



Knowledge Brief

International Board Certified Lactation Consultants

By the Numbers

The *Surgeon General's Call to Action to Support Breastfeeding*¹ has stated that “International Board Certified Lactation Consultants (IBCLCs) are the only health care professionals certified in lactation care. They have specific clinical expertise and training in the clinical management of complex problems with lactation.” This acknowledgement helps form the foundation for the profession, with the understanding that the IBCLC[®] is the recognized provider of clinical lactation care services. This was further reinforced by the US Women’s Preventive Services Initiative, stating:

“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.”²

A look at the numbers associated with the IBCLC[®] paints a snapshot of the vital role of this profession as a member of the healthcare team, highlights the profession’s impact on breastfeeding and lactation, reveals its association with enhanced maternal/infant health outcomes, and offers a graphic representation of the profession for the education of policy makers, legislators, healthcare systems, insurers, and for advocacy efforts for the lactation consultant profession.

19,930
Number of IBCLCs[®]
in the United States
(As of February 16, 2024)³

3
Number of
lactation personnel
classifications
based on education and
training⁴

Lactation Consultant (IBCLC[®])

95 — Hours didactic lactation education

College health science courses — **14**

300-1000
Hours supervised face-to-face clinical training with patients,
passage of independent criterion referenced board exam

Breastfeeding/lactation educator or counselor
Various hours of didactic education, no clinical training, no required high school diploma, no required college health science courses, may need to pass exam given by education company

Breastfeeding peer supporter
Variable education hours, personal breastfeeding experience, no required high school diploma, no required college health science courses, no clinical training

Number of hospital IBCLC® staffing standards adopted by healthcare organizations

1 American Academy of Pediatrics (AAP)⁵

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

2 Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)⁶

"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."

3 Massachusetts Department of Public Health, hospital licensure regulations, 105 CMR 130.616⁷

"...At a minimum, each hospital shall provide every mother and infant every mother and infant requiring advanced lactation support with ongoing consultation during the hospital stay from an International Board Certified Lactation Consultant (IBCLC)..."

4 US Lactation Consultant Association, hospital IBCLC® staffing ratios⁸

1:783 breastfeeding couplets on postpartum unit (1.3:1000 births)
1:235 infant admission in the NICU (4.3:1000 infant admissions)

\$2.33 Million⁹

Number of Medicaid dollars saved
with clinical lactation care delivered by IBCLCs® in just one state⁹

Number of neonatal intensive care units (NICU) in the US that staff a dedicated NICU IBCLC®

Less than one half.¹⁰

One case reduction of medical necrotizing enterocolitis (NEC) can offset the cost of staffing one full-time lactation consultant.¹⁰ A human milk diet for preterm infants is associated with decreased NEC, decreased infections rates, decreased hospital readmissions, and improved breastfeeding outcomes reducing overall infant morbidities and associated costs. Interventions provided by IBCLCs® improve breastfeeding outcomes, increase the volume of human milk received by infants, and work to reduce infant morbidity and mortality.^{11,12}

Less than 40%

Number of state and local WIC agencies with an IBCLC® on staff¹³

On-site IBCLCs® increase the odds of fully breastfeeding in the WIC population¹⁴

¹ U.S. Department of Health and Human Services. (2011). *The Surgeon general's call to action to support breastfeeding*. Washington, DC. Office of the Surgeon General. https://www.ncbi.nlm.nih.gov/books/NBK52682/pdf/Bookshelf_NBK52682.pdf

² U.S. Women's Preventive Services Initiative. (2022). Breastfeeding services and supplies. <https://www.womenspreventivehealth.org/recommendations/breastfeeding-services-and-supplies/>

³ <https://ibclce.org/about-ibclce/current-statistics-on-worldwide-ibclcs/>

⁴ Strong, G., Gober, M., & Walker M. (2023). Speaking the same language: A call for standardized lactation terminology in the United States. *Journal of Human Lactation*, 39(1), 121-131.

⁵ Stark, A.R., Pursley, D.M., Papile, L.A., et al. (2023). Standards for levels of neonatal care: II, III, and IV. *Pediatrics*, 151(6), e2023061957.

⁶ AWHONN. (2022). Standards for professional registered nurse staffing for perinatal units. <https://www.awhonn.org/education/staffing-standards/>

⁷ <https://www.mass.gov/doc/105-cmr-130-hospital-licensure/download>

⁸ Lober, A., Harmon, D., & Thomas-Jackson, S. (2021). Position paper-Professional lactation support staffing in the hospital setting. *Clinical Lactation*, 12(4), 157-158.

⁹ Wouk, K., Chetwynd, E., Vitagliano, T., & Sullivan, C. (2017). Improving access to medical lactation support and counseling: Building the case for Medicaid reimbursement. *Maternal and Child Health Journal*, 21(4), 836-844.

¹⁰ Froh, E., Dahlmeier, K., & Spatz, D.L. (2017). NICU nurses and lactation-based support and care. *Advances in Neonatal Care*, 17(3), 203-208.

¹¹ Mercado, K., Vittner, D., & McGrath, J. (2019). What is the impact of NICU-dedicated lactation consultants? An evidence-based practice brief. *Advances in Neonatal Care*, 19(5), 383-393.

¹² Castrucci, B.C., Hoover, K.L., Lim, S., & Maus, K.C. (2007). Availability of lactation counseling services influences breastfeeding among infants admitted to neonatal intensive care units. *American Journal of Health Promotion*, 21(5), 410-415.

¹³ Forrestal, S., Briefel, R., & Mabl, J. (2015). WIC breastfeeding policy inventory. Prepared by Mathematica Policy Research for the United States Department of Agriculture, Alexandria VA. <https://fns-prod.azureedge.us/sites/default/files/ops/WICBPI.pdf>

¹⁴ Gleason, S., Wilkin, M.K., Sallack, L., Whaley, S.E., Martinez, C. & Paolicelli, C. (2020). Breastfeeding duration is associated with WIC site-level breastfeeding support practices. *Journal of Nutrition Education and Behavior*, 52(7), 680-687.