



**USLCA**  
United States Lactation  
Consultant Association

# **Efficacy of the IBCLC®**

## Recommendations and Evidence



# RECOMMENDATIONS

for Utilization of International Board Certified Lactation Consultant (IBCLC) Services

All professions have a body of knowledge that provides the foundation for practice. Consistent with other healthcare professions, the International Board Certified Lactation Consultant (IBCLC) also possesses evidence of the efficacy of the profession. This comprehensive compendium of evidence for the IBCLC profession serves as a validation of the profession and as a confirmation of efficacy.

**American Academy of Family Physicians Breastfeeding Advisory Committee. Breastfeeding, Family Physicians Supporting (Position Paper) (2014) American Academy of Family Physicians.**

*“When challenges exceed the expertise of the family physician, patients should be referred to someone with a higher level of expertise, such as an International Board Certified Lactation Consultant.”*

<http://www.aafp.org/about/policies/all/breastfeeding-support.html>

**American Association of Health Plans & U.S. Department of Health and Human Services, Office of Women’s Health (2001) Advancing Women’s Health: Health Plans’ Innovative Programs in Breastfeeding Promotion, U.S. Government Printing Office, Washington, DC.** *“Health plans have key role to play in encouraging women and their families to initiate and maintain breastfeeding.” “Overall lessons learned: Utilize certified lactation consultants.”*

<http://permanent.access.gpo.gov/lps23476/default.pdf>

**American Congress of Obstetricians and Gynecologists (2016) Your Pregnancy and Childbirth, Month to Month, Revised Sixth Edition.** *“These consultants can teach you what you need to know to get started. IBCLCs also can help you navigate some common problems many mothers face when they first start to breastfeed.” Refers throughout to IBCLC for breastfeeding problems.*

<http://sales.acog.org/Your-Pregnancy-and-Childbirth-Month-to-Month-Revised-Sixth-Edition-P502.aspx>

**American Public Health Association (2013) An Update to A Call to Action to Support Breastfeeding: A Fundamental Public Health Issue.** *“APHA recommends consistent reimbursement strategies for independently accredited lactation professionals both to reduce inequities among lactation care providers and to reduce inequities in access to care.” “Urges public and private insurers (including the Centers for Medicare & Medicaid Services, the National Association of Insurance Commissioners, and America’s Health Insurance Plans) to cover appropriately trained and qualified lactation counseling and consultation, which is independently accredited and thus protects consumers; recommends that third-party payers institute reimbursement scales commensurate with training credentials and state licensure where possible; urges insurance companies to cover breastfeeding supplies that are appropriate for a mother’s clinical situation; and urges state Medicaid offices to include reimbursement for IBCLCs and other independently accredited lactation providers who offer lactation care and services within their appropriate scopes of practice.”*

<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/15/26/an-update-to-a-call-to-action-to-support-breastfeeding-a-fundamental-public-health-issue>

**Association of Women’s Health Obstetric and Neonatal Nurses (2015) Breastfeeding. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 44, 145–150.** *“Recommendations- Expansion of insurance coverage for the services of lactation specialists ... in private and public health insurance plans...”*

<http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1552-6909.12530/>

**Campbell, K.P., editor. Investing in Maternal and Child Health: An Employer’s Toolkit. Washington, DC: Center for Prevention and Health Services, National Business Group on Health; 2007.**

<https://www.businessgrouphealth.org/pub/f3004374-2354-d714-5186-b5bc1885758a>

**National Business Group on Health. (2012). Maternal and Child Health, Plan Benefit Model: Evidence-Informed Coverage and Assessment. Washington, DC: Center for Prevention and Health Services, National Business Group on Health.** *“In addition, lactation consultants credentialed by the International Board of Lactation Consultant Examiners (IBCLCs) are approved for the provision of breastfeeding counseling, training, and support.”*

<https://www.businessgrouphealth.org/pub/?id=f314192a-2354-d714-5132-c2dafaaf0dfd>

**Michigan Department of Community Health – WIC (2014) Michigan WIC Policy: Administration.**

*“By October 1, 2017 the local IC Agency must appoint an International Board Certified Lactation Consultant to serve as the lead breastfeeding technical support expert.”*

[http://www.michigan.gov/documents/mdch/1\\_07F\\_WIC\\_Coordinator\\_02-25-14\\_448722\\_7.pdf](http://www.michigan.gov/documents/mdch/1_07F_WIC_Coordinator_02-25-14_448722_7.pdf)

**Grawey, A. E., Marinelli, K. A., Holmes, A.V. & the Academy of Breastfeeding Medicine, Academy of Breastfeeding Medicine Protocol Committee. (2013) ABM Clinical Protocol #14: Breastfeeding-Friendly Physician’s Office, Part 1: Optimizing Care for Infants and Children, Revised 2013. Breastfeeding Medicine, 8(2), 237-242.** *“Insurance coverage for lactation consultant services would greatly enhance breastfeeding care at many levels.”*

<https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/14-breastfeeding-friendly-physicians-office-part-1-protocol-english.pdf>

**Lessen, R. & Kavanaugh, K. (2014) Practice Paper of the Academy of Nutrition and Dietetics: Promoting and Supporting Breastfeeding. Academy of Nutrition and Dietetics 115, (3),444–449.** *“Education regarding how to accurately assess insufficient milk supply, as well as encouragement to seek expert assistance (such as an International Board Certified Lactation Consultant) when faced with lactation issues, should continue, with efforts amplified in at risk populations.”*

[https://jandonline.org/article/S2212-2672\(14\)01876-0/fulltext](https://jandonline.org/article/S2212-2672(14)01876-0/fulltext)

**National WIC Association (2016) Enhancing Breastfeeding Support in WIC: The Case for Increasing the Number of International Board Certified Lactation Consultants.** *“However, the International Board Certified Lactation Consultant is most qualified to provide clinical care of the breastfeeding dyad and address complex lactation problems.” “Integrating and IBCLC into a local WI”C agency can have an enormous impact.”*

<https://s3.amazonaws.com/aws.upl/nwica.org/ibclc-cc.pdf>

**Women’s Preventive Services Initiative (U.S.). Multidisciplinary Steering Committee (2016) Women’s Preventive Services Initiative. Recommendations for preventive services for women: Final report to the U.S. Department of Health and Human Services, Health Resources & Services Administration.**

**Washington, DC: American College of Obstetricians and Gynecologists.** *“A lactation care provider should deliver lactation support and provide services across the antenatal, perinatal, and postpartum periods to ensure successful preparation, initiation, and continuation of breastfeeding. Lactation care providers include, but are not limited to, lactation consultants...”*

<https://www.womenspreventivehealth.org/final-report/>

**United States Department of Health and Human Services. (2011) The Surgeon General’s Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.** *“IBCLC certification helps ensure a consistent level of empirical knowledge, clinical experience, and professional expertise in the clinical management of complex lactation issues. 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.” “Provide reimbursement for International Board Certified Lactation Consultants (IBCLCs) independent of their having other professional certification or licensure.”*

<http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

# EVIDENCE

## for Effectiveness of International Board Certified Lactation Consultant (IBCLC) Services

Andaya, E., Bonuck, K.A., Barnett, J., & Lischewski-Goel, J. (2012). Perceptions of primary care-based breastfeeding promotion interventions: Qualitative analysis of randomized controlled trial participant interviews. *Breastfeeding Medicine*, 7(6), 417-422. “Our findings affirm women’s perceptions of the utility of combined prenatal and postpartum provider and LC interventions in reinforcing breastfeeding intention and duration, especially when faced with lack of support from family or medical professionals, and in addressing early postpartum lactation difficulties. They thus underscore the need for breastfeeding interventions across the continuum of care.”

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3523239/pdf/bfm.2011.0151.pdf>

Anderson, A.K., Damio, G., Young, S., Chapman, D.J., & Perez-Escamilla, R. (2005). A randomized trial assessing the efficacy of peer counseling on exclusive breastfeeding in a predominantly Latina low-income community. *Archives of Pediatric and Adolescent Medicine*, 159, 836-841. “An international board certified lactation consultant trained these women [peer counselors] over 2 weeks” The training included theory..., roleplays, and hands-on practice ... communication skills, as well as observing the lactation consultant ...” The peer counselors were observed for 2 months by the lactation consultant, who assisted women with breastfeeding problems.”

<https://www.ncbi.nlm.nih.gov/pubmed/16143742>

Bonuck, K.A., Lischewskai, J., & Brittner, M. (2009). Clinical translational research hits the road: RCT of breastfeeding promotion interventions in routine prenatal care. *Contemporary Clinical Trials*, 30(5), 419-426. “The rationale for the LC intervention is based upon a systematic review showing the effectiveness of combined pre-and postnatal interventions, and individual – level professional support. Face-to-face, sustained, technical assistance the LC’s provide is highly effective.”

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2752285/pdf/nihms-122982.pdf>

Bonuck, K., Stuebe, A., Barnett, J., Labbock, M. H., Fletcher, J., & Bernstein, P. S. (2014) Effect of primary care intervention on breastfeeding duration and intensity. *American Journal of Public Health*, 104(S1), S119–S127. “We found that a combined pre-and post-natal breastfeeding support intervention integrated into routine primary care increased breastfeeding intensity and duration in a diverse, low -income population. These differences were achieved with an average of 3 hours of LC [lactation consultant] time per participant, suggesting a full-time LC could deliver our protocol to more than 600 mother-infant dyads per year.”

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011096/pdf/AJPH.2013.301360.pdf>

Bonuck, K.A., Trombley, M., Freeman, K., & McKee, D. (2005). Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. *Pediatrics*, 116, 1413-1426. “This ‘best practices’ intervention was effective in increasing breastfeeding duration and intensity.”

<http://pediatrics.aappublications.org/content/116/6/1413.long>

Brent, N.B., Redd, B., Dworetz, A., D’Amico, F., & Greenberg, J.J. (1995). Breast-feeding in a low-income population. Program to increase incidence and duration. *Archives of Pediatric and Adolescent Medicine*, 149(7), 798-803. “This lactation program increased the incidence and duration of breast-feeding in our low-income cohort.”

<http://archpedi.jamanetwork.com/article.aspx?articleid=517608>

Buckner, E., & Matsubara, M. (1993). Support network utilization by breastfeeding mothers. *Journal of Human Lactation*, 9, 231-235. “Lactation consultants were the most utilized resources for providing expert information and answering questions.”

<http://www.ncbi.nlm.nih.gov/pubmed/8260055>

Carlsen, E.M., Kyhnaeb, A., Renault, K.M., Cortes, D., Michaelsen, K.F., & Pryds, O. (2013). Telephone-based support prolongs breastfeeding duration in obese women: A randomized trial. *American Journal of Clinical Nutrition*, 98(5), 1226-1232. "One International Board Certified Lactation Consultant carried out the intervention, which was based on structured interviews and consisted of encouraging telephone calls." And "Telephone-based advisory support was very effective in prolonging breastfeeding in obese mothers who often terminate the breastfeeding of their infants prematurely."  
<https://www.ncbi.nlm.nih.gov/pubmed/24004897>

Castrucci, B.C., Hoover, K., Lim, S., & Maus, K. C. (2006). A Comparison of breastfeeding rates in an urban birth cohort. *Journal of Public Health Management*, 12(6), 578-585. "The findings presented here identify an association between delivering at a facility that employs IBCLCs and breastfeeding at hospital discharge. As the strength of this association is not negligible, particularly for women on Medicaid, these findings may be used to encourage widespread use of IBCLCs."  
<https://insights.ovid.com/pubmed?pmid=17041307>

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 Public Health*, 21(5), 410-415. "The odds of breastfeeding initiation prior to hospital discharge were 2.35 (95% CI: 1.57,3.50) times higher for women who delivered at a facility with an IBCLC compared to women who delivered at a facility without an IBCLC. Similar increases in odds were found among Black infants who comprise 64.3% of the NICU population."  
<http://www.ncbi.nlm.nih.gov/pubmed/?term=Availability+of+Lactation+Counseling+Services+Influences+Breastfeeding+among+Infants+Admitted+to+Neonatal+Intensive+Care+Units>

Chantry, Caroline. (2011). Supporting the 75%: Overcoming barriers after breastfeeding initiation. *Breastfeeding Medicine*, 6(5), 337-339. "What is the evidence about effective ways to support breastfeeding in the primary care setting? In a word, it is lacking."  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3192362/pdf/bfm.2011.0089.pdf>

Cigna Corporation. (2000). UCLA Study of Cigna Corporate Lactation Program Proves that Helping Working Moms Breastfeed Is Good Business. Retrieved February 6, 2012 "Breastfeeding duration for women enrolled in the Working Well Moms program is 72.5 percent at six months compared to a 21.1 percent national average of employed new mothers." "The program also exceeds Healthy People 2010 six-month objectives by 45 percent." "At one year, 36 percent of women enrolled in Working Well Moms are still breastfeeding, compared to a 10.1 percent national average of employed new mothers."  
[http://www.csrwire.com/press\\_releases/26334-UCLA-Study-of-CIGNA-Corporate-Lactation-Program-Proves-that-Helping-Working-Moms-Breastfeed-Is-Good-Business](http://www.csrwire.com/press_releases/26334-UCLA-Study-of-CIGNA-Corporate-Lactation-Program-Proves-that-Helping-Working-Moms-Breastfeed-Is-Good-Business)

Corriveau, S.K., Drake, E.E., Kellams, A.L., & Rovnyak, V.G. (2013). Evaluation of an office protocol to increase exclusivity of breastfeeding. *Pediatrics*, 131, 942-950. "Pairing IBCLC services with medical professionals who are also educated in breastfeeding creates a vehicle for access and reimbursement, and IT teams health professionals with shared intentions. And...in the primary care setting may help increase exclusive breastfeeding rates up to 6 months of age."  
<http://pediatrics.aappublications.org/content/131/5/942.long>

Dahlquist, N. & Rosqvist, J.L. (2007). Lactation support in a busy pediatric practice: who pays the price? [Abstract 8]. *The Academy of Breastfeeding Medicine 12th Annual International Meeting "Frontiers in Breastfeeding Medicine"*, Dallas/Fort Worth, Texas, October 11-14, 2007. *Breastfeeding Medicine*, 2(3), 180. "Our conclusion is that the scope of practice of a lactation specialist and pediatrician is closely interwoven and to bring both services into the same site and visit is to encourage the patient and enhance the practice."

de Oliveira, M., Bastos, L., & Tedstone, A. (2001). Extending breastfeeding duration through primary care: a systematic review of prenatal and postnatal interventions. *Journal of Human Lactation*, 17, 326-343. “Interventions that were most effective in extending the duration of breastfeeding generally combined information, guidance, and support and were long term and intensive. Strategies that had no effect were characterized by no face-to-face interaction, practices contradicting messages, or small-scale interventions.” <http://www.ncbi.nlm.nih.gov/pubmed/?term=Couto+de+Oliveira%2C+M.%2C+Bastos%2C+L.%2C+%26+Tedstone%2C+A>

Dodgson, J.E. (2016). What is a lactation professional? *Journal of Human Lactation*, 32(4), 592-594. “In reviewing the characteristics of professional practice, we can identify that most of these criteria have been met for International Board Certified Lactation Consultants (IBCLCs) (i.e., Code of Conduct, 4 Scope of Practice, 5 Standards of Practice, and formal qualifications for practice). Evidence is accumulating concerning the IBCLCs’ clinical effectiveness...” <https://www.ncbi.nlm.nih.gov/pubmed/27550376>

Duffy, E.P., Percival, P., & Kershaw, E. (1997). Positive effects of an antenatal group teaching session on postnatal nipple pain, nipple trauma and breast feeding rates. *Midwifery*, 13(4), 189-196. “Antenatal group sessions on position and attachment of the baby on the breast were conducted by a lactation consultant.” “The analysis of variance (ANOVA) results indicated that the women in the experimental group were better able to attach the baby on the breast and had significantly less nipple pain and trauma than the control group.” <https://www.ncbi.nlm.nih.gov/pubmed/?term=Duffy+antenatal+group+teaching>

Dumphy, D., Thompson, J., & Clark, M. (2016). A breastfeeding quality improvement project in rural primary care. *Journal of Human Lactation*, 32(4), 633-641. “Breastfeeding rates may have been further increased if the IBCLC was available more than 8 hours per week. The importance of increased maternal–infant couplets’ exposure to IBCLCs in primary care was identified through this [Breastfeeding-Friendly Physician Office] protocol and study results.” <https://www.ncbi.nlm.nih.gov/pubmed/?term=Dumphy+breastfeeding+quality+improvement+project>

Dweck, N., Augustine, M., Pandya, D., Valdes-Greene, R., Visintainer, R., & Brumberg, H.L. (2008). NICU lactation consultant increases percentage of outborn versus inborn babies receiving human milk. *Journal of Perinatology*, 28(2), 136-140. “We found that the addition of a dedicated IBCLC in the NICU increased the rates over time of infants receiving and HM [human milk] in the hospital as well as any HM at time of discharge.” <https://www.nature.com/articles/7211888>

Farver, M. (2016). A model for outpatient lactation care. *MedCrave Online Journal of Women’s Health* 2(2): 00025. DOI: 10.15406/mojwh.2016.02.00025 “Lactation care should be readily available, local, and covered by insurance. The IBCLC is an essential member of the healthcare team.” “This model for outpatient lactation care is a win-win scenario for patients, staff, providers, and the long-term health and wellbeing of our society.” <http://medcraveonline.com/MOJWH/MOJWH-02-00025.php>

Friesen, C.A., Hormuth, L.I., Peterson, D., & Babbit, T. (2015). Using videoconferencing technology to provide breastfeeding support to low-income women: Connecting hospital-based lactation consultants with clients receiving care at a community health center. *Journal of Human Lactation*, 3(4), 595-599. “The Tele-Lactation Pilot Project (TLPP), 1 of 13 community-based breastfeeding projects implemented in Indiana in 2013 using Centers for Disease Control and Prevention grant funds, explored the feasibility of using videoconferencing technology to provide breastfeeding education and support to low-income women by a centrally located International Board Certified Lactation Consultant (IBCLC).” “At the conclusion of the project, interviews with key participants indicated that the tele-lactation videoconferencing sessions were easy to implement, allowed the IBCLC to reach a wider client base, and allowed the women to receive expert support that they might not have otherwise received.” <https://www.ncbi.nlm.nih.gov/pubmed/?term=Friesen+videoconferencing+breastfeeding>

Gharib, S. Fletcher, M., Tucker, R., Vohr, B., & Lechner, B.E. (2017). Effect of dedicated lactation support services on breastfeeding outcomes in extremely-low-birth-weight neonates. *Journal of Human Lactation*, Nov 1:890334417741304. doi: 10.1177/0890334417741304. [Epub ahead of print] “The IBCLCs played a role not only in supporting the breastfeeding dyad but also in educating the nursing and medical staff, improving documentation and communication around breastfeeding, and starting a NICU breastfeeding task force.”  
<https://www.ncbi.nlm.nih.gov/pubmed/29161535>

Gill, S.L., Reifsnider, E., & Lucke, J.F. (2007). Effects of support on the initiation and duration of breastfeeding. *Western Journal of Nursing Research*, 29(6), 708–723. “Results indicate the intervention group had twice (2.31) the odds of starting breastfeeding, twice (1.84-3.15) the odds of continuing to breastfeed for 6 months, and only half (.50-.54) the tendency to quit at any one time than did the control group.’ [The intervention group had access to an IBCLC prenatal through 6 months postpartum.]  
<http://journals.sagepub.com/doi/pdf/10.1177/0193945906297376>

Gonzalez, K.A., Meinen-Derr, J., Burke, B.L., Hibler, A.J., Kavinsky, B., Hess, S., Pickering, L. K., & Morrow, A.L. (2003). Evaluation of a lactation support service in a children’s hospital neonatal intensive care unit. *Journal of Human Lactation*, 19(3), 286-292. “Mother on infants admitted to the NICU are in need of support to help make informed infant feeding decisions, and in the NICU the support may be carried out by an IBCLCs.” “. IBCLCs are successful in increasing the rate of breastfeeding initiation within hospital settings.”  
<http://www.ncbi.nlm.nih.gov/pubmed/12931780>

Grubestic, T.H., & Durbin, K.M. (2016). Community rates of breastfeeding initiation: A geospatial analysis of Kentucky. *Journal of Human Lactation*, 32(4), 601-610. “However, the presence of IBCLCs within a community was positively associated with breastfeeding initiation, strongly supporting previous work that suggests that women who gave birth at hospitals that employed IBCLCs or facilitated peer counselors with access to IBCLC expertise were more likely to initiate breastfeeding.”  
<https://www.ncbi.nlm.nih.gov/pubmed/?term=Grubestic+breastfeeding+initiation>

Guisse, J.M., Palda, V., Westhoff, C., Chan, B.K., Helfand, M. & Lieu, T.A. (2003). The effectiveness of primary care-based interventions to promote breastfeeding: Systematic evidence review and meta-analysis for the US Preventive Services Task Force. *Annals of Family Medicine*, 1(2), 70-78. “Overall support alone significantly increased short-term and long-term breastfeeding duration, with differences respectively, but did not have a significant effect on initiation.” “Compared with support alone, studies that combined breastfeeding education and support produced larger increases in initiation and no difference in long-term duration.”  
<http://www.annfammed.org/content/1/2/70.long>

Haider, S. J., Chang, L. V., Bolton, T. A., Gold, J. G., & Olson, B. H. (2014). An evaluation of the effects of a breastfeeding support program on health outcomes. *Health Services Research*, 49(6), 2017–2034. “[Peer counselor] support services include providing breastfeeding advice during home visits and by phone, access to technical advice from lactation consultants,” .... [and] “resulted in improvements in breastfeeding and infant health outcomes as measured by the diagnosis of ailments...” [WIC peer counselors are trained to refer to IBCLCs when problems are beyond their level of expertise.]  
<http://doi.org/10.1111/1475-6773.12199>

Hannula, L., Kaunonen, M., & Tarkka, M.T. (2008). A systematic review of professional support interventions for breastfeeding. *Journal of Clinical Nursing*, 17, 1132–1143. “Professional breastfeeding support has a great effect on breastfeeding success.”  
<http://www.ncbi.nlm.nih.gov/pubmed/18416790>

Hartman, S., Barnett, J., & Bonuck, K. (2012). Implementing International Board-Certified Lactation Consultants intervention into routine care: Barriers and recommendations. *Clinical Lactation*, 3(4), 131-137. “In addition, IBCLCs rapport and expertise—with both women and the healthcare team—helped overcome individual- and system-level barriers to breastfeeding. IBCLCs’ acceptance and integration into the primary-care team validated their work and increased their effectiveness.”  
<http://www.ingentaconnect.com/contentone/springer/clac/2012/00000003/00000004/art00002>

Haroon, S., Das, J.K., Salam, R.A., Imdad, A., and Bhutta, Z.A. (2013). **Breastfeeding promotion interventions and breastfeeding practices: A systematic review.** *Biomed Central Public Health*, 13(Suppl3), S20. “Breastfeeding education and/or support increased EBF rates and decreased no breastfeeding rates at birth... Combined individual and group counseling appeared to be superior to individual or group counseling alone.”  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3847366/pdf/1471-2458-13-S3-S20.pdf>

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Hopkinson, J., & Konefal Gallagher, M. (2009). **Assignment to a hospital-based breastfeeding clinic and exclusive breastfeeding among immigrant Hispanic mothers: A randomized, controlled trial.** *Journal of Human Lactation*, 25(3), 287-296. “At the breastfeeding clinic, mothers received counseling from bilingual, bicultural para-professionals under the supervision of an International Board Certified Lactation Consultant (IBCLC)/registered nurse (RN).”  
<https://www.ncbi.nlm.nih.gov/pubmed/?term=Hopkinson+hospital-based+breastfeeding+clinic>

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Ibanez, G., de Reynal de Saint Michel, C., Denantes, M., Saurel-Cubozolles, M., Ringa, V., & Magnier, A. (2012). **Systematic review and meta-analysis of randomized controlled trials evaluating primary care-based interventions to promote breastfeeding in low-income women.** *Family Practice*, 29, 245–254. “Educational programmes delivered in the context of ongoing personal contact with a health professional are effective in promoting BF in low-income women.” “In addition to the National Nutrition and Healthcare Programmes, Baby Friendly Hospitals, International Board of Lactation Consultant certification and initial and ongoing training for GPs seem to be important in promoting BF.”  
<http://fampra.oxfordjournals.org/content/29/3/245.long>

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Kuan, L.W., Britto, M., Decolongon, J., Schoettker, J., Atherton, H.D., & Kotagal, U.R. (1999). **Health system factors contributing to breastfeeding success.** *Pediatrics*, 104(3), e28. “In summary, health system support of breastfeeding is an important factor for success, even for highly motivated mothers. This support may include consistent, high-quality information on breastfeeding and access to a lactation consultant for all interested mothers.”  
<http://www.ncbi.nlm.nih.gov/pubmed/10469811>

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Lieu, T.A., Wikler, C., Capra, A.M., Martin, K.E., Escobar, G.J., & Braveman, P.A. (1998). **Clinical outcomes and maternal perceptions of an updated model of perinatal care.** *Pediatrics*, 102, 1437-1444. “In this model, a new postpartum care center was established for routine follow-up of newborns within 48 hours after hospital discharge, educational efforts were shifted from the postpartum hospitalization to the prenatal period, and lactation consultant hours were increased.” “...the revised model of perinatal care in this health maintenance organization medical center improved clinical outcomes and maternal satisfaction for low-risk mothers and newborns without increasing costs.”  
<https://www.ncbi.nlm.nih.gov/pubmed/?term=Lieu+maternal+perceptions+perinatal+care>

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Lewallen, L.P., Dick M.J., Flowers, J., Powell, W., Zickefoose, K.T., Wall, Y.J., & Price, Z.M. (2006). **Breastfeeding support and early cessation.** *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 35, 166-172. “Most women received help from lactation consultants and nurses, which illustrates the tremendous importance of these key personnel in getting breastfeeding off to a good start, particularly with 1st-time breastfeeders, who have no personal experience on which to rely.” and “Additionally, the hospitals in which women for this study were recruited had strong lactation consultant support, and this may have affected the results.”  
<https://www.ncbi.nlm.nih.gov/pubmed/16620241>

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Lukac, M., Riley, J. K., & Humphrey, A. D. (2006). **How to integrate a lactation consultant in an outpatient clinic environment.** *Journal of Human Lactation*, 22, 99–103. “The results indicated that, although 23% of the patients not seen by the LC were breastfeeding for 4 to 6 months, 53% of those patients with LC consults were breastfeeding for the same length of time.”  
<http://www.ncbi.nlm.nih.gov/pubmed/16467291>

McKeever, P., Stevens, B., Miller, K.L., MacDonnell, J.W., Gibbons, S., Guirriere, D., Dunn, M.S., & Coyte, P.C. (2002). Home versus hospital breastfeeding support for newborns: A randomized controlled trial. *Birth*, 29(4), 258-265. "Thus, the most important contribution of this study is the provision of sound empirical data on early breastfeeding success and satisfaction between those mothers who received home lactation support [from certified lactation consultants] and those who did not."  
<https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1523-536X.2002.00200.x>

Memmott, M.M., & Bonuck K.A. (2006). Mother's reactions to a skills-based breastfeeding promotion intervention. *Maternal and Child Nutrition*, 2(1), 40-50. "Thus, one-on-one LC support, spanning the pre- and post-natal periods is significantly associated with increased duration and intensity of breastfeeding. Interview data presented her attributes the success of the model, to hands-on skills taught by a trained lactation consultant within the context of a relationship built on encouragement, guidance and support."  
<http://onlinelibrary.wiley.com/doi/10.1111/j.1740-8709.2006.00040.x/abstract>

Morris, C.A., & Gutowski, J.L. (2015). The effect of an International Board Certified Lactation Consultant in the pediatric primary care setting on breastfeeding duration and exclusivity during the first year of life. *Clinical Lactation*, 6(3), 109-115. "The research supports the integration of IBCLCs into the pediatric primary care setting. The presence of an IBCLC in this setting significantly increased the odds of mothers meeting medical recommendations to breastfeed for at least 1 year, and women tended to breastfeed more exclusively for the first 6 months."  
<http://www.ingentaconnect.com/content/springer/clac/2015/00000006/00000003/art00004>

Neifert, M., & Bunik, M. (2013). Overcoming clinical barriers to exclusive breastfeeding. *Pediatric Clinics of North America*, 60, 115-145. "All practitioners need to increase their own breastfeeding knowledge, problem solving, and counseling, as well as work closely with their hospital-based and community lactation consultants and WIC agencies to best support exclusive breastfeeding for the first 6 months."  
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“Face-to-face support was associated with a larger treatment effect than telephone support. Support that is only offered if women seek help is unlikely to be effective. This indicates that women should be offered predictable, scheduled, ongoing visits.”

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**United States Lactation Consultant Association**

4410 Massachusetts Ave., NW #406 | Washington, DC 20016 | 202-738-1125 | [info@uslca.org](mailto:info@uslca.org)