

Finding Common Ground

Using a standardized tool to facilitate better communication between parents, peers, and practitioners when assessing oral function



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Disclosures

A Note on Language and Imagery

Included in this presentation is the use of the word *breastfeeding* and depictions of cis women. While this is the default choice of wording and imagery, we do recognize and respect that there are individuals who may not identify with the default terminology.

Conflict of Interest

I have no conflicts of interest to disclose



About Me

Kristen Rosin
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Outpatient Lactation Services Manager
Breastfeeding Success

- Based in Texas
- Operate in 8 hospitals and 4 outpatient clinics
- Clinical Manager for all outpatient IBCLCs
- Manage partner relationships
 - Pedi and OB offices
 - Hospital and birth center partners
 - Businesses that contract with BFS
- Mentor and train new staff



Objectives

- Why descriptive and common language is important
- Selecting a standardized tool to establish common language
- How to incorporate the use of your selected tool into practice





Parent's Frustration

- “Everyone; the Pediatrician, nurses, and the LC all had different things to say about my baby’s mouth”
- “My LC said that my baby had a tongue tie but my Pedi said that he would just grow out of it”
- “My baby is struggling with feeding and I don’t know who to believe.”



Provider's Frustration

- Lactation Consultants, Doulas or others giving referrals to specialists without consulting with PCP
- Perception of others diagnosing tongue tie (outside of scope)
- Not seeing the same thing that is being reported.
 - May be due to a discrepancy in training, an unconscious bias, and ultimately the conclusion that “tongue ties are overdiagnosed.”



*Your baby's tongue
tie might affect
weight gain*

*Your baby has
TOT*

*Infant with rst lat
mvt, rdc lift, mdt ext.*

*Based on the ATLEFF, I think
your baby is tongue tied*

*Your baby has a
tongue tie*

Chart Note Examples

*Infant likely to have
speech problems due
to oral tethering*

*Baby can extend
their tongue over
their lip, so they
are fine.*

*Contrary to what Pedi
said, this baby has a tight
frenulum that requires a
release*

*Infant requires
frenectomy*



What Does the Research Say?

According to the National Assessment of Adult Literacy (NAAL), released in 2006 by the U.S. Department of Education, 30 million adults struggle with basic reading tasks. Below are some of the findings

- only 12 percent of consumers have proficient health literacy skills:
 - **nine out of ten adults** may lack many of the skills necessary to sufficiently manage their health.
- Low health literacy can affect a person's ability to locate health care providers and services, fill out health forms, share personal health information with providers, manage chronic diseases and engage in self-care.



What does the research say?

Suggested Health Literacy Accommodations

- Put your most important information first to quickly engage the audience
- Tell them what actions to take
- Explain why it is important
- Use sentences with 8-10 word max when possible
- Use a tone that is encouraging
- Emphasize small practical steps
- Limit the use of jargon, technical or scientific language
 - Define necessary jargon or technical terms first then explain then in language your audience will understand



What is the Role of the IBCLC?

Review medical history of the dyad

Perform assessment of the dyad as it pertains to lactation and feeding

Report observations and provide informed recommendations



Your baby is able to lift the tip of the tongue almost all the way to the roof of the mouth

I see that your baby is able to extend his tongue over the lower lip

Do you hear that clicking sound? That is your baby's tongue losing suction on my finger

Your baby is easily able to "lateralize" or follow my finger from side to side

Use of descriptive language

You can see the tongue cupping my finger

I can feel your baby's tongue pulling my finger into the back of the mouth

Everyone has something called a frenulum under their tongue but sometimes where it is attached or how stretchy it is will affect the range of motion

Your baby has good strong suction



Minimal lateral tongue movement

Snap back (clicking) noted intermittently during feed

Appearance of tongue when lifted is round

Extension of tongue: tip extends only to gum ridge

Use of descriptive language

Lingual frenulum attached to the base of the gum ridge

Minimal suck blister noted on upper lip

Some difficulty maintaining a seal with the tongue

When lifting, only edges of tongue elevate to mid-mouth

Tongue retraction during feeds



Descriptive Language Fosters Informed Consent

Descriptive language provides parents with the information piece of informed consent

- Not because “my LC said my baby had a tongue tie” but because:
 - I can see that my baby is unable to extend his tongue over the gumline
 - He is not able to maintain suction on the breast or my finger with his tongue
 - And, I can see and feel a thick tissue that extends to the tip of my baby’s tongue preventing him from being able to lift
- I am going to seek out a specialist that can diagnose and treat these issues



Selecting an assessment tool

Criteria

Evidenced

- Is the tool validated

Replicable

- If multiple people perform the assessment, do they achieve the same results

Widely Recognized

- Is the tool published and available for widespread use

Easy to communicate

- Is there a scoring system?
- objective results



Descriptive Language in Assessment Tools

How does common descriptive language tie into the tools we use?

Multiple assessment tools use common descriptive language in their objective evaluations. Which one (s) are right for your practice, and how do you sort through them?

As we go through a few examples, please know that this presentation does not seek to endorse any one tool over another.



Selecting an assessment tool

Whose needs are we trying to meet?

Providers (Primary Care, ENT, Pediatric DDS)

- Respect the rapport between Physician and patient
 - Potential 18 yr relationship
- Present findings assuming wide range of training
- What are we trying to communicate?



Whose needs are we trying to meet?

Peers – Lactation Consultants, Ancillary Providers

- Between IBCLCs in the same practice
- Between IBCLCs in a different practice or setting
 - Inpatient to outpatient
 - Parent looking for second opinion
 - Telemedicine
- IBCLC to postpartum Doula and other postpartum support



Whose needs are we trying to meet?

Parents

- Respect health care literacy
- Use functionality of tool and assessment to access the common language you will be using to share findings with others- pedi, etc
- What are we trying to communicate?



Considerations For Assessment

- It may be necessary to use waking techniques before infants will engage and respond to your stimulation.
- Always perform the assessment with baby sitting somewhat upright (45 degree angle) to prevent the tongue from falling to the back of the mouth
- Score based on baby's best performance of each item
- Talk to the baby, tell them what you are doing and ask for permission. Babies will be more engaged if you are verbalizing with them, this is also a good way to explain what you are doing to parents while they are observing your assessment.



Telemedicine Limitations

- Parents are not necessarily familiar with what good peristalsis feels like or if baby is cupping well
- Some are uncomfortable with their fingernail length or letting baby suck on finger in general
- Timing – baby may not be awake during consult
- Visualization may be difficult even if baby is awake



TABBY Tool

- TABBY tool created to provide a simple picture version of the The Bristol Tongue Assessment Tool (BTAT)
 - Used worldwide
 - Translated into multiple languages
- Audits of the tool showed 97.7% agreement between scores
- Scoring assessment –
 - score of 8 indicates normal tongue function
 - 6 or 7 is considered borderline
 - <5 suggests impairment of tongue function



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?				

Selecting an assessment tool

TABBY Tool

TABBY category	Guidance on use of TABBY
What does the tongue-tip look like	This is usually the most obvious and most likely to be noted by parents. A notch in the tip of the tongue may only be noticed when the baby lifts the tongue.
Where it is fixed to the gum?	With some training and experience this can be assessed visually. If it is difficult to see, then the assessor can [with parental consent] gently use their index finger to feel where the frenulum is attached.
How high can it lift (wide open mouth)?	This can be the most difficult to teach. The assessor needs awareness of normal tongue lift in infants. The tongue may curl back when restricted and so appear to lift. The lift is most easily viewed if the infant is awake and crying. If the baby is not awake, then the assessor can digitally lift the tongue to assess.
How far can it stick out?	This is not always easy to assess in newborn infants. It can be helpful to ask parents what they have noticed, and the pictures can be helpful in discussing this. The easiest way to assess protrusion is to watch the baby as they latch to the breast; are they able to bring the tongue out to latch?

Selecting an assessment tool

TABBY Tool

Advantages

- Picture based, accommodating wide range of literacy and language barriers
- Limited scoring options, making results more concise
- Can be implemented with minimal training



Possible Shortcomings

- Doesn't include functional assessment
- Doesn't include assessment of feeding

Due to these limitations, this tool cannot be used alone to address oral functionality.

Mattos

- Visual assessment tool with written instructions for families to perform at home or via virtual appointment
- Uses the principles of tongue function and movement that have been validated through previous research
 - The tool itself has not been validated
 - Specific intended audience identified for creation of this tool



Oral Assessment

Functional Checklist

Please complete this assessment when baby is happy and alert, preferably either before baby eats or after your baby's had time to relax/ wind down after a feed and when they've had time to regain strength if they fatigue easily.

All of these activities do not have to be completed in one session. Follow your baby cues and stop when they ask you to.



Mattos

Mattos functional oral assessment walkthrough for professionals

- This tool is available to professionals for a fee
- 13 slide handout - free to parents



Mattos

Advantages

- Good visual instructions
- Written in with descriptive language
- Checkboxes could be turned into scoring system
- Accompanying videos



Possible Shortcomings

- No numerical scoring function
- May be difficult to integrate into EHR
- Has not been studied for interrater reliability
- Doesn't include assessment of feeding

Selecting an assessment tool

Hazelbaker Assessment Tool for Lingual Frenulum Function (ATLFF)

- Score based tool that includes descriptive language
- Tool has been validated
- Tool is widely recognized and professional training for use of the tool is available



FUNCTION ITEMS

Lateralization

- 2 Complete
- 1 Body of tongue but not tongue tip
- 0 None

Lift of tongue

- 2 Tip to mid-mouth
- 1 Only edges to mid mouth
- 0 Tip stays at alveolar ridge **OR** tip rises only to mid-mouth with jaw closure **AND/OR** mid-tongue dimples

Extension of tongue

- 2 Tip over lower lip
- 1 Tip over lower gum only
- 0 Neither of the above **OR** anterior or mid-tongue humps **AND/OR** dimples

Spread of anterior tongue

- 2 Complete
- 1 Moderate **OR** partial
- 0 Little **OR** none

Cupping of tongue

- 2 Entire edge, firm cup
- 1 Side edges only **OR** moderate cup
- 0 Poor **OR** no cup

Peristalsis

- 2 Complete anterior to posterior
- 1 Partial **OR** originating posterior to tip
- 0 None **OR** Reverse peristalsis

Snap back

- 2 None
- 1 Periodic
- 0 Frequent **OR** with each suck

APPEARANCE ITEMS

Appearance of tongue when lifted

- 2 Round **OR** square
- 1 Slight cleft in tip apparent
- 0 Heart shaped

Length of lingual frenulum when tongue lifted

- 2 More than 1 cm **OR** absent frenulum
- 1 1 cm
- 0 Less than 1 cm

Attachment of lingual frenulum to inferior alveolar ridge

- 2 Attached to floor of mouth **OR** well below ridge
- 1 Attached just below ridge
- 0 Attached to ridge

Elasticity of frenulum

- 2 Very elastic (excellent)
- 1 Moderately elastic
- 0 Little **OR** no elasticity

Attachment of lingual frenulum to tongue

- 2 Occupies less than 50% of the tongue underside in the midline
- 1 Occupies 50-75% of the tongue underside in the midline
- 0 Occupies 75-100% of the tongue underside in the midline

ASSESSMENT

- 14 = Perfect Function score regardless of Appearance Item score. Surgical treatment not recommended.
- 11 = Acceptable Function score only if Appearance Item score is ≥ 8 .
- <11 = Function Score indicates function impaired. Frenotomy should be considered if management fails. Frenotomy necessary if Appearance Item score is < 8.

Selecting an assessment tool

Hazelbaker Assessment Tool for Lingual Frenulum Function (ATLFF)

Advantages

- Descriptive language
- Score based tool
- Works well for communication between providers
- Easy to integrate in to EHR

Possible shortcomings

- May have some variation of scoring between providers
- No visual indicators
- More difficult for parents to use
- Doesn't include assessment of feeding



Case Study

Parent perspective



Case Study

Pediatrician perspective



How to incorporate an assessment tool with common language into your practice

Training



Training is essential to achieving **consistent** results in communication

- Members of your team
- PCPs you interact with
- Parents - including resources
- Include documentation

How to incorporate into practice

Training Team Members

- 1 hr web based training for all current and new hire staff
- Training in person - using assessment tool together on the same patient
- Interrater reliability testing - peer LCs use the tool separately on the same patient - then review results with trainer



How to incorporate into practice

Training Physicians in the Hospital Setting

- Attend Pedi Section meeting to explain case for use of common descriptive language
- Provided training link for online education
- Prepared providers for seeing assessment in patient's chart
- Use descriptive language during report with nurses and Pediatricians



How to incorporate into practice

Training Physicians in the Outpatient Setting

- Lunch and learn 1 hr training session
- Link to online training for anyone unable to attend
- Prepared providers for seeing assessment in patient's chart notes being faxed to their office
- Use descriptive language during report if verbal report is given



Training Parents

- Reiterate scope and avoid any use of the term *tongue tied*, use descriptive language instead
- Explain what is being communicated to Pediatrician, encourage parents to use the same descriptive language
 - IBCLC should describe what they are seeing and feeling during feedings



Charting Example

Consider speaking with your Pediatrician and a Pediatric ENT/Dentist to evaluate your baby's lingual frenulum. During our assessment today we noted some restriction in their range of motion and function that could be impacting both milk transfer and maternal comfort while breastfeeding



How to incorporate into practice

Documentation – Hospital Setting

- Often takes time and approval to modify charting
- Narrative notes with descriptive language can be used until flow sheets or modules are modified
- Ensure that standardized descriptive language is being used in the chart and during report
- Laminated visual tools can be used for teaching parents



How to incorporate into practice

Documentation – Private Practice or Outpatient Clinic Setting

- Smaller practices may be able to incorporate assessment tools directly into EHR fairly easily
- If unable to import assessment tools directly, standardized descriptive language can be used in narrative assessments
 - Paper assessment tools can be scanned into chart
- Laminated visual tools can be used for teaching parents



Thank You

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