GUIDELINE

Lactation Consultant

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	KEMH NICU, 3B PCH, NETS WA

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.

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Aim

To promote, protect and support lactation in the neonatal unit

Risk

Inadequate lactation support for the mother may lead to suboptimal initiation of lactation and feeding outcomes.

Background

- Lactation Consultants are an accredited health care professional with an International Board-Certified Lactation Consultant (IBCLC) qualification.
- They have specialised expertise in the area of lactation and 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 (BFHI) accreditation for the neonatal unit.

KEMH Lactation Consultants

- Lactation Consultants (LC) provide a 7 day/week service. One to two LC's for 8 hours a day - hours can vary from 7am to 7pm.
- The KEMH LC on service can be contacted via page 3462, office ext 82097, mobile #1 0400 759 877, #2 0436 945 720, 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.
- 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 bedside nurse caring for her baby who can then refer to the Lactation Consultant as required.

Consent for Pasteurised Donor Human Milk (PDHM) at KEMH

Consent for PDHM is required from the parents, prior to administration. During office hours (Monday to Friday), consent is obtained by the KEMH PREM Bank LC. Consent can be obtained by the LC if they are available. If neither the PREMB LC or NICU LC are available, consent is obtained by Consultant/SR/Reg and the LC is to provide follow up services the next day.

Edinburgh Postnatal Depression Scale (EDPS) Screening at KEMH

- 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.

NICU Lactation Clinic at KEMH

- The Lactation clinic runs on Wednesdays by appointment from 8-4pm for any mothers and their babies who have been admitted to NICU.
- Appointments are made by LCs only.
- In clinic/Telehealth/phone call or text support available
- Pamphlets are given to mothers prior to discharge by the LC or the discharge coordinator and also available on 2West.

Galactagogues

Initial assessment

- When a mother is identified as having a low milk supply, she should be referred to the Lactation Consultant for review and management of her lactation.
- The use of galactagogues including domperidone can be considered after consultation with the Lactation Consultant
- If a mother requires a galactagogue to support her lactation, the 'Domperidone To Increase Milk Supply' information sheet is provided and options discussed with the mother.
- Decision to commence domperidone should be after 10-14 days post- birth. Earlier commencement may be considered in mothers with a past history of low supply or delay in normal lactation activation despite frequent feeding or expressing
- Neonatology medical staff are unable to prescribe Domperidone to mothers.

KEMH

Lactation Consultants that have completed the eLearning package may prescribe domperidone if the criteria are met. This is captured in RedCap and documented in DMR.

- If the criteria are not met, then mothers are directed to their GP for further discussion.

PCH

Mothers are directed to a GP for further discussion and prescription

- Management documented on iCM and DMR

Breastfeeding with a Supply Line in the NICU

A supply line reduces the need for supplementary feeding with a bottle or nasogastric tube by delivering additional expressed breastmilk, donor milk or formula during a breastfeed. It is an adjunct support and is not to be used as a sole source of feeding.

- Lactation Consultant to determine suitability of use and must have medical approval.
- Lactation Consultant will provide support to mothers until competent and independent. Nursing staff are **not** able to assist mothers in the use of the supply line and must contact the lactation consultant if the mother requires support/advice. LC to inform mothers of same.
- Lactation Consultants will provide regular follow up to monitor growth and regulate / decrease supplement line feeds whilst infant is an inpatient.
- Discharge support will be offered from the NICU Lactation Clinic or KEMH Breast Feeding Centre (BFC) at the mother's discretion. Mothers can contact NICU Lactation Consultant or KEMH BFC via phone for urgent assistance. Mothers are given Australian Breastfeeding Association 24/7 phone support line.
- Telehealth follow up appointments with either NICU Lactation Clinic or KEMH BFC are offered to mothers of infants discharged to rural / regional areas

Inclusion criteria

Maternal

- Lactation is compromised by low supply despite a thorough expressing routine and wishes to stimulate their lactation whilst breastfeeding
- Re-lactating after a separation or interruption to breastfeeding
- Inducing lactation following adoption, surrogacy or a same sex partner who did not give birth but wishes to breastfeed
- Reducing the burden of triple feeding on the mother (breastfeeding/expressing/bottle feeding)

Infant

- > 36 weeks corrected gestational age and attach effectively at the breast but transfers suboptimal milk volumes and may meet the following criteria
    - recovering from illness or surgery
    - slow to gain weight or weight loss

- can latch and breastfeed but needs to be supplemented for medical reasons
- may need more time for sucking organisation and for sucking patterns to improve
- following adoption, surrogacy or a same sex partner who did not give birth but wishes to breastfeed

Exclusion criteria

- < 36 weeks corrected gestational age
- on respiratory support
- medically unstable
- requiring thickened milk
- advised by the medical team not for a supply line.

See Appendix 1 for supply line procedure set up and care of equipment.

Documentation and Communication by KEMH LC's

- All inpatient and outpatient lactation consults are recorded in the patient's digital medical record (DMR).
- 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.

Other LC services relating to lactation and breastfeeding at KEMH

Breast Feeding Centre

Mothers have access to the BFC for 12months from the birth of their baby, contact details are given to the mother for self-referral as needed.

Physiotherapy

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.

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.

Bereavement

In the event of a neonatal death LC advice may need to be available. An IBCLC has the authority to assess the mother for the appropriateness of suppression medication via a structured administration and supply arrangement with pharmacy. LC's with SASA permission and trained in the area may prescribe Cabergoline as necessary to eligible mothers. Families may be given Breastfeeding: breastmilk and bereaved parents health fact sheet.

PCH (3B) Lactation Consultants

Lactation consultants are available 8 hours during the day, Monday-Friday. The caseload includes:

- Neonatal inpatients (from day 6). Refer via Vocera to "3B Lactation Consultant" or ph: 0403710157.
- Paediatric inpatients (from day 1 up to 6 months corrected age). For paediatric inpatients, medical teams are required to send a referral to the LC via the eReferral system.
- Not all mothers will require lactation consultant services, initial feeding and management can be supported by the bedside nurse.
- Once the mother is discharged from postnatal support on 3B, her first point of contact is the bedside nurse caring for her baby who can then refer to the 3B Lactation Consultant as required.
- The PCH Lactation Consultant is unable to provide an outpatient service. If mothers are requiring outpatient support, they can self-refer to a private LC or the Breastfeeding Centre of WA (KEMH).
- Palliative care patients who are breastfeeding or receiving expressed breastmilk may be referred to the LC at any age. If a death occurs after business hours or at weekends, families must be given the Breastfeeding: breastmilk and bereaved parents health fact sheet and they are recommended to contact the Australian Breastfeeding Association Breastfeeding helpline for immediate support Ph: 1800 686 268

Pasteurised Donor Human Milk (PDHM) at KEMH and PCH (3B)

See PDHM guideline for PDHM consent and ordering processes.

Donors

PCH Lactation Consultants can identify possible donors and after liaising with PREM Bank staff may collect the screening information to email to KEMH.

Documentation & communication at PCH (3B)

- PCH Lactation Consultants document in the infants and mothers DMR after each consult. If the mother's notes are not accessible, they are entered in retrospect as soon as possible.

- Handover to ward staff is entered into iSoft iCM
- Regular meetings are held with the midwives and feeding team to discuss patients on an individual basis.

Other services related to breastfeeding and lactation at PCH (3B)

Tongue Tie

For patients with feeding difficulties the Lactation Consultant will perform an oral and feeding assessment. If a problematic tongue tie is suspected a request is made for a surgical team assessment. Scissor release is performed at PCH. If a parent decides that they would prefer a laser release they can be referred for laser in the community post discharge. Complete Tongue Tie Referral Letter to Paediatric Surgeon

References and related external legislation, policies, and guidelines

1. WNHS Newborn feeding and maternal lactation
2. Baby Friendly Health Initiative Australia. BFHI Australia: Maternity facility handbook (revised 2021): BFHI Australia; 2021. Available from: https://bfhi.org.au/maternity-facilities/
3. Domperidone for increasing breast milk supply
4. Australian Breastfeeding Association Breastfeeding Supplementers Fact Sheet for Health Professionals [Internet]. 2024. Available from https://abaprofessional.asn.au/wp-content/uploads/PUB-BIRFactSheet-Supplementer-V2-20230822-2023-08-21-22_58_21.pdf
5. Medela. Supplemental Nursing System (SNS) Available from https://www.medela.com/en-au/breastfeeding-pumping/products/special-feeding-needs/supplemental-nursing-system-sns?productId=1015
6. Womens and Newborn Health Service. Newborn feeding and maternal lactation Clinical Practice Guideline. 2023. Available from https://wnhs.health.wa.gov.au/~/media/HSPs/NMHS/Hospitals/WNHS/Documents/Clinical-guidelines/Obs-Gyn-Guidelines/Newborn-Feeding-and-Maternal-Lactation.pdf?thn=0
7. The Royal Women's Hospital (2024) Breastfeeding and Using a Supplyline. 2021. Available from https://thewomens.r.worldssl.net/images/uploads/fact-sheets/Breastfeeding-and-using-a-supply-line-240626.pdf

Related CAHS internal policies, procedures and guidelines

Breastfeeding Neonatal Clinical Guideline

Breastfeeding Resources (PCH Clinical Practice Manual)

Domperidone to increase milk supply information sheet

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

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Reviewer / Team:	Neonatology, Lactation Consultants		
Date First Issued:	August 2021	Last Reviewed:	December 2024
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Appendix 1: Supply Line Procedure and Care of Equipment

Procedure

1. There are several commercial options of supply lines available, follow the manufacturer's instructions for use. Medela SNS are available at KEMH and PCH
2. Wash and dry hands thoroughly
3. LC to prepare equipment and demonstrate the use of the supply line. Fill the bottle and prime the line with EBM, PDHM or formula
4. Place the tubing to enter the side of the infant's mouth onto the breast with the tip of tubing slightly before the end of the nipple. Secure with "Sil-flex" silicone fixation tape avoiding both the nipple and the areola. See figure 1.
5. Guide the mother with position and attachment to ensure the infant takes the nipple, areola and tubing into their mouth.
6. The milk container can be elevated or lowered to adjust the milk flow speed, beginning with a slower speed is recommended for the preterm baby. Initially hold the bottle of milk at the same level as the nipple. If the bottle is too high the flow will be too fast. If the container is held too low the flow may be too slow and the baby may become frustrated and tired.

Figure 1. Supply line positioning

Care of equipment

1. At the completion of the feed disassemble and rinse all the equipment in cold water
2. Using hot soapy water clean all the parts, attention to forcing hot soapy water through the tubing and then rinsing well by again forcing cold tap water through the tubing.
3. Sterilisation is required after each use if using formula or milk with added calories. If using EBM to sterilise the equipment twice a day.