



## POLICY

### Breastfeeding support services

<b>Scope (Staff):</b>	Community health
<b>Scope (Area):</b>	CAHS-CH, WACHS

#### 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.

**This document should be read in conjunction with this [disclaimer](#)**

*Only use this box if relevant (e.g. clinical document or available on an external website)*

#### Aim

To provide appropriate and timely client support and information regarding breastfeeding and lactation following a referral from a Community Health Nurse.

#### Risk

Inadequate and delayed support for breastfeeding and lactation can significantly impact the health and wellbeing of both mother and child.

#### Background

Community Health Nurses (nurses) are well placed to provide skilled lactation and breastfeeding support as a component of the universal child health service. Supporting breastfeeding duration to six (6) months and beyond provides health benefits to the mother and enables infants to achieve positive developmental and functional health outcomes. Assessment of feeding efficiency and maternal lactation facilitates early identification of impairments or deviations which allow for early intervention. The Breastfeeding deviations from normal protocol provides guidance for the early identification, assessment and intervention of common breastfeeding deviations.

In situations where there has been no improvement on review of strategies to address a breastfeeding deviation, or there is sustained parental or professional concern, nurses are to seek client consent to refer to internal or external specialist services for further assessment and/or management. The Breastfeeding deviations from normal protocol describes the key information to be included in all referrals, findings of a holistic assessment using the Breastfeeding Assessment Guide and the WHO Growth

Charts and a summary of care planning and outcomes of previously implemented strategies. This procedure outlines the strategies undertaken when a referral is made to the internal Child and Adolescent Health Service - Community Health (CAHS-CH) Breastfeeding Support Service.

The CAHS-CH Breastfeeding Support Service involves dedicated nurse time in line with resourcing and client needs and is delivered by nurses with demonstrated advanced skills in breastfeeding and lactation support. Nurses are allocated on each day of the week and at varying venues throughout the regions to support client access.

### Key points

- The Breastfeeding deviations from normal protocol will guide clinical practice.
- The early identification of impairments or deviations is acknowledged as a primary health care opportunity for early intervention, enabling infants to achieve positive developmental and functional health outcomes.
- New referrals will be reviewed on a daily basis and nurses will contact clients within 48 hours of receiving the referral.
- Nurses will complete a minimum of 4 assessments per day.
- The nurse and client will work together for the shared understanding of breastfeeding concerns and the establishment of goals to address concerns.
- The nurse is supported to work within the boundaries of their professional practice, and to recognise when external referral may be required.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Community health nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

### Equipment

- Nipple shields

### Process

Steps	Additional Information
<p><b>Review of Referrals</b></p> <ul style="list-style-type: none"> <li>• On a daily basis, an allocated Breastfeeding Support Service nurse will schedule ninety minutes to consider new or un-actioned referrals.</li> <li>• Review the child health nurse referral and client information on CDIS prior. <ul style="list-style-type: none"> <li>○ All referrals will need to be addressed as client access to service in a timely manner may not be possible if the client is referred back to the child health nurse.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Information from other sources may include CDIS child health and/or services that the client may have received.</li> <li>• Where a referral has been made without an assessment and care plan having been initiated; make contact with the nurse to review their adherence to practice. Suggest training opportunities and Clinical Education Team support as required.</li> </ul>
<p><b>Initial interaction</b></p> <ul style="list-style-type: none"> <li>• Contact new client referrals by phone.</li> <li>• Introduce yourself by name, designation and where you are calling from and then correctly identify the client by asking them to confirm their name, date of birth and address.</li> <li>• Discuss current breastfeeding circumstances and satisfaction with current breastfeeding plan.</li> <li>• Ascertain if the level of need requires a face to face appointment or whether a phone call or video call could be used.</li> <li>• Offer earliest possible appointment taking into account client's preference for location and modality. <ul style="list-style-type: none"> <li>○ Where a client expresses a difficulty in attending a centre, consider a home visit.</li> </ul> </li> <li>• Confirm mother has a breastfeeding plan she is comfortable with until next contact.</li> </ul> <p>Document client appointment details in CDIS calendar.</p>	<ul style="list-style-type: none"> <li>• If contact is successful but the client declines the service: <ul style="list-style-type: none"> <li>○ Notify the referring child health nurse that the client declined. Close from service as per <i>CDIS Child Health Information Package –BFS Active List</i>.</li> </ul> </li> <li>• If contact is unsuccessful: <ul style="list-style-type: none"> <li>○ Send a SMS requesting parents to call back.</li> <li>○ If no response after 24 hours, make a second phone call followed by a SMS</li> <li>○ If no response after 24 hours, send a letter using the CDIS template. Close from service as per <i>CDIS Child Health Information Package –BFS Active List</i>.</li> <li>○ Notify the referring child health nurse that contact was unsuccessful.</li> </ul> </li> <li>• Appointments will be booked into calendars across the region to provide the appointment within five working days. <ul style="list-style-type: none"> <li>○ Where the need is urgent, aim for appointment within 72 hours.</li> </ul> </li> </ul>

Steps	Additional Information
	<ul style="list-style-type: none"> <li>• Home visiting may be considered for multiple births or other circumstances at the discretion of the nurse and following discussion with the Nurse Manager.               <ul style="list-style-type: none"> <li>○ Home visits require a risk assessment and are conducted in accordance with the <i>Home and Community Visits</i> and <i>Working Alone</i> guidelines.</li> </ul> </li> <li>• Video calls are conducted in accordance to the CAHS <i>Telehealth Service</i> policy.</li> <li>• Client technology requirements for participating in a video call are available in the Video Call Appointment Information for Staff (Appendix 1) and Client information sheet (Appendix 2).</li> </ul>
<p><b>Client Assessment</b></p> <ul style="list-style-type: none"> <li>• Conduct a holistic assessment to include:           <ul style="list-style-type: none"> <li>○ a systemic enquiry of parent concerns</li> <li>○ an assessment of the maternal breasts and nipples where possible</li> <li>○ a physical assessment of the infant, including an anthropometric assessment where possible</li> <li>○ observation of a breastfeed</li> <li>○ Document infant feeding status</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Refer to the <i>Breastfeeding deviations from normal</i> protocol for more information relating to assessment.</li> <li>• The Breastfeeding Assessment Guide (CHS012) can be used as a checklist for identifying and assessing feeding deviations.</li> <li>• Plot growth measurements on the World Health Organization Growth Charts <i>Birth to six (6) months</i> for Weight and Length</li> <li>• For more information on documenting infant feeding status, see the CDIS tip sheet: <a href="#">Recording a BFS clinical contact</a></li> </ul>
<p><b>Care Planning</b></p> <ul style="list-style-type: none"> <li>• Develop a plan with the client, considering the findings from a holistic</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to the Breastfeeding deviations from normal</li> </ul>

Steps	Additional Information
assessment and outcomes of any previous plans.	protocol for more information relating to care planning.
<p><b>Client Review</b></p> <ul style="list-style-type: none"> <li>• Ascertain the status of the feeding deviation:</li> </ul> <p>If resolved:</p> <ul style="list-style-type: none"> <li>○ Refer client back to Universal or Universal Plus service.</li> </ul> <p>If improved:</p> <ul style="list-style-type: none"> <li>○ Determine if further monitoring and/or review requires Breastfeeding Support Service level of care or if client can be referred to Universal Plus care with the child health nurse.</li> </ul> <p>If there are sustained concerns:</p> <ul style="list-style-type: none"> <li>• Additional appointments may be provided. <ul style="list-style-type: none"> <li>○ Referral to specialist external services is required when the deviation remains unresolved or requires a level of care outside the nurse scope of practice.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• This may be face-to-face or by phone or video call according to client need.</li> <li>• Additional contacts will be responsive to client needs and will involve care planning and reviewing progress.</li> </ul>
<p><b>Exit considerations</b></p> <ul style="list-style-type: none"> <li>• Client care is transferred back to the referring nurse in the child health setting when: <ul style="list-style-type: none"> <li>○ achievement or adequate resolution of identified client concern, or</li> <li>○ clients are actively engaging with external health and support agencies, or</li> <li>○ clients are no longer breastfeeding</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A clinical handover will occur when the client care is returned to the nurse in the child health setting.</li> <li>• Clinical handover and the use of the Clinical Handover/Referral form (CHS663) will be completed for external referrals, according to the <i>Clinical Handover - Nursing</i> procedure.</li> </ul>

## Documentation

Nurses will maintain accurate, comprehensive and timely documentation of assessments, care planning, decision making and outcomes in the client's CDIS record. Breastfeeding Support Service nurses will commence and maintain a temporary paper file to store completed forms and growth charts. All paper documents will be transferred to the relevant child health centre for inclusion in the MR600 Child Health Record following discharge from the Breastfeeding Support Service.

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

## Performance measures may include:

- Proportion of clients contacted within 48 hours following referral from community health nurses.
- Proportion of clients with a completed assessment within 5 days following referral.
- Proportion of clients with urgent needs with a completed assessment within 72 hours.
- Proportion of clients with a review completed within 1 to 7 days.
- Proportion of families engaged with Breastfeeding Support Service self-reporting successful resolution of breastfeeding concern.

Related internal policies, procedures and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual: <a href="#">HealthPoint link</a> or <a href="#">Internet link</a> or for WACHS staff in the <a href="#">WACHS Policy link</a>
Breastfeeding and lactation concerns - assessment
Clinical handover nursing
Growth – static or downward trajectory
The following documents can be accessed in the <a href="#">CAHS Policy Manual</a>
<a href="#">Telehealth Service</a>

Related external legislation, policies, and guidelines <i>(if required)</i>
Clinical Handover Policy ( <a href="#">MP0095</a> )

Related internal resources (including related forms) (if required)
Clinical handover/referral (CHS663)
WHO Growth Charts <i>Birth to six (6) months</i> for Weight and Length
Breastfeeding Assessment Guide (CHS012)
<a href="#">CDIS Child Health Information Package – BFS Active List</a>
<a href="#">Nutrition Resource Catalogue</a>

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

Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	9 April 2020	Last Reviewed:	
Amendment Dates:	11 May 2023, 18 Dec 2023	Next Review Date:	30 June 2024
Approved by:	Community Health Clinical Nursing Policy Governance Group	Date:	9 April 2020
Endorsed by:	Executive Director - Community Health	Date:	9 April 2020
Standards Applicable:	NSQHS Standards:  1.7, 1.27		

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## Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

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## Appendix 1: Video Call Appointment Information for Staff

### Staff requirements for use:

- Video Call account - Set up with Telehealth – contact Telehealth on 6456 0525 or email: telehealth.caahs@health.wa.gov.au
- Google Chrome browser on a desktop or laptop
- Webcam
- Speakers or headphones
- Quiet, private room
- Training on the use of Video Call (either face-to-face or videos on Telehealth website)

### Client requirements for use:

- Computer/tablet/smartphone or iPhone
- Good internet connection
- Google Chrome browser on a desktop or laptop, or an Android table or smartphone
- Camera and microphone

### Prior to client appointment:

- Clients are invited to participate in a Video Call and must be:
  - thoroughly informed about the process and rationale for using Video Call
  - assured that receiving healthcare through a Video Call is optional and given alternatives
  - reassured that declining a Video Call appointment will not prejudice their care and that a face-to-face appointment will be scheduled as soon as possible
  - informed of any potential for impact or refusal on the client's assessment (e.g. time delay) (CAHS *Telehealth Services Policy*)
- Client booked into CDIS (recorded as a CNP)
- Send client "Attending your appointment via a video call" pdf
- Send client URL link for Video Call (this will be PCH or Healthdirect)

**Conducting the appointment:**

- Activate Video Call account
- Login to Video Call via Google Chrome
- Mute microphone and camera until client appears in Waiting Room
- Send an onscreen message to client
- Invite client to call
- Conduct the consultation
- Disconnect call

**Video Call support** – contact CAHS Telehealth on 6456 0525 or 0405 121 549

## Appendix 2: Client information sheet



# Attending your appointment via a video call

## Perth Children's Hospital

### Where appropriate, you can have your consultation online via a video call

Video calling is as convenient as a phone call, with the added value of face-to-face communication.

It can save you time and money, and brings your care closer to home.



### Where do I go to attend my appointment?

To attend your appointment, visit the Telehealth page on the PCH website.

Instead of travelling to your appointment, you enter the clinic's waiting area online.

The health service is notified when you arrive, and your clinician will join you when ready.

There is no need to create an account. No information you enter is stored.

### What do I need to make a video call?

- ✓ A good connection to the internet  
If you can watch a video online (e.g. YouTube) you can make a video call
- ✓ A private, well-lit area where you will not be disturbed during the consultation
- ✓ One of these:
  - Google Chrome web browser  on a desktop or laptop (Windows or Mac), or on an Android tablet or smartphone
  - An iPad or iPhone with the free Healthdirect Video Call app installed
- ✓ Web-camera, speakers and microphone (already built into laptops or mobile devices)

See over for more information on how to make a video call

### Is it secure?

Video calls are secure; your privacy is protected. You have your own private video room, that only authorised clinicians can enter.

### How much does a video call cost?

The video call is free (except for your internet usage). However, the regular costs – if any – of a medical consultation still apply.

### How much internet data will I use?

You don't use any data while waiting for a clinician to join you.

A video consultation uses less than half of the data you would use while watching a YouTube video in High Definition\*.

Data use is less on lower-speed internet connections, or if you're using a less powerful computer, tablet, or smartphone. These factors can also reduce the overall quality of the call.

Data use increases when there are more than two participants in the call.

#### Smartphone & tablet users



If you can, connect to a home or work Wi-Fi network to avoid using your mobile data allowance.

\* That's about 230 MB on a mobile device, and 450 MB on a PC for a 20 minute call, which is similar to Skype® or FaceTime®.

### Get ready to make video calls

**Desktop/laptop computer**  
**Android tablet/smartphone**



 Make sure that you use the Google Chrome web browser.

 (Computer users) Make a test call to check web-camera, microphone and speakers some time before your appointment.

**Apple iPhone or iPad**



 Make sure that you get the free Healthdirect Video Call app from the Apple App Store.

 Go to [www.pch.health.wa.gov.au/video](http://www.pch.health.wa.gov.au/video)



-  What do I do if something is not working?
- Go to <https://vccresources.com.au/troubleshooting>
  - Download the troubleshooting mini-poster from <https://vccresources.com.au/checklist>

**More information**

Contact the PCH Telehealth Coordinator on 0405 121 549 or your Regional Telehealth Coordinator

