

CDCI PRESENTS: FEED FREE TUESDAYS



What is “Feed Free Tuesday”?

Dr. Kuba was selected to participate in a pilot program, “Pathways to Community”, sponsored by the American Dental Association and Crest/Oral B. The program’s goal was to help identify women leaders in dentistry and give them support and tools to create a community outreach initiative. For her project, Dr. Kuba immediately knew she wanted to help moms who want to breastfeed but are having difficulties due to tethered oral tissues and cannot afford the recommended procedures. Hence, **Feed Free** was born!

*Ex: a typical cost for a frenum release in the DFW area ranges from \$400-600 per site

Where do you come in?

A frustration for Dr. Kuba has been the lack of a cohesive community of support for the moms and babies in need of releases. She feels that while she can help with the technical releases, the moms and babies still need support after the procedure. In addition, Dr. Kuba feels more comfortable proceeding with the releases when other qualified professionals (like you!) have worked with the family and determined that a release(s) would be beneficial.

You’ve identified a family in need, now what?

1. Fill out our “Feed Free Tuesday Referral Form” below
2. Email it to info@irvingchildrensdental.com with subject “Feed Free Referral” or fax to: 214-484-3218
3. We will reach out to the family and coordinate their appointment
4. Upon completion of the release(s), we will email you pertinent details and send the family back to you for continued follow-up care and support

How will the release(s) be completed?

- We use a Waterlase iplus laser
- One or two Registered Dental Assistants will help hold the baby while our board-certified pediatric dentist performs the procedure. An infant swaddle may be utilized if it provides extra safety and comfort for the baby
- The family waits in our consultation room, viewing a video with post-op instructions and demonstration of stretching exercises. They will be sent home with written instructions as well.

**REFERRAL FORM: email to info@irvingchildrensdental.com with subject “Feed Free Referral”
Or Fax to: 214-484-3218, Attn: Feed Free Tuesdays**

Referring Office: _____

Child’s Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone Number: _____

Reason for Referral: EX: Shallow latch, Colic, Reflux, Poor weight gain, Mother: Pain upon breastfeeding

Your Recommendations: EX: maxillary labial frenum release, lingual frenum release, buccal frenum release, etc