KNOWLEDGE BRIEF

The International Board Certified Lactation Consultant (IBCLC®)

Efficacy of the Profession

Efficacy is the capacity to perform a task for producing a desired beneficial effect. The International Board Certified Lactation Consultant (IBCLC®) has been fulfilling this definition by helping families succeed at breastfeeding for over four decades. The IBCLC® is a clinical lactation care provider and is recognized as such by the Women's Preventive Services Initiative (WPSI). The WPSI, a coalition of national health professional organizations and patient advocates, funded by the U.S. Health Resources and Services Administration (HRSA) and led by the American College of Obstetricians and Gynecologists (ACOG) describes lactation personnel as follows:

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.[1]

"The IBCLC has specialized didactic education regarding the normal [and aberrant] course of lactation and breastfeeding and has the post-secondary education and clinical training to assess and manage issues complicating and impeding breastfeeding success. Within the clinical training component is where the critical thinking, clinical reasoning, and clinical judgment skills are developed and sharpened to prepare students to function independently with competence."[2] While all lactation personnel are important, the IBCLC® profession has uniquely demonstrated efficacy in data regarding initiation, duration, and exclusivity of breastfeeding and in numerous venues.

What the data says

- ✔ 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%.[3]
- ✔ 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 manage.[4]
- ✔ In a survey of 113 respondents receiving in-home IBCLC® care, improved breastfeeding duration rates to 6 months (90%) and 12 months (73%) were achieved by most respondents compared to national rates of 55.8% and 35.9%.[5]
- ✔ Mother-infant dyads attending a newborn care clinic for 6 weeks received feeding assessment and standard-of-care guidance from an IBCLC®. Maternal/infant dyads seen at day 3 had 2.5 times higher odds of exclusive direct breastfeeding at 6 weeks than those not receiving IBCLC® standard-of-care assessment and guidance. Dyads seen at days 3 and 14 had 3.4 times higher odds of exclusive direct breastfeeding than those with less IBCLC® follow-up.[6]

In Primary Care Settings

- ✔ A retrospective review examined the effect of an IBCLC® in the pediatric primary care setting on breastfeeding duration and exclusivity rates. In this study, access to an IBCLC in the pediatric primary care setting showed that mothers were 2.15 times more likely to be providing some breastmilk at one year postpartum than were mothers without such access.[7]
- ✔ IBCLCs® providing two prenatal sessions, a hospital visit, and regular phone calls postpartum through three months or until breastfeeding ceased resulted in a two-fold increase in rates of any breastfeeding at three months.[8]

In Telehealth Settings

- ✔ In a randomized clinical trial, access to IBCLCs® through a telelactation app resulted in statistically significant improvements in any and exclusive breastfeeding at 24 weeks, especially in Black mothers.[9]
- ✔ Access to telephone-based breastfeeding care delivered by an IBCLC® was effective in prolonging breastfeeding in obese mothers, reducing the common early abandonment of breastfeeding.[10]

In the Hospital Setting

- ✔ Neonatal care standards from the American Academy of Pediatrics (AAP) recommend that IBCLCs® be available 24/7 in Level II, III and IV hospitals for providing risk appropriate clinical lactation care.[11]
- ✔ Hospital staffing standards from the Association of Women's, Health, Obstetric, and neonatal Nurses (AWHONN) state that, "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."[12]
- ✔ 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.[13]

In the Neonatal Intensive Care Unit

- ✔ 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®.[14]
- ✔ Addition of a dedicated IBCLC® into the NICU resulted in increased rates of breastmilk usage at 7 days of age from 75.6% to 89.6%.[15]

Cost effectiveness

- ✔ Privately insured infants who breastfed exclusively for only 3 months were shown to have saved their insurance company at least $750 each in averted medical care in their first year of life.[16]
- ✔ A study in North Carolina showed that Medicaid reimbursement of IBCLCs® would result in an estimated net cost savings of $2.33 million.[17]

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 IBCLC® is distinctly different from breastfeeding/lactation educators or counselors, doulas, and community healthcare workers. The IBCLC® profession has been recognized as an important member of the healthcare team and serves as the standard for clinical lactation care.[18]

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