

Connection and Care: Virtual Support for Tongue-Tied Infants

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Why Virtual Care?

- Safety
- Geographical limitations
- Accessibility issues
- Preference

Critical Thinking for Virtual Care

- Gathering, assessing relevant information
 - Parental goals
 - Full Hx, assessment
 - Baby's side, parent's side?
 - Raising vital questions, skillful conceptualizing
 - Underlying problem(s)?
 - What does this baby need to feed well?
 - Tools or current plan helping or hindering?
- Synthesizing, applying gathered info without bias
 - Working off preconceived notions, bias?
 - Partnering to gather info
 - Forming working hypothesis
 - Communicating effectively
 - Collaborative planning
 - Ideas sustainable, respective of family's goals?
 - Observing outcomes, reevaluating

Virtual Tool Bag

- Computer
- Lighting
- Microphone, headset
- Charting device (tablet, note pad)
- HIPAA compliant video platform
- High speed Wi-Fi, Ethernet
- Phone back up
- Professional attire

What's in my bag?

- Mouth model
- Dolls
- Breast/chest model
- Demo feeding devices, tools
- Oral motor toys

Mouth Puppet

Before the Consult

- Tools in place
 - Organized forms, demo tools/pics, tech
 - Telehealth patient checklist (tech, lighting, helper)
- Gather info
 - Intake, consent
 - Photos, video
- Prep time helps streamline!
 - Review gathered info
 - List additional questions, topics to cover

During the Consult

- Art of the intake
 - Therapeutic presence, eye contact
 - Review goals, concerns, Hx, photo observations
- Collaborative assessment
 - Clinician-guided, parent-empowered
 - Review anatomy, function, feed (live, video, pics)
- Care plan
 - Summarize findings, provide info, resources
 - Sustainable plan, compassion

After the Consult

- Document
 - Chart asap, language “observed via video”, make clear visit was virtual
 - Send patient notes, relevant resources
- Refer
 - Team approach, triage priorities
 - Communicate, collaborate
- Follow up
 - Schedule, communicate, visuals
 - Expectations (parent, provider, care plan)

Telehealth CAN empower and foster connection!

Provider-Directed Parent-Assisted Exam

- Enhances provider skills, empowers caregivers
- Requires proactive thinking
- Listening = essential clinical skill
- Eliciting info through various caregiver-assisted maneuvers
- “Teaching is the best way to learn”
- “Patients are quite capable of participating in an exam when instructed properly, and the provider is able to make an informed and educated decision related to care.” (Benzinger, 2020; Srinivasan, 2020)

Hands-Off! Eliciting Clinical Information

- Critically analyze in-person approach to help you hone your virtual approach
 - What info do I usually get and how?
 - Listening? Observation? Palpation?
 - Create checklist (for self or shared)
 - Function, appearance, anatomical notes
 - Show on model, ask parent to do maneuver (observe, get feedback)
 - OK to get info in stages, focus on critical pieces

Assessment Item	Eliciting Tips: Observe + ask parent to....
Lateralization	Rub lower gum towards back ‘molar’, can tongue follow?
Extension	Touch lower lip/chin, does tongue extend? Maintained extension during ‘tug – o war’, sucking? Older: Mimic, toys
Elevation	Gently tug chin down, tongue posture at rest/sleep? While crying?
Cupping	Tug-o-war. Pull chin down while sucking, cupping maintained?
Peristalsis	Have baby suck finger (chomping, wave like motion, clicking?)
Lingual strength	Push on sides of tongue, does tongue push back?
Buccal strength, notes	Gently pulse your finger in baby’s cheek pocket, do you feel a response/contraction? Thin/well-developed fat pads? Tension?
Lip notes	Does your baby keep mouth open during wake/rest? Are lips blanched, blistered?
Lip strength	Push sides and middle of top, bottom lip, does baby respond, contract?
Jaw tension, movement	Massage down jawline, then gently tug chin down. Does jaw glide, stick, clench? How is movement? Deviation?
Jaw position	Observe. Picture at rest/in profile, lips parted/mouth closed/open. Retrognathia noted?
Lingual frenulum	Use scale of preference, note attachment. Describe attachment “2 mm behind tongue tip” “Attaching to interior inferior alveolar ridge” “Thick, fibrous”
Maxillary labial	Use scale of preference, note attachment. Describe attachment “Frenum inserts at base of alveolar ridge, extends into anterior hard palate” “Tension and tissue blanching with lip eversion”
Misc. frenula	Buccal, inferior mandibular Describe attachments if applicable
Palate	Ask parent to describe feel (ridge down center, finger feels noticeable ‘groove’ or ‘bubble’. Request pics
Facial Symmetry	Observe in video/pics. Ears, nares, eyes aligned? Tension? Bossing?

Overall Structure

Observe in video/pics.

- Ask parents to move baby, place in prone, etc.
- How does look when resting?
- When eating?
- Noticeable asymmetries?
- Tension?
- Head tilt/turning preference?
- Head lift ability?
- Tone, strength?

Feeding

Observe, ask about...

- Positioning.
- Sucks per burst, pauses.
- Variability in rhythm, inability to maintain stamina throughout feed.
- Clicking, dribbling
- Stress cues
- Respiration
- Parent-sided factors if applicable.