

ANTENATAL LACTATION CLINIC – REFERRAL ASSESSMENT AND PREPARATION

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Identify, assess and manage a woman in the antenatal period with a clinical issue that may affect her lactation

2. PATIENT

- Woman booked in to deliver at the Royal Hospital for Women

3. STAFF

- Medical and midwifery staff

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

- Provide breastfeeding education and support in the antenatal period as per Baby Friendly Health Initiative (BFHI) implementation standards. This should occur by 28 weeks gestation.
- Enquire about previous neonatal feeding experience and breastfeeding knowledge
- Review maternal history and identify any concerns relevant to breastfeeding
- Visualise (with consent) the woman's breast anatomy as part of the overall antenatal pregnancy assessment
- Offer the woman an appointment in the Outpatient Antenatal Lactation Clinic with the Lactation Consultant (LC) for additional support if fulfils the following criteria:
 - History of breast surgery:
 - Breast reduction
 - Breast augmentation
 - Breast cancer surgery
 - No breast development/changes in pregnancy
 - Breast hypoplasia
- Give woman details to organise an appointment in the Outpatient Antenatal Lactation Clinic by 28 weeks gestation
- Advise woman with the following criteria to contact LC directly, by 28 weeks gestation, if she wishes (Phone 02 93826341 or 0436471845):
 - 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
- Ensure the woman accessing a continuity of midwifery care model is accompanied by her midwife whenever possible.
- Ensure the woman has an agreed breastfeeding plan at the end of consultation

6. DOCUMENTATION

- Medical record

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7. EDUCATIONAL NOTES

- Health education and supportive interventions can have a positive impact on breastfeeding initiation rates.
- Health professionals (midwives and medical officers) play a key role in providing education and support to improve breastfeeding practices.
- Emphasis should be placed on the need for realistic antenatal preparation. It is important to promote timely and parent-centred breastfeeding support, particularly in the immediate postpartum period.
- 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.
- Antenatal education and postnatal support strategies have found to significantly improve rates of exclusive breastfeeding at six months postpartum. Combined individual and group counselling is superior to individual or group counselling alone. These strategies have also significantly been found to improve exclusive breastfeeding rates at 14 days, one, two, four, five, and six months postpartum.
- Breast augmentation surgery may affect breastmilk production and reduce supply. The presence of breast prostheses does not necessarily impact on lactation or ability to breastfeed.
- Breast reduction surgery will affect breastmilk production and reduce supply.
- Women who have undergone breast surgery and intend to breastfeed require early referral for lactation support in the Outpatient Antenatal Lactation Clinic.
- Women who do not have breast changes during pregnancy should be referred to the Outpatient Antenatal Lactation Clinic.
- 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 breastfeed.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Breastfeeding in NSW: Promotion, Protection and Support. PD2018_034 / NSW Health NSW Department of Health 2018
- Breastfeeding – Protection, Promotion and Support
- SESLHD Management of Pre-Gestational Diabetes in Pregnancy Policy SESLHDPD/283
- Obesity and Weight Gain in Pregnancy, Labour and Postpartum

9. RISK RATING

- Medium

10. NATIONAL STANDARD

- Standard 5 - Comprehensive Care

11. REFERENCES

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