How Teamwork Provides Practical Solutions for Feeding the Cleft Affected Infant

Center for Cleft and Craniofacial Disorders, Children’s Healthcare of Atlanta

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Financial Disclosure

- Bonnie, June, Maggie and Sara are employees of Children’s Healthcare of Atlanta. No other financial relationships exist with the content provided herein.
The Center for Cleft and Craniofacial Disorders

Who We Are and What We Do
History of the Center

• Founded in 1989

• Multiple disciplines

• Over 12,000 active patients

• Multi-discipline team clinics held 6 times per month, with feeding clinics held 3 times per week

• We serve Georgia, Southeast, Nation

• Highest volume center in the country for treating cleft lip and palate.
Key Features of the Center

• Multi-disciplinary approach
• Family centered care
• Pre-natal consultation
• Craniofacial Lactation and Feeding Clinic
• Speech science lab
• Pre-surgical molding device (nasal alveolar molding or NAM)

Our goal is to make them whole!
The Children’s Cleft and Craniofacial Center is a multidisciplinary group of experienced professionals from medical, surgical, dental, speech language pathology, and other allied health disciplines.

- Craniofacial surgeon
- Craniofacial NP
- Speech pathologist
- Audiologist
- Nutritionist
- Pediatric Dentist
- Orthodontist
- Geneticist
- Psychologist
- Social Worker
- Nursing
The Cleft and Craniofacial Team

Here are our team members:

- Joseph Williams, MD
- Magdalena Soldanska, MD
- Colin Brady, MD
- Jack Thomas, DDS
- J.C. Shirley, DMD, MS
- Rossana Sanchez, MD
- Juanita Neira, MD
- Brittany Waters, DMD
- Alpesh Patel, DMD, MS
- Robert Crawford, DDS, MS
- Karen Uston, DMD
- Michael Minyard, DDS
- Bonnie Boerema, CPNP
- Kim Uhas, CPNP
- Robin Doucette, APRN
- Kathy Johnson, LPN
- Maggie Wilkes, RN, CLC
- Katie Dillon, SLP
- Jennifer Muniz, SLP
- Kelsey Walker, SLP, CLC
- Sara Cooper, SLP, CLC
- Angela LaGambina, SLP
- Gabby Stowe, SLP
- June Ridgeway RD/LD, CLC
- Sowmya Garton, LCSW
## Craniofacial Conditions Treated at Children’s

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>Cleft Lip/Cleft Palate</td>
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<tr>
<td>Craniofacial Clefts</td>
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<tr>
<td>Craniosynostosis</td>
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<tr>
<td>Hemifacial microsomia</td>
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<td>Traumatic facial injury</td>
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<tr>
<td>Craniofacial Syndromes</td>
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<td>Pierre Robin Sequence</td>
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<tr>
<td>Hypertelorism</td>
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<tr>
<td>Non-cleft Hypernasality</td>
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<td>Facial and jaw abnormalities</td>
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<tr>
<td>Facial Paralysis</td>
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<td>Ear Deformities</td>
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Coordination of Care

Multidisciplinary clinical team working together to provide care to children in one location.
Team Coordinator as the Center of Cleft Care
The Journey Begins: Pre-natal or After Birth

• Referrals
  – Obstetrician / Perinatologist
  – Primary care Physician
  – Craniofacial Surgeon
  – Plastic Surgeon
  – Expectant Parents
<table>
<thead>
<tr>
<th><strong>Objectives of the Pre-natal Visit with Cleft Surgeon</strong></th>
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<tbody>
<tr>
<td><strong>Review</strong></td>
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<tr>
<td>Review obstetrical records</td>
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<tr>
<td><strong>Discuss</strong></td>
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<tr>
<td>Discuss fetal craniofacial diagnosis</td>
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<tr>
<td><strong>Discuss</strong></td>
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<tr>
<td>Discuss potential feeding concerns related to craniofacial diagnosis</td>
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<tr>
<td><strong>Describe</strong></td>
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<tr>
<td>Describe potential respiratory concerns related to craniofacial diagnosis</td>
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<tr>
<td><strong>Prepare</strong></td>
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<tr>
<td>Prepare family for birth</td>
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<tr>
<td><strong>Provide</strong></td>
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<tr>
<td>Provide take-home literature</td>
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Cleft Lip & Palate Clinical Care Pathway: 7 Stages

- Approximately 1 in every 700 children are born with a cleft lip and/or cleft palate.

- The Cleft Lip & Palate Care Pathway is a projected map of potential surgeries or treatments a child born with cleft lip & palate may require from birth through adolescence.
Cleft Lip and Palate Clinical Care Pathway

**Stage 1:** Birth to 2 weeks of life
- Feeding Team Eval

**Stage 2:** Age 3-12 weeks of life
- Surgeon Dental Genetics ENT Feeding Follow Up

**Stage 3:** Weekly or biweekly visits for next 2-3 months
- Feeding Dental

**Stage 4:** First Year Recon Surgery
- Lip repair at 3-5 months
- Palate repair at 9-11 months

**Stage 5:** Toddler-Pre-School years
- Initial speech dental @ 15m then every 6 months
- Team visit annually
- Possible speech surgery
- Team visit every 2y
- Every 6m Speech Dental
- Begin ortho Lip revision age 4-6
- Alveolar Bone Graft age 6-9

**Stage 6:** School Age years
- Team visit every 2y
- Speech Dental Ortho
- Jaw surgery
- Definitive lip/nasal revision

**Stage 7:** Teenage years
Objectives of Nasoalveolar Molding (NAM)

- Reduce the severity of the initial cleft deformity
- Provides possible support for feeding
- Reduce scarring/tension post-op
- Minimize total # of surgeries if possible
How to Make a Referral

- Call 404-785-3675 (Craniofacial nurse)
- Fax referral with clinical documentation and demographics to 404-785-3706
- Visit choa.org/craniofacial
- After clinical/demographic information received, family will be contacted by our scheduler
- 3 appointments will be scheduled for new babies:
  - **Feeding Evaluation** with feeding therapist/nutritionist/NP
  - Surgeon
  - Genetics
Craniofacial Lactation and Infant Feeding Clinic (CLIF)
Craniofacial Feeding Team - Roles

- Nurse
- Supporting Roles
- Nutrition
- Nurse Practitioner
- Dental
- Speech Pathologist
- Social Worker
- Manager
- Scheduler
- Access Staff
- Surgeons
- NPs
- PAs
- PCP
- Inpatient IBCLC
- WIC
Craniofacial Feeding Clinic Process

**Evaluation/Assessment**
- Patient and family
- Nurse
- Speech Pathologist
- Nutritionist
- Nurse Practitioner

**Team Collaboration**
- Communication among feeding team to identify problem(s) and determine plan of care
- Occurs during appointment
- Determine if other disciplines required ie: Dentist, NAM therapy
- Communication with PCP as needed
- Will escalate care as necessary

**Recommendation**
- Feeding team will communicate recommendations to family during visit
- Ensure appropriate follow up and referrals (GI, Lactation Consultant, Genetics, WIC etc.)
- Team Report (Letter) sent to PCP
“IN THE SETTING OF”

**Guilt and Grief:** ”Did I cause this?”  My baby is not “normal”; Can’t breastfeed; One or both parents have trouble bonding

**Fear**—A lot of uncertainty if discovered before birth; Shock if found at birth; Short term- surgeries; Long term- development, cognition, academics, social, personal; **Financial Burden**- out of pocket costs, surgeries and therapies, loss of work.

**Time Commitment**—availability of home support, appointments, pumping, surgeries, future therapies.
Craniofacial Feeding Clinic- 5 Takeaways

1. Ensure an effective and efficient feeding method.
2. Support mother’s goals for breastfeeding desires.
3. Set expectations with parent for appropriate weight gain and growth.
4. Ensure appropriate follow up.
5. Team collaboration to enable our parents to give the best cleft care.
Typical Oral Phase of Swallowing in Infants

- Rooting reflex: infant turns toward stimulus when cheek/lip is touched
- Lip seal around nipple created
- Sucking reflex: tongue squeezes nipple against alveolar ridge/hard palate
- Positive pressure w/nipple—fluid release
- Tongue moves posteriorly, jaw drops, oral cavity increases in size
- Negative pressure results in liquid from nipple
- Creates suction/vacuum like pull to efficiently extract milk
Presentations of Cleft Lip and/or Palate

Figure 3: Classification of cleft lip and palate
(Source: Haug et al., 2012 www.uptodate.com)
OPMS

- Typical Swallow Study
Jasper: Initial Visit

Age at visit: 10 days

Dx: cleft palate

Birthweight: 2.977 kg/6lb 9 oz

Weight at visit: 2.085 kg/4lb 6.5oz

History: Per parent report, Jasper was exclusively breastfed since birth.
Jasper: Initial Visit

• **Initial Assessment:**
  – Nursing observed saggy skin, sunken fontanel, and ashy skin color although alert and crying at baseline.
  – **Weight:** 30% below birthweight!

• Jasper transferred to ED, patient admitted to PICU.
Jasper- admitted 3/31/22-4/16/22

- Hospital admission with severe dehydration, hypothermia, acute kidney injury and “refeeding syndrome” complications. Lactation consult initiated within 24 hours of admission.
There is moderate evidence that infants with CP or CLP have difficulty generating sufficient intraoral suction and may have inefficient sucking patterns compared with non-cleft infants. Overall, infants with CP or CLP are observed to have lower success rates for breastfeeding than infants with CL or no cleft. This applies even after surgical repair. Nonetheless, breastfeeding attempts may still be beneficial for maintaining milk supply if a mother is also expressing breast milk. Breastfeeding may also provide comfort and bonding opportunities for infants and mothers, while allowing infants to experience feeding from the breast.”
Feeding Differences/Difficulties in Cleft Palate

• Cleft Palate
  – Biggest problem is result of inability to generate enough negative pressure to allow for sucking (due to open cleft)
  – Strategies to help support effective, efficient, and safe feeding
    • Selection of most appropriate bottle/nipple selection
    • Positioning of nipple
    • Positioning of infant (feed in upright position)
    • Follow feeding schedule
    • Frequent burping due to excessive air intake
    • Nasal saline post feedings
Result of Feeding Difficulties in Cleft Lip +/- Palate

- Weak Suck
  - Oral Intake

- Increased Feeding Time
  - Poor Weight Gain

- Nasal Reflux

- Parental Stress
  - Fatigue
Growth Monitoring Tools-NEWT Score

- Newborn weight tool
- Two graphs: first 3 – 4 days and the first 30 days
- A cohort of 161,471 healthy, singleton newborns born at ≥36 weeks gestation. From this cohort
  - 108,932 newborns had weights recorded while exclusively breastfeeding with 83,446 delivered vaginally and 25,486 delivered by Cesarean.
  - 7,075 were exclusively formula fed and had weights recorded with 4,525 delivered vaginally and 2,550 delivered by Cesarean section
- Graphs weight loss over time
- https://www.newbornweight.org/ (accessed 2/2/2023)
- Further education: Marche’ Smith, MD, FAAP, IBCLC. Chapter Breastfeeding Committee Chair NEWT: It’s time to catch up or is it? (Using the Newborn Weight Tool) https://www.gaaap.org/epic-programs/ (accessed 2/26/23)
Pediatric Malnutrition

Lack of a uniform definition is responsible for under recognition of the prevalence of malnutrition and its impact on outcomes in children.

Definition: *an imbalance between nutrient requirements and intake that results in cumulative deficits of energy, protein, or micronutrients that may negatively affect growth, development and other relevant outcomes* (Mehta, 2013)

- American Society for Enteral and Parenteral Nutrition (ASPEN) definition of pediatric malnutrition (Mehta, 2013)
- ASPEN and Academy of Nutrition and Dietetics (AND) indicators (Becker, 2014 Goldberg, 2018)
Jasper: Follow Up

• **X3 follow up visits with the Craniofacial Lactation and Infant Feeding (CLIF) Clinic**
  – Jasper full PO upon d/c from hospital
  – 3.5 oz. taken in less than 30 minutes via specialty bottle
  – Transitioned from newborn (transitional) nipple to level 1 and then level 2
Jasper: Follow Up

- **Recommendations:**
  - Mom offering expressed breast milk via specialty bottle with goal volumes recommended by nutrition.
  - Mom previously pumping about 5-6 times per day. Encouraged to pump 8 times per day. Following visits mom pumping 7-8 times per day with increase in breast milk supply.
  - Fortified EBM to 24 kcal/oz and also needed to supplement with some 24 kcal/oz formula (not enough EBM) for catch up weight gain.
Jasper: 6-Month Visit

- Enjoying spoon feeding and taking 4.25 oz. at each bottle feed via specialty bottle with level 2 nipple
- Encouraged continued exploration of cup and spoon feedings
- Mom pumping and providing 100% EBM!
Jasper’s Growth Chart
Jasper: post-op palate closure

Per mom he had his palate repaired in December and is doing amazing!!!
Hank: Initial Visit

Age at visit: 6 days

Dx: cleft lip

Birthweight: 3.99 kg/8lb
12.7 oz

Weight at visit: 3.86 kg/8lb
8.2 oz

History: Breastfeeding
every 3 hrs for 20-30 minutes from 1-2 breasts
Feeding Differences/Difficulties in Cleft Lip

• Cleft Lip
  – Rarely have problems with breast/bottle feeding
  – May have difficulty latching on at first

• Cleft Lip and/or Alveolus
  – Occasional modifications needed with nipples
  – Changes in positioning for breast feeding
  – Need to aim to occlude the cleft and create seal around nipple

• KEY: adequate seal around nipple to produce consistent intra-oral pressure for sucking action
  – Support strategy: Provide cheek support to assist in oral seal
Hank: Initial Visit

- **Feeding Evaluation:**
  - 5 mL transferred in 20 minutes via pre- and post-weighted feed
  - Consumed 30 mL in 5 minutes via specialty bottle
  - First bottle offered and team helped mom initiate pumping at visit.
Hank: Initial Visit

• **Recommendations:**
  – Breastfeed for 15-20 minutes and supplement with 2 oz. of expressed breast milk (EBM) via specialty bottle
  – Mom to attempt to pump at each feeding
Hank: Follow Up

- **X3 follow up visits with Craniofacial Lactation and Infant Feeding (CLIF) Clinic**
  - Mom reports breastfeeding for 15-20 minutes before taking 2 oz. via bottle in under 10 minutes
  - Hank regained BW by 13 days of age
  - Weight gain expectations for age:
    - 23 – 34 gm/day (3/4 – 1 oz/day- usually shorten to 1 oz/day)
    - Hank gained 34 gm from visit 1 -> 2 (1 week interval)
Hank: Follow Up

- Mom pumping with every other feed, pumping about 4 ounces with each session.

- Hank observed to take:
  - 15 mL in 15 minutes via breast at 1\textsuperscript{st} f/u, 2 weeks old
  - 40 mL in 15 minutes via breast at 2\textsuperscript{nd} f/u, 3 weeks old
  - 5.3 oz. in 30 minutes via breast at 3\textsuperscript{rd} f/u, 4 weeks old
  - No supplemental bottle needed at 3\textsuperscript{rd} f/u
Hank: Follow Up

- **Recommendations**—continue to offer bottle afterwards until Hank refuses or does not appear hungry; increasing limit of 20 minutes to 30 minutes and supplement as needed
- Vitamin D supplementation 10 mcg/day (400 IU) ([Wagner, 2008; Healthy Children.org](http://HealthyChildren.org))
- Usual monitoring: Weight gain; wet and dirty diapers; overall well being
Hank’s Growth Chart

WHO Growth Chart

Notice how steep the curve is for the first 3 months

https://www.cdc.gov/growthcharts/who_charts.htm accessed 8/20/2022

- This means that weight gain needs to near 1 oz/day for the first ~3 months.
Hank: Lip Repair
Hank

• Hank exclusively breastfed through his first birthday
• Transitioned to solids and cup drinking after 6 months with no reported issues
• Hank is currently in the 98th Percentile for weight and continues to grow and thrive
Nyeem: Initial Visit

Age at visit: 10 days

Dx: cleft lip and cleft palate

Birthweight: 2.97 kg/6lb 8.8 oz

Weight at visit: 2.87 kg/ 6lb 5.2 oz

History:
• Specialty bottle with level 1 nipple and offering breast x1-2/day
• Taking 35-40 mL via bottle in up to 40 minutes
• Offering exclusive breast milk via bottle
Nyeem: Initial Visit

- **Feeding Evaluation:**
  - Audible gulping and anterior loss with specialty bottle
  - Decreased efficiency observed with level 1 nipple but improved with level 2 nipple

- **Recommendations:**
  - Offer specialty bottle with level 2 nipple at all feedings
  - WIC referral for hospital-grade multi-user breast pump
  - Recommended NAM therapy once feeding is stable.
Objectives of Nasoalveolar Molding (NAM)

- Reduce the severity of the initial cleft deformity
- Provides possible support for feeding
- Reduce scarring/tension post-op
- Minimize total # of surgeries if possible
Dental Team Making Adjustments/Fitting
Nasoalveolar Molding: Before and After

At birth

3 months of NAM

3 weeks post-op

5 months post-op
Nyeem: Follow Up

- **X1 follow up visit with Infant Feeding Clinic**
  - Increased intake but continued poor weight gain
  - Nyeem was admitted to hospital on 7/1/22 secondary to failure to thrive. During course of stay, NG tube was utilized for supplementation for ~4 days, and ST followed for feeding therapy.
  - He was discharged on 7/9/22 on full PO feedings of fortified breastmilk or formula (24 kcal/oz.) via specialty bottle with level 2 nipple.
Nyeem: Follow Up

• **X1 subsequent follow up after d/c home**
  – Mom was offering either EBM or fortified EBM to 24 kcal/oz and Nyeem would consume anywhere from 2-4 oz. per feed
  – Nyeem participated in NAM therapy from 8/16/22 until Lip surgery on 10/17/22
  – Feeding intake declined initially with NAM placement

• **Recommendations:**
  – Continue offering fortified expressed breast milk via specialty bottle with level 2 nipple with goal volumes recommended by nutrition
Nyeem’s Growth Chart

Nyeem: 6-month visit

- Improved intake by 8/24 with overall good intake and weight gain by 9/13
- At 6 month follow up, Nyeem consuming via specialty bottle with level 2 nipple and eating purees x1-2/day
- Per mom, Nyeem received breastmilk for about 3-4 months. Mom reported feeling too overwhelmed to be able to continue to pump.
Luca: Initial Visit

Age at visit: 12 days

Dx: Pierre Robin Sequence (PRS)--cleft palate and retro/micrognathia; ankyloglossia

Birthweight: 3.26 kg /7lb 3 oz

Weight at visit: 3.22 kg/7lb 1.6 oz
Micrognathia and Retrognathia

- Typically presents in sleep or feeding due to posterior obstruction of airway
- Decreased coordination of suck-swallow breathe with catch up breaths
  - Breathing > feeding
- High risk for aspiration
- Audible stridor not always alleviated by repositioning
- Urgent intervention required to support airway
Pierre Robin Sequence

Photo: Verbal permission, Youssef Tahiri, MD, MSc, FRCSD, FAAP, FACS
From website: http://tahiriplasticsurgery.com
Luca: Initial Visit

- **History:**
  - Luca admitted to NICU from 9/19/22-9/21/22 prior to initial feeding evaluation due to cleft palate and concerns for retrognathia vs micrognathia as well as ankyloglossia.
  - An NG tube was placed and used to supplement oral feeds and patient was discharged home with NG in place.
  - Family history of Pierre Robin Sequence

- **Feeding Evaluation at initial visit:**
  - Parents had previously been using special needs feeder; Trialed use to specialty bottle with level 1 nipple for Luca to take 57 mL in 30 minutes with observed falling asleep and requiring burp breaks to re-alert
  - Pumping 5-6 times in 24 hours and getting 9 ounces each pumping session.
Luca: Initial Visit

- **Recommendations:**
  - Continue offering specialty bottle with level 1 nipple; concern for endurance with current goal volumes; tongue helping maintain airway at this time; 65 mL every 2 hrs of EBM
  - Goal to consume total volume in under 30 minutes
  - Continue with breast milk pumping
Luca Follow up

- **X4 follow up visits with Infant Feeding Clinic**
  - Issues with s/s of distress and slow weight gain
  - Last follow up visit, Luca demonstrating significant need for pacing and positioning to help alleviate s/s of respiratory distress
  - Admission to hospital on 11/21 for mandibular distraction on 11/22. D/c home on 11/26/22
  - Mom continues to pump 5-6 times and getting plenty of milk.
Luca

Pre-distraction

Post-distraction
Luca: Follow Up

• **X1 subsequent follow up after d/c home**
  – Parents report feeding well 4+ oz. via specialty bottle with level 2 nipple; transition to level 3 nipple
  – No stridor or increased work of breathing noted

• **Recommendations:**
  – Continue offering fortified expressed breast milk (26 kcal/oz) via specialty bottle with level 3 nipple with goal volumes recommended by nutrition
  – Offer external pacing as needed to help Luca coordinated suck-swallow-breathe with transition to new nipple
Luca- check-in with mom, 5 months

- Per mom, Luca is doing great post-distraction! She states his breathing is no longer labored.
- Mom continues to pump and is doing well. She states that although time consuming, it is worth it! She has had to learn to be adaptable and to be able to pump wherever.
- Mom’s advice: “Give yourself grace”. “Mom’s can put so much pressure on themselves around pumping and breastfeeding, but in the end, all will be okay”.
  - Last, remember to take care of yourself 😊
Santiago: Initial Visit

Age at visit: 5 days

Dx: IUGR prenatally and suspected hemifacial microsomia

Birthweight: 2.56 kg/5lb 10.3 oz

Weight at visit: 2.505 kg/5lb 8.4 oz
Hemifacial Microsomia

- Goldenhar Syndrome
- Asymmetry of face
  - Photo: http://www.craniofacial.net/hemifacial-microsomia-syndrome-dallas/
Hemifacial Microsomia
Santiago: Initial Visit

- **History:**
  - Slow flow nipple every 1.5-2 hrs taking 35-55 mL
  - Mom reports cannot establish latch for breastfeeding but Mom pumping 100% of bottles

- **Feeding Evaluation at initial visit:**
  - Santiago consumed 55 mL in 20 minutes via slow flow standard nipple.
Santiago: Initial Visit

- **Recommendations:**
  - Continue oral feeding using slow flow nipple and offer breast for practice as tolerated
  - Mom with manual pump at home and borrowed electric breast pump. Encouraged to pump every 3 hours to maintain supply. WIC referral sent for Breastfeeding Support and WIC services.
Santiago: Follow Up

• **X4 follow up visits with Infant Feeding Clinic**
  – 1.5-3 oz. per feed and inconsistent success at latching to the breast
  – Mom using 20 mm nipple shield with improved success.
  – Observed- 45 mL transferred in 7 minutes

• **Recommendations:**
  – Continue offering breastfeeding every 3 hrs with use of nipple shield and/or standard bottle
  – Mom to start pumping 1-2x/day to help support milk supply and to be able to offer bottles when she went back to school
Santiago: Follow Up- Age 10 weeks

- Santiago breastfeeding throughout the day with the exception of taking formula bottle or EBM bottle when mom is at school during the day
- Breastfeeds every 3 hrs and taking 3+ oz. via bottle
- Weight gain positive
- Started using Vit D
- Mom uses nipple shield for both breasts
Santiago’s Growth Chart
## Limited Team Resources – Continuity of Care

<table>
<thead>
<tr>
<th>What is needed</th>
<th>First Choice - Get Release of information as needed</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Cleft Care</td>
<td>American Cleft Palate Association (ACPA) - They can also give info for associated international teams</td>
<td>ENT also if a question about presence of cleft, submucosal cleft</td>
</tr>
<tr>
<td>Feeding therapist specializing in cleft feeding</td>
<td>Call nearest pediatric hospital</td>
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<tr>
<td>Nutritionist</td>
<td>Hospital: ask for nutrition consult Outpatient: PCP</td>
<td>Academy of Nutrition and Dietetics. Area pediatric RDs Eatright.org</td>
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</tbody>
</table>
# Limited Team Resources – Continuity of Care

<table>
<thead>
<tr>
<th>What is needed</th>
<th>Get Release of information as needed</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Hospital grade, multi-user breast pump</td>
<td>WIC eligible: WIC Lactation referral and make sure that it states why a hospital grade pump is needed, such as a cleft or specific medical reason.</td>
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<td>Non-WIC eligible: Ask mother to check insurance benefits. May be a choice between a personal pump or payment assistance with rental.</td>
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<td>Pump rental through local IBCLC</td>
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<td>Durable Medical Equipment (DME) Companies</td>
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<td>Birth Hospital</td>
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**Notes**
- WIC: you can call your state’s WIC office and make contact with the local Breastfeeding Coordinator.
- Show parents the website
- Encourage parents to check to see that all pump parts are there, and that pump is working before they leave WIC office.

**Pump rental Atlanta area:**
- Breastfeed Atlanta
- Lactation Consultants of Atlanta

**Aeroflow Breast Pumps**
- Edgemark
- Check for local resources (ie: pharmacy)
# Limited Team Resources- Continuity of Care

<table>
<thead>
<tr>
<th>What is needed</th>
<th>Where to look/Obtain ROI as needed</th>
<th>Notes</th>
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<tr>
<td><strong>Outside the Hospital:</strong></td>
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<tr>
<td>• IBCLC</td>
<td></td>
<td>13 states +Puerto Rico Resource links for providers</td>
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<td></td>
<td><a href="http://www.zipmilk.org">www.zipmilk.org</a></td>
<td>Parent can put in insurance information to see if they have covered visits.</td>
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<tr>
<td></td>
<td>Lactationnetwork.com</td>
<td>Find an IBCLC</td>
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<td></td>
<td>Ask PCP for a referral</td>
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<tr>
<td></td>
<td><a href="http://www.uslca.org">www.uslca.org</a></td>
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<tr>
<td><strong>Breastfeeding Support Services</strong></td>
<td></td>
<td>If parents unfamiliar with WIC, show them the website</td>
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<tr>
<td></td>
<td>WIC</td>
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<tr>
<td></td>
<td>For Georgia, search Georgia WIC</td>
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<tr>
<td></td>
<td><a href="https://dph.georgia.gov/WIC">https://dph.georgia.gov/WIC</a></td>
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Teamwork!

Patient and Family

Nurse

Supporting Roles

Nutrition

Nurse Practitioner

Dental

Speech Pathologist
It’s About Relationships

Teamwork makes the Dream work 😊
References


References, continued

- Smith, M. NEWT: It’s time to catch up or is it? (Using the Newborn Weight Tool) [https://www.gaaap.org/epic-programs/](https://www.gaaap.org/epic-programs/) (accessed 2/26/23)
- Where We Stand: Vitamin D & Iron Supplements for Babies (2022 May 24) Healthychildren.org; [Where We Stand: Vitamin D & Iron Supplements for Babies - HealthyChildren.org](https://www.healthychildren.org); accessed 2/2/2023

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