

T03

LONG TERM EFFICACY OF A TONGUE TIE SERVICE IN IMPROVED BREAST FEEDING RATES: A PROSPECTIVE STUDY

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Aims: BF rates in England at 3 months of age are 17% for exclusive breast feeding (BF) and 55% for BF supplemented with formula feeds. Tongue tie (TT) in infants is cited as a significant cause of difficulty with maintaining BF. Early treatment and support can improve BF. Our aim was to determine BF rates in infants 3 months after attending our tongue tie clinic (TTC).

Methods: This study was given institutional ethical approval. Patients attending the TTC from May to July 2016, were prospectively included. They had telephone contact 3 months post-procedure to collect data on resolution of their initial symptoms and feeding pattern. Symptom resolution was recorded as complete (CR), moderate (MoR) or minimal (MiR). Feeding pattern was exclusively BF or combined breast and formula feeds or exclusively formula fed. Data were collected by a clinician not working in the TTC to avoid bias. Chi square test was used for statistical analysis ($p < 0.01$, significant).

Results: Complete data was obtained from 87 patients (87% response rate). Median age of release of TT was 17 days (range 2 – 88 days) and there were no recurrences. At 3 months, CR of symptoms was reported in 80%, MoR in 15% and MiR in 5%. 49% were exclusively BF. 41% were supplementing BF with some formula milk (2/3 by choice and 1/3 due to insufficient milk production). 10% were using only formula milk (7 by choice and 2 due to on-going feeding difficulties). Of the 17 mothers still experiencing symptoms, 5 were exclusively BF and 8 were persisting with some BF.

Our mothers achieved significantly higher exclusive BF (49% vs 17%) and combined BF and formula feeding rates (90% vs 55%), $p=0.0001$ in both.

Conclusion: Our TTC was achieving long-term health benefits by improving long term breast feeding rates.