

# Transfer of Care Accountability and Referral Systems



## Recommendation:

Implement a care coordination system across the prenatal through weaning stages, including the development of formal referral systems, follow-up accountability, and hand-off protocols during transitions of lactation care from one provider or setting to another.



### 3.1

Improve consistency of chest/breastfeeding messaging by using evidence-based information and co-creating educational materials among lactation support providers and institutions within the community to avoid the provision of conflicting information to breastfeeding parents.

## 3.2



Develop and continuously update an easily accessible lactation support resource guide, including an inclusive compilation of services and LSPs available in a community, such as support groups, individual counseling, virtual options, and hot/warmlines. This resource guide should be disseminated in multiple, easily accessible formats (e.g., via text, social media), given to all new families, and used by organizations.

### 3.3

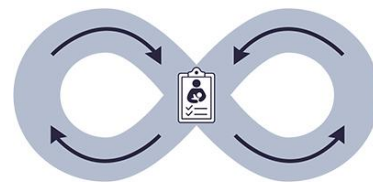


Establish community-clinical linkages among healthcare providers, community-based organizations (CBOs), and other LSPs through networking and relationship building, leading to a memorandum of understanding (MOU) or other formal/informal agreements outlining each party's responsibility to ensure a seamless transition of care. Support hospitals to strengthen evidence-based maternity care practices (such as BFHI steps 3 and 10) by outlining clear procedures for connecting to the appropriate level of care in the community.

## 3.4



Develop systems that allow safe sharing of breastfeeding-protected health information (PHI) across institutions, such as WIC, public health programs, CBOs, and healthcare systems.



## 3.5

Develop workflows with a bi-directional referral system that emphasize warm hand-offs or hand-off accountability protocols to ensure recognition of the transfer of care responsibility, transfer of pertinent family information, and potential risks for lactation discontinuation. Ensure that the family actively participates in and fully understands the hand-off plan process, voicing goals and personal preferences on selecting the next provider for continuity of care. Health agencies should leverage electronic health record (EHR) capabilities and other technologies including apps, patient portals, and telehealth, to enhance inter-professional care communication and generate e-referrals, internally and externally, and enhance timely hand-offs between senders and receivers to reduce the burden on families of having to seek help and repeat relevant personal information multiple times across care providers.



## 3.6

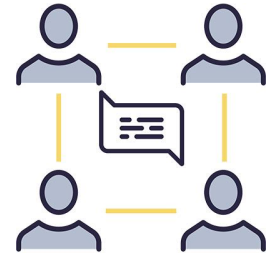
Designate a community lactation care coordination role to assist pregnant and postpartum families in navigating and accessing, in a timely manner, appropriate community services that primarily serve families experiencing the greatest breastfeeding inequities in the community. This coordinator should ensure that follow-up care is established and received. This role could be integrated into an existing staff responsibility, such as community health worker, perinatal coordinator, case manager, or patient navigator.



## 3.7

Facilitate an understanding of reimbursable services for lactation support at the community level and identify pathways to increasing reimbursement for all types of lactation support providers and care coordination roles.





## 3.8

Organizations serving pregnant and postpartum families should collaborate to establish a screening tool or triage system for lactation-related concerns that includes timely referrals to the appropriate level of care. It should also include options for rapid remote response outside of business hours, such as telehealth, texting platforms, or hot/warmline services. Whenever possible, refer to services and LSPs that are congruent and responsive to the family's culture, language, values, individual needs, and ensure families' ability to access the services they are being referred to.



**Thank you!**

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# Asset bank



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