The Breastfeeding Center, Boston Medical Center
Referral Guidelines for Inpatient Lactation Consults

To make a referral to the Lactation Consultant Service, you must enter the order into SCM System. The clinician who is entering the order will communicate with other members of the health care team. Consults are normally completed within 24 hours. For immediate attention, or to check availability, enter consult in SCM then page Lactation Consultant at #6455. Additional breastfeeding support resources are listed at the end of this guideline.

Documentation of interventions/teaching done by the LC will be done in SCM on the infant’s medical record, unless it is a Maternal Readmission consult, in which case the note will be on the maternal medical record.

Peer Counselors
BMC has trained breastfeeding counselors, supervised by a Lactation Consultant or Registered Nurse, who can provide individual attention to mothers. First-time mothers, teen mothers, mothers who have had negative breastfeeding experiences with previous children, and other mothers who lack confidence in their ability to breastfeed, can benefit from the assistance of a peer counselor. Peer counselor services can be ordered on SCM, and need is met on an as-available basis.

Breast Pump Requests:
If a mother is requesting a breast pump for home use, please see breast pump information in classroom. If you have questions about insurance coverage please ask peer counselor or LC. Do not enter request for a consultation unless there is an indication based on the Lactation consult referral guidelines.

STAFF NURSE OR PROVIDER SHOULD MAKE A REFERRAL TO THE LACTATION CONSULTANT SERVICE IN THE FOLLOWING CASES:

Maternal Readmissions
Breastfeeding women who are re-admitted to BMC, for whatever reason, should be referred to the LC. This includes, but is not limited to, women with mastitis, breast abscess, or other breast related issues. This also includes women admitted to surgical or other units who are lactating but are being treated for issues which may not be breastfeeding related. The LC will assess the mother and co-ordinate lactation care among the various clinicians.

Medications
When questions arise about maternal medications and breastfeeding, the reference used for assessing safety of medications with breastfeeding here at Boston Medical Center, is Medications and Mothers’ Milk by Thomas Hale, PhD. This includes questions regarding contrast mediums. There are hard copies of this book located on the Birthplace, as well as an internet version available to BMC staff. See http://internal.bmc.org/pediatrics/BirthPlace/documents/OnlineHale.doc for usernames and passwords. Another acceptable reference can be found on Lactmed, an NIH database. Simply google Lactmed and you will find it. The LC may be consulted if there is any confusion regarding safety.

Multiple Birth
The lactation consultant should consult with all mothers of multiples who wish to breastfeed.
**Separation of mother/infant**

Breastfeeding women who are separated from their infants should be referred to the LC. This includes: NICU infants, infants who must remain in newborn nursery for extended period, infants readmitted to the pediatric inpatient service, and mothers who may be in surgical or other units while their infants are in the newborn nursery. Mothers should be assisted to begin pumping within 6 hours of birth, by RN, whenever medically possible. LC will thoroughly review pumping protocol when consult initiated.

**Weight loss**

If C/S birth >8%   If vaginal birth >7%

When a breastfeeding newborn loses more than 7% of birth weight during the hospital stay, the mother/infant dyad should be referred to the LC for a full evaluation. Notify MD and consult LC. **Supplementation is not necessary based solely on weight loss. If MD deems necessary prior to Lactation consult, assist Mother to initiate hand expression or pumping and supplement with colostrum via alternative feeding method. If colostrum not available, MD to assess if formula is necessary and supplement should be fed via alternative feeding method and in appropriate amounts. (see Breastfeeding Policy)**

**Infant with gestational age of 37 weeks or less or SGA infant**

These infants should routinely be referred to the LC.

**Ineffective latch after 24 hours of age**

In the first 24 hours, many newborns are sleepy and unable to latch effectively. Skin to skin care should be encouraged for all dyads, and staff should educate Moms re position, latch, feeding cues, hand expression to infant’s lips. If the infant has not latched or fed well by 24 hours of life, an LC should be contacted for a full evaluation of the issue. Mothers should be attending breastfeeding class as well.

**Ineffective latch due to flat/inverted nipples**

Staff must first assist mother to latch by having her roll nipple out, and then if necessary use of a breast pump to evert nipple. If still unable to latch despite staff assistance, refer to LC. Nipple shields are only to be given out by LC; there are some shields in BF cabinet should a mother lose the one that the LC gave her.

**Sore or cracked nipples**

If nipples just sore, (not cracked or abraded) staff should evaluate position and latch and assist/educate mother to improve as indicated, and educate mother re use of breast milk and air drying nipples and use of Lanolin ointment. If no improvement with these interventions consult LC. **If nipples cracked, abraded or bleeding, LC consult should be ordered.** Lanolin ointment is available to staff in medication room draw.

**Compromised infant**

Any breastfeeding infant with an anomaly, whether or not the infant is in the NICU, should be referred to the LC. This includes, but is not limited to, infant with cleft lip and/or palate, infant with Trisomy 21, infant with cardiac anomaly.
Breastfeeding infant being treated by phototherapy for hyperbilirubinemia
A breastfeeding mother whose infant is being treated with bilibed or Neo blue light phototherapy should be referred to the LC for assistance with breastfeeding on phototherapy, education, and breast pumping where necessary.

Clinical dehydration
The mother of a breastfed infant with clinical dehydration should be referred to the LC for a consult.

Symptomatic hypoglycemia
The mother of an infant who is being treated for hypoglycemia should be referred to the LC for a consult.

History of breast surgery
Women who have had breast surgery should be referred to the LC for education and assessment.

Ankyloglossia (tongue-tie)
Only if mother is experiencing difficulty breastfeeding (ie pain despite assist with position and latch, damaged nipple, difficulty maintaining latch)

Methadone or Suboxone
Women who are on methadone maintenance therapy after they have deemed eligible to breastfeed by Pediatrician (per BMC guidelines.)

BREASTFEEDING SUPPORT/RESOURCES

Boston Medical Center
Warmline for BMC patients
(617) 414-MILK (6455)
www.bmc.org/breastfeeding

Main WIC Office
1 800-WIC-1007

LaLeche League
1 800-LaLeche or
www.llusa.org

Nursing Mothers Council
617 244-5102

Community Health Centers
some have Lactation Consultants or
or Peer Counselors available

National Breastfeeding Campaign
Office on Women’s Health
(800) 994-9662