

Table 1. Lactation Acuity Levels^a

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| Acuity level 1 | Level 1 acuity patients can be cared for by nursing staff that have basic breastfeeding knowledge and competency. ³¹⁻³³ |
| Maternal characteristics | Basic breastfeeding education, routine management Latch/milk transfer appear optimal Maternal decision to routinely supplement Maternal decision to pump and feed expressed breast milk Maternal indecision regarding breastfeeding Mother can latch baby with minimal assistance Multiparous mother with healthy-term baby and prior breastfeeding experience |
| Acuity level 2 | Level 2 acuity patients should be cared for by Registered Lactation Consultant staff as soon as possible, or referral made to Registered Lactation Consultants in the community. Early follow-up after discharge is critical. ³³⁻⁴¹ |
| Maternal characteristics | Antepartum admission with increased risk of preterm delivery ^{37,38,42} Caesarean section delivery ^{12,43,44} Delayed breastfeeding initiation (defined as after 1 hour with routine vaginal delivery and after 2 hours with routine cesarean section) ^{2,3,43} Maternal acute illnesses/conditions (eg, preeclampsia, cardiomyopathy, postpartum depression, postpartum hemorrhage) ³⁸⁻⁴⁰ Maternal age (mother < 18 years or > 35 years) ^{40,41} Maternal chronic conditions (eg, rheumatoid arthritis, systemic lupus erythematosus, hypertension, cancer, history of gastric bypass, obesity) ^{38,45,46} Maternal cognitive impairment (eg, mental retardation, Down syndrome, autism) ^{38,41} Maternal endocrine disorders (eg, polycystic ovary syndrome, infertility, thyroid disorders, diabetes) ³⁸⁻⁴⁰ Maternal medication concerns ⁴⁷ Maternal physical disability (eg, paraplegic, cerebral palsy, visual impairment, psychiatric) ^{38,40} Maternal readmission (eg, breastfeeding well established, noncritical issues) ^{38,40} Maternal request ⁴⁸ Multiparous mother with history of breastfeeding difficulty ^{37,38} Primiparous mother or first-time breastfeeding mother with healthy-term baby ^{49,50} Social/cultural issues (eg, communication barriers, domestic/sexual abuse) ^{41,51,52} |
| Infant characteristics | Consistent LATCH score < 6 at day of discharge ^{53,54} Breastfeeding Assessment Score ≤ 5 ^{27,28} Latch difficulties (eg, pain) ^{37-41,55} Infant readmission (breastfeeding well established, noncritical issues) ^{38,40} Newborn birth trauma (eg, cephalohematoma, shoulder dystocia) ^{12,56} Suboptimal/inadequate milk transfer leading to medical recommendation to supplement ^{5,37,57} |
| Acuity level 3 | Level 3 acuity patients need to be cared for by Registered Lactation Consultant staff while in hospital. These patients will require in-depth assessment and ongoing management. Early follow-up after discharge is critical. ³³⁻⁴¹ |
| Maternal characteristics | Abscess/mastitis ^{37,58} High maternal anxiety ^{38,48} Induced lactation ^{5,38,40} Maternal breast conditions (eg, breast/nipple anomalies, glandular insufficiency, history of breast surgery) ^{8,38,56} Maternal illness/surgery ^{38,40,59} Maternal readmission (breastfeeding not well established and/or critical issues) ^{38,40} Pathologic engorgement ^{8,60} |
| Infant characteristics | High-risk infant on mother-baby unit (eg, late preterm, small/large for gestational age, multiples) ^{5,8,61-63} Hyperbilirubinemia ⁶⁴⁻⁶⁶ Hypoglycemia ⁶⁷ Infant admission to neonatal intensive care ^{42,68} Infant congenital anomalies ^{38,69,70} Infant illness/surgery ^{8,38} Infant oral/motor dysfunction (eg, tight frenulum, hypotonia/hypertonia) ⁷⁰⁻⁷² Infant readmission (breastfeeding not well established and/or critical issues) ^{38,40,41} Infant weight loss > 7% of birth weight before discharge ^{8,73} |

^aAcuity levels can change on the basis of assessment by the Registered Lactation Consultant or other health care team members.

in the US Department of Agriculture Women, Infants and Children's Supplemental Nutrition Program are not as likely to request assistance from their nurses, even when experiencing difficulty with breastfeeding.^{75,76} Some hospital administrators direct their RLC

staff to first see mothers who have requested a lactation consult without regard to lactation acuity. Thus, hospital policy may place couplets who are at greatest risk of premature weaning low on the priority list.⁷⁷ Preterm babies admitted to the NICU may not be able to breast-