



Virtual Lactation Consult

Convenient. Support. Treatment.

Experts agree that breastfeeding provides the best nutrition for your baby. It isn't always easy. We're here to help with convenient access to virtual lactation support.

We provide virtual consultation, diagnosis and treatment – including prescriptions, if appropriate.



Answer your questions



Video chat with an IBCLC (International Board Certified Lactation Consultant) from home, work or wherever you are. No waiting rooms. No transportation needed. Our consultant comes to you.



You and baby feel better

Schedule a virtual appointment with our ARNP Lactation Consultant:
253.403.1681

Monday – Friday, 8am - 4:30pm

After-hours appointments may be available

Interpreters available for non-English speaking clients

What is the cost: We will bill your insurance for your Virtual Lactation Visit. If your visit is not covered, there is a \$35 fee for a 45-minute session. Appointments are available without a referral.

What to expect: MultiCare lactation consultants are specially trained to help breastfeeding moms learn the right techniques to feed your baby, and answer your questions. Our ARNP consultant has the authority to prescribe medication for you and will do so if your condition indicates a need for a prescription.

Who will help: A Nurse Practitioner who is an Internationally Board Certified Lactation Consultant will discuss your medical history and current issues.

What equipment do I need: You will simply need a computer, webcam and speakers or a Smartphone or tablet.

If you, or your lactation consultant, feel that your breastfeeding concerns would be best addressed in person, you will be referred to one of MultiCare's outpatient clinics. You won't be charged for the virtual visit.

MultiCare 

BetterConnected

<https://www.multicare.org/fbc-after-baby-lactation/>

Top 10 Feeding Problems Solved with a Virtual Lactation Consultation

Problem #1: Latching pain

It's normal for your nipples to feel sore when you first start to breastfeed, especially the first time. If baby has latched and the pain lasts longer than a minute into your feeding session, check the positioning.

Problem #2: Cracked nipples

Cracked nipples can be the result of many different things: thrush, dry skin, pumping improperly or most likely, latching problems. During the first week of breastfeeding, you may have bloody discharge when your baby is just learning to latch or you are just beginning to pump. Even though it may look bad, a little blood won't harm baby.

Problem #3: Clogged/plugged ducts

Ducts clog because your milk isn't draining completely. You may notice a hard lump on your breast or soreness to the touch and even some redness. If you start feeling feverish and achy, that's a sign of infection and you may need antibiotics.

Problem #4: Engorgement/high milk supply

Engorgement makes it difficult for baby to latch on to the breast because it's hard and un-conforming to his mouth.

Problem #5: Mastitis

Mastitis is a bacterial infection in your breasts marked by flu-like symptoms such as fever and pain in your breasts. It's common within the first few weeks after birth (though it can also happen during weaning) and is caused by cracked skin, clogged milk ducts or engorgement.

Problem #6: Thrush

Thrush is a yeast infection in your baby's mouth, which can also spread to your breasts. It causes incessant itchiness, soreness, and sometimes a rash.

Problem #7: Low milk supply

Breastfeeding is a supply-and-demand process. If your doctor is concerned about baby's weight gain, and he is being plotted on the World Health Organization curves designed for breastfeeding babies, this may be the problem.

Problem #8: Baby sleeping at breast

Baby is sleepy in the first couple of months after birth, so falling asleep while nursing is common.

Problem #9: Inverted/flat nipples

You can tell if you have flat or inverted nipples by doing a simple squeeze test: Gently grab your areola with your thumb and index finger — if your nipple retracts rather than protrudes, breastfeeding will be more challenging.

Problem #10: Painful/overactive let down

Your breast is like a machine — when you let down, all the milk-producing engines constrict to move the milk forward and out of your nipple. Some mothers feel a prickly pins-and-needles sensation and others just get an achy feeling.

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