

**Treatment of tongue tie**  
**16HDC00988, 12 September 2018**

*Lactation consultant ~ Tongue tie ~ Frenotomy ~  
Bleeding ~ Consent ~ Rights 4(1), 6(2), 7(1)*

A mother experienced significant pain while breastfeeding her eight-day-old baby. A lactation consultant, who was also a registered midwife, attended the woman at her home at 11am.

The lactation consultant assessed the baby and the woman and diagnosed the baby with a tongue tie. She offered to perform a frenotomy on the baby and explained what the procedure would involve. She did not provide an information pamphlet or explain the non-surgical alternatives that were available. The woman was upset and called her mother to discuss the procedure. The woman also asked to speak to her midwife but this request was ignored by the lactation consultant. The baby's father signed the consent form.

At midday the lactation consultant performed the frenotomy with the assistance of the father. The wound started to bleed immediately and, when it was still bleeding after 15 minutes, the lactation consultant called an ambulance.

When the ambulance arrived, the lactation consultant applied silver nitrate to the wound and the bleeding stopped. A small blood clot was removed from the wound at 1pm and, when the baby fell asleep, the paramedic left. A midwife arrived at 2.05pm. The lactation consultant handed over care to her, and then left at 2.12pm.

At 2.30pm, the bleeding started again and an ambulance was called. The baby was transferred to hospital — a journey that took over an hour — and the wound was repaired surgically.

**Findings**

When she performed the frenotomy, the lactation consultant cut deeply into the floor of the mouth and the muscle underlying the tongue, and damaged an artery. Accordingly, she did not perform the frenotomy with reasonable care and skill and, as a result, breached Right 4(1).

The lactation consultant could have advocated further for the baby's transfer to hospital when the first ambulance was called. Adverse comment was made about her failure to do so.

The lactation consultant did not advise the baby's parents of the non-surgical alternatives to a frenotomy, that there are conflicting views on the merits of a frenotomy, or that they could seek advice from other medical specialists. By failing to provide this information, the lactation consultant failed to provide information that a reasonable consumer would need to receive to make an informed choice and, as a result, breached Right 6(2).

By performing the frenotomy when informed consent had not been obtained, the lactation consultant also breached Right 7(1).

**Recommendations**

It was recommended that the lactation consultant provide a letter of apology to the family, and a report to HDC outlining her discussion with an ear, nose and throat specialist and the changes made to her practice as a result.

It was recommended that the Midwifery Council consider whether a competence review of the lactation consultant's performance of frenotomies is warranted.

It was recommended that the Ministry of Health consider formulating a consensus position on the efficacy of frenotomies, and consider developing guidelines for the diagnosis and performance of frenotomies by midwives.