New Thoughts on Infant Post-Frenotomy Care

Melissa Cole, IBCLC, RLC

INTRODUCTION

A hotly debated topic amongst professionals is post-frenotomy care. Infants may have varying degrees of suck dysfunction and tongue mobility issues after frenotomy. In addition, the incision sites can be prone to re-attachment. This presentation serves to outline some basic post-frenotomy care ideas that have proven to improve healing outcomes in my clinical practice. Infant post-frenotomy care 'best practice' is still in its 'infancy' and I propose a call to research this subject matter further.

OBJECTIVES

Objectives for infant post-frenotomy care include:

•Optimal healing of the incision sites

•Optimal tongue mobility and functionality

•Prevention of re-attachment and scar formation

•Prevention of oral aversion

•Improved feeding skills and maternal infant bonding

CREDITS

I would like to thank my fellow IATP colleagues, especially Catherine Watson Genna, Alison Hazelbaker and Carol Gray. Their work has profoundly influenced my clinical lactation practice.

IDEAS FOR INFANT POST-FRENOTOMY CARE

After a surgery, it is common for patients to undergo therapeutic rehabilitation.
Why would we not do the same after a frenotomy?
After being released, the infant's tongue and/or lip are usually still coping with underlying weaknesses and compensatory patterns that require personalized support and healing care. Some ideas for post-frenotomy therapy include:

Targeted oral motor work and exercises

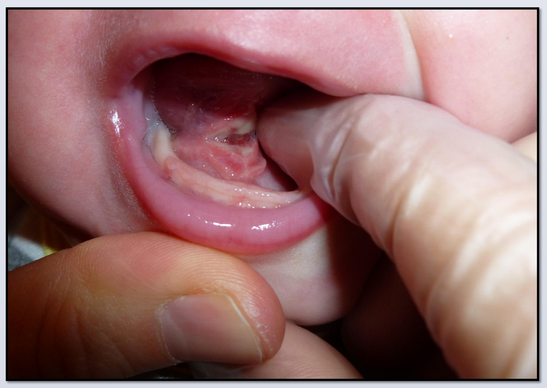
- I like to make mouth work playful. Infants that have undergone frenotomy are often quite sensitive and apprehensive about touch in their mouth. To prevent an oral aversion, make mouth work fun!
- Melissa uses various oral motor exercises (along with silly songs and games!) and craniosacral releases to optimize oral mobility and functionality.
- Areas of focus may include: tongue cupping, extension and lateralization, cheek and jaw stability, tongue peristalsis, gag reflex desensitization, etc.
- Gentle release of oral fascial and neuromuscular impingement to consider: hyoid, TMJ, buccal, zygoma, SCM, entire floor of mouth, palate, etc.
- In addition to oral work, overall bodywork, such as craniosacral therapy, is essential when a baby has been using compensatory movements to feed.

Stretches and optimal wound care

- In order to keep the incision site healing open, stretches and massaging the incision can help prevent re-attachment. I like to do a few moments of playful mouth work/games before pushing up the lip/tongue and rubbing into the wounds. I ask parents to keep it playful and repeat appox 6x/day for 3-4 weeks. If infants are prone to scarring, keloid formation or have had prior re-attachment, additional vibration/topical remedies/techniques can be used.

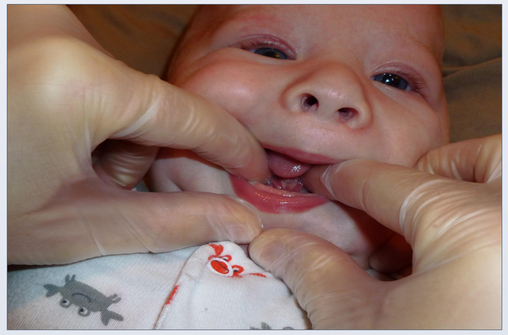
Ongoing feeding support and emotional support

- Parents coping with feeding challenges need ongoing feeding care plan management and emotional support. Tongue and lip release are rarely a 'clip it and forget it' deal. Ample support helps the healing process go more smoothly. When feeding stress is reduces, healthy parent/infant bonding is improved!



Key Points

•Keep oral work fun!
•Playful exercises and then massage incision sites
•Aim for multiple, short sessions appox 6x/day for 3-4 wks post-op
•Encourage complementary bodywork
•Provide or refer out for caring feeding and emotional support



Want to Learn More?

• Video clip of some post-frenotomy work as demonstrated by Melissa Cole, IBCLC: http://vimeo.com/55658345

•In-depth presentations and clinical support available

Melissa Cole,
IBCLC, RLC
Board Certified Lactation Consultant and Neonatal Oral-Motor Assessment Professional
Luna Lactation
Portland, OR

melissa@lunalactation.com
www.lunalactation.com
360.830.MILK (6455)