



September 11, 2015

Dear Colleague,

The Board of Directors of the United States Lactation Consultant Association (USLCA) read with great interest your publication, *Removing barriers to breastfeeding: a structural race analysis of first food*. We found the report to be timely, valuable and provocative. There are indeed many barriers for mothers to conquer in order to reach their breastfeeding goals and your publication provides an excellent overview of such challenges.

We would like to share several comments, suggest some solutions, and request the opportunity to work together to address some of the barriers.

For example:

1. *“Our interviews and archival research suggest that fulfilling the educational criteria for IBCLC candidacy is easier for those already in the health profession, particularly registered nurses, and those able to afford the rather costly application fee, both subpopulations that skew White.”*

The educational criteria necessary for IBCLC candidacy falls in line with educational standards for the delivery of professional health care services in most other health disciplines. The breasts do not operate independently from the rest of the body, thus necessitating a basic understanding of anatomy and physiology, as well as pharmacology and psychology, in order for the IBCLC to function well as a member of the health care team. Acquisition of the necessary education is available at low or no cost from many sources including numerous online educational opportunities. The report could be strengthened by listing some of these resources. While there is an application fee to sit for the IBCLC examination there are also considerable fees required for acquiring other breastfeeding support education and credentials. The Monetary Investment for Lactation Consultant Certification (MILCC) is an international, non-profit organization that provides financial assistance to IBCLC exam candidates and recertifying IBCLCs. That being said, we agree that entry to this and all other healthcare professions requires a considerable monetary investment and suggest that increasing scholarship funds may increase access.

Additionally, you note that health care professionals and people with higher income "skew white". Sadly, this is true. The reasons for this disparity are complex; solutions will need to be as multi-faceted as are solutions to breastfeeding inequity.

2. *“But the simple facts are that there are not enough of these professionals, especially IBCLCs, particularly in states with high populations of people of color, and not enough who share the background of women of color.” “Even if IBCLCs are available in the*

neighborhood, financial and insurance restrictions may inhibit a mother's ability to take advantage of them."

We would like to let readers know that there are many ways that mothers of color who are in need can access an IBCLC. Here are just a few examples:

- **Access for All** from the Maven Foundation. Mothers in need have **free** access to more than 50 IBCLCs on Maven's platform via the mothers' mobile devices
- LatchMe app. <http://www.latchmd.com/latchMEapp.html/>
- Soul Food for Your Baby (Inglewood, California)
<http://www.soulfood4yourbaby.org/>
- Great Beginnings for Black Babies (California)
http://www.gbbb-la.org/?utm_campaign=Bee%2B2015%2B8%2B26&utm_medium=email&utm_source=8%2F26%2F15%2BBEE
- Baby Café
<http://www.babycafeusa.org/>
- Lactation Foundation (Houston, Texas) (Tele-lactation consults)
<https://med.uth.edu/lactation-foundation/services/>

We recommend lobbying for IBCLC care to be made available through WIC agencies and local health clinics, as well. We do acknowledge that more IBCLCs are needed, as per the Surgeon General's Call to Action, and that families of all races and all incomes should have easy access to professional lactation care. Creating more jobs for IBCLCs will, in turn, spur entry into the profession.

3. *"We can increase the number and diversity of IBCLCs, and value the work of CLCs (Certified Lactation Counselors) and doulas as viable alternatives."*

We are concerned with this statement as we feel it is important to value the work of ALL lactation educators and counselors rather than calling attention to just one of many breastfeeding support providers. We question why just one subset of non-IBCLC breastfeeding support providers was mentioned. CLCs are one of many categories of breastfeeding helpers which include CBEs, CLEs, WIC peer counselors, etc. Doulas provide valuable services to breastfeeding families and are associated with improved outcomes for both birth and breastfeeding. Both doulas and other lactation care providers are necessary and helpful, but should no more be *substituted* for the expertise of the IBCLC than a doula be substituted for a professional midwife. Breastfeeding support comes in many forms, and while *all* are valuable, they are not equivalent.

When professional lactation care is needed, women of color deserve the same access to the IBCLC as do white women. Work has already started on many fronts to increase both the number and diversity of IBCLCs. For example, the Mother Nurture Lactation College in Detroit, Michigan is one model for women of color to achieve the IBCLC status. We agree that aspiring lactation professionals need opportunities for mentoring and are working on ways to make this mentoring more accessible.

We would very much like to partner with you in efforts to remove barriers faced by women of color. We noted the long list of contributors to your report, and as the professional association representing the U.S.-based IBCLC, we have a role to play in increasing access both to the profession and to IBCLC care. We would welcome the opportunity to discuss how we can work together to improve all mothers' access to the level of breastfeeding care and services that they need, when they need it. For example, we are considering producing a series of cultural learning webinars addressing many of the issues highlighted in your report and would value your partnership. We hope to partner with you and the many organizations with whom you work to promote, protect and support breastfeeding for all.

Sincerely,



Debi Page Ferrarello, RN, MS, IBCLC, RLC
President
United States Lactation Consultant Association



Danielle Herbert, MPH
Executive Director
United States Lactation Consultant Association