

KNOWLEDGE BRIEF

Anatomy of a Clinical Lactation Assessment



When legislators, policy makers, hospitals, insurers, employers, government agencies, and funders consider issues surrounding maternal and infant health and maternal/infant morbidity and mortality, it is important that they have a clear understanding of the differences between what constitutes breastfeeding support compared with clinical lactation care. A clinical lactation assessment differs from breastfeeding education and support. Breastfeeding education and support are frequently provided by breastfeeding/lactation counselors, educators, doulas, community health workers, or other lactation personnel and consists of imparting information about breastfeeding, counseling, handling basic issues, and referring acute or complex situations to an International Board Certified Lactation Consultant (IBCLC®). By education and training, an IBCLC® is qualified to deliver clinical lactation care. The IBCLC® is a member of the healthcare team and is defined as a clinical lactation care provider by the US Women's Preventive Services Initiative (a joint program between the US Health Resources and Services Administration (HRSA) and led by the American College of Obstetricians and Gynecologists (ACOG)).¹

Clinical lactation professionals providing clinical care include, but are not limited to, licensed lactation consultants, the IBCLC®, certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, and physicians. Lactation personnel providing counseling, education or peer support include lactation counselors/ breastfeeding educators and peer supporters.

Increasing numbers of families experience more complicated lactation issues requiring the clinical expertise of an IBCLC®. Some examples of complex presenting problems include preterm birth, infant structural or functional anomalies, and parental health complications. IBCLCs® are educated and trained to clinically assess and manage lactation and breastfeeding for more vulnerable maternal/infant dyads. An important function of the IBCLC® is to perform a breastfeeding and lactation clinical assessment depending on the situation. Many healthcare providers lack the time for a thorough lactation assessment. Lactation personnel who provide counseling, education, and support may lack the precepted clinical training to perform these assessments.

A clinical lactation assessment by an IBCLC® may include the following that can sometimes take up to one hour or longer:

- ✓ Determination of breastfeeding goals
- ✓ A history of medical issues of the mother (diabetes, obesity, endocrine problems, hypo- or hyperthyroid, metabolic issues, cardiac problems, mental health issues, hypertension)
- ✓ Maternal breast assessment (hypoplastic, previous surgery, augmentation, reduction, plugged duct, engorgement, mastitis, abscess)
- ✓ Maternal nipple assessment (flat, inverted, bifurcated, multiple, trauma/damage, dermatologic issues, pain)
- ✓ A history of medical issues of the infant (preterm, late preterm, multiples, congenital anomalies, illness, hospitalization, birth weight and loss, jaundice, dehydration, hypoglycemia, birth injury, resuscitation, cleft lip/palate, ankyloglossia)
- ✓ A childbirth history (vaginal, cesarean, IV fluids, induction, epidural, vacuum extraction, forceps, blood loss/hemorrhage, complications, infection, shoulder dystocia, retained placenta, traumatic)
- ✓ Current blood pressure
- ✓ Extent of bleeding
- ✓ Mental health status
- ✓ Feeding history during birth hospitalization (formula supplementation, separation, latching issues, sleepy baby, fussy baby, expressing/pumping milk)

- ✓ A history of feeding issues with previous children (insufficient milk, weight loss, early weaning, supplementation with formula)
- ✓ Weight of the infant (birth weight, discharge weight, diuresis, weight loss, weight gain)
- ✓ Pre- and post-feed weights of the infant if needed (scale sensitive to 2 grams)
- ✓ A feeding observation (positioning, latch without nipple pain, latch problems, rhythmic sucking, swallowing, evidence of milk transfer, infant fatigue)
- ✓ Use of a breastfeeding evaluation tool if necessary (low scoring on some tools may indicate need for IBCLC® intervention)
- ✓ Recommended interventions for feeding improvement (recommendations depend on assessed issues)
- ✓ Recommendations for breastfeeding equipment if needed (breast pump, alternative feeding devices, tube feeding devices, nipple eversion tools, nipple shield)
- ✓ A verbal and written plan of care/instructions (should be given to patient following the visit)
- ✓ A summary sent to infant's primary care provider and mother's primary care provider, as appropriate (assures that both primary care providers are apprised of the situation and interventions)
- ✓ Follow-up if needed by phone, texting, telehealth, and/or an in-person visit (follow-up may be intensive, daily, weekly, as needed)
- ✓ Determination of insurance coverage (public, private, military, uninsured, self pay, employment benefits)

Prenatal evaluations for determining risk factors for successful breastfeeding

If working in a prenatal setting:

- ✓ Determination of breastfeeding goals (intensity, duration)
- ✓ A history of feeding issues with previous children (insufficient milk, weight loss, early weaning, supplementation with formula)
- ✓ A medical history of the patient (diabetes, obesity, endocrine problems, hypo- or hyperthyroid, metabolic issues, cardiac problems, mental health issues, hypertension)
- ✓ Diet (anti-inflammatory foods, supplements if needed, B12 status, vegetarian, vegan)
- ✓ Prenatal colostrum expression (diabetic, risk factors for infant hypoglycemia)
- ✓ Pregnancy and delivery risk factors (placenta issues, planned cesarean, risk for preterm delivery)
- ✓ A breast assessment (hypoplastic, previous surgery, augmentation, reduction)
- ✓ A nipple assessment (flat, inverted, bifurcated, multiple, dermatologic issues)
- ✓ Current blood pressure
- ✓ Mental health assessment
- ✓ Support system following the birth (family support, social services)
- ✓ Food and housing security (access to food and housing)
- ✓ Access to breastfeeding support and clinical care (WIC, breastfeeding/lactation counseling, IBCLC®, doula, Baby Cafe)
- ✓ Provision of breastfeeding education (breastfeeding classes, resources, reading, social media, internet)
- ✓ Parental work leave duration (leave duration, vacation time, sabbatical)
- ✓ Back to work education (breast pumps, pumping guidelines, pumping accommodations at work, employer notification of pumping needs)
- ✓ Written plan of care (based on assessment)

¹ Women's Preventive Services Initiative. Breastfeeding services and supplies. <https://www.womenspreventivehealth.org/recommendations/breastfeeding-services-and-supplies/>