



Lactation Consultant (IBCLC) Licensing



New Mexico Breastfeeding Task Force
www.breastfeedingnewmexico.org

The Need

Third-party reimbursement for lactation services is needed so that families can get care. Currently most New Mexican families can't afford care because lactation is an out-of-pocket expense and not included as a health services. New Mexico has ~19,665 breastfeeding babies in a year. We know that 60% of women wean before they want to due to breastfeeding challenges (Odom, et al, 2013) thus we predict that 11,800 babies could benefit from increased access to licensed lactation consultants each year.

Demand for lactation consultants is growing. "A routine post-discharge outpatient lactation visit coordinated within a primary care practice improved breastfeeding initiation and intensity. This effect was sustained for 9 months." (Witt, A. M., et al, 2012).

The U.S. Surgeon General's Call to Action to Support Breastfeeding recognizes International Board Certified Lactation Consultants® (IBCLC®) as the only health care professionals



certified in lactation care and recommends their licensure. An IBCLC is an allied healthcare provider and a member of the maternal-child healthcare team with specialized skills in clinical lactation care and management. (USLCA, 2016).

- Lactation Consultant licensure helps ensure a consistent level of empirical knowledge, clinical experience, and professional expertise in the clinical management of complex lactation issues.
- WIC offices are now requiring lactation consultants on staff at each location. "...[T]he International Board Certified Lactation Consultant is **most qualified to provide clinical care of the breastfeeding dyad and address complex lactation problems.**" "Integrating an IBCLC into a local WIC agency can have an enormous impact." (National WIC Association, 2016).
- There are currently 111 board certified lactation consultants in the state.
- The NM Nursing Board would have the discretion to charge a licensing fee that would cover administration of the license.
- We strongly believe that lactation consultants should be available to every mother who gives birth in the state (25,730 total NM births in 2015, IBIS).

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The Solution

- A state policy requiring the nursing board to establish and administer a licensure process for lactation consultants.
- Incentivizes more people to become lactation consultants, thus improving accessibility and availability of support to New Mexican mothers and babies.
- Improves breastfeeding rates.
- Provides oversight for those that are licensed and thus improves consumer protection.
- Brings in additional federal funding to local small business owners.

The IBCLC credential is the preeminent certification for the provision of clinical lactation care and services. While many training courses provide a certificate of completion, only the IBCLC credential denotes certification in lactation consultation. The IBCLC works in a variety of settings including hospitals, clinics, physician's offices, public health, human milk banks, and private practice. Research has documented improved breastfeeding outcomes when mothers and infants receive the services of an IBCLC. (USLCA, 2016).



Evidence indicates that, on discharge, rates of exclusive breastfeeding and of any

breastfeeding are higher among women who have delivered their babies in hospitals with IBCLCs on staff than in those without these professionals. Further, employment of IBCLCs in neonatal intensive care units increases the percentage of a particularly vulnerable infant population—those born at other facilities and transferred to neonatal intensive care units—who leave the hospital receiving human milk.” United States Department of Health and Human Services. (2011) the Surgeon General’s Call to Action to Support Breastfeeding.



The New Mexico Breastfeeding Task Force (NMBTF) supports a state policy to require the nursing board to establish and administer a licensure process for lactation consultants. With the uncertainty of the Affordable Care Act looming large, having something at the state level would provide a sense of stability for mothers and lactation support providers. This mechanism of reimbursement would also create jobs and provide a viable revenue stream for local, mostly women owned, small businesses. This financial security would result in more available, qualified lactation consultants, which would better meet the growing demand. The research suggests this policy will have a significant impact on improving breastfeeding duration rates.

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