

How is a Tongue-Tie Assessment Performed?

Information for Parents and Health Professionals

Assessment for tongue-tie requires training and skill. However, it may be helpful for parents and professionals who do not assess and divide tongue-ties to have an understanding of what a true assessment for tongue-tie involves.

A true assessment cannot be made simply by 'taking a look', or whilst the baby is sitting on a parent's lap, or laying in a car seat and most certainly not over a video call!

Remember that just because a baby has a visible frenulum (a frenulum is a normal part of the tongue's anatomy), it does not mean the baby is tongue-tied.

To find out more about different types of tongue-tie, anterior vs posterior please click [here](#) to read my blog 'What is a Tongue-Tie?'

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Performing a Tongue-Tie Assessment - Digital examination

Firstly, I will gently place a gloved finger into the baby's mouth and observe how your baby uses their tongue.

A full assessment is usually carried out with the baby laying on my lap, or a changing table. The examination aims to determine the degree of tension of the frenulum on the tongue and the surrounding tissue.

This gentle examination doesn't usually distress the baby and they often quite enjoy it; as long as they're not too hungry!

I assess the baby's tongue function using a recognised assessment tool, such as the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) this can be found on the **resources page** of my website.

Essentially this is a way of recording the assessment of the baby's tongue extension, lateralisation, elevation and cupping (your baby's ability to wrap their tongue around the nipple to form a good seal and cushion your nipple from their gum) as well as how your baby's tongue moves to remove milk from the breast or bottle.

You can view a video clip of me performing a tongue-tie assessment at my clinic on the Birth, Baby & You website.

Assessing Appearance

Firstly the appearance of the tongue is assessed. The baby can get a theoretical 2 out of 2 score for each item being assessed, such as the appearance of the tongue when lifted. For example, if a baby whose tongue remains rounded or square when lifted and does not pull in at the centre would be awarded 2 out of 2. The length, elasticity and placement of the frenulum between the tongue and the floor of the mouth is also scored.

Assessing function

Evaluating tongue function is the most important part of the assessment. Establishing if the baby is tongue-tied will not be about appearance but how the tongue functions (a short, tight, or inelastic frenulum causing impaired tongue function).

Scoring

Baby's under 12 weeks will be awarded a score for appearance out of **10** and function out of **14**, Older babies, who do not respond in the same way are assessed in a similar but less formalised manner.

Score of 14

Perfect function score regardless of appearance Item score. Surgical treatment not recommended.

Score of 11

Acceptable function score only if appearance Item score is greater than 8.

Score less than 11

The function score indicates function impairment. Frenotomy should be considered if feeding management fails. Frenotomy may be necessary if the appearance score is less than 8.

Next Steps

Following the examination, I will discuss my findings. If a release (frenulotomy) is recommended, I will explain the procedure and any associated risks (which are minimal). Parents can then make an informed decision as to whether they would like to go ahead with the procedure.

To watch a video of me performing a tongue-tie assessment at my clinic, visit the **Resources pages** on my website.

Other articles of mine which you may find useful:

- What is a Tongue-Tie?
- Post Tongue-Tie Release - Aftercare Information for Parents
- Tongue-Tie and Infant Feeding by The Association of Tongue-tie Practitioners
- Bleeding Post Frenulotomy - Guidance on Bleeding for Parents