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2nd June 2022

Deputy Donnelly,
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 24398/22: To ask the Minister for Health the number of locations and practitioners that publicly provide frenotomy services for babies with tongue tie issues.

Dear Deputy Donnelly,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

All infants in Ireland have a clinical examination performed in the first 48 hours following birth including those infants born at home. The newborn clinical examination is carried out in a systematic and standardised way including an examination of the mouth. Ankyloglossia (Tongue tie) should be diagnosed using an internationally recognised and validated score that incorporates both appearance and function of the tongue. Frenotomy in infancy is a treatment that may be performed with the informed consent of the parents for the purpose of improving breastfeeding. An infant with feeding issues should be fully examined by an appropriately trained health care professional in order to rule out an underlying medical condition as a cause.

In Section 4.6 of the newborn examination handbook, ankyloglossia is listed as a finding to look out for on examination. The recommendation is that it is checked for during the new-born examination performed within 48 hours of birth, by the public health nurse within 72 hours of discharge from hospital and at 6 weeks by the doctor performing the check.

Even if a surgical procedure is planned, lactation support is the primary treatment for ankyloglossia. Frenotomy is an important procedure to alleviate nipple pain and assist in the continuation of breastfeeding. Up to 50% of infants with ankyloglossia may not require further treatment if breastfeeding is supported. The National Women and Infants Health Programme recognise the need to support women during the breastfeeding journey and as such funding has been allocated to ensure all 19 maternity sites have lactation consultant's posts in place in order to support mothers and infants.

If having exhausted supportive care, referrals may be made through the existing public channels by a GP for a frenotomy consultation with a suitable trained medical professional.

Within the public health services, frenotomy services are primarily accessed via a referral from the relevant maternity services further to intensive lactation and feeding support. These services are then provided either on site by specialist ENT/Paediatrician or via partner paediatric hospitals.

Of the 19 maternity services, 10 have such structured referral pathways in place.

I trust this clarifies the matter.

Yours sincerely,



Mary-Jo Biggs, General Manager, National Women and Infants Health Programme