

Survey of LLL Ohio Leaders on Referrals from Hospital LCs or other Maternal Health Staff

- 1) Do you get referrals from hospitals or hospital based health professionals? How does the number of referrals you get from hospitals compare to referrals you get from other sources, e.g., mothers finding you online, or through a warmline, or through a friend, or through a non-hospital based lactation consultant, doctor or other health professional outside the hospital?
- I don't think I ever get referrals from hospitals. Mothers seem to find me/the Group via website, newspaper announcement of meeting, friends, every once in a while their doctor.
 - Not very many. Mostly from our website and word of mouth.
 - About 25% of LLL of [Group Name]'s referrals are from LCs.
 - None yet.
 - We occasionally receive referrals from the LCs, either for information or for support via our meetings.
 - I have never gotten a referral of a mother through a hospital that I know of. I do know that at least one of the [name of city] hospitals gives our meeting notice in their packets, but I'm not sure of the others. The [name of local] County hospital main LC has a bad opinion of LLL (she spoke up about it at an LC meeting where one of the local LLL leaders was present), and I don't think they give our information to patients, but we are working on that. The vast majority of mothers refer themselves by phone or internet. We have a warmline, which I would estimate generates about 20-40% of the calls I get, the rest come by way of the webpage. A handful come by way of friends or acquaintances.
 - Yes, I do get some hospital referrals, but not sure if from all local hospitals. I'll bet only a small % of docs refer in the greater [city name] area. I believe that most mothers call LLL due to hearing about us from a friend or relative or coworker. I doubt that I get many calls because a mother just happens upon the League site and decides to give it a try—just my assumption.
 - I do not get referrals from hospitals or hospital based health professionals.
 - I would say I have almost never received a hospital based referral...many from home birth midwives but perhaps only one or two through the years from hospitals. Vast majority come from other resources that you mentioned.
 - Yes I have gotten referrals in the past but not recently. I get more moms calling that have gotten my name and number from the website then hospital referrals right now. Second source is the local warm line.

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2) What do you do in your area to help hospitals refer to you?

- I have a flyer to be handed out by the hospital that our local hospital [location given] hands out to all discharging mothers, via their packets. They request a new one every so often, and I supply them with more, but they also make copies as needed. In the past, I went to the annual Baby Fair at the hospital. While I only got a smattering of mothers from that coming to our Group, I made myself visible to the staff, and got to know them a bit, too. Unfortunately, they haven't done one in about 2 year.
- Provided list of groups, but not all hospitals. Offered to help with breastfeeding classes, but they wanted me to be an employee of the hospital.
- I am active in [local breastfeeding coalition] and so I get to know the LCs in the area and can demonstrate LLL's interest and acumen re: looking at things from an evidence-based perspective, pursuing continuing education, different ways of skinning the cat (e.g., how bf counseling is different outside of a medical setting, what moms need on an emotional level to be able to say yes to technical suggestions, etc.) We also provide the hospitals via the LCs (and a few MDs plus WIC people) in [local breastfeeding coalition] with local Group and Leader contact info.
- We have sent meeting notices that can be copied to the hospitals, but need to do more and send another one out to be sure they all have it. Our warmline is supported by one of the area hospitals.
- Because I am both hospital based as an LC and also take League calls, I'm seeing things from that perspective. I know that [name of hospital] does include LLL contact info for mother's convenience in their BF booklet that [LLL Leader employed by hospital] edits/updates periodically. I personally tag and bring that reference to the mother's attention and suggest that LLL is a volunteer organization that has a strong presence in the greater [city name] area, and contacting a Leader is one other way to get help, especially on weekends, as an alternative to calling the hospital LC warmline. Sometimes, a mom that I've seen as an LC in the hospital will call me on my LLL line, either by chance or sometimes (infrequently) I will tell a mom to look me up via my LLL group if I know she is in my area and will need ongoing support. I will also tell a mother the name of the LLL group closest to her if I think she will need ongoing support or seems open or in need of mother to mother support. I mention LLL to 99.9% of the mothers I see at [name of hospital], and encourage going when I teach a BF class.
- I have left flyers at two local hospitals.
- I am part of the Breastfeeding coalition for my area along with all the LCs from the area hospitals among others. I update the LCs with current meeting dates and times of all the area LLL meetings so they can include the fliers in their breastfeeding class materials and any information they give newly delivered women. Next fall one of [breastfeeding coalition]'s plans is to visit every OBGYN in the tri-county area and give them a "basket of breastfeeding information" this will include reproducible handouts for patients with area support including LLL. To keep it simple, since Leaders and groups can change quickly, we're going to include only the LLL of Ohio website. Next year we'll visit pediatricians.
- We have pamphlets in at least two major birthing hospitals on the west side and some pamphlets in midwives offices in the area. In addition we had a booth with info available at a local arts festival held at a hospital in our area and hopefully will continue that each year.
- They all receive our monthly emails and our meeting information sheets.

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- In the past we gave them our local Leader and group list that they used to refer and even handed out to mothers. That hasn't been done in a while. I have in the past had good relations with many of the LCs at the different hospitals in [name of city]. However over the past few years as people change in their jobs, I've lost touch with a lot of them. The LC at the hospital closest to me was very good at referring moms to my group. I also referred to her. I felt very confident that she was doing a good job. We occasionally collaborated in helping mothers, with the mother's consent. The mother saw her and was referred to my group, I added to the support and encouraged her once she was back home. It was a good working relationship. Unfortunately the LC has retired and I am not familiar with whoever is now in her place.

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- 3) What do hospitals in your area do to reach out to you for information on your Group or on LLL?
- Request a flyer about our Group. In the past, invited me to the Baby Fair (see above).
 - Not aware that they do anything. May give out the warmline.
 - We are fortunate that many local LCs started as LLLs and see the value of the cross referral. Many opportunities to work WITH them to help mothers (e.g. specific cases that need the tag-team)
 - Not much. Although we have had a couple of calls in the past few years asking us to participate in studies done through the medical college here. None of them has been workable, though, mostly due to WHO violation concerns.
 - [Name of LLL Leader employed by hospital] can tell you that she and [another employee] have started a bf café for inner city mothers that is modeled after LLL meetings; not sure if this is just for [hospital] mothers or not. [Name of another BF Friendly hospital] has a support group on Wednesdays offering pre- post-weights and LC hands on assistance.
 - Local hospitals do not reach out to me.
 - We have one local hospital that asked to meet with us and talk about breastfeeding with some of their physicians. I think this was a grant program that this particular professor/doctor was doing. That was a few years back and while it was very worthwhile we have not had any inquiries/out reach since.
 - Our LLL group is already in place, and the LCs refer Moms who want/need continuing support to us. We want to continue to foster that relationship.
 - I don't know that they do much of anything right now.

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- 4) What is your impression of hospital based lactation services? Has your community benefited from those services?
- Mothers often are confused by LCs and their services. They sometimes come to me to help them clarify what is going on, and what the LC meant. Also, not every mother seems to see an LC before discharge. The LC spends a minimal amount of time with some mothers. (My impression is based on all the hospitals in the area. Mothers in our Group go to any of them for birth). The benefit of the LCs in the hospital is that mothers who try to breastfeed feel like there is someone in their corner, rooting for them (even if ineffectually). The downside is that LCs are often the first supportive contact the new mothers have, and they look for a "professional" for further help, not being aware of our ability to step in.
 - They have missed some issues that mothers have had, maybe b/c of the mother's short stay. Some of our mothers have come to me due to insufficient care from the LCs at certain hospitals. One [case] was missed tongue tie and the other was unresolved sore nipples from inverted nipples and poor latch. (To second part) No, I refer them to private practice LCs.
 - Constantly improving but mothers still report they needed more frequent and more hands-on attention than they are getting before they leave the hospital. Benefitted the community in that the hospitals are finally starting to carry the torch of the importance of breastfeeding that LLL has been carrying for so long. Many LCs we work with report that they are often at the mercy of hospital policies that do not empower them to support the mothers fully.
 - Needs improvement.
 - I have a pretty positive opinion of the hospital lactation services around here. I have rarely been seriously concerned about any advice I've heard from LCs to mothers. I would say that their follow-up with mothers is not that great, and we don't generally get referrals from them for that. But there are many wonderful LCs in this area in the hospitals who work with mothers we refer to them when needed.
 - I could go on and on about this—the variability in what is recommended is the biggest issue. I am often put in the situation where I must tactfully disagree, or offer a very diverse course of action than what has been said by a doc/LC or an RN/CLC, some calling themselves LC, but w/o the credential—most of these are serving mothers at a pediatric practice.
 - I personally had a great experience at [local hospital 1]. That was, of course, twelve years ago. I don't know anything about [local hospital 2].
 - Right now, hospitals are woefully understaffed when it comes to IBCLCs. One hospital only has one part time IBCLC. None have an IBCLC on weekends. They all try to make and take phone calls, but with trying to see all newly delivered mothers, teaching classes and other paperwork duties...it can be very hard and it's the mothers who reach out that get the help.
 - I think that like any place, services vary. Virtually every hospital in our area has group meetings for nursing moms and much like LLL meetings, they all seem to have a different flavor. I have heard some pretty outlandish and downright misinformed info coming from Mom's that attend these meetings and attend ours as well. For a time when I had a nursling I would try and attend as many of these groups as I could to get a sense of what they were like but I have not attended any recently. I would say I have one or two hospital LCs I would feel quite comfortable calling on and have in the past. I am unsure how much our community benefits from these groups, but I would bet that the moms that attend would say it is overall a good experience and helps them.

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- Here in our area—[name of] counties--we have a pretty good working relationship with our area hospitals, through the hospitals' lactation consultants.
- There are several hospitals in the [city] area. At least four have strong lactation services. Another one has lactation services but has very little to do with LLL, yet another one has lactation services but I am not always confident of their information accuracy. I don't know as much about the other two. Of the first four, they do have some LLL contact and some may even have former LLL Leaders on staff. I do think the community has benefited from the hospital lactation services but there are gaps in their education levels, bigger gaps in referral. Several have support groups of their own. They seem to be already overwhelmed with what they do so I'm not sure why they don't take advantage of referring to groups that are in the community and can provide ongoing support.

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- 5) What could hospitals in your community do to help support the work you do as an LLL Leader, or the mission of La Leche League?
- Strongly suggest to mothers, especially those who repeatedly seek out the help of LCs, to contact LLL, and come to a meeting. Not, not, not push formula/bottles!!! Not for anything: Too much weight-loss (which is most often due to much IV fluid during birth), nor "ineffective suck", nor "sleepy baby", etc. etc. If hospitals run out of time to help the mothers, send them to a Leader, provide them with the numbers/websites/meeting info.
 - Give LLL info to all patients. Incorporate us into breastfeeding classes.
 - Refer moms to LLL. My most recent hospital stay was due to ruptured appendix when my youngest child was less than a week old. I asked several times to speak to the lactation consultant because the doctors disagreed on what medications were safe. During the 5 day hospital stay I did not get to speak to the LC. I had 5 incisions with one left open to drain the infection and took no pain medications (before or after surgery) because the doctors didn't want me to breastfeed if I took anything. The ER doctor was extremely rude to me and actually said to me, "formula isn't as bad as 'those' people say it is." That's what pushed me to be one of "those" people. :)
 - Referrals would be great. We appreciate the financial support that we get from the one system who donates our warmline. Continuing financial support would also be great, of course! Keep updated on current breastfeeding practice and research so we are not working against one another. Call us directly for help with breastfeeding questions.
 - Consistently give our contact list, speak of us positively and acknowledge how well our services help mothers keep going. So many mothers need to vent about the negativity of the hospital experience, and I even get stuck listening and validating about this problem when I see a mom in hospital. I would love for hospital LCs to gain a greater understanding of tongue tie, how frenotomy does not always end [problems], [nor] is a quick fix, etc. Late preterm babies are still sometimes neglected, while others are intervened with needlessly. Pediatricians need more education. At [name of hospital where employed], we are not told we are not allowed to give a mother the information from Hale r/t a medication she is taking. Hospital pharmacists and attorneys have intervened and banned us from giving out Hale info to mothers directly. Recently I went to a surgical floor to see a mother of a four month old, mother inpatient suffering from pancreatitis, told to pump and dump because she was taking two L2 meds. I was not allowed to tell her that her milk was safe even though one of the neonatologists from MBU said it is unnecessary for her to dump.
 - Make formula available by prescription only.
 - The difficulty I'm finding is with the mothers. Very very few want to *come* to meetings! They want phone help, email help and don't see the value in actually meeting together. It's quite frustrating to take several calls and emails and have one or no mothers show for a meeting. None want to drive any distance to my little town.

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- I am not sure that there is a huge drive for any hospital to support the work we do as LLL Leaders and/or the mission of League. I think that it is very much viewed as almost a “conflict of interest.” If for instance, you have an employed LC who has a meeting every week in your hospital or hospital space, as a business, you would want to encourage your “customer” to be serviced by your provider, i.e., attend HER meetings not YOURS...I don’t think many LCs in our area see League as necessary or that it even crosses many of their minds as an option. I am certain there are better ways we could facilitate this as a group, but as there are only so many hours in the day, I try to focus on fulfilling the needs of the women who need LLL information. I would love to see a more collaborative effort, I truly think that would be a beautiful thing and certainly would be a huge benefit to the women of our community. However, I think it would entail some mutual respect and perhaps letting go of preconceived notions for that to successfully occur.
- Mothers who come to our meetings from hospital/LC referrals tell us that they appreciate the continuing support they receive from LLL.
- Be in better contact with Leaders, appreciate our work, refer, realize that there is more than enough for all of us to do, learn more about LLL so they have a better understanding of our value.