



# Information for your baby's recovery

## Instructions for caring for the frenectomy site

### THE FIRST 24 HOURS

After frenectomy, the immediate focus is to make baby comfortable and minimize swelling.

To do this, we recommend using **small chips of ice** (either frozen breast milk chips if available, or frozen boiled water chips) placed directly on the frenectomy site.

The best way to make easily chipped ice is to freeze a small amount in the lid of a Tupperware container, and flake it off with a clean spoon. Lift the lip or tongue and place the ice chip underneath. It will melt easily and ease the discomfort. You can do this every hour whilst baby is awake, and before feeds, or as needed.

You don't need to press or stretch the frenectomy sites in the first 24 hours, as this may cause pain and disrupt the healing process.

### THE NEXT FEW DAYS

After 24 hours, you can start gently sweeping the wound sites with a very clean finger.

This is not intended to cause pain, but simply to promote good healing and help to prevent the wound site from healing together or healing tight.

Only press as firmly as you would on your own closed eyelid.

Place a small amount of freshly expressed milk or vegetable oil on your finger (no long finger nails) and gently roll the finger in a circular action under the tongue or lip. Repeat the circle x3 in each direction, then gently roll your finger from top to bottom over the wound site. This will lift the tongue tip up, or the lip towards the nose.



### Baby's comfort

It is normal for a small amount of discomfort to occur after surgery. Most babies will not need Panadol or other pain relief, but simply their usual ways of being comforted (e.g. rocking, walking, skin to skin cuddles, baths etc).

If your baby cannot be settled in their usual way, you might consider trying pain relief. Please discuss this with your doctor or pharmacist.



## Breastfeeding

Whilst your baby is learning to use his/her new mouth, it will be important to give as much support as possible, as most babies who have had mouth restrictions have been making adaptations to their suck and swallow to achieve as good a feed as possible.

Following frenectomy, teach your baby to breastfeed as if a newborn, regardless of age.

### **Key points to remember:**

Position baby's whole body facing you, in close, with the nose opposite the nipple before latching. The ear, shoulder and hip should be in a straight line.

Make sure that baby's head is slightly tilted backwards, allowing space for the jaw to open towards the chest and the chin to touch the breast.

Support the breast by creating a 'sandwich,' with the fingers underneath but well back from the areola and the thumb on the top, close

to the edge of the areola so that it can point the nipple upwards to the nose.

Use the soft underside of the breast to tease the bottom lip until the mouth opens, the jaw drops down and the tongue starts to come out to meet the breast.

Once you see the tongue, plant the edge of the areola on the bottom lip turning it out and then fold the nipple over the top lip into the mouth. This allows the nipple to point towards the back of the mouth, in a nice deep latch. Sometimes this can be a very quick action and difficult to get right if baby is not used to gaping.

Make sure that the nipple is inserted centrally so it doesn't get pinched on the sides. The nipple should be rounded at the end of the feed and once sucking has established, you can use your thumb to flip the lip up if baby hasn't done it.

If baby slips off, reposition or relatch ensuring that the tongue is out and the latch is deep.



You might find that you need to support the breast for a few days until your baby develops the strength to hold on alone for the whole feed.

### AUSTRALIAN BREASTFEEDING ASSOCIATION

You can find more information about newborn latch and "back to basics" latching on the ABA website. There are pictures and video clips to help you look for correct technique.

<https://www.breastfeeding.asn.au/>

## Bottle feeding after frenectomy

Whilst your baby is learning to use his/her new mouth, it will be important to give as much support as possible, as most babies who have had mouth restrictions have been making adaptations to their suck and swallow to achieve as good a feed as possible. Following frenectomy, teach your baby to feed as if a newborn, regardless of age.

### **Key points to remember:**

- Position baby with shoulders on your forearm, in close, with the nose opposite the teat before latching to the bottle. The ear, shoulder and hip should be in a straight line. Support them in a more upright position if needed (if required, this will be demonstrated during your appointment).
- Make sure that baby's head is slightly tilted backwards, allowing space for the jaw to open towards the chest, just as adults do when we drink a glass of water.
- Use the underside of the teat tip to tease the bottom lip until the mouth opens, the jaw drops down and the tongue starts to come out to meet the teat.
- Once you see the tongue, place the bottle into the mouth, making sure the tongue stays underneath and in a forwards position. This allows the teat to point towards the back of the mouth, in a nice deep latch. Sometimes this can be a very quick action and difficult to get right if baby is not used to gaping.
- Make sure that the teat is inserted centrally so it doesn't get pinched on the sides. Line the bottle up straight with the baby's nose.

Once sucking has established, you can slowly twist the bottle in a gentle clockwise and then anticlockwise action to flange the upper lip out. Be careful not to pull the bottle out or push it in during this action.

If baby slips off, reposition or relatch ensuring that the tongue is out and the latch is deep.

You might find that you need to support the chin with your fingers for a few days until your baby develops the strength to hold on alone for the whole feed.