

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



**Health**  
South Eastern Sydney  
Local Health District

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<b>SUMMARY</b>	Overview of services provided by the Breastfeeding Support Unit (BSU) and referral pathways.
<b>Key Words</b>	Breastfeeding, Infant Feeding, Support

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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

The aim of this CBR is to outline the additional lactation support provided by the Breastfeeding Support Unit (BSU) at RHW to women within the first four weeks postpartum.

## 2 RESPONSIBILITIES

### 2.1 Staff (medical, midwifery, nursing, allied health)

- Clinical Midwifery Consultant 1 (CMC 1) with International Board-Certified Lactation Consultant (IBCLC) qualification – to facilitate referral and assessment of women requesting further support with breastfeeding.
- Medical, midwifery and nursing staff – referring staff

## 3 PROCEDURE

### 3.1 Clinical Practice points

The Breastfeeding Support Unit (BSU) provides support to women who are experiencing challenges or concerns related to breastfeeding. Support is available for women who have given birth at RHW, as well as those referred through our Midwifery Home Support (MSP) program. This service is available to women during their inpatient stay on the postnatal ward and may also be accessed following discharge through scheduled outpatient appointments.

#### Inpatient Postnatal Clinic

Midwives can consult with women to arrange an appointment in the morning BSU clinic. They must ensure that women are informed about the session time, location and the group setting with another participant, ensuring women feel comfortable with this arrangement prior to coming to session.

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**Breastfeeding Support Unit (BSU)**

**RHW CLIN151**

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Each session lasts up to 45 minutes, with morning clinic time generally ranging from 8:30am to 11:30am with two women able to be booked per session.

**Outpatient Postnatal Clinic**

**Midwifery staff:**

- Refer women to the BSU if additional breastfeeding support is required following discharge. Use the BSU referral form to initiate the referral. For women discharged home directly from the ward with no planned follow-up by a home visiting midwife, the discharging midwife may refer directly to the BSU
- Midwifery Group Practice (MGP) midwives can refer to CMC2 Lactation Services to be triaged and referred to BSU as needed
- Contact the BSU or CMC2 Lactation Services if a tongue tie is suspected, to arrange an assessment and coordinate further evaluation and/or frenotomy with RHW Neonatologists
- Appointments are available for mothers and neonates within the first 4 weeks postpartum
- Provide the woman with the BSU Client Information handout, which includes details on how to call and leave a message for follow-up support. If this is not feasible, ensure she receives all relevant information and contact numbers, and document this in her medical record accordingly
- Ensure the woman's complete medical records are available for review by the BSU CMC at the time of consultation. The referring midwife is responsible for delivering the notes to the BSU or placing them in the designated BSU drawers on the postnatal ward for collection

**Medical Officers:**

- Discuss each case with the woman's midwife or the CMC2 Lactation Services (Ext. 26341/26370) and this will be taken as a verbal referral. Document referral in electronic medical record

**Self-referral:**

- Accept self-referral from women booked at RHW who have birthed within the previous four weeks
- Assess and triage appropriately for admission/review on an individual basis

**Procedure for Admission:**

- Ensure woman attends with her neonate and brings Personal Health record (Blue Book)
- Advise the woman to present at RHW main admissions desk prior to arrival at the BSU to collect her admission form
- Advise 'Medicare Ineligible' woman they will be charged a fee
- Arrange follow-up appointments on an individual basis

### 3.2 Documentation

- BSU Referral Form (SES010.448)
- Medical record
- Maternal Clinical Pathway
- Neonatal Care Plan
- Personal Health Record (blue book)

### 3.3 Education Notes

- The RHW supports and complies with the practice standards of the Baby Friendly Health Initiative (BFHI) framework: The Ten Steps to Successful Breastfeeding. The BSU is an integral part of the lactation service offered to women who birth at the RHW to optimise BFHI practices <sup>1</sup>
- Midwives and lactation consultants have an obligation to support and facilitate best practice in breastfeeding. Hospital practices and breastfeeding support which promotes maternal self-efficacy, such as BSU, have been shown to be effective interventions in achieving exclusive breastfeeding <sup>3</sup>
- Breastfeeding support increases the duration and exclusivity of breastfeeding by providing timely, relevant and accurate advice plus skilled assistance and support from health professionals. This should occur in the antenatal, intrapartum and postnatal period <sup>3</sup>

### 3.4 Related Policies/procedures

- [NSW Health PD2018\\_034 Breastfeeding in NSW: Promotion, Protection and Support](#)
- [RHW Clinical Business Rule: 2023 - Breastfeeding – Protection, Promotion and Support](#)

### 3.5 References

1. [World Health Organization, 2018, Ten Steps to successful breastfeeding \(revised 2018\), WHO, Geneva <http://www.who.int/nutrition/bfhi/ten-steps/en/>](#)
2. [World Health Organisation, 2017 National Implementation of the Breastfeeding–Friendly Hospital Initiative 2017, WHO, Geneva <https://www.who.int/publications/i/item/9789241512381>](#)
3. Australian Government National Health and Medical Research Council Department of Health and ageing. Eat for Health. Infant Feeding Guidelines Summary. NHMRC: Commonwealth of Australia 2013 [electronic resource] [http://www.eatforhealth.gov.au/sites/default/files/files/the\\_guidelines/n56\\_infant\\_feeding\\_guidelines.pdf](http://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56_infant_feeding_guidelines.pdf)
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6. McFadden A, Gavine A, Renfrew MJ, Wade A, Buchanan P, Taylor JL, Veitch E, Rennie AM, Crowther SA, Neiman S, MacGillivray S. 2017, 'Support for healthy breastfeeding mothers with healthy term babies', vol 28, no 2, pp. 1-292  
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7. Ridgway L, Cramer R, McLachlan HL, Forster DA, Cullinane M, Shafiei T, & Amir LH. 2016, Breastfeeding Support in the Early Postpartum: Content of Home Visits in the SILC Trial. *Birth (Berkeley, Calif.)*, vol. 43 no. 4, pp. 303-312  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5248617/pdf/BIRT-43-303.pdf>

#### 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
- 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 NATIONAL STANDARDS

Standard 1 – Clinical Governance

Standard 2 - Partnering with Consumers

Standard 5 – Comprehensive Care

## 7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
3/4/2025	V1.0	Sent out for comment – S. McLean
23/4/25	V1.0	Changes incorporated - S. McLean
23/4/25	V1.0	Out for UAT - S. McLean
13/5/25	V1.1	Transferred to new template
23/6/25	V1.1	RHW BRGC