



Impact of the International Board Certified Lactation Consultant

*Improving maternal/infant health outcomes
Promoting equity in access to clinical lactation care*



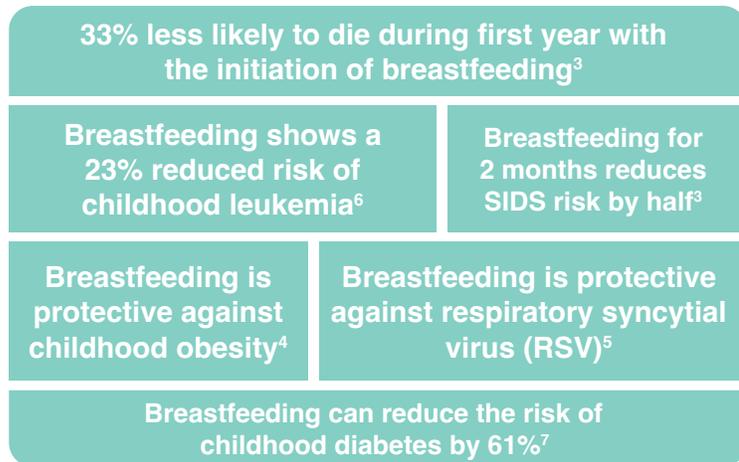
National Lactation Consultant Alliance

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Improving maternal/infant health outcomes and promoting health equity

Despite substantial spending on improving maternal and infant health outcomes, the nation continues to see escalating maternal deaths, especially in Black, Indigenous, and People of Color (BIPOC) communities.¹ While COVID-19 contributed to the rise in maternal deaths, the US still has one of the highest maternal death rates in the world.² The United States also continues to experience unacceptably high rates of maternal morbidity, infant morbidity, and infant mortality. Breastfeeding has the potential to improve these statistics.

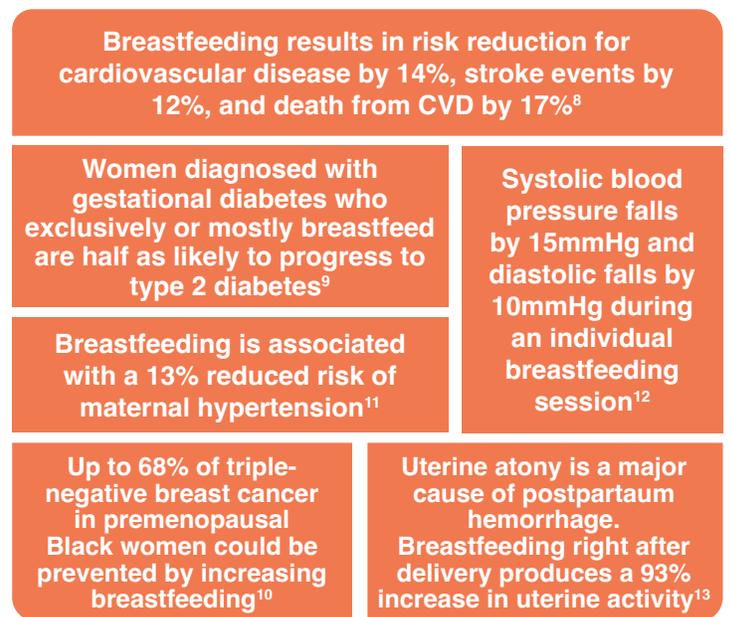
For Infants:



Breastfeeding rates however remain stagnant and see a steady decline in exclusivity from month-to-month over the first six months postpartum.¹⁴ Myriad challenges to breastfeeding exist (social, cultural, medical, inequity in access to clinical care, policies, healthcare system).

Clinical care by an International Board Certified Lactation Consultant (IBCLC®) can improve health outcomes for mothers and babies, is associated with increased breastfeeding intensity,¹⁵ and represents a cost effective¹⁶ intervention for reducing maternal/infant morbidity/mortality.

For Mothers:



What is an International Board Certified Lactation Consultant (IBCLC®)?

- Definition: An allied healthcare professional with expertise in the clinical management of breastfeeding
- Education: 95 hours of lactation specific education, 14 college health science courses
- Training: 300-1000 hours of supervised hands-on clinical practice
- Board Certification: Passage of an independent criterion-referenced exam.
- U.S. Department of Labor Category: *Healthcare Diagnosing or Treating Practitioners, All Other, assigned to O*NET Code: 29-1299.00.*¹⁷

The Women's Preventive Services Initiative (a cooperative agreement between the American College of Obstetricians and Gynecologists and the US Department of Health and Human Services) delineates the IBCLC® in the same category as physicians and nurses relative to clinical lactation care and services and states:¹⁸

"Clinical lactation professionals providing clinical care include, but are not limited to, licensed lactation consultants, the IBCLC®, certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, and physicians. Lactation personnel providing counseling, education or peer support include lactation counselors/breastfeeding educators and peer supporters."

Efficacy of the IBCLC®

Efficacy of the IBCLC® has long been known.¹⁹

- In a study examining state level breastfeeding support and breastfeeding practices, only IBCLCs® were positively associated with rates of exclusive breastfeeding at 6 months and continued breastfeeding at 12 months. For every additional IBCLC® per 1000 live births, the rate of exclusive breastfeeding at 6 months increased by 5% and the rate of breastfeeding at 12 months increased by 4%.²⁰
- In a WIC state demonstration project, the addition of regional IBCLCs® to whom WIC breastfeeding peer counselors could refer acute and complex breastfeeding cases, showed significant increases in breastfeeding initiation and exclusivity.²¹

- Women delivering in a hospital that employed IBCLCs® was associated with a 2-fold increase in the odds of breastfeeding at hospital discharge.²²
- Among women receiving Medicaid, delivering at a hospital that employed IBCLCs® was associated with a 4-fold increase in the odds of breastfeeding at hospital discharge.²²
- Among mothers of infants admitted to the NICU, breastfeeding rates among mothers who delivered at hospitals with an IBCLC® were nearly 50% compared with 36.9% among mothers who delivered at hospitals without an IBCLC®. The adjusted odds of breastfeeding initiation prior to hospital discharge were 1.34 times higher for women who delivered at a facility with an IBCLC®.²³
- In a study to evaluate optimal hospital lactation services it was found that of tasks performed by an IBCLC®, 71% COULD NOT be deferred to the bedside nurse or non-clinician support person.²⁴
- Nurses report being inadequately prepared to support breastfeeding women.²⁵
- Authors of a study examining barriers to lactation services in Appalachia reported that lactation personnel who were NOT an IBCLC® described challenges with clinical aspects of lactation (e.g., preterm infants, clients with obesity, substance use), situations and complexities that IBCLCs® are trained to support.²⁶

Recognizing the importance of risk appropriate care

Risk appropriate care is a strategy to improve maternal and infant health outcomes by ensuring that mothers and babies receive care by providers prepared to meet their needs.

To best provide risk appropriate care, the American Academy of Pediatrics (AAP) in its staffing standards for level II, III, and IV hospitals²⁷ specified:

Level II: “IBCLC® preferred, available for on-site consultation on weekdays, and accessible by telehealth or telephone 24/7.”

Level III and IV: “Have an IBCLC® available for on-site consultation on weekdays, and accessible by telehealth or telephone 24/7.”

The Surgeon General of the United States recognized IBCLC® clinical expertise, recommending:

- That families have access to their clinical services through insurance benefits
- That IBCLCs® be reimbursed by public and private insurers
- That IBCLCs® be licensed
- That more IBCLCs® from marginalized communities be trained and available to underserved communities.²⁸

Recognizing the importance of providing risk appropriate care, the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) in its standards for perinatal unit staffing states:²⁹

“In each birthing facility, all mother–baby couplets should have access to an International Board Certified Lactation Consultant (IBCLC®) upon request or as a referral for more complex feeding, anatomy, or neurologic impairment that affects nutritive intake at the breast/chest.”

Reducing disparities and increasing equitable access to IBCLC® clinical care

Reducing disparities, improving health outcomes, and increasing equitable access to IBCLC® clinical care represent a triad of goals forming the foundation of NLCA’s work through its Center for Lactation Equity, and aiming to reduce maternal/infant morbidity and mortality. Recommendations to meet these goals include:

- State licensure of the IBCLC® to protect the health, safety, and welfare of the public and as a recognized quality indicator would facilitate equitable access to clinical lactation care as a reimbursable health service.³⁰ Families with low resources or from marginalized communities are robbed of these services because they cannot afford the out-of-pocket expense. This access gap would be reduced with IBCLC® licensure.
- Licensure of the IBCLC® allowing vulnerable families to secure needed clinical lactation care and gain an equitable opportunity to reduce the risk of maternal/infant morbidity and mortality.
- Enacting policy solutions, including licensure, to increase the supply of IBCLCs®
 - ◆ Private insurance and Medicaid reimbursement for IBCLC® clinical care would allow those in the profession to make a living wage and increase the IBCLC® workforce.
 - ◆ Knowing this, colleges and universities would be more likely to offer programs of education and clinical training to students interested in the profession. Financial aid would be available to those who matriculate, removing financial barriers to students of color and marginalized communities who desire to become an IBCLC®.
 - ◆ The ability to earn a living wage as an IBCLC® would result in job creation and more jobs available in the healthcare workforce, helping to reduce the current shortage.
 - ◆ Federal government scholarships should be offered, like HRSA’s Nursing Scholarship Program and scholarships for disadvantaged students, to obtain the necessary education and training to become an IBCLC®.
 - ◆ Financial aid sources like the Nursing Student Loan Program and the Federal Nursing Education Loan Repayment Program should be available for those seeking the IBCLC® credential.
 - ◆ Improve job opportunities for IBCLCs® by inclusion in federally funded maternal/child programs such as HRSA’s Maternal, Infant, and Early Childhood Home Visiting Program.
 - ◆ Full time IBCLC® services should be available to all WIC agencies and breastfeeding WIC participants.

Is IBCLC® clinical care cost effective?

Clinical lactation care delivered by an IBCLC® has been shown to be a cost-effective intervention in improving breastfeeding outcomes.

- A study in North Carolina showed that Medicaid reimbursement of IBCLCs® resulted in an estimated \$2.33 million in annual cost savings.¹⁶
- Increased access to lactation consultants resulted in greater continuation of breastfeeding and a \$149-per-delivery reduction in cost for planned hospital care, planned follow-up visits, and unplanned care costs.³¹

Clarity of personnel in the lactation field

A confusing mix of titles, credentials, certifications, certificates, and service roles exist in the lactation field. It is important that consistent terms be used to describe those working within this field. This will assist healthcare providers in making referrals, insurers in providing reimbursement for services, policymakers when describing lactation personnel in health guidance recommendations, and families when choosing the appropriate education, care, or support to address their lactation needs. The IBCLC® is distinctly different from breastfeeding/lactation educators or counselors, doulas, or community healthcare workers. These personnel provide basic education and support to breastfeeding families while the IBCLC® is defined as a clinical lactation professional delivering clinical breastfeeding care.³²

IBCLC® clinical care as a window to improved maternal/child health

Every day in the United States, over 4,800 mothers stop breastfeeding. Given the significant risk reduction in maternal/infant morbidity and mortality seen with breastfeeding, it remains critical that those wishing to breastfeed be optimally assisted to do so. The data regarding the crucial nature of breastfeeding and the provision of human milk is an overwhelming validation of the necessity to provide the risk appropriate level of clinical lactation care needed to address maternal, infant, and societal challenges to breastfeeding. These challenges to lactation and breastfeeding are best met with a healthcare provider educated and trained to do so. The IBCLC® serves as the provider to whom these acute and complex situations are referred. An adequate number of IBCLCs® is necessary to meet the Healthy People 2030 breastfeeding objective and reduce the maternal/infant morbidity and mortality statistics in the United States.

About the National Lactation Consultant Alliance

All lactation personnel in the lactation field serve important roles. The National Lactation Consultant Alliance (NLCA) was created to support the holders of the IBCLC® credential and to advocate for the clinical lactation consultant profession at the local, state, and national levels. Our Center for Lactation Equity works towards strategies that will build an inclusive lactation community that understands, appreciates, and values equity, diversity, and cultural humility. One way the Center seeks to do this is through scholarship opportunities for IBCLC® candidates who are part of populations that are under-represented in the clinical lactation care community.

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