

# Survey: Frenotomy Decision Survey for Breastfeeding Infants

**Description:** 6 question assessment tool for frenotomy decision support

**Privacy level:** Any staff member

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|--|----------|
| 1. Mother with nipple pain with breastfeeding          | Yes   No |
| 2. Poor weight gain (< 15 grams / 24 hours)            | Yes   No |
| 3. Visible membrane anterior to base of tongue         | Yes   No |
| 4. Tongue tip unable to lift and touch roof of mouth   | Yes   No |
| 5. Inability of tongue to cup examiner's finger        | Yes   No |
| 6. Inability of tongue to protrude past lower gum line | Yes   No |