

Referral Form for assessment of Tongue-Tie at Clinic for **Breast Fed** babies

Referral to Midwife led service is for NHSCT babies under 12 weeks old.

Pathway for bottle-fed babies is via General Practitioner Referral

Child's Name:		Child's Date of Birth: <i>H&C number :</i>	
Mother's Name:		Mother's Address:	
		Mother's Telephone No:	
Name of GP:			
Child's Birth Weight:		Child's Current Weight:	
Please tick key findings Baby:		Please tick key findings Mother:	
<input type="checkbox"/>	Baby has difficulty in latching on	<input type="checkbox"/>	Cracked nipples
<input type="checkbox"/>	Baby constantly slips off breast	<input type="checkbox"/>	Breast engorgement even after feeds
<input type="checkbox"/>	Excessive weight loss	<input type="checkbox"/>	Blocked duct
<input type="checkbox"/>	Slow or no weight gain	<input type="checkbox"/>	Mastitis
<input type="checkbox"/>	Constant/frequent feeds	<input type="checkbox"/>	Pain or 'grating' sensation during a feed
<input type="checkbox"/>	Clicking noises while feeding	<input type="checkbox"/>	Nipples misshapen after a feed
<input type="checkbox"/>	Baby not content after feeds	<input type="checkbox"/>	Poor milk supply

To book onto clinic Referral form to be sent to:

Helen.dunseath@northerntrust.hscni.net

And cc to Gillian.anderson@northerntrust.hscni.net

All other breastfed babies should be referred to ENT:

Antrim Hospital: Dr Delap's Sec: Kathleen Burke Tel. no: 33483/ Dr Valco's Secretary: Stacey Rainey. Tel no: 334855, ENT Out- Patients, Antrim Area Hospital. **Copy to:** Gillian Anderson (Breastfeeding Co-ordinator) Bush House, AAH. Tel No: 07553262262

Causeway Hospital: Dr Scally's Secretary: Katie O'Hagan, ENT Out-patients Dept, Causeway Hospital. Tel no: 375288 **Copy to:** Breastfeeding Co-ordinator Causeway(interim)

Pauline.mckeown@northerntrust.hscni