

## Yield List

### Guidelines for Breastfeeding Peer Counselors to Yield to a Lactation Expert or Health Care Provider

When Peer Counselors identify 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. The Peer Counselor will continue to provide support while the lactation expert or health care provider (HCP) is addressing the issue, unless the Coordinator/Supervisor or peer decides it is best to discontinue peer support.

#### Pregnancy Issues to Refer to HCP

1. Spotting or bleeding
2. Excessive vomiting and nausea
3. Swelling
4. Contractions/premature labor
5. Baby stops moving
6. Other troublesome medical situations
8. The baby is unhappy at the breast or refusing the breast.
9. The mother is both breastfeeding and bottle-feeding her baby before the baby is 1 month old and wants to increase her milk supply and reduce or eliminate supplements.

#### Breastfeeding Problems for Mother or Baby

1. Any situation where there is concern about baby's weight or mom's milk supply.
2. Baby is premature, low birthweight (LBW) or sick and mother is unable to begin breastfeeding following delivery.
3. Baby has less than 6 wet diapers and 3-4 BMs (bowel movements)/24 hours, any time during the first month (after the baby is 3 or 4 days old)
4. Failure to gain weight or slow weight gain--initial loss of more than 8% of birth weight, failure to regain birth weight by 2 weeks, weight gain of less than 4 oz/week.
5. Mother has engorgement, unresolved in 24 hours.
6. The mother has sore or cracked nipples and the suggestions from the peer haven't helped.
7. The baby is having difficulty latching onto the breast after several tries.
10. The mother has decided to breastfeed; but baby has been bottle-fed since birth.
11. Mother is exclusively pumping her milk and wants to breastfeed.
12. The mother wants to breastfeed; but has been advised NOT to by her health care provider.
13. Baby "still hungry" after feeding, unresolved after 24 hours of increasing frequency and duration of breastfeeding.
14. Regular/routine lengthy feedings (greater than 45 minutes duration).
15. Mother or baby has suspected thrush/yeast infection.

#### Mother and/or Baby Illness

1. Baby has jaundice
2. The mother has breast pain or redness on one or both breasts
3. Mother with chronic or acute illness or with a physical handicap
4. Mother is diagnosed with Hepatitis B, Hepatitis C or Tuberculosis

### **Mother and/or Baby Illness continued**

5. Chronic diseases with nutritional implications, e.g., renal, liver, intestinal, or heart problems
6. Metabolic disorders with nutritional implications, e.g., diabetes mellitus
7. Diagnosis of AIDS/HIV (Breastfeeding is contra indicated)
8. Hospitalized mother or baby.
9. Baby with congenital defects or neuromuscular problems, e.g., Down Syndrome, cleft lip/palate
10. Baby with chronic diseases, e.g., cystic fibrosis.

### **Medical History**

1. Routine use of prescribed medication or herbal supplements by mother.
2. Mother with prior breast surgery (i.e. breast implants, breast reduction, breast cancer), chest surgery or trauma.
3. Mother with prior gastric bypass surgery
4. Relactation after 3 or more days off the breast.
5. Plans to nurse an adopted infant.

### **Nutrition**

1. Mother is nutritionally at risk for underweight, has bulimia or anorexia.
2. Mother has no food.
3. Mother or baby experiencing vomiting or diarrhea.
4. Mother has nutrition questions.

### **Social**

1. Suspected physical abuse of mother or other family member.
2. Suspected depression in mother.
3. Any use of alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.)

### **Other**

1. Mother feels there is a problem that needs referral.
2. Peer feels there is a situation that needs to be addressed by the lactation expert.
3. Mother not following suggestion given by peer.

## In cases where the Peer yields a breastfeeding question or concern

**In all situations with pregnancy, breastfeeding problems for mother or baby, mother and/or baby illness, or medical history:**

1. If yielding to the peer coordinator or WIC Lactation Specialist the peer should supply the following information with the referral:
  - a. Ask the mother whether the issue or concern is being monitored by her health care provider (HCP).
  - b. If yes, ask the mother what the doctor or other Health Care Provider (HCP) has advised her to do, if she is following the advice and how it is going.
  - c. If there are medications involved, ask the mother to spell the name of the drug and to detail dosage, including how much and how often.
  - d. If directly referring to WIC peer coordinator or WIC lactation specialist:
    - i. Tell the mother you would like to refer her to another WIC staffperson to provide additional assistance, and that the WIC staffperson will contact her, and/or
    - ii. Give the mother the phone number and encourage her to call the WIC peer coordinator or WIC lactation specialist.
  - e. Document the referral and inform the Peer Counselor Coordinator or Manager.
2. If you are referring to a lactation specialist or other HCP that is not a part of WIC.
  - a. Tell the mother you would like to refer her to a lactation specialist or HCP and ask her permission to sign a release to have the lactation specialist or HCP call the mother.

**OR**

- b. Provide the referral number of the lactation specialist or HCP to the mother so the mother can make the call herself.
- c. Document the referral and inform the Peer Counselor Coordinator or Manager.

## **For families who need referrals for food, social services, and / or other situations:**

1. Use the list of referral resources to offer information to the mother about the appropriate social agency.
2. Document the referral and notify Peer Counselor Coordinator or Manager.

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