

Baseline Questionnaire



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

BASELINE QUESTIONNAIRE

SEEKING YOUR EXPERIENCES OF BREASTFEEDING

BEFORE

YOUR BABY UNDERWENT FRENOTOMY

Research office use only

Study Number:

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Q1. What is your name? _____

Q2. What is your address? _____

Q3. What is your mobile telephone number? _____

Q4. On what date did your baby have his/her frenotomy procedure? ____/____/____

Q5. How old is your baby now?

Please write the numbers in the boxes for the whole weeks and any additional days

<div><div></div><div></div></div>	and	<div></div>
Weeks		Days

Q6. Is this your first baby?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

Q7. Is there a family history of tongue-tie?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

Q8. In the 24-48 hours BEFORE the frenotomy procedure how were you mostly feeding your baby? *(Please tick one option only)*

Exclusive breastfeeding (breastfeeding only)	<input type="checkbox"/> 1
Expressing breast milk (feeding using a bottle)	<input type="checkbox"/> 2
Combination of breast and formula feeding	<input type="checkbox"/> 3
Combination of breastfeeding and expressed breast milk	<input type="checkbox"/> 4
Formula feeding only	<input type="checkbox"/> 5

Q9. Who was the MAIN person that recommended or suggested that your baby should have a frenotomy? (please tick one option only)

- | | |
|---|----------------------------------|
| I decided myself | <input type="checkbox"/> 1 |
| Midwife | <input type="checkbox"/> 2 |
| Public Health Nurse | <input type="checkbox"/> 3 |
| Private lactation consultant | <input type="checkbox"/> 4 |
| Doctor/GP | <input type="checkbox"/> 5 |
| Friend/relative | <input type="checkbox"/> 6 |
| Member of a local breastfeeding support group | <input type="checkbox"/> 7 |
| Other (please describe) | <input type="checkbox"/> 8 _____ |

Q10. When your baby latched to the breast in the 24-48 hours BEFORE the frenotomy procedure was he/she able to extend the tongue to the

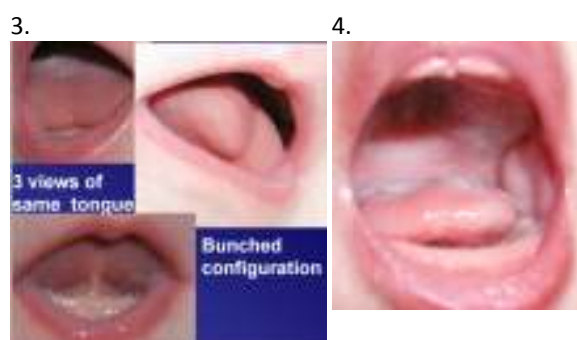
Lower gum	Yes <input type="checkbox"/> 1
	No <input type="checkbox"/> 2

Lower lip	Yes <input type="checkbox"/> 1
	No <input type="checkbox"/> 2

Q11. Please look at the 4 pictures of a baby's tongue and mouth below. Which picture in your opinion best shows what your baby's tongue looked like BEFORE the frenotomy procedure?

Please indicate by writing the picture number in the box below:

Picture Number:



Q12. Since your baby was born did you experience any of the following? (please tick all that apply)

Difficulty attaching baby to the breast (how the baby creates a tight seal at the breast) ☐ 1

Difficulty maintaining attachment ☐ 2

Breasts feeling full following a feed ☐ 3

Concern regarding feeding ☐ 4

Baby unsettled following feeds ☐ 5

Concern over baby's weight gain ☐ 6

Concern regarding speech development ☐ 7

Nipple is mis-shapen following a feed ☐ 8

Other (please describe) ☐ 9

None of the above ☐ 10

Q12a. If you ticked any of 1-9 in Q12, Did anyone give you help with the difficulty(ies) you were experiencing? (please tick all that apply)

No-one helped me ☐ 1

Midwife ☐ 2

Breastfeeding support midwife in hospital helped me ☐ 3

Public Health Nurse helped me ☐ 4

Private lactation consultant helped me ☐ 5

Doctor/GP helped me ☐ 6

Friend/relative helped me ☐ 7

Member of local support group ☐ 8

Other (please describe) ☐ 9

Q13. Which of the following was the MAIN reason you decided your infant should have a frenotomy? (please tick one option only)

- | | |
|---|-----------------------------------|
| Mastitis | <input type="checkbox"/> 1 |
| Recurrent blocked ducts | <input type="checkbox"/> 2 |
| Cracked nipple | <input type="checkbox"/> 3 |
| Nipple pain | <input type="checkbox"/> 4 |
| Nipple misshapen following a feed | <input type="checkbox"/> 5 |
| Breasts feeling full following a feed | <input type="checkbox"/> 6 |
| Difficulty at latch on(how the baby takes the breast in his/her mouth) | <input type="checkbox"/> 7 |
| Baby had difficulty remaining attached to the breast | <input type="checkbox"/> 8 |
| Baby was unsettled following a feed | <input type="checkbox"/> 9 |
| Concern regarding later speech development | <input type="checkbox"/> 10 |
| Other (please describe) | <input type="checkbox"/> 11 _____ |

Q14. Please rate your pain on breastfeeding your infant by circling the number that best describes pain on feeding in the 24-48 hours before the frenotomy procedure

0 1 2 3 4 5 6 7 8 9 10


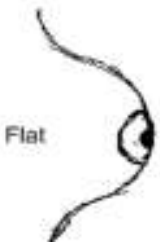
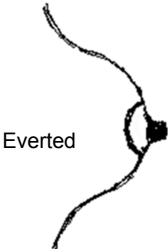
No pain
pain

Extremely severe

Q15. Latch Scale

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

- | | | |
|---------------------------|---|----------------------------|
| Latch | Too sleepy or reluctant to feed | <input type="checkbox"/> 1 |
| | Repeated attempts; holds nipple in mouth; needs stimulation to suck | <input type="checkbox"/> 2 |
| | Grasps breast easily; rhythmic suckling | <input type="checkbox"/> 3 |
| Audible swallowing | None | <input type="checkbox"/> 1 |
| | A few with stimulation | <input type="checkbox"/> 2 |
| | Spontaneous and intermittent | <input type="checkbox"/> 3 |

Type of nipple	Inverted		<input type="checkbox"/> 1
	Flat		<input type="checkbox"/> 2
	Everted after stimulation/sucking		<input type="checkbox"/> 3
Nipple shape	Pinched creases or blanched white after feeding		<input type="checkbox"/> 1
	Misshapen or change in colour after feeding		<input type="checkbox"/> 2
	Round, normal colour after feeding		<input type="checkbox"/> 3
Breast	Breasts engorged, rock hard, or large lumps		<input type="checkbox"/> 1
	Breasts firm, small lumps		<input type="checkbox"/> 2
	Breasts soft, heavy before feeds		<input type="checkbox"/> 3
Nipple	Nipples cracked, bleeding, large blister(s) and/or bruising		<input type="checkbox"/> 1
	Nipples reddened, small blister(s) and/or bruising		<input type="checkbox"/> 2
	Nipples intact		<input type="checkbox"/> 3
Urine	Nappy dry or dark urine		<input type="checkbox"/> 1
	Nappy damp, urine light yellow		<input type="checkbox"/> 2
	Nappy wet, urine light yellow or clear		<input type="checkbox"/> 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