



Helensville Birthing Centre

TE PUNA WHANAU KI TE AWAROA

Lactation Consultant Clinic

Welcome to a free service provided by the Helensville Birthing Centre (HBC) to support local mothers and babies on their breastfeeding journey.

Internationally Board Certified Lactation Consultants (LC's) are employed by HBC to offer prearranged consultations in the Clinic Room at the Helensville Birthing Centre.

Consultations are arranged by email bookings@helensvillebirthingcentre.co.nz

Consultation times offered are Monday – Friday, according to LC availability

What can I expect?

A friendly non-judgemental exploring of your breastfeeding challenges, seeking to identify possible causes or contributing factors. A little background about your health, the birth, any early breastfeeding difficulties, any interventions so far and current feeding patterns is a good place to start.

Observation of your baby feeding at the breast (when possible) and of the nipples and breasts, provides much useful information. The LC will ask your permission first, if physical contact with you and your baby is required.

An oral assessment of your baby will usually be offered.

The LC will share her observations and discuss with you suggestions or solutions that are relevant and acceptable to you, and in keeping with your individual breastfeeding goals. Information pages can be provided on relevant topics for your reference.

In keeping with maintaining confidentiality, how any relevant feedback is given, or referral is made, to any other health provider, will be decided by you. The Well Child book allows a simple record of a time and date of the consultation.

Consultations usually take about an hour, or a little longer.

You may choose to book a follow up appointment for ongoing support.

We welcome your feedback about any aspect of a consultation at www.birthingcentre.co.nz/feedback/ Or you can contact the Manager by phone 09 4209616, text 021889794 or email manager@helensvillebirthingcentre.co.nz to express any concerns.

I understand the service I am being offered, and give my consent.

I am aware of my right to be treated with respect, and my right to complain.

I give permission for HBC to contact me, some months after the consultation, with a short survey regarding the LC clinic service. Yes No

Name _____ signature _____ date _____

Address _____

Phone _____ Email _____

NHI number _____ Ethnicity _____

Baby's name _____ **Baby's DOB** _____

Baby's NHI number _____ **Baby's Ethnicity** _____