

TITLE: Pilot study describing post-frenotomy course and breastfeeding success in infants.

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RESEARCH PROJECT DESCRIPTION

Breastfeeding has been identified as ideal infant nutrition, imparting not only important antibodies for the prevention of acute and chronic illness. Maternal benefits are also recognized and increasingly breastfeeding is initiated at birth by mothers who have internalized the information about this most important public health initiative. Infant ankyloglossia can affect the way the infant latches to the breast and is associated with breastfeeding pain and nipple damage. Despite best intentions to breastfeed, painful feedings have the potential implications of mothers delaying or shortening feedings, offering supplemental bottle feedings, or stopping breastfeeding altogether. Frenotomy is a procedure that is commonly done to free the tongue and allow normal tongue function for breastfeeding. Often there is immediate improvement of breastfeeding however some mother-infant dyads continue to struggle. Originally performed by Ear Nose and Throat physicians, the frenotomy procedure is increasingly common and performed by pediatric physicians, nurse practitioners, and dentists in some areas. UF Health providers perform this procedure routinely both inpatient and outpatient.

Among the supportive care and suck training recommendations, suggestions for infants following frenotomy include: Stretching exercises, referral for “bodywork,” which may include Occupational Therapy, massage, cranial sacral therapy, and in some communities chiropractic care. There is little data regarding these recommendations and no standard of care regarding care after frenotomy.

The student(s) will employ retrospective chart review to collect data regarding infants who are treated for ankyloglossia and feeding problems by UF Health hospitals and clinics to obtain information about the course of healing and improvement and longer range breastfeeding successes.