



GUIDELINE

Lactation Consultant

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

Aim

To promote, protect and support lactation in the neonatal unit

Background

A Lactation Consultant is an International Board Certified Lactation Consultant (IBCLC) accredited health care professional who has specialised expertise in the area of lactation and offers to share this unique knowledge with others.

Lactation Consultants

- Provide specialist services to the mothers of babies in the neonatal unit
- Conduct Screening for Postnatal Depression utilising the EPDS tool
- Provide a consultative service for medical and nursing staff in the neonatal unit
- Provide lactation and breastfeeding education to staff and parents, to maintain the Baby Friendly Healthy Initiative accreditation for the neonatal unit.

Key points

- Lactation Consultants (LC) provide a 7 day/week service. One LC for 8 hours a day - hours can vary from 7am to 7pm.
- The LC on service can be contacted via page 3462, office ext 82097 or via the LC referral books found in SCN2 and SCN2W.
- Not all mothers will require lactation consultant services, initial feeding and management can be supported by the bedside nurse.

Points of contact

- Whilst the mother is still an inpatient at KEMH, her first point of contact is the ward midwife assigned to her care unless it involves breast feeding issues with her baby in the NICU
- Once the mother is discharged from KEMH, her first point of contact is the nurse caring for her baby who can then refer to the Lactation Consultant as required.

Documentation and Communication

- All lactation consults are recorded in the mother's integrated progress notes (MR250) whilst an inpatient at KEMH and in the mother's outpatient case notes (MR050) once discharged from hospital.

These notes are kept in the Lactation Consultants office and sent to medical records for filing into the mother's file once the baby has been discharged or transferred from the NICU.

- All outpatient consults (occasions of service) are captured on the data entry form in the LC's office and the data entered into WebPas by the ward clerk.
- Lactation Consultants communicate with each other via email, communication book kept in the LC's office or for sensitive information via a phone call.
- If required, the LC will communicate with Home Visiting Nurse regarding continuity of lactation care via email or phone call.

Tongue Tie

- If a baby is noted to have a problematic tongue tie, the lactation consultant will arrange a time to meet with the mother, medical staff and/or nursing coordinator to discuss a plan of care

Other Services relating to lactation and breastfeeding

- Mothers have access to the BFC for 12months from delivery of their baby, contact details are given to the mother for self-referral as needed.
- If a mother requires ultrasound therapy/laser treatment in the physiotherapy department for problematic engorgement/milk stasis or cracked nipples, contact details are given to the mother for self-referral after consultation with the LC.
- If a mother requires a galactagogue to support her lactation and lives in the metro area, an information sheet is provided and options discussed with the mother. The mother can then discuss further with her GP and request a prescription. For country mothers after discussion with the LC, a referral letter is written by the LC and the mother directed to the Emergency Centre for review and can request a prescription.

- In the event of a neonatal death, an IBCLC has the authority to assess the mother for the appropriateness of suppression medication via a structured administration and supply arrangement with pharmacy

Pasteurised Donor Human Milk (PDHM)

Consent for PDHM is required from the parents, prior to administration. During office hours (Monday to Friday), consent is obtained by the PREMB LC. After hours and weekends, consent can be obtained by the LC on service. If neither the PREMB LC or NICU LC are available, consent is obtain by medical staff and the LC is to provide follow up services the next day.

Edinburgh Postnatal Depression Scale (EDPS) Screening

- All mothers with babies in the neonatal unit on day 10 or beyond who are not already linked to psychological medicine, are offered the EPDS screening questionnaire.
- The EPDS screening assessment should be done in a setting in which the mother feels comfortable.
- If the EPDS score is 14 or greater a referral to psych med is offered and an e-referral completed if the mother consents. Coordinator and CNC are notified of referral, referral is documented on iCM.
- If there is a positive response to Q10 (self-harm) regardless of the EPDS score, the triage nurse in psych med is notified by phone or email and an e-referral completed. If after hours, the on call psych is notified via phone. The coordinator and CNC are notified of the referral and documented on iCM.


Related CAHS internal policies, procedures and guidelines

[Breastfeeding Neonatal Clinical Guideline](#)

References and related external legislation, policies, and guidelines

[WNHS Obstetrics and Gynaecology Breastfeeding Guidelines](#)

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatology, Lactation Consultants		
Date First Issued:	August 2021	Last Reviewed:	August 2021
Amendment Dates:		Next Review Date:	August 2024
Approved by:	Neonatal Coordinating Group	Date:	25 th August 2021
Endorsed by:	Neonatal Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1,10		

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