

## **Addendum: Guidelines for Referrals for Breastfeeding Peer Counselors**

Breastfeeding Peer Counselors provide basic information about breastfeeding promotion and management to expectant and lactating women. When the BFPC identifies any of the following problems or situations, they must immediately consult their supervisor to help decide the best plan for helping the mother and infant and refer as needed.

### **1. Pregnancy Issues**

- a. Spotting or bleeding
- b. Excessive vomiting or nausea
- c. Swelling
- d. Contraction, suggesting premature labor
- e. Baby stops moving
- f. Other medical situations

### **2. Breastfeeding Problems for Mother and Baby**

- a. Baby is premature, low birth weight (LBW) or sick and mother is unable to begin breastfeeding following delivery
- b. Baby has less than 6 wet diapers and 3-4 stools/24 hours in the first month after the baby is 4 days old
- c. Baby fails to gain weight or gains weight slowly:
  - i. Baby loses more than 7% of birth weight
  - ii. Birth weight is not regained by 2 weeks postpartum
  - iii. Weight gain is less than 4.5 ounces per week
- d. Mother has engorgement or plugged ducts that are unresolved in 24 hours
- e. Mother has breast pain or redness on one or both breasts
- f. Mother has sore or cracked nipples
- g. Baby is having difficulty latching or remaining latched after several tries
- h. Baby is unhappy at the breast or refuses to breastfeed
- i. Baby “still hungry” after feeding, unresolved after 24 hours of increasing frequency and duration of breastfeeding
- j. Regular/routine lengthy feedings –greater than 45 minutes duration
- k. Mother has decided to breastfeed; but the baby has been bottle fed since birth
- l. Mother wants to breastfeed, but has been advised NOT to by her health care provider
- m. Mother or baby has suspected thrush/yeast infection
- n. Baby has a congenital defect such as cleft lip/palate or restricted tongue movement from a tight frenulum

### **3. Mother and or Baby Illness**

- a. Chronic, acute illness or disease with nutritional implications, e.g., renal, liver, intestinal
- b. Mother has a history of PCOS, hypothyroidism, or other hormonal conditions that could affect breastfeeding
- c. Mother has had gastric bypass surgery
- d. Mother has fever (suggesting possible mastitis)

- e. Baby is jaundiced
  - f. Diagnosis of AIDS/HIV
  - g. Hospitalized mother or baby
  - h. Baby with congenital defects or neuromuscular problems that make it difficult to breastfeed
- 4. Nutrition**
- a. Mother is nutritionally at risk for underweight, has bulimia or anorexia
  - b. Mother has no food
  - c. Mother or baby experiencing vomiting or diarrhea
- 5. Social**
- a. Suspected physical abuse of mother or other family member
  - b. Suspected severe depression in mother
  - c. Mother is abusing or suspected of abusing alcohol or street drugs (such as heroin, cocaine, marijuana etc.)
- 6. Other Medical Situations**
- a. Mother has been prescribed medications that have not been approved for breastfeeding by current established authorities such as AAP or LactMed
  - b. Mother with prior breast surgery (breast implants, breast reduction, biopsy, breast cancer) chest surgery, or trauma
  - c. Mother finds a lump in her breast
  - d. Re-lactation after 3 days or more of weaning
  - e. Plans to nurse an adopted baby
- 7. Other**
- a. Mother or baby have any other medical problems that are outside the BFPC scope of practice
  - b. Mother feels there is a problem that needs a referral
  - c. BFPC feels there is a problem that needs a referral
  - d. Mother is not following suggestions given by the BFPC

*Adapted from USDA Loving Support through Peer Counseling: A Journey Together – For WIC Managers*