



MOTHER / INFANT FOLLOW-UP ASSESSMENT

Infant's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Procedure \_\_\_\_\_ Tongue? \_\_\_\_\_ Lip? \_\_\_\_\_ Buccal Cheek Ties? \_\_\_\_\_

Birth Weight \_\_\_\_\_ Weight at initial visit \_\_\_\_\_ Weight today \_\_\_\_\_ Change \_\_\_\_\_

Have you noticed any changes since the procedure for your baby? Please check if it has improved:

- Deeper latch at breast or bottle
Less falling asleep while eating
Slides or pops on and off the nipple less
Less colic symptoms/crying
Less reflux
Less clicking or smacking noises
Less spit up / More spit up
Less gagging, choking, coughing when eating
Less gassy / Less fussy
Less constipation / regular stools now
Better weight gain
Happier baby than before
Less hiccups
Lips flip out better / not curling under as much
Less gumming or chewing the nipple
Pacifier stays in better
Milk dribbles/leaks out of mouth less
Sleeping longer
Less snoring or mouth breathing
Less moving around in sleep
Nose congested less often
Baby babbles more or makes new sounds
Baby is less frustrated at the breast or bottle
Eats solid foods better (if applicable)
Less hiccups

How long does baby take to eat? \_\_\_\_\_ How often does baby eat? \_\_\_\_\_

Has anything worsened? If so, explain:

Have you noticed any changes in your symptoms since the procedure? If bottle-feeding: \_\_\_\_\_ N/A

- Less creased, flattened or blanched nipples
Less blistered or cut nipples
Less lipstick shaped nipples
Less bleeding nipples
Somewhat less pain / Significantly less pain
Pain before procedure (scale of 1-10)
Pain now (scale of 1-10)
Better emotional state / more confident
Improved breast drainage (baby gets more)
Less infected nipples or breasts
Less plugged ducts / engorgement / mastitis
Less nipple thrush
Less using a nipple shield
Baby doesn't prefer one side over other
Better milk supply

How are you doing mentally/emotionally? \_\_\_\_\_

Were you able to stretch the sites 4x a day? \_\_\_\_\_ Any issues? \_\_\_\_\_

How was your experience at our office? \_\_\_\_\_

Any other comments? \_\_\_\_\_

How much improvement did you see from the release? (circle one):

- Speech: Significant improvement / Moderate improvement / Slight improvement / No Change N/A
Feeding: Significant improvement / Moderate improvement / Slight improvement / No Change N/A
Sleep: Significant improvement / Moderate improvement / Slight improvement / No Change N/A



## Child Post-Operative Instructions

### POST-OP INSTRUCTIONS FOR FRENECTOMY

#### Lingual Frenectomy (tongue-tie):

Your goal is to have the frenum heal and re-form as far back as possible.

1. With a clean or gloved finger, lift the tongue at the top of the diamond in the middle of the tongue. Your goal is to see the whole diamond open up and lengthen. It may bleed slightly when it is stretched or re-opened. This is not a concern. Begin doing this the morning after treatment. Try to make a game of it if possible and keep it playful.
2. Repeat this 3 times a day, at various times during the day for 3 weeks.
3. Encourage the child to move the tongue as much as possible by sticking it out and holding for 10 sec, out to the left, right, open wide and lift up, make clicking noises, and clean off the teeth. Do these exercises as often as possible, but try at least 4 times a day.
4. The released area will form a wet scab after the first day. It will appear white or yellow and soft because it is wet. This area is what you will be pressing against. The healing will be happening under the scab, just like a scrape anywhere else on your body. The white area will get smaller each day, but healing is still happening! So even though the white scab will heal you **MUST** continue the stretching or the new frenum will not be as long as possible and the surgery may need to be repeated.

#### Labial Frenum (lip-tie):

The goal is for the frenum to heal and re-form as high as possible.

1. Pull the lip up as high as possible, high enough to press against the nose. You want to see the whole white diamond open up. Press gently but firmly against the wound to massage it and keep the diamond open. It may bleed slightly when this is done, but this is not a concern. Try to make a game of it if possible and keep it playful.
2. Repeat 3 times a day, at various times during the day for 3 weeks.
3. The released area will form a wet scab after the first day. It will appear white or yellow and soft because it is wet. This area is what you will be pressing against. The healing will be happening under the scab, just like a scrape anywhere else on your body. The white area will get smaller each day, but healing is still happening! So even though the white scab will heal you **MUST** continue the stretching or the new frenum will not be as long as possible and the surgery may need to be repeated.

**The child can eat whatever foods he or she can tolerate. Pain relief is needed the first few days. Give Motrin (ibuprofen) or Tylenol as directed on the package based on weight. If the lip-tie was released, the child's lip may swell up slightly that evening or the next day. It is normal and will go down after a day or two. The wound will be sore for a few days, at one week look much better and at two weeks look almost normal. A slight fever is normal the first day. They should eat and sleep normally. If you're concerned it is growing back together, come back for a visit or email a picture. Follow-up with a myofunctional therapist and bodyworker (Chiropractor, CST) is recommended for full rehabilitation.**

**If you have any questions, please call or text us at 417.567.8227.**



### Infant Tongue-Tie Questionnaire

Infant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Birth Weight \_\_\_\_\_ Present Weight \_\_\_\_\_ Birth Location \_\_\_\_\_

\_\_\_\_\_ Vaginal birth \_\_\_\_\_ C-Section Birth Any birth complications? \_\_\_\_\_

Are you breastfeeding or pumping? \_\_\_ Yes \_\_\_ No If no, how long since you stopped breastfeeding? \_\_\_\_\_

1. Infants are usually given vitamin K at birth. Did your child receive the vitamin K shot? \_\_\_ Yes \_\_\_ No

2. Was your infant premature? \_\_\_ Yes \_\_\_ No If Yes, how many weeks? \_\_\_\_\_

3. Does your infant have any heart disease \_\_\_ Yes \_\_\_ No or known bleeding diseases? \_\_\_ Yes \_\_\_ No

4. Any other medical conditions? \_\_\_\_\_

4. Has your infant had any surgery? \_\_\_ Yes \_\_\_ No What type? \_\_\_\_\_

5. Has your infant experienced any of the following? Please check / circle / elaborate as needed.

- \_\_\_ Shallow latch at breast or bottle
- \_\_\_ Falls asleep in the middle of a feed
- \_\_\_ Slides or pops on and off the nipple
- \_\_\_ Gagging, choking, or coughing when eating
- \_\_\_ Poor or slow weight gain
- \_\_\_ Hiccups often
- \_\_\_ Lots of in utero hiccups
- \_\_\_ Gumming or chewing the nipple
- \_\_\_ Pacifier falls out easily or won't stay in
- \_\_\_ Snoring, noisy breathing, or mouth breathing
- \_\_\_ Short sleeping and waking often
- \_\_\_ Baby moves a lot in sleep/restless sleep
- \_\_\_ Baby seems always hungry and not full
- \_\_\_ Lip curls under when nursing or taking bottle
- \_\_\_ Clicking or smacking noises when eating
- \_\_\_ Sucking blisters or callouses on lips
- \_\_\_ Colic symptoms / Baby cries a lot
- \_\_\_ Reflux symptoms
- \_\_\_ Spits up often? Amount / Frequency \_\_\_\_\_
- \_\_\_ Gassy (toots a lot) / Fussy often
- \_\_\_ Milk leaks out of mouth when nursing/bottle
- \_\_\_ Nose sounds congested often
- \_\_\_ Baby is frustrated at the breast or bottle
- \_\_\_ Constipation or irregular stools

How long does baby take to eat? \_\_\_\_\_ How often does baby eat? \_\_\_\_\_

Anything else? \_\_\_\_\_

6. Is your infant taking any medications? \_\_\_ Reflux \_\_\_ Thrush Name of medication: \_\_\_\_\_

7. Any prior surgery to correct the tongue- or lip-tie? (when/where) \_\_\_\_\_

8. How are you doing mentally/emotionally? \_\_\_\_\_

9. Do you have any of the following signs or symptoms now or in the past? Please check/circle/elaborate.

\_\_\_ Creased, flattened, or blanched nipples \_\_\_ Blistered or cut nipples \_\_\_ Lipstick shaped nipples

Pain on a scale of 0-10 when first latching \_\_\_\_\_ Pain (0-10) during nursing \_\_\_\_\_

- \_\_\_ Feelings of hopelessness/depression
- \_\_\_ Poor or incomplete breast drainage
- \_\_\_ Plugged ducts / engorgement / mastitis
- \_\_\_ Using a nipple shield
- \_\_\_ Decreasing milk supply
- \_\_\_ Nipple thrush
- \_\_\_ Baby prefers one side over other \_\_\_\_\_ (R/L)

Primary Care Provider \_\_\_\_\_ Chiropractor/PT/CST \_\_\_\_\_

Lactation Consultant \_\_\_\_\_ Other Therapist/Provider \_\_\_\_\_

Who referred you to us? \_\_\_\_\_ How far away do you live? \_\_\_\_\_

Doctor's Signature \_\_\_\_\_