on the midwife's scope of practice with regard to the assessment and diagnosis of tongue tie and the practice of frenotomy**

### **Background**

The Midwifery Council is the regulatory authority for midwives. Its role is to protect the health and safety of women and their babies by making sure midwives are fit and competent to practise. Through the HPCA Act the Council is charged with defining the Scope of Practice of a midwife in New Zealand.

The matter of frenotomy was first considered by the Midwifery Council in December 2005 after it received an inquiry on whether it was a skill that was part of the midwifery scope of practice.

After reviewing the performance criteria within the competencies, the Council's decision was that assessment of breastfeeding, the neonate's oral cavity including ankyloglossia and appropriate and timely referral and support was a competency for all midwives.

It was also recognised that there are midwives with additional knowledge and skills in assessment and diagnosis of ankyloglossia and simple frenotomy techniques. This position was reaffirmed by an article by Calvert and Pairman (2011), published in Midwifery News.

### **Current situation**

Since 2011, frenotomy has become a contentious issue because of the perception that an increased number of procedures were being performed and the demand had also increased in the community. This in turn has led to discussion around the level of expertise and the nature of the appropriate education required for midwives to be considered appropriately skilled and knowledgeable about the procedure.

The Council undertook a national consultation focused on issues around frenotomy. It is clear from this review that there are a number of midwives who consider that they have the appropriate knowledge and skills to carry out the procedure safely. They therefore consider that they meet the Council's expressed position about frenotomy and that it falls within their scope of practice

### **Decision**

After carefully considering the history and the feedback from the consultation, the Midwifery Council has decided that there is no need to alter its original position which is that frenotomy sits within the scope of practice of midwives who have completed specific training and practical assessment in the diagnosis and treatment of ankyloglossia.

It is expected that midwives undertaking frenotomy will be limited to performing simple lingual frenotomy using an approved assessment tool such as the Hazel Baker tool and technique. The only indication for frenotomy intervention by a midwife during the first six weeks is where it is suspected that the infant's ankyloglossia is affecting breastfeeding and where all alternative support techniques have not improved the breastfeeding problem for the mother-infant dyad.

Debate persists on the clinical significance of ankyloglossia and because there are inherent risks, midwives must ensure they obtain informed consent by providing full information on the risks and benefits on frenotomy and also on the alternatives to surgical intervention. Long-term risks are unknown and midwives performing these procedures need to be mindful of this.

Posterior, labial and other complex tongue-tie's/ankyloglossia or babies with any medical or relevant physical conditions should be referred to a specialist in accordance with the Referral Guidelines (2012).

## **References**

Ministry of Health. (2012). Guidelines for consultation with Obstetric and Related Medical Services (Referral Guidelines). Ministry of Health: Wellington.

Calvert, S & Pairman, S. (2011). Midwives scope of practice on acupuncture and frenotomy. *Midwifery News*, pp 41-43

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