



Supporting Breastfeeding Families

Implementing a Primary Care Office Strategy

Jody Cousins, MD, FAAFM, IBCLC

August 2, 2022

Disclosure

I have nothing to disclose. However, I will be talking about several on-line and in-person breastfeeding education resources for which I do not have any affiliation other than being a physician member.

The planners and speaker for this educational activity have no relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Objectives

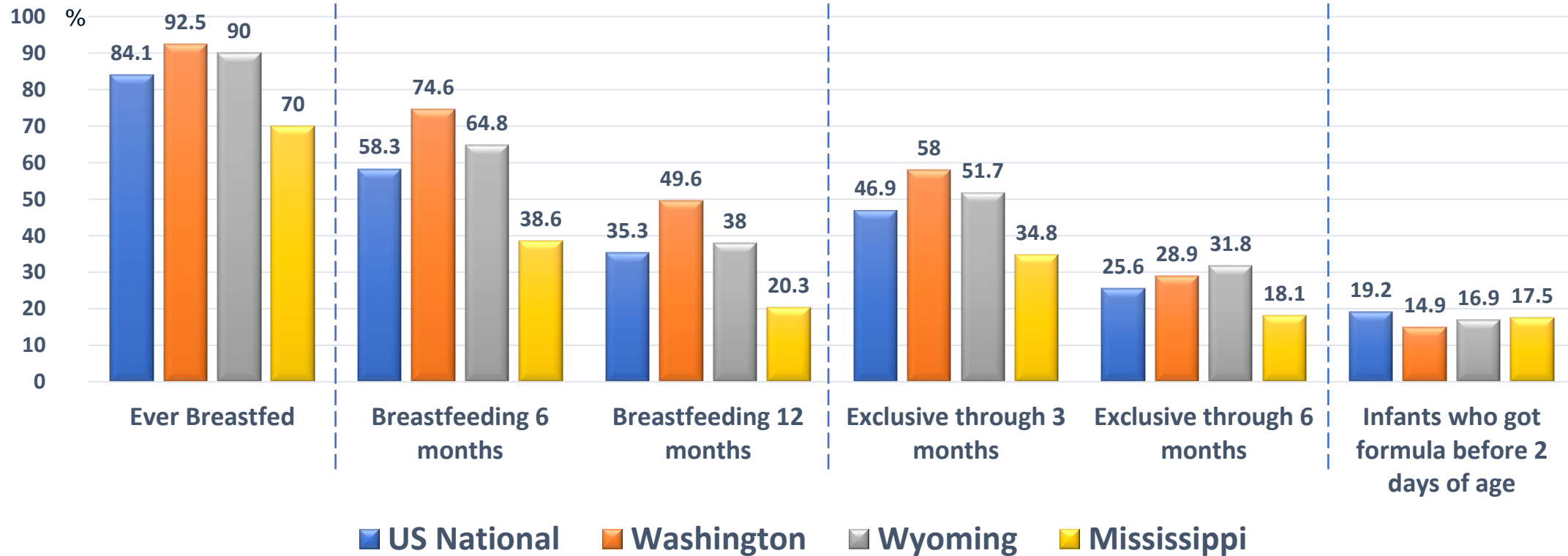
- Appreciate the impact of infant feeding within the framework of social and environmental sustainability
- Identify at least two strategies to support breastfeeding/infant feeding from the primary care office with ways to elevate support in the future
- Identify several ways in which lactation support is reimbursed to primary care providers and IBCLC's

Outline

- Infant feeding in the US today
- Island Hospital Center for Maternal and Infant Care
- Integrating lactation support into clinical practice
- Compensation and Reimbursement

Current Breastfeeding Practices in the US, WA, WY, MS

Breastfeeding Report Card, 2020
(Pre-COVID)- By %



COVID and Breastfeeding Rates

BREASTFEEDING MEDICINE
Volume 17, Number 1, 2022
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DOI: 10.1089/bfm.2021.0238

Clinical Research

The Impact of COVID-19 on Breastfeeding Rates in a Low-Income Population

Maria Koleilat,^{1,†} Shannon E. Whaley,² and Cindy Clapp³

Abstract

Objective: To examine the impact of the coronavirus disease 2019 (COVID-19) pandemic on breastfeeding outcomes among participants of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Southern California.

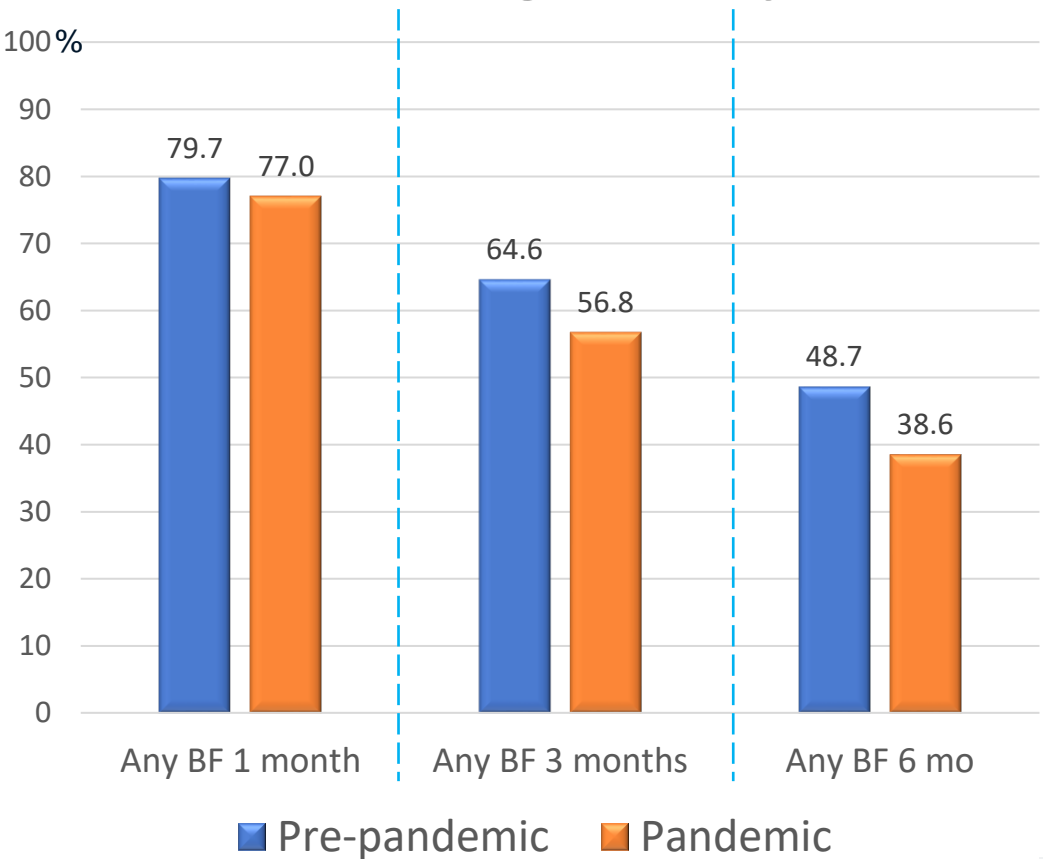
Materials and Methods: Data from the 2020 Los Angeles County triennial WIC Survey were used to examine the impact of COVID-19 on breastfeeding outcomes among WIC participants. Chi-square tests were used to explore the association between the COVID-19 pandemic and breastfeeding outcomes along with hospital-friendly practices.

Results: Compared with infants born before March 2020, the percentage of infants who received any breastfeeding at 1 month decreased from 79.66% to 76.96% ($p=0.139$). The percentage of infants who received any breastfeeding at 3 and 6 months significantly decreased from 64.57% to 56.79% ($p=0.001$) and from 48.69% to 38.62% ($p=0.0035$), respectively. The percentage of infants fully breastfed at 1, 3, and 6 months significantly decreased at all time points. Examining hospital practices, there were no differences between the before and during COVID-19 groups.

Conclusions: The prevalence of any breastfeeding at 3 and 6 months and fully breastfeeding at 1, 3, and 6 months was significantly lower among mothers who gave birth during the pandemic compared with mothers who gave birth before the pandemic. The shift to remote services delivery and the corresponding reduction in live support of WIC services owing to the pandemic may explain the decline in the breastfeeding rate. As the nation and the WIC program prepare for the postpandemic life, it is critical to ensure that breastfeeding support is met in a hybrid of remote and face-to-face settings.

Keywords: COVID-19, breastfeeding, WIC, low-income

Pre-COVID vs. COVID Breastfeeding Rates - By %



Milk Substitute Shortages

- Abbot laboratories voluntary recall in February 2022
 - Shortages due to stockpiling from 2020
 - Decreased production due to decreased demand in 2021
- Exposed vulnerability of infant food supply chain and impact of maternal health policies
- Family efforts to re-lactate, milk share, and obtain infant formula

Impact of Breastfeeding Support

- Cochrane Review, 2017
 - Any support by trained personnel (MD, RN, IBCLC) increased duration and exclusivity of breastfeeding.
 - Exclusivity – face-to-face contact, volunteer support, predictable schedule of 4–8 visits and high “background” rates of breast feeding

Support for healthy breastfeeding mothers with healthy term babies McFadden, A et. Al. 28 Feb 2017
<https://doi.org/10.1002/14651858.CD001141.pub5>

- In-Office Support of Breastfeeding
 - Measured BF rates pre- and post- implementation of the Academy of Breastfeeding Medicine protocol *“The Breastfeeding-Friendly Physician’s Office, Part 1: Optimizing Care for Infants and Children”*
 - Statistically significant increase (10%) in exclusive breastfeeding at 5 time points in pediatric practice

Corriveau SK, Drake EE, Kellams AL, Rovnyak VG. Evaluation of an office protocol to increase exclusivity of breastfeeding. *Pediatrics*. 2013 May;131(5):942–50. doi: 10.1542/peds.2012-1310. Epub 2013 Apr 1. PMID: 23545382

Island Hospital Center for Maternal and Infant Care

Goals:

- Breastfeeding Medicine Specialty consultative service only
- Provide a component of mental health care and peri-natal counseling
- Support all forms of infant feeding consistent with parent's wishes
- See patients regardless of ability to pay

Island Hospital Model

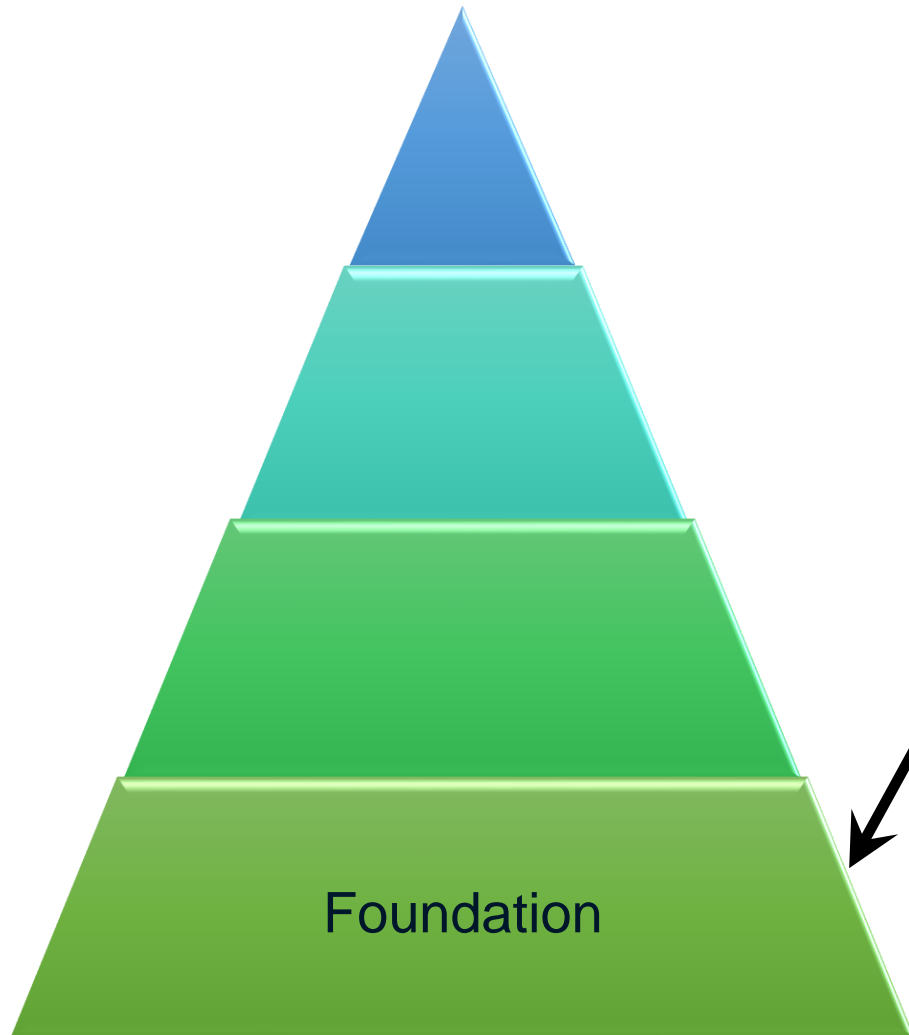
- “Group” visit with both nursing parent/family and infant
- Patients see an IBCLC for 45 minutes and then MD comes in does an exam, recaps the visit, and determines if there is anything that MD could offer
 - Prescriptive services as needed
 - PT/OT/feeding support referrals
 - Frenotomy
- Bill parent and infant BOTH as 99213/99214 or equivalent and for frenotomy if done

The Reality

- It WORKED!!! (and still does 7 years later!)
- Dream Team – an MA and 2 IBCLC's, 2 MD's, and an IBCLC with a Master's Degree in Counseling
- Saw lactation patients 2 afternoons a week (8 patients/clinic)
 - MD saw 2-3 regular patients/hour and a lactation consult/hour per clinic afternoon
- Part of Fidalgo Medical Associates/Island Hospital
- Supplies were bought by hospital – shields/shells/diapers
- EVERY VISIT WAS PAID BY INSURANCE

- Why did YOU come today?
- What is your goal for YOUR practice?

Stepped Approach to Lactation Support



- ▣ Access to up-to-date professional lactation support resources within community
- ▣ Academy of Breastfeeding Medicine Protocols
- ▣ More frequent early visits for nursing parents (4-8 based on Cochran Review)
- ▣ Breastfeeding and medication database(s)



Breastfeeding support: Skagit County

2022

Note: due to Covid-19, many in-person services have been suspended or modified. Check first.

Classes:

(recommended to be taken while you are pregnant)

Community Action of Skagit Co. WIC (Mt Vernon): Offers monthly online Breastfeeding Classes on Wednesdays. Open to all WIC clients:
<https://www.communityactionaskagit.org/wic/>

United General WIC (Sedro-Woolley) Offers virtual BF classes for WIC clients
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Breastfeed with Confidence: on Zoom Teri Shilling, IBCLC facilitates two classes: From the Beginning and Pump It. (fee) breastfeedwithconfidence.com/classes

Community support groups:

(free and open to all)

La Leche League of Skagit County is currently not meeting face to face but are referring to the following active Facebook groups:
Skagit Discussion group: <https://www.facebook.com/groups/1463786400577757/>
WA state LLL (English) - <https://www.facebook.com/LLLofWA>
(Spanish) - <https://www.facebook.com/groups/990743587788106>

Clinics:

(make an appointment with an IBCLC** if you have prenatal concerns or things don't go as planned. Services normally covered by medical insurance, check first)

Center for Maternal and Infant Care at Island Health/Hospital (Anacortes):
(360) 293-3101 islandhospital.org/maternal-infant-care (Dr. Susanne Wilhelm (Family physician) and Teri Shilling, IBCLC appointments.)

Skagit Valley Hospital Birth Center Outpatient Lactation Clinic (Mount Vernon):
(360) 428-2229 skagitregionalhealth.org/programs-services/womens-health-and-family-birth-center/family-birth-center (RN, IBCLC appointments)

Chinn Gyn Clinic (Mount Vernon): (360) 824-5278 chinngyn.com/ (no insurance accepted)

Compiled by Community Action WIC and Skagit Co. Breastfeeding Coalition
which holds open meetings the 4th Wednesday of each month @ 8 am either on zoom or at Calico Cupboard, Mount Vernon. To be added to email list, go to <https://skagitbreastfeeding.org/contact-us/>. Last updated 2/2022.

WIC clinics: Provides peer counselors, lactation consultant visits, breast pumps to WIC clients. No fees.

- Community Action (360) 416-7595 Support available in Spanish (Mount Vernon/Anacortes)
- Swinomish Health Clinic (360) 466-3167. (La Conner)
- United General (360) 856-7318 Support available in Spanish (Sedro-Woolley)

Home visits (or virtual visits in your home)

(an IBCLC** will come to your home or set up a virtual visit to address issues. Not covered by all insurance companies, check first)

Rebecca Bartsch, MSM, LM, IBCLC (Mt. Vernon) tulipcitymidwife.com/lactation

Mary Francell, MA, IBCLC (Whatcom Co) fairhavenlactation.com/

Briana Hodgson, RN, BSN, IBCLC (Whatcom Co) thelatchmaker.com

Teri Shilling, MS, CD(DONA), LCCE, IBCLC (Mount Vernon)
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** IBCLC is an International Board Certified Lactation Consultant

Lactation support/home visits are also provided by nurses to those who are enrolled in Maternity Support Services and Nurse Family Partnership.

- Answers Counseling (360) 255-7855
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- Sea Mar Community Health Center (360) 848-6616
- Skagit Nurse Family Partnership (360) 416-1523

Military Families

[Mom2MomPNW](#) Facebook group



Skagitbreastfeeding.org

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ACADEMY OF
**Breastfeeding
Medicine**

Information on:

- Establishing a written office policy
- Guidance regarding in-office skilled lactation
- WHO recommendation regarding international marketing of breast-milk substitutes
- Breastfeeding promotion
- Breastfeeding education

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ABM Clinical Protocol #14: Breastfeeding-Friendly Physician's Office—Optimizing Care for Infants and Children

Swathi Vanguri,¹ Hannah Rogers-McQuade,² and Natasha K. Sriraman³⁻⁵;
and the Academy of Breastfeeding Medicine

Abstract

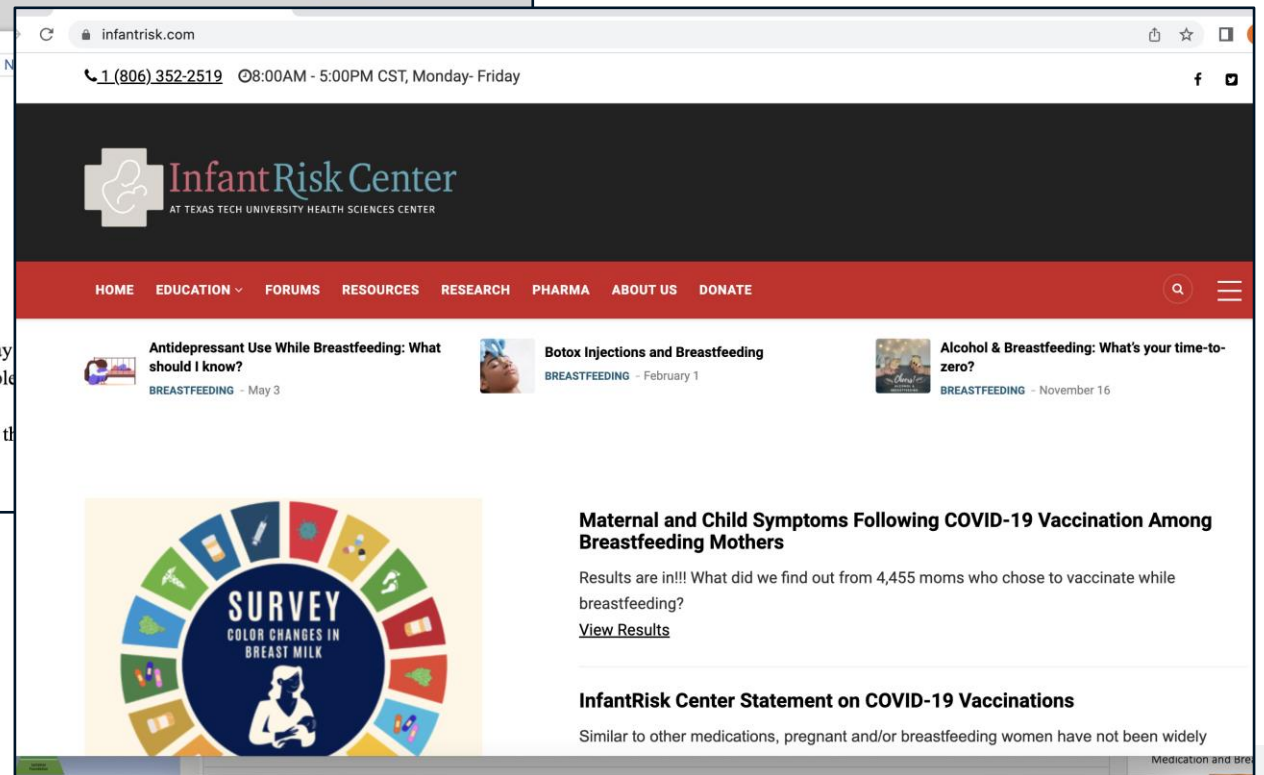
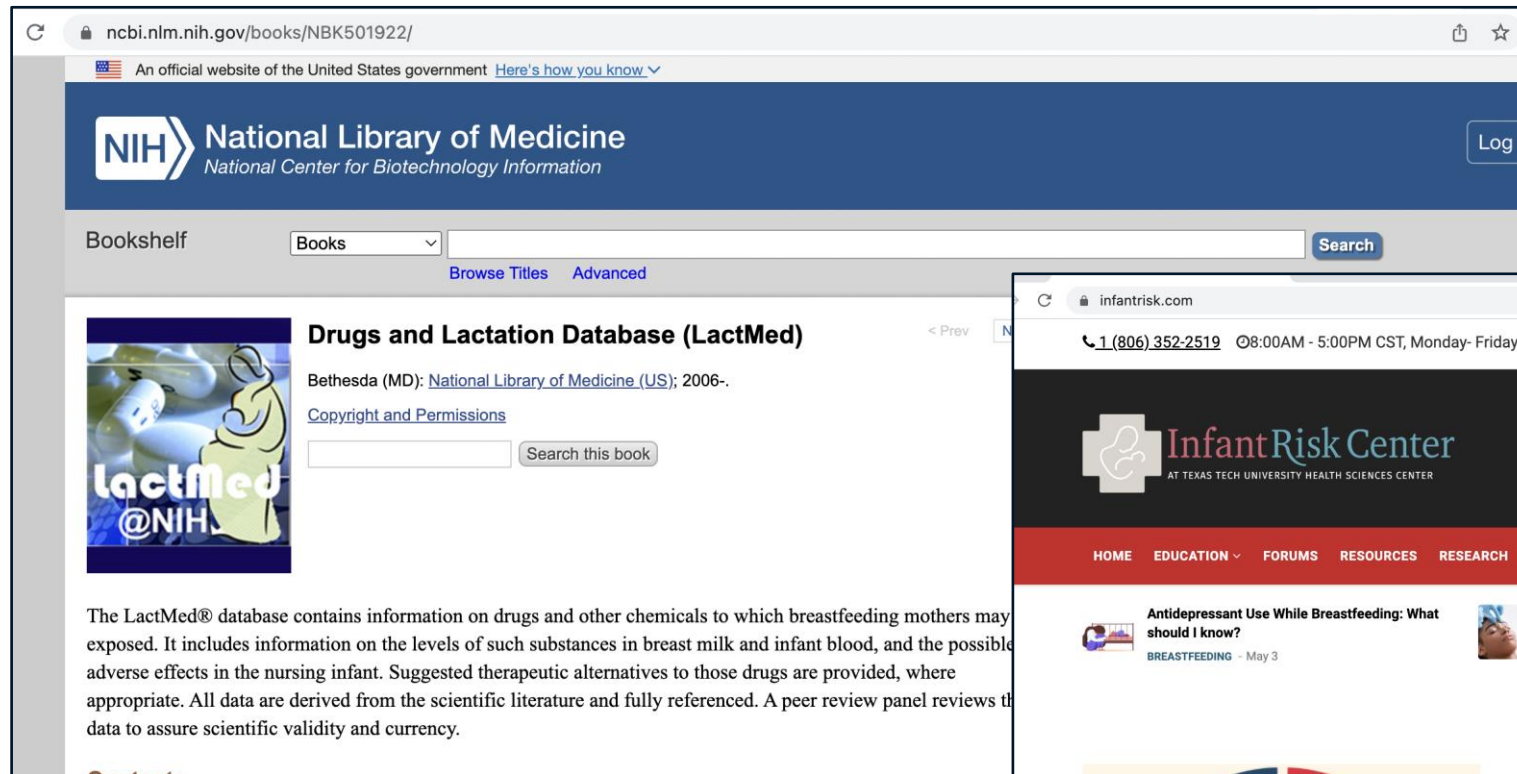
A central goal of the Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

Background

BREASTFEEDING HAS LONG BEEN KNOWN to be the most

There are many underlying causes contributing to the low rates of breastfeeding, including environments that are unsupportive for breastfeeding mothers. This ranges from

Medication and Breastfeeding Database(s)

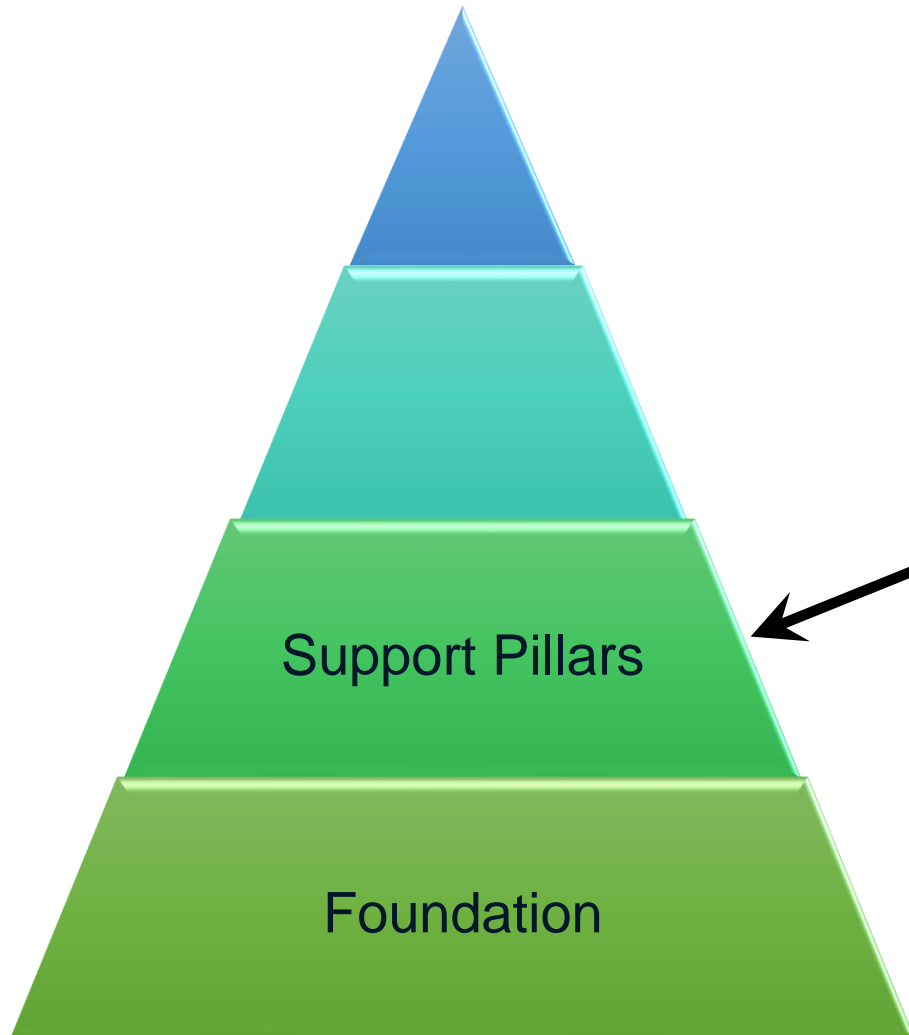


Lactmed <https://www.ncbi.nlm.nih.gov/books/NBK501922/>

Infant Risk Center <https://infantrisk.com>

E-lactina <https://www.e-lactancia.org/>

Stepped Approach to Lactation Support

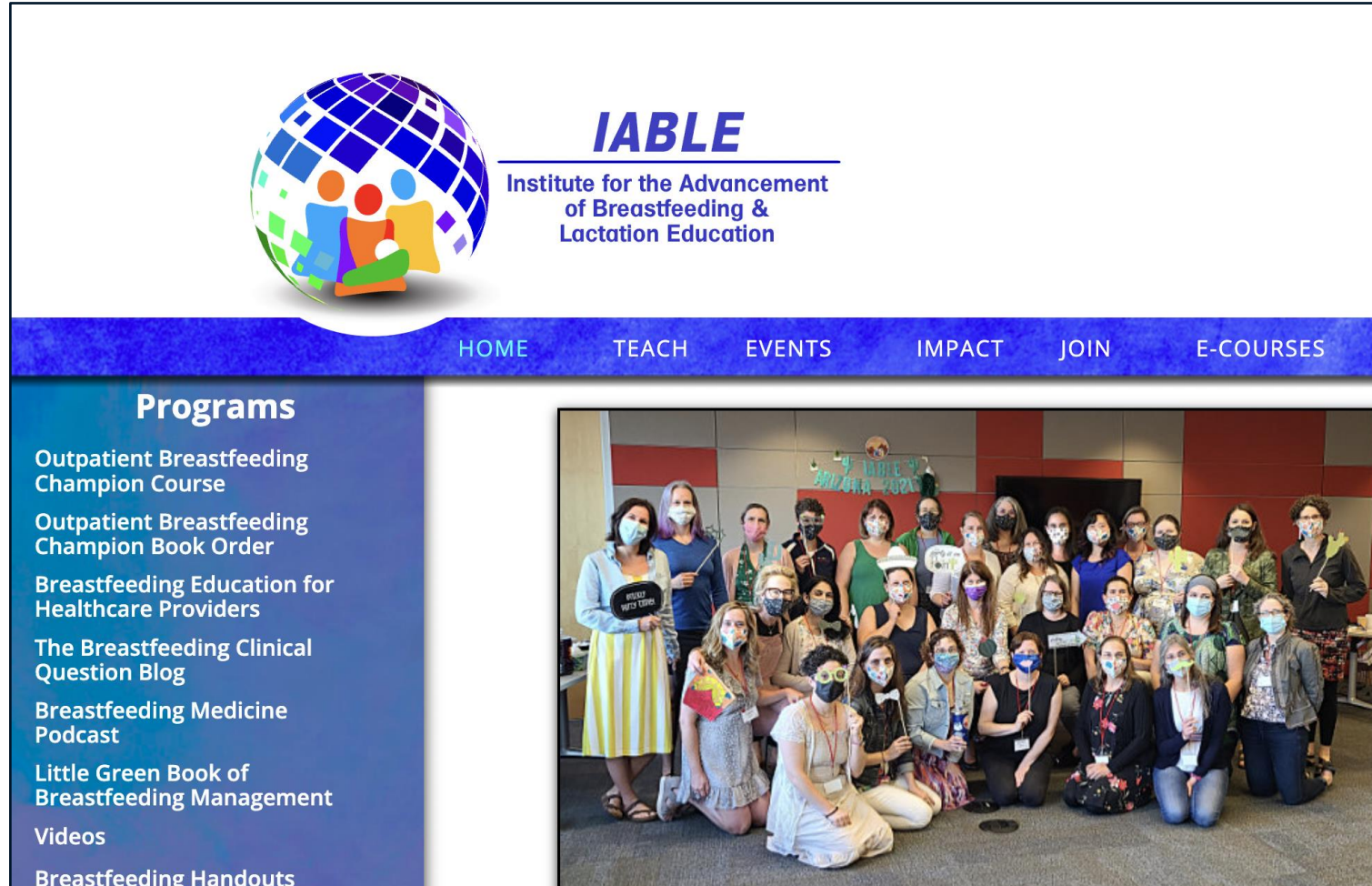


- ▣ Assign a breastfeeding champion for office
 - ▣ Emergency “go-to” for phone calls and questions
- ▣ Prioritizing lactation and feeding concerns as “urgent”
 - ▣ Educating front desk

Office Breastfeeding Champion

- Office information source
- Need not be clinical staff
- “Warm line” during office hours

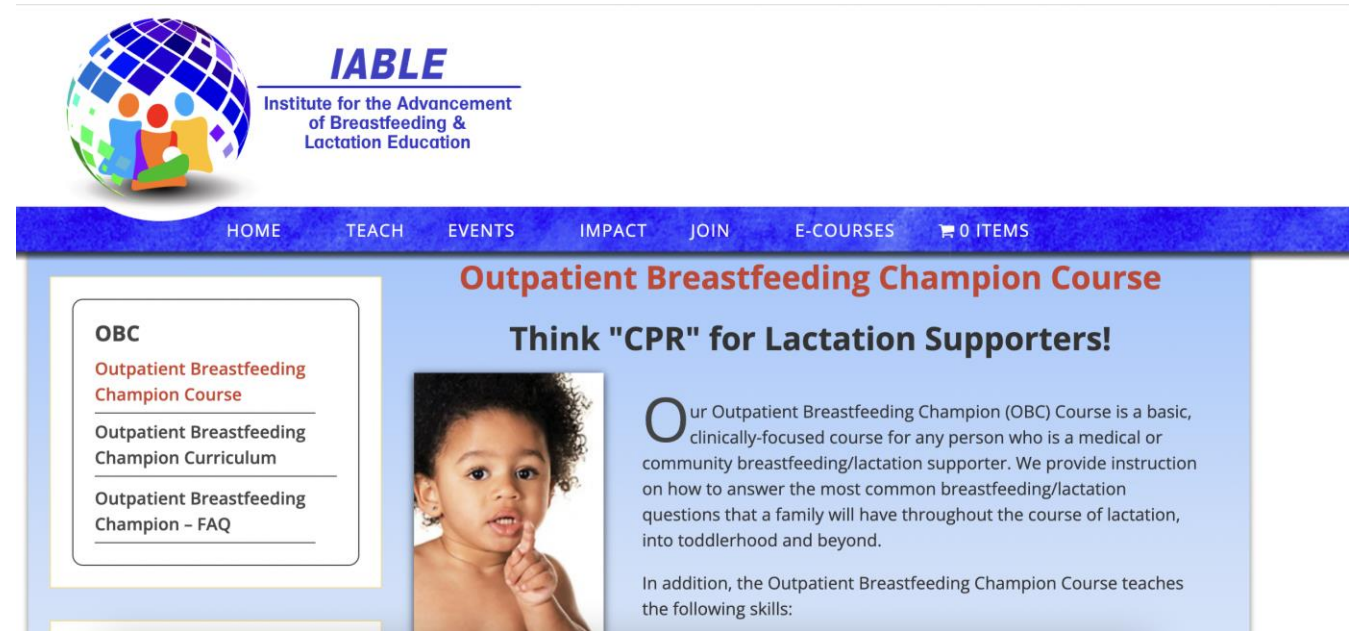
www.lacted.org



The screenshot shows the IABLE website. At the top, there is a logo of a globe with stylized figures inside, and the text "IABLE Institute for the Advancement of Breastfeeding & Lactation Education". Below the logo is a navigation bar with links: HOME, TEACH, EVENTS, IMPACT, JOIN, and E-COURSES. On the left side, under the heading "Programs", there is a list of resources: Outpatient Breastfeeding Champion Course, Outpatient Breastfeeding Champion Book Order, Breastfeeding Education for Healthcare Providers, The Breastfeeding Clinical Question Blog, Breastfeeding Medicine Podcast, Little Green Book of Breastfeeding Management, Videos, and Breastfeeding Handouts. On the right side, there is a large group photo of many people, mostly women, wearing face masks and holding signs, posing for a group photo in front of a red wall.

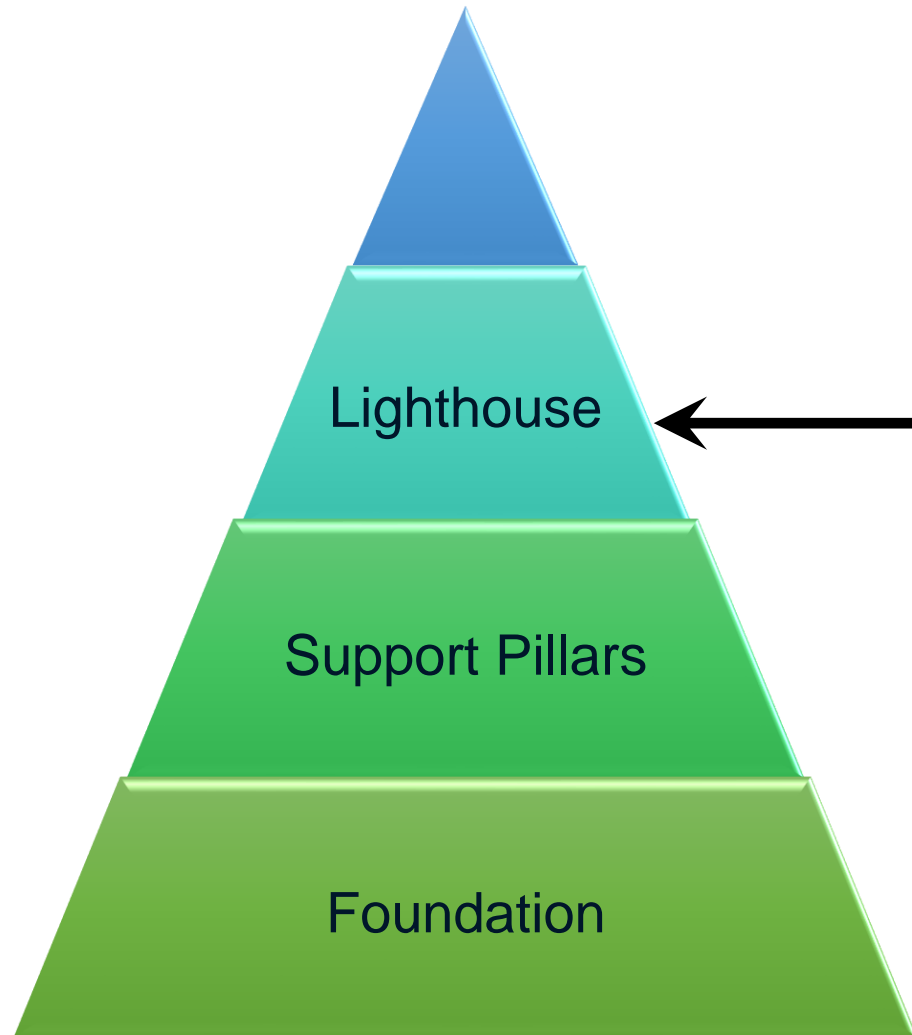
Breastfeeding Champion Course

- \$150 for e-course
- 14.5 Nurse contract hours



<https://lacted.org/the-outpatient-breastfeeding-champion-program/>

Stepped Approach to Lactation Support



- ▣ IBCLC as a referral source
 - ▣ Lactation Champion to help patient navigate
- ▣ Academy of Breastfeeding Medicine Membership/IABLE Membership for e-mail discussion/questions
- ▣ **Provider education**
 - ▣ CME through on-line resources



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Benefit of MD Lactation Education in Length of Patient Breastfeeding

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DOI: 10.1089/bfm.2012.0028

Original Articles

Physician Breastfeeding Education Leads to Practice Changes and Improved Clinical Outcomes

Alison Volpe Holmes,^{1,2} Angela Yerdon McLeod,²⁻⁵ Claire Thesing,⁶
Stephanie Kramer,⁷ and Cynthia R. Howard^{8,9}

Abstract

Background and Objectives: Lack of physician knowledge about breastfeeding is associated with decreased initiation and continuation of breastfeeding by patients. We evaluated the effects of a breastfeeding education program on physicians' breastfeeding knowledge, attitudes, and beliefs, measured changes in clinical practice, and examined breastfeeding rates of patients of participating physicians.

Study Design and Methods: Six breastfeeding sessions addressed breastfeeding problem-solving and counseling and specific clinical issues including mastitis, perceived insufficient milk, poor infant weight gain, and return to work. We measured physicians' breastfeeding knowledge, attitudes, and beliefs before and after curriculum implementation and also measured changes in practice. We analyzed breastfeeding rates of patients in the practice before, during, and after the intervention.

Results: We studied 24 residents and 15 faculty members at the intervention site; there were 12 residents and nine faculty in a similar control program. Attendance at education sessions improved breastfeeding knowledge ($p < 0.01$) and attitudes/beliefs ($p = 0.03$). Participants identified 15 unique practice changes with a strong

Lactation Education Courses for CME for MD's

- Lactation Education Resources

[https://www.lactationtraining.com/filter/lactation-consultant-courses__or__continuing-education/?custom_f_23\[0\]=1&custom_f_23\[1\]=100](https://www.lactationtraining.com/filter/lactation-consultant-courses__or__continuing-education/?custom_f_23[0]=1&custom_f_23[1]=100)

- Gold Learning

<https://www.goldlearning.com/ce-library/all-lectures/accreditation/cme>

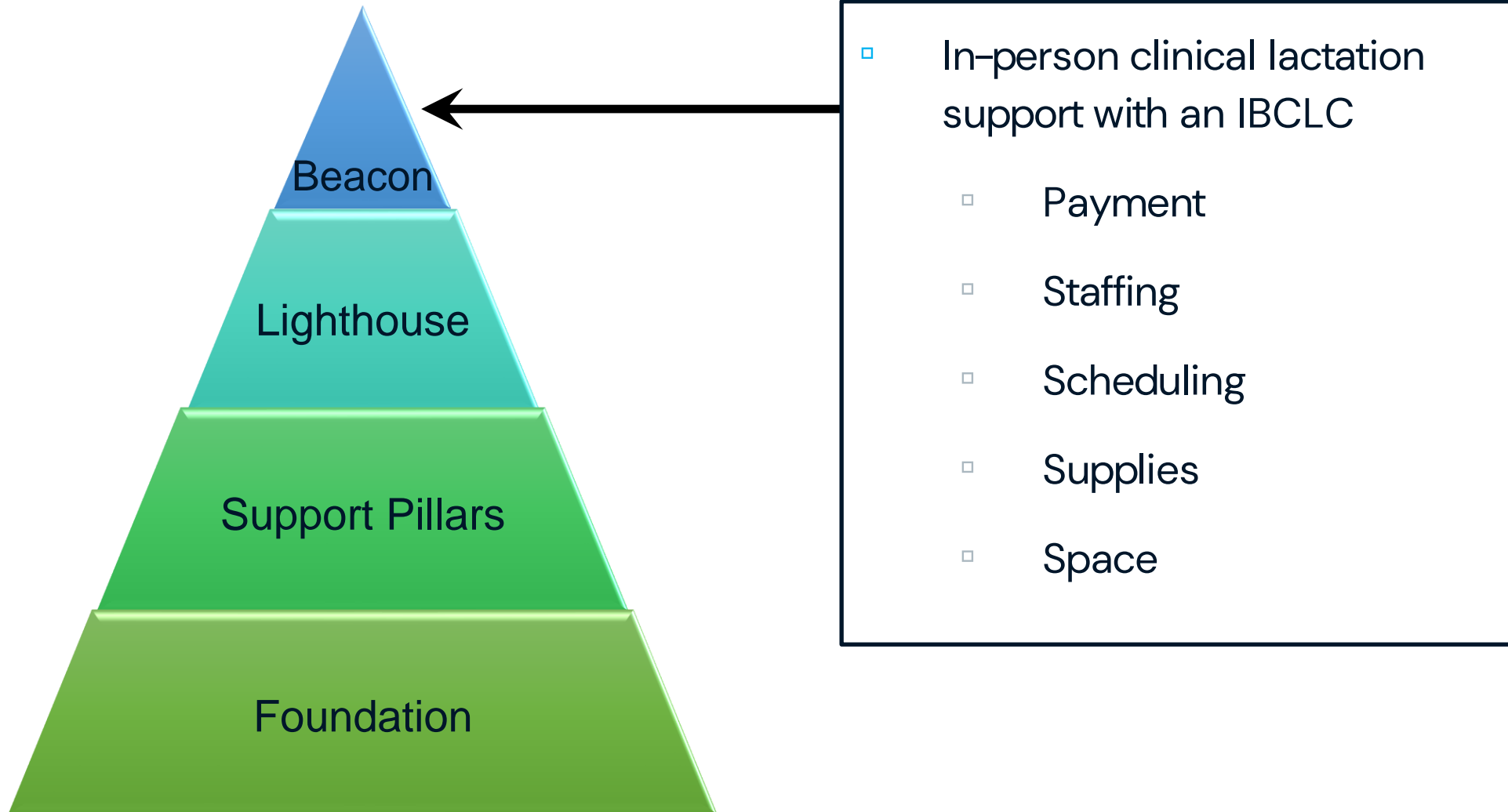
- IABLE

<https://lacted.org/shop/conf202206/>

- iLactation

<https://ilactation.com/>

Stepped Approach to Lactation Support



Lactation Support Providers Descriptors Table

Category	Descriptions	Training	Credentials & Programs
Lactation Consultants	Referral to these health professionals is appropriate for the full range of breastfeeding care, particularly involving high acuity breastfeeding situations.	<p>90-95 didactic hours, and additional training requirements and exam for each title.</p> <p>Often work clinically as part of the healthcare team in both inpatient and outpatient settings; may also work in private practice.</p>	<p>International Board Certified Lactation Consultant® (IBCLC®) Program accreditation by Nat'l Commission for Certifying Agencies (NCCA)</p> <ul style="list-style-type: none"> Health professionals and individuals with 14 college level health science courses (6 can be continuing education) 95 lactation-specific didactic hours 300 to 1000+ hours of clinical practice, depending on pathway <p>Advanced Lactation Consultants (ALC®)</p> <ul style="list-style-type: none"> Certification as a CLC® or IBCLC® Plus 2 college credits in <i>Maternal and Infant Assessment</i> and 3 college credits in <i>Advanced Issues in Lactation Practice</i> <p>Advanced Nurse Lactation Consultants (ANLC®)</p> <ul style="list-style-type: none"> Current RN license and certification as a CLC® or IBCLC® Plus 3 college credits in <i>Advanced Issues in Lactation Practice</i>
Breastfeeding Counselors	Individuals who hold these certifications or similar have the skills to provide breastfeeding counseling, address normal breastfeeding in healthy term infants, and to conduct maternal and infant assessments of anatomy, latch, and positioning, while providing support.	<p>45-54.5 hours of classroom training and exam.</p> <p>Often provide support to families in the hospital and community settings. Counselors may have additional competencies to assist families with breastfeeding difficulties.</p>	<p>Certified Breastfeeding Specialists (CBS®)</p> <ul style="list-style-type: none"> 54.5 didactic hours earning 3 college credits <p>Certified Lactation Counselors (CLC®) Program accreditation by American Nat'l Standards Institute (ANSI)</p> <ul style="list-style-type: none"> 52 didactic hours; ANSI accredited exam earning 3 college credits <p>Certified Lactation Educators (CLE®)</p> <ul style="list-style-type: none"> 45 didactic hours and exam
Breastfeeding Peer Counselors	Breastfeeding peer support organizations equip these LSPs to meet the needs of the families they serve, focusing primarily on individual and community support.	Personal breastfeeding experience and approximately 20 hours of training through various community models, except for the La Leche League Leader program, which has 90 hours of training.	<p>Peer support organizations equip these LSPs to meet the needs of the families they serve, focusing primarily on individual and community support. Examples of national breastfeeding peer counselor organizations in the U.S. include:</p> <ul style="list-style-type: none"> Breastfeeding USA HealthConnect One La Leche League (LLL) Reaching Our Sisters Everywhere (ROSE) Women, Infants, and Children (WIC)
Lactation Educators	A Breastfeeding Educator is qualified to support and educate the public on breastfeeding and related issues but does not perform clinical care.	Generally, 20 hours of training.	Childbirth and Postpartum Professional Association (CAPP)

This resource is supported by Cooperative Agreement Number, 6 NU38OT000167-05-03, funded by the Centers for Disease Control and Prevention (CDC). Its content are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Department of Health and Human Services. The American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and the U.S. Breastfeeding Committee - affiliated [Lactation Support Provider \(LSP\) Constellation](#), support this document as an educational tool, August 2021.

Getting Paid for Lactation Services

Affordable Care Act:

“You may be able to get help with breastfeeding at no cost.

Health insurance plans **must** provide breastfeeding support, counseling, and equipment for the duration of breastfeeding. These services may be provided before and after birth.

This applies to Marketplace plans and all other health insurance plans, except for grandfathered plans.”

<https://www.healthcare.gov/coverage/breast-feeding-benefits/>

Getting Paid for Lactation Services

“Insurers are required to provide comprehensive lactation support and counseling and cover the cost of a breast pump.

Plans cannot charge a patient a copayment, coinsurance, or deductible for these services when they are delivered by a network provider (and plans must offer a network provider). The new rules in the health care law requiring coverage of these services take effect at the next renewal date – on or after Aug. 1, 2012—for most health insurance plans.”



<http://www.usbreastfeeding.org/>

However...

- Even though lactation support (6 total visits) is required to be covered by most plans with no “cost-sharing”....
- Insurance commonly can and does limit this to IBCLC’s who are “in-network” AND also who bill as preventative services

And how to code and is this sustainable?

CODING and BILLING basics for lactation

Every patient visit has a
CPT code AND an ICD-10 code

Insurances have different
payment policies for certain
codes

Covered with no cost sharing
For ACA plans and most commercial
plans

Non-Physician
Professionals
IBCLC's

Preventative code

S99434 – Lactation specific

99401-4 – Counseling

OR

Problem-based code

99202-4 if a new patient
99213-4 if an existing patient

Patient

CPT Code – Payment

ICD -10 Code - Diagnosis

MD/PA/NP/CNM

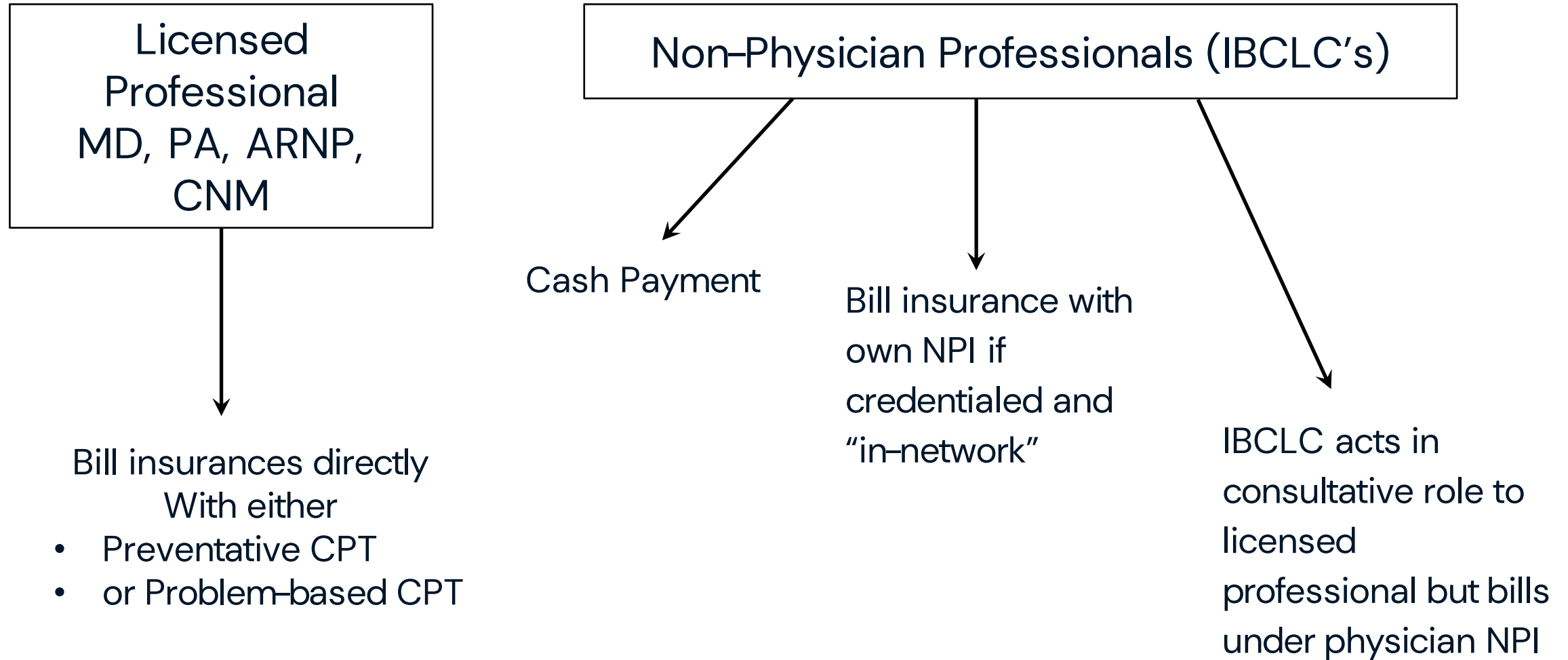
Keys for Reimbursement

- Only certain “licensed” persons are allowed to bill certain CPT codes
 - IBCLC’s are not considered “licensed” for most CPT codes, but can get reimbursed/insurance payment if billing for a few
 - RN’s can bill but as an “incident to” and a CPT 99211 level and payment is not commensurate to skill
- MD, PA, NP, CNM
 - Can bill a preventative CPT code or problem-based CPT code
 - Generally, insurance reimbursement is higher for problem-based CPT codes

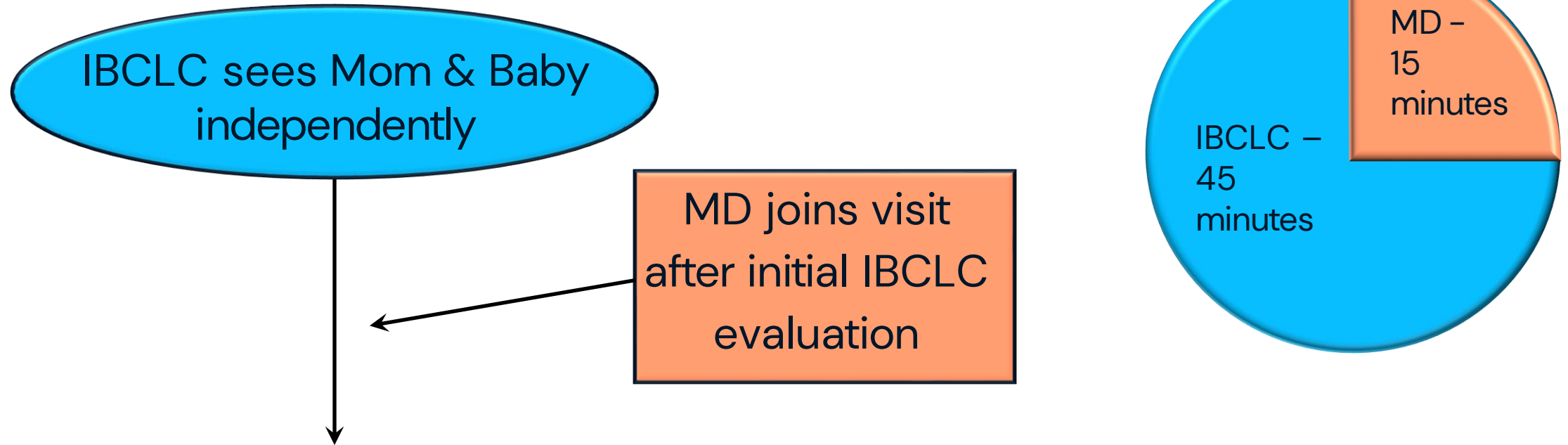
But it's never *just* baby ... billing for two

- Bill for BOTH Mom and Baby for maximal reimbursement with problem-based CPT codes
- It is legal, possible, and recommended to bill for both mom and baby at feeding/lactation visits regardless of your specialty (OB/PEDS)
- Both may require a co-pay or “cost sharing” if not billed as a preventative code but that is okay!
 - Most deductibles have been met by the time they get to you
- Need to make sure that you satisfy the billing requirements for both, including separate documentation for BOTH mom and baby
 - You MAY need to get a referral from mothers PCP depending on plan

Lactation Professionals



One Successful Model



- MD exam Mom & Baby
- MD additional documentation and agreement with A/P

CPT 99202–99205 (new pt) or
CPT 99213 or 99214 (existing pt) X
mom/infant billed to insurance using
IBCLC documentation and MD
addition

Billing outside the MD, PA, CNM, ARNP Licensure as an IBCLC

- Need an NPI
- Only way to bill is using a *Preventative CPT* code
 - S9443
 - Specific to lactation counseling (15 min increments)
 - 99401-99404 Series
 - Preventive medicine counseling and/or risk factor reduction intervention provided to an individual
 - 96156 Series
 - Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) Follow up recommended by physician. Physician must see patient and make recommendation prior to visit. HOWEVER, CMS guidelines say this can only be used by a clinical psychologist. It is unlikely that you will get paid using this code.

CODING and BILLING basics for lactation

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Insurances have different payment policies for certain codes

Covered with no cost sharing for ACA plans and most commercial plans

Non-Physician Professionals
IBCLC's

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CPT Code – Payment

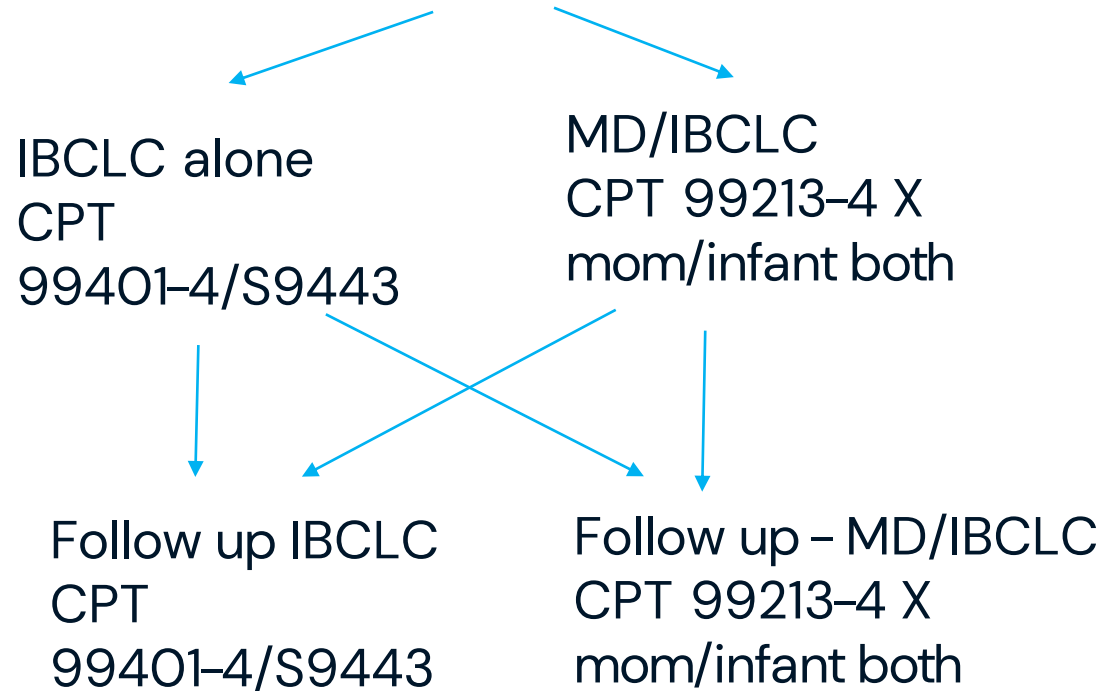
ICD -10 Code - Diagnosis

Tricare Example

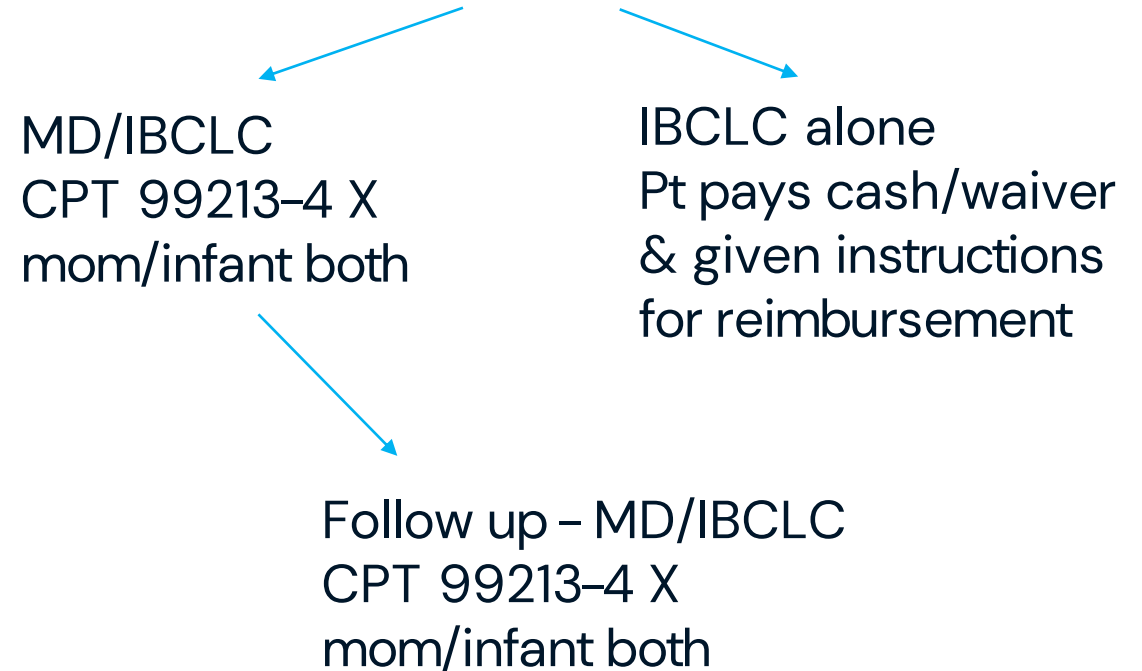
- https://www.tricare-west.com/content/hnfs/home/tw/prov/benefits/benefits_a_to_z/maternity_care/childbirth-and-breastfeeding-demonstration.html
- Recommend using 99401-99404 series
 - (\$25 – \$96.58 www.health.mil/rates)
- If you are non-network, then Tricare will “reach out to certify” you as “non-network” provider. If you don’t meet their requirements the claim will be denied.
- Default is SimpliFed – online lactation consultation.
- MD payment for 99214 is \$110 (www.health.mil/rates) for comparison

Model for Non-Physician Professional working with a Licensed Professional

Credentialed IBCLC



Non-Credentialed IBCLC



Insurance credentialing as an IBCLC will not reimburse as much as a problem-based visit with MD

ICD-10 *Diagnosis/Description* Codes

- Non-Physician Provider (IBCLC)
 - Use ICD -10 code Z39.1
 - Encounter for the care and examination of lactating mother
- Licensed Provider
 - Should use a problem-based ICD-10 diagnosis code

Maternal Examples

O92.7 Unspecified disorder of lactation

O92.13 Cracked nipple associated with lactation

O91.23 Non-purulent mastitis associated with lactation

O92.4 Hypogalactia

Infant Examples

P92.6 – Failure to thrive in newborn

P92.3 – Underfeeding of a newborn

R19.4 – Change in Bowel Habits

P92.2 – Slow feeding of newborn

P92.5 – Neonatal difficulty of feeding at breast

Island Health Lactation Form



Lactation Support

Date: _____

Lactation Consultant: Teri Shilling, IBCLC ___ Physician: Dr. Wilhelm ___ Other: ___
Referred by: _____

Primary concern (circle): latch ___ supply ___ weight gain ___ baby's oral anatomy ___
alternative feeding (pumping, supplementation) ___ breast health ___
preventative/reassurance ___ prenatal prep ___ other: _____

Goals regarding length of time, pumping, supplementing: _____

Date of last lactation visit: _____

Nursing parent's information:

General health: _____

Diet: vegetarian ___ vegan ___ post bariatric surgery ___

Allergies: _____

Currently using: alcohol ___ marijuana ___ cigarettes/vaping ___ cocaine ___ other: _____

Current medications, vitamins, herbs, supplements, placenta capsules: _____

Medications taken during pregnancy/postpartum: progesterone or estrogen for the pregnancy, metformin, magnesium sulfate, steroids such as prednisone for allergic reaction, Benadryl or other antihistamines, Abilify, Sudafed or other decongestant, Methergine for bleeding, stimulants for ADD/narcolepsy, methadone
Birth control: progesterone such as Depo shot/nexplanon, IUD, Minipill, patch, vag ring

First baby? ___ Other breast/chestfeeding experience (length/issues): _____

Breast history: implants ___ reduction ___ cancer ___ other surgery/injury ___

Nipples: everted ___ flat ___ inverted ___ pierced ___

Breasts change during puberty ___ during this pregnancy ___

Health issues during pregnancy:

fertility treatment ___ gestational diabetes ___ pre-eclampsia/high BP ___

premature labor/bedrest ___ twins ___ depression/anxiety ___ anemia ___

thyroid issues ___ PCOS ___ pituitary ___ eating disorder ___

PCP for baby: _____

PCP for parent: _____

Obstetrical care if different: _____

Receiving lactation help from: _____

Birth information:

Gestational age: weeks ___ days ___ Induction ___ Reason: _____

Born: vaginally ___ forceps/vacuum ___ by cesarean: planned ___ after labor ___

Length of time had IV before birth: _____

Birth: hemorrhage ___ surgery ___ other: _____

Discharged early (less than 18) ___ about 24 hours ___ 2-3 days ___ delayed ___

Breast changes after delivery: engorged/milk volume increased on day: _____

Cracks/scabs: ___ Date appeared: ___ Treatment: _____

Lumps/plugged ducts: _____

Current pain: during latch ___ throughout feed ___ in between feeds ___

Nipple shape after latch: _____

Pain: improving ___ getting worse ___ staying same ___

___ Using a nipple shield (L, R or both sides)

Pumping: Type: _____

Single ___ double pumping ___ Hands free ___

Frequency: ___ Time of day/night: ___ Length of sessions: ___ Average amount: _____

Painful ___ Comfortable ___ Suction level: ___ Flange size: _____

Suction pump like Haakaa ___ frequency: _____

giving baby all expressed milk ___ When? ___ storing milk ___ combination ___

What is the longest duration of time overnight you do not pump or nurse? _____

Baby information:

Any issues at birth: meconium aspiration ___ breathing problems ___ birth injury ___ low blood sugar ___ seizures ___ fever ___ NICU/SCN on day: _____

feeding tube ___ other medical concerns: _____

First latch after birth: immediate ___ delayed (longer than 90 minutes) ___ due to: _____

Baby's birth weight: _____

Weight at 24 hours: _____

Date/lowest weight: _____

If older than 2 weeks, when did baby reach birthweight: _____

jaundice: currently ___ low level ___ required light treatment/readmission ___

frenotomy at age: ___ lip release ___ performed by: _____

formula supplementation (when/amount/frequency/method given): _____

expressed human milk supplementation (when/amount/frequency/method given): _____

pacifier use: _____

Feeding information In last 24 hours:

of times at breast ___ based on cues ___ on a schedule ___ has to be woken up ___

longest stretch between feeds: _____

latching takes us ___ attempts to get a great latch. Latches to both sides ___

average duration: ___ baby come off on their own ___ falls asleep ___

Favorite position: _____

Using a pillow: _____

Pees and poops in last 24 hours: _____

of wet diaper ___ # of poops ___ color: ___ size (bigger than a quarter): _____

Island Health Lactation Form (cont.)

Today's observations:

Baby's age:

Baby appearance (tone, color, active/asleep):

Oral anatomy:

Behavior at the breast:

Latch:

Positioning:

Breast/nipple assessment:

Transfer/weights

Date and weight at last appointment:

Time since last feed:

Pre-feed weight:

__ with diaper __ without diaper wt:

Weight after right side:

Time at breast:

Transfer amount:

Weight after left side:

Time at breast:

Transfer amount:

Total time:

Total transfer:

The Plan:

Follow-up with Lactation __ PCP __ in __ week(s)/days or __ as needed

National Women's Law Center

<https://nwlc.org/resource/breastfeeding-benefits-understanding-your-coverage-under-the-affordable-care-act/>

**NATIONAL
WOMEN'S
LAW CENTER**
Justice for Her. Justice for All.

APRIL 2022 | FACT SHEET

BREASTFEEDING BENEFITS

UNDERSTANDING YOUR COVERAGE UNDER THE AFFORDABLE CARE ACT

Thanks to the Affordable Care Act (ACA), new or “ungrandfathered” health insurance plans must cover breastfeeding supports and supplies as a preventive benefit without imposing cost-sharing, such as deductibles, copayments, or coinsurance. Here are some answers to questions that you might have about the breastfeeding benefit...

Scope of Breastfeeding Benefits

Q: What is the breastfeeding benefit?

The breastfeeding benefit includes:

Take Home Points

- You can provide any level of support to your breastfeeding parents
- Read the Academy of Breastfeeding Medicine Protocols
- Do some professional breastfeeding CME
- Get an IBCLC involved/Get an NPI for s/he
- Bill separately for BOTH mom and baby and do not think twice!
- See your patients at 5, 10, 14, 30, 60 days of life to assess
- Code for your expertise, time, and resources
- Exam
 - https://www.youtube.com/watch?v=tCpMdYwc_R4 – Breast exam
 - Record what you see or confirm IBCLC exam

Contact Information

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