

**CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH NURSING
Breastfeeding Support Referral**

Referral Date: _____

OB Clinic Patient Other BF appt. made for F/U _____

Mother's Information

Name: _____ D.O.B: _____

Discharge Address: _____

Telephone: (Verify with patient) _____ Cell: _____

Primary Language: _____ Discharge Date: _____

Gravida: Para: NSVD C/S Singleton Twin Fetal Demise

Feeding Choice:

Exclusive Breastfeeding Breast & Artificial Breast Milk

Baby Information

Male Female Date of Birth: _____ Time of Birth: _____

G.A. _____ Birth Weight: _____ Date of Discharge: _____

Pediatrician: _____

Hospital Feeds:

Exclusive Breatfeeding Mostly Breastfeed (75% or more)

Health Issues: _____

Indications for Referral
(Must check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Desires to breastfeed | <input type="checkbox"/> Pre-term (<34 wks) | <input type="checkbox"/> Nipple problems |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Poor/inconsistent latch | <input type="checkbox"/> First time Breastfeedng |
| <input type="checkbox"/> Weight loss (>10%) | <input type="checkbox"/> Teen mother | <input type="checkbox"/> Needs additional support/education |
| <input type="checkbox"/> Separated from mother | <input type="checkbox"/> Late Pre-term (34-37 wks) | <input type="checkbox"/> Breast Milk Suppression |

Other

Referred by: _____ Contact Information: _____

Please fax form to: (562) 570-8122 Attn: Luz Parra, LC or email: luz.parra@longbeach.gov

OFFICE USE ONLY

Record Searched _____ Census _____ DT _____

Public Health Nursing
Breastfeeding Support Program
Frequently Asked Questions and Referral Process

Who qualifies for this program?

All OB patients who want to breastfeed (exclusive or combo) are eligible to be referred to the Breastfeeding Support program. A doctor's order IS NOT required. All breastfeeding patients should be informed that a Lactation Consultant will contact them after discharge and discuss ongoing support and education needs.

EXAMPLE: "As part of our service and commitment to your breastfeeding success a Lactation Consultant with the Long Beach Health Department will be contacting you to answer questions and/or provide assistance to you and your baby after you go home.

What support and services will the patients receive?

Upon initial phone contact with the patient, the Lactation Consultant will assess how breastfeeding is going and arrange for a home visit. In the home they will perform a breastfeeding assessment to determine if additional education or support is needed. If the mother or baby has a problem that requires additional follow-up, they will be linked to appropriate resources (Certified Lactation Consultant, physician, etc). If the mother requires ongoing support and education, the Lactation Consultant will make return visits as necessary.

How do I make a referral?

When a patient has a written discharge order, a referral form should be completed by the nurse. The blank forms will be kept at the nurse's station in a folder labeled **Breastfeeding Support Referral Forms**. It is important that every question is completed in order to ensure that the Lactation Consultant has updated contact information. It is recommended that the patients phone number is verified and not rely on what is on the admission form. The referral form was designed to make the referral process as easy as possible to be completed. The information on the form is essential to help the triage and prioritize referrals. Once the referral form is completed, it should be faxed to the number at the bottom of the form.