**YOU MIGHT NEED A LACTATION CONSULTANT IF…**

(Or reasons to refer to a lactation consultant…)

**INFANT REASONS:**

* Inconsistent latch-on; routinely suckles less than five minutes per breast
* Sleepy baby who routinely feeds less than 8 times in 24 hours and has inadequate output for age
* No consistent swallowing (rhythm of swallow every 1-2 sucks for less than 5 minutes each breast)
* Fussy after most feedings
* Feedings frequently take an hour
* Poor weight gain/large weight loss (Normal weight gain in 4-7 ounces/week)
* Nipple confusion – accepts bottle or pacifier, but not breast
* Prematurity, birth defects (cleft lip/palate), neonatal illness, difficult birth
* Extended separation from mother
* Extensively supplemented with artificial baby milk, returning to breast
* Jaundice
* Multiple births

**MATERNAL REASONS:**

* Low milk supply or milk never “came in”
* No noticeable change (normal engorgement) in breast
* Marked asymmetry of breasts
* Unrelieved engorgement and difficulty feeding
* Nipple pain: bruised, cracked, bleeding, or blistered nipples
* Inverted nipple(s)
* Nipple tenderness beyond one week – tenderness, heat or pain in one area of breast
* Mother in need of intensive support and/or assistance
* Maternal illness, flu-like symptoms, fever

Normal stool and urine patterns

Stools Day 1 – Meconium stool (1) Urine Day 1-3 – Few wet diapers but Day 2 – Black/green stool (2) increasing each day Day 3 – Green, more frequent, looser smaller in quantity, lighter color stool (3-4) Day 4-5 – 4-5 heavy, wet diapers Day 4 – Brownish green to mustard yellow loose Day 6 – 6 heavy, wet diapers small curd stool (4-5) Day 5 – Mustard yellow loose small curd stool (3 or more)

Resources:

DONA Birth Doula Workshop Manual/Newborn & Breastfeeding/Need lactation consultant.doc/2006

B.R.A.S. – Breastfeeding Resources, Application, and Skills for Doulas by Carrie Kenner, CD(DONA), CLE