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Title	Akyloglossia: Where congenital anomaly surveillance meets the baby friendly initiative
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Reviewer 1	Dr. John Murphy
Institution	The National Maternity Hospital, Dublin
General comments (author response in bold)	<p>This large study on ankyloglossia and frenotomy is a useful addition to the literature A relationship between ankyloglossia and birth weight, male sex, nullipara, and multiple births is demonstrated. The rate of frenotomies per 100 ankylossia cases has increased</p> <p>1. Is there any information available on how the frenotomies were performed and who did the procedure? Response: Information on who performed the frenotomies is available in our data source. Frenotomies in the Women's Hospital of British Columbia (where about 7000 of the provinces 40-45,000 babies are born) are performed by the Pediatrics Group. These pediatricians do not use anesthesia and do not charge a fee for the procedure (Personal Communication Hadad K, Medical Director, Intermediate Nursery, BC Women's Hospital). We understand that the procedure is carried out by different health care professional elsewhere in the province and there is an increasingly commercialized service offered by dentists and others (post hospital discharge). We have chosen not to mention this in our study to avoid potentially maligning the providers who do not charge for the procedure. We mention this in the limitation section of the revised manuscript (page 9). "Other limitations include a lack of detail in our data source regarding type of anesthesia used for frenotomy and the cost of the procedure."</p> <p>2. Also how old were the infants when the frenotomy was undertaken? Response: The procedure was performed during the birth admission i.e., typically in the first 2-3 days after birth. This information has been added to the revised manuscript (page 9). "This procedure was carried out in the first few days after birth as our information was restricted to the birth admission."</p> <p>3. There is no data to indicate whether frenotomy is effective but the background breast feeding rate is high to begin with being 93% in 2004 rising to 95% in 2013. Response: We agree that the background rate of breastfeeding initiation in the population is high and the increase over the study period was small. Although the small increase occurred simultaneously with the increase in frenotomy rates, it is unclear if the two events are related.</p> <p>4. The discussion is balanced and takes an appropriate measured stance. Response: Thank you.</p>
Reviewer 2	Dr. Erin Crouchman
Institution	Ottawa, Ontario
General comments (author response in bold)	<p>Thank you for the opportunity to review this research submission in which the authors sought to identify predictors of tongue-tie, and subsequent surgical correction in the neonatal stage.</p> <p>Strengths of this team's study include:</p> <ol style="list-style-type: none"> 1. Use of an established and validated provincial perinatal data registry with a 10 year slice of data in which consistent coding was utilized; 2. Sufficiently powered to tease out contributing factors of outcome for term infants; 3. Appropriate and supported use of statistical tools by design. 4. Bivariate results are not reported for those with missing values compared to

the rest of the data; a simple one-line statement can be included, after brief analysis, to say they did not vary significantly on any other demographic variables.

Response: We have added a sentence acknowledging the missing data as a limitation and stating that subjects with missing information were retained in the regression analysis as a separate category (page 9).

"Rates of ankyloglossia and frenotomy were estimated among those with missing information and such subjects were included in the regression analysis as a separate category."

Queries and comments for the research and editorial team to consider:

1. Be cautious to interpret a null result as "borderline significant" in bivariate analysis, but identify subsequent inclusion in regression because of the explanatory variance it contributes to the model (p7).

Response: We have removed the term 'borderline significant' and state that the P value was not significant. P values were not used to guide model selection and the initial and final regression models were identical. Hence this issue does not have a bearing on the regression. Page 7

"Infants of nulliparous women and women with a BMI ≥ 30 kg/m² had relatively high rates of ankyloglossia; the P value for the increase in ankyloglossia rates with increasing BMI was not significant (P for linear trend 0.06)."

2. Would the authors offer explanations in the discussion on the causes for the trend in diagnosis? A modest rise in breastfeeding rates might be a contributor, as identified in the paper, but could there be other explanations in addition to it?

Response: We believe that the increase in ankyloglossia is due to greater surveillance. We have added a sentence regarding this (page 11)

"The observed increase in the diagnosis of ankyloglossia appears to be a consequence of increased surveillance secondary to the increased focus on breast feeding initiation and the UNICEF's Baby Friendly Hospital Initiative."

3. Consensus on diagnostic criteria is lacking, through no fault of the research team. Addressed most effectively in the final paragraph of the discussion - excellent final thoughts from this team.

Response: Thank you.

4. Very minor form comments:

- p8, line 41 - Use of numbers within a sentence up to 10 are spelled out, unless they form part of statistical reporting within brackets at the end of the sentence (noted as the first place identified, but there were more subsequent to it).

Response: This and two other instances of this have been corrected in the revised manuscript.

Discussion starts off with repeat of statistical results (lines 6-12), encouraged to remove stats and summarize without technical terms.

Response: We have revised the sentences and the Discussion now begins

"Our study showed that rates of ankyloglossia increased substantially between 2004 and 2013 and rates of frenotomy increased significantly over the same period."

Congrats to the research team.

Response: Thank you.

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