United States Lactation Consultant Association

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International Board Certified Lactation Consultant Staffing Recommendations
For
The Inpatient Setting

In Breastfeeding: A Guide For The Medical Profession, Lawrence and Lawrence describe a lactation consultant as a health care professional whose scope of practice is focused upon providing education and management to prevent and solve breastfeeding problems and to encourage a social environment that effectively supports the breastfeeding mother/infant dyad. This allied healthcare provider is also depicted as possessing the necessary skills, knowledge, and attitudes to facilitate breastfeeding.[1] The International Board of Lactation Consultant Examiners (IBLCE) has published Standards of Practice for Lactation Consultants. The International Board Certified Lactation Consultant (IBCLC) is the only standardized, board-certified lactation credential available.[2]

Jan Riordan, in her book Breastfeeding and Human Lactation, discusses the need for IBCLC coverage seven days per week on all shifts.[3] This coincides with the AAP recommendation in "Breastfeeding and the Use of Human Milk" that hospitals have lactation experts available at all times.[4] The World Health Organization states that breastfeeding mothers should have access to certified lactation consultants.[5] The United States Lactation Consultant Association (USLCA) supports these views. The purpose of this paper is to recommend the number of IBCLC full time equivalents (FTEs) in the inpatient setting based on the available literature.

Calculation of the number of FTEs needed to staff an effective lactation program is a complex task. A comprehensive program should include clinical services, education services, research, as well as program development and adminstration.[6] The recommendations given in this paper do not include the number of FTEs required for the described comprehensive program, which includes outpatient services. The recommendations in this document are limited to the inpatient setting.

In the landmark article "Staffing for Hospital Lactation Programs: Recommendations From a Tertiary Care Teaching Hospital", Mannel and Mannel provide ratios to assist hospitals in calculating IBCLC FTEs. These ratios are based on a retrospective review of data from a lactation program's productivity report measuring actual hours worked by IBCLCs over a 2-year period. The calculations for FTE recommendations given in the article are based on delivery numbers and breastfeeding rates.[6] It is the opinion of USLCA that breastfeeding rates not be used in the calculation of these FTEs. The Joint Commission's (TJC) perinatal core measure set includes a goal of 100% exclusive breastfeeding at discharge.[7] The additional IBCLC hours that would be realized by not including the breastfeeding rate as part of the calculation could be used to develop inpatient strategies to work toward this goal for low performing hospitals. Some hospitals may choose to include their breastfeeding rate as part of the calculations. Instructions for the inclusion of these rates are included.

The following FTE recommendations are given for various hospital settings: the tertiary care facility and hospitals with level I or level II neonatal services.

Tertiary Care (Level III) Facility
Based on the standard of a 20% preterm delivery rate[6], the tertiary care facility would require 1.9 FTEs per 1000 deliveries per year for the inpatient setting. To include the breastfeeding rate in this calculation, multiply the FTEs calculated times the percentage of breastfeeding mothers in that facility.

Hospital With Level II Neonatal Service
The hospital with level II neonatal service would require 1.6 FTEs per 1000 deliveries per year for the inpatient setting. To include the breastfeeding rate in this calculation, multiply the FTEs calculated times the percentage of breastfeeding mothers in that facility.

Hospital With Level I Neonatal Service
The hospital with level I neonatal service would require 1.3 FTEs per 1000 deliveries per year for the inpatient setting. To include the breastfeeding rate in this calculation, multiply the FTEs calculated times the percentage of breastfeeding mothers in that facility.

When considering comprehensive lactation services additional calculations are needed. Each hospital is unique in regards to the services offered. Number of deliveries per year does not adequately describe the workload and lactation coverage needs of every facility. Mannel and Mannel provide the data needed to address specific differences in services offered. For example, for the hospital that accepts neonatal transfers from other facilities, additional hours are needed. When transfers are accepted a ratio of 1 IBCLC FTE per 235 infant transfers-in per year should be added to the total number of FTEs. These service sensitive calculations as well as ratios for outpatient services, education services, research, and program development and administration are available.[6]

Reasons For Inpatient Lactation Consults
In a paper presented at the International Lactation Consultant Association (ILCA) 2008 conference entitled "Justification for the Lactation Consultant Role" Shannon Clegg estimated that 71% of lactation tasks that cannot be deferred to non-clinical staff or bedside nurse.[8] The following list is provided to outline issues that necessitate a referral to an IBCLC:

- maternal request/anxiety
- previous negative breastfeeding experience
- mother requiring time intensive assistance with breastfeeding
- no areolar grasp/audible swallowing for >24 hours
- mother has flat/inverted nipples
- mother has history of breast surgery
- mother has sore nipples/nipple trauma
- mother has severe, unrelieved engorgement
- multiple births (twins, triplets)
- infant is becoming dehydrated, developing hyperbilirubinemia or has lost >7 percent
- infant is premature (<37 weeks gestation)
- infant/maternal separation which delays breastfeeding
- infant has congenital anomaly or neurological impairment which is affecting ability to breastfeed[9]

The development of an effective lactation program is dependent on many factors, including adequate staffing. The recommendations in this paper are given in an effort to assist delivering hospitals to provide appropriate lactation care in the inpatient setting. It is the opinion of USLCA that the use of this information can have a positive impact on breastfeeding promotion and support, leading to improved health for mothers and children.

References

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