Frenotomy and associated effect on breastfeeding variables in newborn infants with ankyloglossia (tongue-tie)

FOLLOW-UP QUESTIONNAIRE

SEEKING YOUR EXPERIENCES OF BREASTFEEDING AFTER YOUR BABY UNDERWENT FRENOTOMY

Research office use only

Study Number: [ ] [ ] [ ] [ ]
Q1. What is your name? ______________________________________________________

Q2. How old is your baby now?
Please write the numbers in the boxes for the whole weeks and any additional days

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Days</th>
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Q3. In the PREVIOUS 24-48 hours describe how you were mostly feeding your baby? (Please tick one box only)

- Exclusive breastfeeding (breastfeeding only) ☐ 1
- Expressing breast milk (feeding using a bottle) ☐ 2
- Combination of breast and formula feeding ☐ 3
- Combination of breastfeeding and expressed breast milk ☐ 4
- Formula feeding ☐ 5

Q4. If you are no longer breastfeeding (any type), please provide the three main reasons that you decided to stop

1. ______________________________________________________

2. ______________________________________________________

3. ______________________________________________________

Q5. When your baby latched to the breast in the PREVIOUS 24-48 hours was he/she able to extend the tongue to the

- Not applicable as no longer breastfeeding ☐ 1
- Lower gum
  - Yes ☐ 1
  - No ☐ 2
- Lower lip
  - Yes ☐ 1
  - No ☐ 2
For questions 6-8, even if you are not breastfeeding NOW; please complete these questions thinking back to when you **HAD LAST BEEN** breastfeeding your baby after the frenotomy procedure

Q6. **In your opinion, do you feel that breastfeeding improved** OVERALL **since your baby had his/her frenotomy procedure?**

- Yes
- No

   If **YES, was this**

   - Immediately after the procedure (first few days)
   - Within two weeks from the procedure
   - After two weeks from the procedure

Q7. **Since your baby had his/her frenotomy procedure** did you experience any of the following? *(please tick all that apply)*

- Difficulty attaching baby to the breast
- Difficulty maintaining attachment
- Breasts feeling full following a feed
- Concern regarding feeding
- Baby unsettled following feeds
- Concern over baby’s weight gain
- Concern regarding speech development
- Nipple is mis-shapen following a feed
- Other (please describe)
- None of the above

Q8. If you ticked any of 1-9 in Q7, did anyone give you help with the difficulty(ies) you were experiencing? *(please tick all that apply)*

- No-one helped me
- Midwife
- Breastfeeding support midwife in hospital helped me
- Public Health Nurse helped me
- Private lactation consultant helped me
- Doctor/GP helped me
- Friend/relative helped me
- Member of local support group
- Other *(please describe)*

________________________
Q9. Please rate your pain on breastfeeding your infant by circling the number that best describes pain on feeding in the 24-48 hours AFTER the frenotomy procedure.

If you are no longer breastfeeding, please do not circle a number below, and please tick this box.

<table>
<thead>
<tr>
<th>No pain pain</th>
<th>Extremely severe</th>
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Q10. Latch Scale

For each of the following, please tick ONE box only that BEST describes your infant feeding in the 24-48 hours AFTER the frenotomy procedure.

If you are no longer breastfeeding, please do not complete below, instead, please tick this box.

- **Latch**
  - Too sleepy or reluctant to feed
  - Repeated attempts; holds nipple in mouth; needs stimulation to suck
  - Grasps breast easily; rhythmic suckling

- **Audible swallowing**
  - None
  - A few with stimulation
  - Spontaneous and intermittent

- **Type of nipple**
  - Inverted
  - Flat
  - Everted after stimulation

- **Nipple shape**
  - Pinched creases or blanched white after feeding
  - Misshapen or change in colour after feeding
  - Round, normal colour after feeding
| **Breast** | Breasts engorged, rock hard, or large lumps | ☐ 1 |
|           | Breasts firm, small lumps                   | ☐ 2 |
|           | Breasts soft, heavy before feeds             | ☐ 3 |
| **Nipple**| Nipples cracked, bleeding, large blister(s) and/or bruising | ☐ 1 |
|           | Nipples reddened, small blister(s) and/or bruising | ☐ 2 |
|           | Nipples intact                               | ☐ 3 |
| **Urine** | Nappy dry or dark urine                      | ☐ 1 |
|           | Nappy damp, urine light yellow               | ☐ 2 |
|           | Nappy wet, urine light yellow or clear       | ☐ 3 |
| **Satiation** | Crying, fussy, rooting after feeding; after 5 days of age takes longer than 45 to 60 minutes to feed | ☐ 1 |
|           | Awake, rooting after feeding                 | ☐ 2 |
|           | Awake for feeding then relaxes and falls asleep at breast after 10-15 minutes or active feeding with frequent swallows | ☐ 3 |