

# IBCLC: The Documented Difference

Andaya E, et al. Perceptions of primary care-based breastfeeding promotion interventions: qualitative analysis of randomized controlled trial participant interviews. *Breastfeed Med* 2012;7:417-422.

**Exposure to IBCLC prenatal education and early postpartum intervention resulted in the prevention of exclusive formula feeding, improved duration of breastfeeding, and interventions that reduced the incidence of low milk supply.**

Bonuck, KA, et al. Effect of primary care intervention on breastfeeding duration and intensity. *Am J Public Health* 2014; 104 (Suppl 1): S119-S127.

**A key strategy for increasing the duration and intensity of breastfeeding lies with exposure to care delivered by an IBCLC. The study authors conducted two trials at OB/GYN practices in New York from 2008-2011 to examine the effectiveness of primary care-based, and prenatal and postpartum interventions to increase breastfeeding among urban, low-income mothers. Mothers who spent an average total of three hours with a lactation consultant holding the IBCLC credential were almost three times more likely to start breastfeeding their newborns and to still be breastfeeding three months later.**

Bonuck, KA, et al. Randomized controlled trial of a prenatal and postnatal lactation consultant intervention on infant health care use. *Arch Pediatr Adolesc Med* 2006;160:953-960.

**Contact with an IBCLC for low income women helps reduce utilization of health care resources for otitis media.**

Bonuck, KA, et al. Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. *Pediatr* 2005; 116:1413-1426.

**IBCLC contact for low income Hispanic and African American women increases breastfeeding intensity and duration.**

Brent NB, et al. Breast-feeding in a low-income population. Program to increase incidence and duration. *Arch Pediatr Adolesc Med* 1995; 149:798-803.

**Individual prenatal lactation consultation by IBCLCs, daily rounds by the lactation consultant on the postpartum unit, and outpatient follow-up at 48 hours after discharge, at the time that the infant was 1 week of age, and at all future health supervision visits for infants up to 1 year of age resulted in an increased incidence and duration of breastfeeding in a low income population.**

Castrucci B, et al. A comparison of breastfeeding rates in an urban birth cohort among women delivering infants at hospitals that employ and do not employ lactation consultants. *J Public Health Management Practice* 2006;12:578-585

**Delivering in a hospital that employed an IBCLC lactation consultant resulted in a 2.28 times increase in the odds of breastfeeding at hospital discharge. Among women receiving Medicaid, delivering at a hospital that employed IBCLCs was associated with a 4.13 times increase in the odds of breastfeeding at hospital discharge.**

Castrucci B, et al. Availability of lactation counseling services influences breastfeeding among infants admitted to neonatal intensive care units. *Am J Health Promot* 2007;21:410-5.

**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. To increase breastfeeding rates among the NICU population, these findings support the need for universal availability of IBCLCs at delivery facilities that have NICUs.**

Dahlquist N Rosqvist JL. Lactation support in a busy pediatric practice: who pays the price? [Abstract 8]. *Breastfeed Med* 2007;2:180.

**This study showed a significant increase in breastfeeding initiation and duration when IBCLCs were integrated into a busy community pediatric practice. It also proved to be not only cost effective but also profitable for the practice.**

Lukac M, et al. How to integrate a lactation consultant in an outpatient clinic environment. *J Hum Lact* 2006;22:99-103.

**Results showed that 53% of patients with an IBCLC visit were breastfeeding at 4-6 months compared with only 23% of patients not seen by the IBCLC.**

Massachusetts Hospital Licensure Regulations 130.616

**“Each hospital shall deliver culturally and linguistically appropriate lactation care and services by staff members with knowledge and experience in lactation management. At a minimum, each hospital shall provide every mother and infant requiring advanced lactation support with ongoing consultation during the hospital stay from an International Board Certified Lactation Consultant (IBCLC) or an individual with equivalent training and experience.”**

National Business Group on Health. Maternal & Child Health Plan Benefit Model: Evidence-Informed Coverage and Assessment. 2012 <http://www.businessgrouphealth.org/pub/f314192a-2354-d714-5132-c2dafaaf0dfd>

**In its model health benefits plan for employers, the National Business group on Health recommends 5 lactation consultant visits per pregnancy as a covered benefit. Lactation consultants credentialed by the International Board of Lactation Consultant Examiners (IBCLCs) are approved for the provision of breastfeeding counseling, training, and support. The listing of evidence-informed health plan benefits for women, children and adolescents are based on the latest research and findings from the American Academy of Pediatrics, the American Academy of Family Physicians, and recommendations from the U.S. Department of Health and Human Services as well as requirements of the Patient Protection and Affordable Care Act of 2010.**

Teich, AS, et al. Women’s perceptions of breastfeeding barriers in early postpartum period: a qualitative analysis nested in two randomized controlled trials. *Breastfeed Med* 2014; 9:9-15.

**Urban, low income mothers described lactation consultants with the IBCLC credential as delivering critical support in the hospital to anticipate, manage, and overcome barriers to breastfeeding. Findings from this study underscore the importance of integrating the IBCLC into routine prenatal and postpartum care because they effectively address early postpartum barriers to breastfeeding. The importance of consistent availability of the IBCLC is confirmed by the testimony of the mothers in this study who stated that it was the IBCLC who found the solution to early breastfeeding challenges.**

Thurman SE, Allen PJ. Integrating lactation consultants into primary health care services: are lactation consultants affecting breastfeeding success? *Pediatr Nurs* 2008;34:419-425.

**Lactation consultants with the IBCLC credential promote a longer duration of breastfeeding in a primary care setting.**

US Department of Health and Human Services. Surgeon General’s Call to Action to Support Breastfeeding. Washington, DC. Office on Women’s Health, 2011

**“IBCLCs are the only health care professionals certified in lactation care.” Recommends that all mothers have access to IBCLC services as an essential medical service. Recommends licensing IBCLCs as a method for delivering lactation care and services to all mothers.**

Volpe EM, Bear M. (2000) Enhancing breastfeeding initiation in adolescent mothers through the Breastfeeding Educated and Supported Teen (BEST) Club. *J Hum Lact* 2000; 16:196-200.

**Prenatal breastfeeding education provided by an IBCLC resulted in significantly more pregnant adolescents initiating breastfeeding compared with a group of pregnant adolescents who were not offered this education.**

Witt AM, et al. Integrating routine lactation consultant support in to a pediatric practice. *Breastfeed Med* 2012;7:38-42.

**In-person pediatric office visits with an IBCLC within 24-72 hours post hospital discharge resulted in significantly increased rates and duration of exclusive breastfeeding.**

Yun S et al. Evaluation of the Missouri WIC breastfeeding peer counseling program. *Public Health Nutr* 2010;13:229-237.

**WIC mothers were more likely to initiate breastfeeding when agencies with both peer counselors and IBCLC lactation consultants were available.**

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