

**TITLE:** Improving breastfeeding duration and exclusivity by reduction of pain through frenotomy and supportive care for infants with ankyloglossia.

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### **RESEARCH PROJECT DESCRIPTION**

Maternal pain is a commonly reported reason for discontinuation or limitation of breastfeeding. Infant ankyloglossia can affect the way the infant presents at the breast and is associated with breastfeeding pain and nipple damage. 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 but some mother-infant dyads continue to struggle. Among the supportive care and suck training recommendations that are suggested 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.

Hypothesis: Infants who are causing maternal pain while nursing can improve latch with frenotomy and supportive measures to allow normal suck and attachment.

Method:

In outpatient breastfeeding and pediatric clinics:

1. Identify subjects for study: any breastfeeding infant (or infant of mother who expresses intention to breastfeed) who is identified as having ankyloglossia and parents consent to frenotomy.
2. Obtain parent consent for study.
3. Obtain history (chart review by medical student) to include other factors that impact breastfeeding success: history of breastfeeding this infant and any previous breastfeeding experience, age of infant, gestational age, delivery type, any complications during delivery and post partum period, history of maternal breast surgery, PCOS, fertility problems, prolonged bleeding or heavy bleeding after delivery, any chronic illness history.
4. Obtain information about breastfeeding comfort (Pain Scale) and effectiveness prior to frenotomy.
5. Through follow-up calls by medical student, parents will report on changes, if any, to breastfeeding comfort and effectiveness. Other data parents will self report: compliance with post frenotomy care stretches and exercises, any follow-up appointments they have for “bodywork” and the results of those appointments if any.
6. If calls indicate that problems are still ongoing-schedule follow-up in Breastfeeding Clinic for further evaluation.

7. Relevant breastfeeding information will include frequency and duration of feedings, number of diapers, sleep/wake patterns in the infant, naked weights as available, evidence of infant satiety, supplements if any and the volume of supplement offered/taken.