

Molar Bear Baby Tongue Tie/Lip Tie Screening

Dear Parents: Please take some time to fill out the questionnaire before the consultation appointment.

Baby's Name: _____ Date of Birth: _____ Gestation at birth: _____

Birth Weight: _____ Last Recorded Weight: _____ on (date) _____

Questionnaire filled out by _____ on(date) _____
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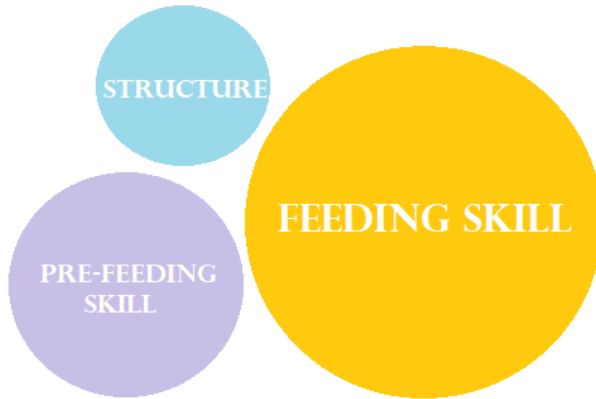
Step 1: Parent Questionnaire: Answer yes or no to each question exploring your baby's feeding health.

This questionnaire is designed to use on or around day 5 of birth, or at least after 3-4 feedings of baby

What to observe	Answer indicating effective feeding	√	Answer suggestive of a problem	√
Baby's color, alertness and tone	Normal skin color; alert; good tone		Jaundice worsening or not improving; baby not waking to feed; poor tone	
Weight (following initial post-birth loss)	Gaining weight		Static weight or continued weight loss	
Number of feeds in last 24 hours	At least 6 – 12 feeds in last 24 hours		Fewer than 6 feeds in last 24 hours or more than 12 feeds in last 24 hours	
Baby's behavior during feeds	Generally calm and relaxed		Baby comes on and off the breast frequently during the feed, or refuses to breastfeed	
Sucking pattern during feed	Initial rapid sucks changing to slower sucks with pauses and soft swallowing		Rapid sucks with long pause, or noisy feeding (e.g. clicking)	
Length of each feed	Baby feeds for 5 - 30 minutes at most feeds		Baby consistently feeds for less than 5 minutes or longer than 40 minutes	
End of the feed	Baby lets go spontaneously, or does so when breast is gently lifted		Baby does not release the breast spontaneously, mother removes baby	
Baby's behavior after feeds	Baby content after most feeds		Baby unsettled after feeding	
Shape of either nipple at end of feed	Same shape as when feed began, or slightly elongated		Misshapen or pinched at the end of feeds	
Mother's report on her breasts and nipples	Breasts and nipples comfortable		Nipples sore or damaged; engorgement or mastitis	
Use of dummy / nipple shields / Formula	None used		Yes: (state which) _____	


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Step 2: Assessment for pre-feeding history and skills















Pre-feeding history / skill	Yes	No
Induced labor	<input type="checkbox"/>	<input type="checkbox"/>
C-Sectioned	<input type="checkbox"/>	<input type="checkbox"/>
Premature baby	<input type="checkbox"/>	<input type="checkbox"/>
Epidural used	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty during labor	<input type="checkbox"/>	<input type="checkbox"/>
Cord around neck	<input type="checkbox"/>	<input type="checkbox"/>
Feeding tube required	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged suctioning of fluids in the mouth	<input type="checkbox"/>	<input type="checkbox"/>
Rooting reflex & suck reflex	<input type="checkbox"/>	<input type="checkbox"/>



Latch posture & assessment	Yes	No
Nose is free	<input type="checkbox"/>	<input type="checkbox"/>
Upper lip flanged outward (like fish)	<input type="checkbox"/>	<input type="checkbox"/>
Lower lip flanged outward (like fish)	<input type="checkbox"/>	<input type="checkbox"/>
Mouth covers areola	<input type="checkbox"/>	<input type="checkbox"/>
Mouth opening more than 90 degree	<input type="checkbox"/>	<input type="checkbox"/>
Two color tone tongue 	<input type="checkbox"/>	<input type="checkbox"/>

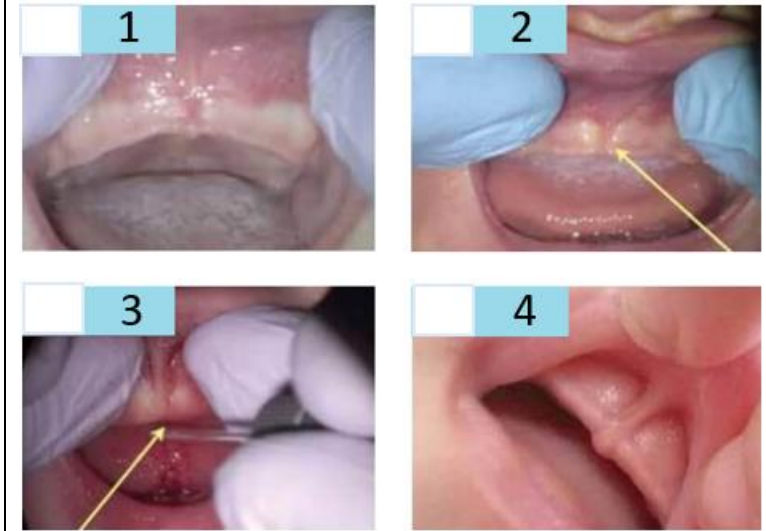
Step 3: Oral Attachment Assessment

TABBY Tongue Assessment				
	0	1	2	SCORE
What does the tongue-tip look like?				
Where it is fixed to the gum?				
How high can it lift (wide open mouth)?				
How far can it stick out?				

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Kotlow Infant Lip Assessment

1. Minimally visible
2. Attachment inserted to mid gum
3. Attachment inserted to end of gum
4. Attachment inserted to back of the gum



Step 4: Are we ready for the consultation/ if the baby needs release, are we ready?

Vit K IM shot on (date) _____

Vit K Oral – second dose on (date) _____

Do we/have we had the following below	Yes	No
Body work – Chiropractor, osteopathic manipulation, CST...	<input type="checkbox"/>	<input type="checkbox"/>
A lactation consultant?	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin K administration	<input type="checkbox"/>	<input type="checkbox"/>



Anything else we need to know about your baby:

Please fill out these forms and email them to info@molarbeardental.com. This will be helpful as it lets us look at the information prior to the consultation.

We look forward to seeing you!