



Hôpital général juif  
Jewish General Hospital

*Centre de médecine familiale Herzl, Clinique d'allaitement Goldfarb*  
**Frenotomy Decision Tool for Breastfeeding Dyads<sup>1</sup>**

<b>Date:</b>	<b>By</b>		
<b>Baby:</b>	<b>Mom:</b>		
<b>PART 1</b>			<b>Yes</b> <b>No</b>
Mother with nipple pain/trauma while breastfeeding.			
AND/OR Infant with inability to maintain latch			
AND/OR endless feeds described by mother.			
AND/OR poor milk transfer observed			
AND/OR Infant with weight gain $\leq 15\text{g/d}$			
<b>PART 2</b>			<b>Yes</b> <b>No</b>
An infant with a visible or palpable membrane anterior to or at the base of tongue restricting tongue movement and leading to any of the following:			
1. An inability to rest the tongue on the roof of the mouth.			
2. An inability for the tongue to cup/maintain suction on an examining finger or on the breast.			
3. An inability to protrude the tongue past the bum line or bunching/dimpling of the tongue on extension			
4. Diminish lateral movement of tongue.			
<b>SCORE: Part 1 = /5                      Part 2 = /5</b> <b>If Part 1 + Part 2 <math>\geq 2</math>, frenotomy recommended</b>			
<b>Other indicators in the infant post feeding may include:</b>			<b>Yes</b> <b>No</b>
1. Perioral blanching and/or nasolabial folds			
2. Two tone lips (lighter interior of inner aspect of lips)			
3. Persistent lip blisters			
4. White tongue with absence of white patches elsewhere (pseudoleukoplakia)			
5. Possible bubble palate.			

<sup>1</sup> By Carole Dobrich, from: Srinivasan A., Dobrich C, Mitnick H., Feldman P. "Ankyloglossia in breastfeeding infants: the effect of frenotomy on maternal pain and latch." In *Breastfeeding Medicine*: 2006. 1(4): 216-224.  
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