Letter to the editor

Tongue Screening Test: 10 years of federal law No. 13.002/2014

Antonio Lucas Ferreira Feitosa[1] ID
Roberta Lopes de Castro Martinelli[2] ID
Giédre Berretin-Felix[3] ID
Hilton Justino da Silva[1] ID

[1] Universidade Federal de Pernambuco - UFPE, Departamento de Fonoaudiologia, Pós-Graduação em Saúde da Comunicação Humana, Recife, Pernambuco, Brasil.

[2] Hospital Santa Therezinha, Brotas, São Paulo, Brasil.

[3] Universidade de São Paulo - USP, Faculdade de Odontologia de Bauru, Departamento de Fonoaudiologia, Bauru, São Paulo, Brasil.

Dear Editor-in-Chief of the CEFAC Journal,

This June, we celebrate a decade since the enactment of Federal Law No. 13.002/2014[1], which establishes the mandatory evaluation of the lingual frenulum in newborns through the Lingual Frenulum Evaluation Protocol for Babies. This legal milestone has been essential for neonatal health in Brazil, providing early identification of ankyloglossia, which can impact the orofacial functions of sucking, chewing, swallowing, breathing, and speech.

Ankyloglossia, commonly known as tongue-tie, is a congenital anomaly that occurs when embryological tissues that should have undergone apoptosis, during embryonic development, remain on the underside of the tongue, restricting its movements[2].

Early detection of this condition is crucial to prevent future complications and improve the quality of life for individuals with this alteration. For this, diagnosis through the application of validated clinical protocols is necessary. Historically, concerns about ankyloglossia date back centuries[3], but it has only been in recent decades that the clinical relevance of this condition has been more widely recognized[4].

In Brazil, before the aforementioned law came into effect, the evaluation of the lingual frenulum was not a standardized practice in hospitals. This resulted in late diagnosis in the field of Speech, Language, and Hearing Sciences, thus, impacting orofacial functions[5-10]. Studies on ankyloglossia, in babies, began in Brazilian Speech Therapy around 2011 through research that proposed the first Brazilian assessment instrument which was subsequently validated in 2015[15,16] and, in 2016[17], had its neonatal screening (reduced version) also validated.

The enactment of Federal Law No. 13.002, on June 20, 2014[1], represented a significant advancement, making Brazil a world reference in the early diagnosis of ankyloglossia. The law made it mandatory to perform the Lingual Frenulum Evaluation Protocol for Babies[15,16] in all hospitals and maternity wards for children born in their facilities. This standardized and validated protocol allows for a systematic and objective assessment of the anatomofunctional aspects related to the lingual frenulum, enabling the identification of cases that require intervention.

Other material resources have also been published, such as the "Lingual Frenulum Test Booklet"[18] in 2014 and the "Practical Guide to the Lingual Frenulum,"[19] published by the Brazilian Society of Speech, Language and Hearing Sciences in partnership with the Brazilian Association of Orofacial Motricity, in 2022. Various scientific articles, theses, dissertations, technical scientific reports, and campaigns have been developed over the last 10 years, since the enactment of the federal law. The lingual frenulum test is now known throughout Brazil and has gained worldwide recognition, having been translated into twelve languages, with translation and cross-cultural adaptation for European Portuguese[20] and Spanish (Spain[21] and Colombia[22]).

However, many challenges persist and directly impact the care that should be provided to babies. The construction of scientific knowledge is continuous and requires the joint effort of various actors within scientific entities. Professionals must recognize that subjectivity in an evaluation can lead to errors, necessitating the use of validated instruments to ensure precise and systematic assessment.

Thus, there are still challenges to be overcome. Uniformity in protocol application, continuous training of healthcare professionals, and the inclusion and recognition of the law within child health-related policies are essential to ensure the effectiveness of early diagnosis. Additionally, systematic monitoring of babies diagnosed with ankyloglossia is necessary to evaluate the outcomes of the interventions performed and adjust practices as required.

The future perspective is promising, although it demands efforts from the government, scientific societies, researchers, and clinicians. Initiatives aimed at expanding and improving professional training, as well as developing monitoring in the Unified Health System for the evaluation, treatment, and follow-up of babies diagnosed with ankyloglossia, are necessary. Investments in research are essential to enhance diagnosis, ensure adequate interventions, and provide increasingly effective care, based on scientific evidence.

We emphasize the need for professionals to seek appropriate training and a solid scientific foundation, in addition to an awareness that ankyloglossia is just one of many challenges within the neonatal and breast-feeding context. It is crucial to have a broad critical sense and a constant commitment to well-being and, above all, the quality of life of babies. We must refrain from information without scientific basis, as this can negatively impact the care provided to these families.

The concern expressed by these authors, shared by many professionals, is the growing problem of excessive diagnoses and surgical interventions based on associations not proven in scientific literature. The trend of seeking correlations with other body systems or with the baby's signs and behaviors as criteria for diagnosing an anomaly restricted to the oral cavity has led to manipulations, overdiagnoses, and unnecessary interventions, representing an ethical disrespect to babies.

In summary, Law No.13.002/2014 is a milestone in neonatal health and Brazilian Speech Therapy. Continuous evaluation and improvement of practices associated with lingual frenulum assessment are essential to ensure that the benefits of this law be fully realized, always considering respect and ethics in relation to babies and their families.

REFERENCES

1. Brasil. Presidência da República [Webpage on the internet]. Lei n° 13.002, de 20 de junho de 2014. Obriga a realização do Protocolo de Avaliação do Frênulo da Língua em Bebês. Diário Oficial da União. Brasília, DF; 23 jun. 2014. Edição extra Seção 1, p. 4. [accessed jun 14 2024]. Available at: http://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?data=23/06/2014&jornal=1000&pagina=4&totalArquivos=16

2. Knox I. Tongue tie and frenotomy in the breastfeeding newborn. NeoReviews. 2010;11(9):e513-e519. https://doi.org/10.1542/neo.11-9-e513

3. Obladen M. Much ado about nothing: two millenia of controversy on tongue-tie. Neonatology. 2010;97(2):83-9. https://doi.org/10.1159/000235682 PMID: 19707023.

4. Martinelli RLC, Gusmão RJ, Daza MPM, Marchesan IQ, Berretin-Felix G. Perfil de la producción científica sobre anquiloglosia. Int J Med Surg Sci. 2021;8(1):1-13. https://doi.org/10.32457/ijmss.v8i1.592

5. Silva MC, Costa MLVCM, Nemr NK, Marchesan IQ. Frênulo de língua alterado e interferência na mastigação. Rev. CEFAC. 2009;11(supl.3);363-9. https://doi.org/10.1590/S1516-18462009000700012

6. Marchesan IQ, Teixeira AN, Cattoni DM. Correlações entre diferentes frênulos linguais e alterações da fala. Distúrb. Comum. 2010;22(3):195-200.

7. Marchesan IQ. Frênulo de língua: classificação e interferência na fala. Rev. CEFAC. 2003;5:341-5.

8. Marchesan IQ. Lingual frenulum: Classification and speech interference. Int J Orofacial Myology. 2004;30(1):31-8. https://doi.org/10.52010/ijom.2004.30.1.3 PMID: 15832860.

9. Camargo ZA, Marchesan IQ, Oliveira LR, Svicero MAF, Pereira LCK, Madureira S. Lingual frenectomy and alveolar tap production: An acoustic and perceptual study. Logoped Phoniatr Vocol. 2013;38(4):157-66. https://doi.org/10.3109/14015439.2012.671357 PMID: 23826654.

10. Martinelli RLC, Marchesan IQ, Berretin-Felix G Compensatory strategies for the alveolar flap [ɾ] production in the presence of ankyloglossia. Rev. CEFAC. 2019;21(3):e10419. https://do.org/10.1590/1982-0216/201921310419

11. Martinelli RLC, Marchesan IQ, Rodrigues AC, Berretin-Felix G. Protocolo de avaliação do frênulo da língua em bebês. Rev. CEFAC. 2012;14(1):138-45. https://doi.org/10.1590/S1516-18462012000100016

12. Martinelli RL, Marchesan IQ, Berretin-Felix G. Lingual frenulum protocol with scores for infants. Int J Orofacial Myology. 2012;38(1):104-12. https://doi.org/10.52010/ijom.2012.38.1.8 PMID: 23362754.

13. Martinelli RLC, Marchesan IQ, Berretin-Felix G. Lingual frenulum evaluation protocol for infants: Relationship between anatomic and functional aspects. Rev. CEFAC. 2013;15(3):599-610. https://doi.org/10.1590/S1516-18462013005000032

14. Martinelli RLC. Relação entre as características anatômicas do frênulo lingual e as funções de sucção e deglutição em bebês [dissertation]. Bauru (SP): Faculdade de Odontologia de Bauru, Universidade de São Paulo; 2013.

15. Martinelli RLC. Validação do protocolo de avaliação do frênulo da língua em bebês [thesis]. Bauru (SP): Faculdade de Odontologia de Bauru, Universidade de São Paulo; 2015.

16. Martinelli RLC, Marchesan IQ, Lauris JR, Honório HM, Gusmão RJ, Berretin-Felix G. Validation of the Lingual Frenulum Protocol for infants. Int J Orofacial Myology. 2016;42(1):5-13. https://doi.org/10.52010/ijom.2016.42.1.1

17. Martinelli RLC, Marchesan IQ, Lauris JR, Honório HM, Gusmão RJ, Berretin-Felix G. Validity and reliability of the neonatal tongue screening test. Rev. CEFAC. 2016;18(6):1323-31. https://doi.org/10.1590/1982-021620161868716

18. Martinelli RLC, Marchesan IQ, Gusmão RJ, Berretin-Felix G. Teste da linguinha. In: Agostini OS, editor. Teste da linguinha, editor. São José dos Campos: Editora Pulso; 2014. Accessed on jun 14 2024. Available at: https://www.abramofono.com.br/wp-content/uploads/2014/10/testelinguinha_2014_livro.pdf

19. Sociedade Brasileira de Fonoaudiologia [Webpage on the internet]. Será que o bebê tem língua presa? Guia prático de frênulo lingual. São Paulo: Departamento de Motricidade Orofacial da SBFa; 2022. [accessed jun 14 2024]. Available at: https://lp.sbfa.org.br/lp-guia-pratico-de-frenulo-lingual/pdf/guia-pratico-de-frenulo-lingual.pdf

20. Pimentel IM. Adaptação cultural, linguística e psicométrica do Protocolo de avaliação do frênulo da língua com escores para bebês [dissertation]. Alcoitão (Portugal): Escola Superior de Saúde do Alcoitão; 2016.

21. Pérez Silva A, Ramos Martín MD, Serna Muñoz C, Martínez Beneyto Y, Lima de Castro Lomonaco I, Ortiz-Ruiz AJ. Traducción, adaptación transcultural y validación de un protocolo de evaluación del frenillo lingual en bebés para su uso en España. Odontol Pediátr. 2023;31(2):65-75. http://dx.doi.org/10.20960/odontolpediatr.00012

22. Llanos-Redondo A. Adaptación cultural y validación de un Protocolo de Detección Temprana de Alteraciones de Frenillo Lingual para estandarizar el diagnóstico clínico en neonatos del Departamento Del Norte de Santander - Validación en Colombia [thesis]. Buenos Aires (Argentina): Universidad Museo Social Argentino; 2023.

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