

**Royal Hospital for Women (RHW)**  
**BUSINESS RULE**  
**COVER SHEET**



**Health**  
South Eastern Sydney  
Local Health District

**REF:T25/10388**

<b>NAME OF DOCUMENT</b>	<b>Antenatal Lactation Clinic – Referral Assessment and Preparation</b>
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<b>EXECUTIVE SPONSOR</b>	Midwifery Clinical Co-Director of Maternity Services
<b>AUTHOR</b>	K. Hunt (Clinical Midwifery Consultant Lactation)
<b>SUMMARY</b>	If individual breastfeeding counselling is required staff can refer to the Antenatal Lactation Clinic for review
<b>KEY WORDS</b>	Breastfeeding, lactation consultant, referral

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ASSESSMENT AND PREPARATION**

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*Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.*

## **1 BACKGROUND**

Health education and supportive interventions can have a positive impact on breastfeeding initiation rates<sup>6</sup>

The aim of this CBR is to promote timely identification and referral of any woman with clinical issues that may affect lactation. Ideally this should occur in the antenatal period by 28 weeks gestation

### **Definitions**

<b>BFHI</b>	Baby Friendly Health Initiative
<b>Breastfeeding Plan</b>	Identification of potential breastfeeding issues and development of a collaborative management plan
<b>CMC</b>	Clinical Midwifery Consultant
<b>NCC</b>	Newborn Care Centre
<b>eMR</b>	Electronic medical record

## **2 RESPONSIBILITIES**

- 2.1 Medical and Midwifery Staff** - Identify and refer any pregnant woman who has a clinical issue that may affect lactation or breastfeeding
- 2.2 Clinical Midwifery Consultant Lactation** - Provide individual antenatal breastfeeding counselling, information and collaborative management plan

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### **3 PROCEDURE**

#### **3.1 Clinical Practice**

- Provide breastfeeding education and support in the antenatal period as per [BFHI implementation standards](#) by 28 weeks gestation
- Discuss infant feeding options at first encounter, ideally at booking appointment
- Discuss the benefits of breastfeeding, provide factsheet and provide links to antenatal breastfeeding classes
- Enquire about previous infant feeding experience and breastfeeding knowledge
- Identify any concerns about breastfeeding
- Discuss guidelines that support breastfeeding including rooming in, immediate and uninterrupted skin to skin and responsive, baby led feeding
- Educate about breast changes during pregnancy to encourage disclosing any different features or concerns, such as inverted nipples, asymmetry, scars or skin problems.
- Discuss and obtain consent for breast examination if any concerns disclosed
- Recommend an appointment in the Outpatient Antenatal Lactation Clinic for additional support if:
  - History of breast surgery
    - Breast reduction
    - Breast augmentation
    - Breast cancer surgery
  - No breast development/changes in pregnancy
  - Breast hypoplasia
  - Nipple inversion
  - Endocrine disorder:
    - Polycystic ovarian syndrome (PCOS)
    - Thyroid disease
    - Pre-gestational diabetes
  - Pre-pregnancy BMI > 30
  - History of mastitis/breast abscess
  - Previous breastfeeding difficulties
  - Maternal request
- Organise an appointment in the Outpatient Antenatal Lactation Clinic by 28 weeks gestation through scheduler. If an appointment cannot be made before 36 weeks, order a consult via eMR directly with the CMC
- Provide woman with contact details for CMC Lactation
- Refer to the collaborative breastfeeding plan in eMR
- Contact NCC Lactation CMC where there is a possibility of admission of neonate/s to NCC

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**3.2 Documentation**

- Antenatal card
- Medical Record
- Collaborative breastfeeding plan

**3.3 Education Notes**

- Health professionals (midwives and medical officers) play a key role in providing education and support to improve breastfeeding practices<sup>3</sup>
- Emphasis should be placed on the need for antenatal preparation, prompt timely and parent-centred breastfeeding support, particularly in the immediate postpartum period<sup>1</sup>
- Effective social support, combined with reassurance and guidance from skilled practitioners (midwives, medical officers and lactation consultants), can help women to overcome difficulties and find confidence in their own abilities to achieve their feeding goals <sup>11</sup>
- Antenatal education and postnatal support strategies have found to significantly improve rates of exclusive breastfeeding at six months postpartum. Combined individual and group counselling has been noted to be better than individual or group counselling alone. These strategies have also significantly been found to improve exclusive breastfeeding rates up to six months postpartum <sup>7</sup>
- Breast augmentation surgery may affect breastmilk production and reduce supply, depending on the type of surgery. The presence of breast prostheses does not necessarily impact on lactation or ability to breastfeed <sup>8,9</sup>
- Breast reduction surgery will affect breastmilk production and reduce supply<sup>6</sup>
- Women who have undergone breast surgery and intend to breastfeed require early referral to inform them of the benefits of breastfeeding and the challenges the surgery may place on their breastfeeding goals <sup>6,8,9</sup>
- Women with PCOS who report no breast changes during pregnancy are at higher risk of experiencing a poor or low supply of breastmilk. Women with PCOS who have no breast size increase in pregnancy seem to be more metabolically challenged and less able to produce adequate breastmilk and successfully breastfeed <sup>5</sup>

CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

**3.4 Related Policies/procedures**

- [Breastfeeding in NSW: Promotion, Protection and Support](#). NSW Health PD2018\_034
- [Diabetes - Management of Pre-existing Diabetes Mellitus in Pregnancy](#) SESLHDGL/116

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- [Diabetes - Management of Gestational Diabetes Mellitus \(GDM\)](#) SESLHDGL/117
- [Breastfeeding – Protection, Promotion and Support](#)
- [Obesity and Weight Gain in Pregnancy, Labour and Postpartum](#)

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#### **4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION**

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

#### **5 CULTURAL SUPPORT**

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours

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- If the woman is from a non-English speaking background, call the interpreter service:  
NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard  
Procedures for Working with Health Care Interpreters.

**6 REVISION AND APPROVAL HISTORY**

Date	Revision No.	Approval
15/10/2024		Maternal CBR Committee
Reviewed and endorsed Maternity Services LOPs 8/3/19 Approved Quality & Patient Care Committee 3/3/16 Reviewed and endorsed Lactation Working Party February 2016 Approved by Quality & Patient Safety Committee 21/6/12 Obstetric LOPs Committee February 2012		
10/02/2025	4	RHW BRGC