

IBCLC REFERRAL PROTOCOL

The Referral Source will:

- Use Appendix Q, Referral Guidelines, to determine need for referral to lactation specialist.
- Obtain verbal consent from mother to provide information to IBCLC.
- Call/Email one of the following IBCLCs that serves your area and provide the following information to the IBCLC:
 - Mom and baby birthdates
 - Mom and baby relevant medical history
 - Mom's contact information
 - Reason for referral

Nevada WIC IBCLCs

- Reno/Sparks/Carson City:
 - Lisa Wilson (775) 848-6771; lisatwilson@hotmail.com
 - Meredith Pollaro (775) 303-7269; meredith.pollaro@gmail.com (Reno/Sparks Only)
 - Marie Luback Neves (775) 338-7687; marie@rnmarie.com
- Las Vegas:
 - Rosemarie Arroyo Casillas (702) 592-7673; raibclc@gmail.com
 - Sharon Lazowitz (281) 773-4379 sharonlazor@hotmail.com
- For Peer Counselors: Document the referral on the participant's contact log form and monthly report for program coordinator.
- For all WIC staff: Document the referral in the participant's MIS chart.
- Once the IBCLC has seen the participant, she will email the consultation report to the Local Agency Breastfeeding Coordinator and/or referral source, who will then upload those notes to the participant's MIS chart.

The IBCLC will:

- Contact participant to schedule consultation.
 - Make three (3) phone call attempts within one week, and document each attempt in participant notes
 - If no contact is made within one week / three attempts, IBCLC shall notify clinic. Participant notes documenting attempt dates and times shall be turned in to clinic within 24 hours.
- Once appointment is scheduled, IBCLC shall contact referring clinic to notify them of date, time and location that consultation is scheduled.
 - To the extent it is possible, schedule consultations in the participant's regular WIC clinic.
- To the extent it is possible, schedule consultations within 24 hours of initial contact from the local agency.
- Provide follow up

- After consultation, complete consultation report to include plan of care and follow up instructions and distribute in the following manner within 24 hours:
 - ✓ 1 copy faxed to mother and/or baby's physician as appropriate
 - ✓ 1 copy emailed to Local Agency Breastfeeding Coordinator and/ or referral source
 - ✓ 1 copy remains with IBCLC

Provide follow up as necessary in conjunction with the participant's referral source.

Questions to be directed to Meredith Pollaro, IBCLC (775) 303-7269 or Lindsey Dermid-Gray at (775) 684-4270.