

USLCA SAMPLE DOCUMENT

EFFICACY OF THE IBCLC®  
*Recommendations and Evidence*



**USLCA**  
United States Lactation  
Consultant Association

# RECOMMENDATIONS *for Utilization of IBCLC Services*

- 1** 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>
- 2** 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>
- 3** 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.”*  
<http://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>
- 4** 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/>
- 5** 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. Available at <https://www.businessgrouphealth.org/pub/f3004374-2354-d714-5186-b5bc1885758a>
- 6** Grawey, A. E., Marinelli, K. A., Holmes, A.V. & the Academy of Breastfeeding Medicine, 2013 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.”*  
[http://www.bfmed.org/Media/Files/Protocols/Protocol\\_14\\_revised\\_2013.pdf](http://www.bfmed.org/Media/Files/Protocols/Protocol_14_revised_2013.pdf)
- 7** Lessen, R. & Kavanaugh, K. (2014) Practice Paper of the Academy of Nutrition and Dietetics: Promoting and Supporting Breastfeeding. Academy of Nutrition and Dietetics.  
*“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.”*  
[http://www.andjnl.org/article/S2212-2672\(14\)01876-0/pdf](http://www.andjnl.org/article/S2212-2672(14)01876-0/pdf)
- 8** 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 WIC agency can have an enormous impact.”*  
<https://s3.amazonaws.com/aws.upl/nwica.org/ibclc-cc.pdf>
- 9** 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 IBCLC Services*

- 1** 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>
- 2** Bonuck, K.A., Lischewski 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>
- 3** 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>
- 4** 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>
- 5** 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. *Arch Pediatr Adolesc Med*, 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>
- 6** Buckner, E, & Matsubara, M. (1995). Support network utilization by breastfeeding mothers. *Journal of Human Lactation*, 9(231), 231-235.  
*“Lactation consultants were the most utilized resources for providing expert information and answering questions.”*  
<http://www.ncbi.nlm.nih.gov/pubmed/8260055>
- 7** 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.”*  
[http://www.ncbi.nlm.nih.gov/pubmed/?term=Castrucci%2C+B.C.%2C+Hoover%2C+K.%2C+L.%2C+Lim%2C+S.%2C+%26+Maus%2C+K.%2C+C.+\(2006](http://www.ncbi.nlm.nih.gov/pubmed/?term=Castrucci%2C+B.C.%2C+Hoover%2C+K.%2C+L.%2C+Lim%2C+S.%2C+%26+Maus%2C+K.%2C+C.+(2006)
- 8** 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. *Am J 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>
- 9** 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

- 10 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://newsroom.cigna.com/article\\_display.cfm?article\\_id=37](http://newsroom.cigna.com/article_display.cfm?article_id=37)
- 11 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>
- 12 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 *Breastfeed Med* 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.”*
- 13 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), 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>
- 14 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. *J Perinatal* 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.”*  
<http://www.nature.com/jp/journal/v28/n4/pdf/jp20083a.pdf>
- 15 Gonzalez, K.A., Meinzen-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 *J Hum Lact*, 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>
- 16 Guise, 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. *Ann Fam Med*, 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>
- 17 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>
- 18 Hartman, S., Barnett, J. and K. Bonuck. (2012) Implementing International Board-Certified Lactation Consultants Intervention into Routine Care: Barriers and Recommendations. *Clinical Lactation*, 3(4), 131-137(7)  
*“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

- 19 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>
- 20 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. *Fam Pract* 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>
- 21 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>
- 22 Lukac, M., Riley, J. K. & Humphrey, A. D. (2006) How to integrate a lactation consultant in an outpatient clinic environment. *J Hum Lact*, 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>
- 23 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.”*  
<http://onlinelibrary.wiley.com/doi/10.1046/j.1523536X.2002.00200.x/abstract;jsessionid=AFD59BCE385B4B439D26A3AADB6469FA.f01t01>
- 24 Memmott, M.M., & Bonuck K.A. (2006) Mother’s reactions to a skills-based breastfeeding promotion intervention. *Matern Child Nutr.* 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>
- 25 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)
- 26 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).  
<http://www.ingentaconnect.com/content/springer/clac/2015/00000006/00000003/art00004>
- 27 Neifert, M and M Bunik. (2013) Overcoming clinical Barriers to Exclusive Breastfeeding. *Ped Clin N Am* 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.”*  
<http://www.ncbi.nlm.nih.gov/pubmed/23178062>
- 28 Ortiz, J., McGilligan, K., & Kelly, P. (2004) Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. *Pediatr Nurs.* 30(2), 111-119.  
*“Company-sponsored lactation programs [conducted by certified lactation consultants] can enable employed mothers to provide breast milk for their infants as long as they wish, thus helping the nations attain the Healthy People 2010 goals of 505 of mothers breastfeeding until their infants are 6-months-old.”*  
<https://limerickinc.com/pdf/research.pdf>

Pastore, M, & Nelson, A. (1997). A Breastfeeding drop-in center survey evaluation. *Journal of Human Lactation*, 13, 291-

298.  
29 *"These results suggest that the BDC [Breastfeeding Drop-In Center] is an effective community support strategy."*  
The center was staffed for 3 hours a week with IBCLCs.  
<http://jhl.sagepub.com/content/13/4/291.long>

30 Renfrew, M. J., McCormick, F. M., Wade, A., Quinn, B., & Dowswell, T. (2012) Support for Healthy Breastfeeding Mothers with Healthy Term Babies (Review), Cochrane Database of Systematic Reviews, 5.  
*"All extra forms of support, analysed together, showed an increase in length of time women continued to breastfeed and the length of time women breastfed without introducing any other types of liquids or foods." "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."*  
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub4/abstract>

31 Rosin, S.I. and I. Zakarija-Grkovi (2016) Towards integrated care in breastfeeding support: a cross-sectional survey of practitioners' perspectives. International Breastfeeding Journal 11:15  
*"According to practitioners in breastfeeding support, integrated care is essential for successful breastfeeding. Quality and accessibility of breastfeeding support should be motivated by healthcare system incentives, to counter the reported lack of consistency of care within and beyond healthcare. To effectively integrate a continuum of breastfeeding support into healthcare and society, a policy consensus and strong political action are indispensable, with coordination by an empowered National Breastfeeding Committee."*  
<https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-016-0072-y>

32 Schmeid, V., Beake, S., Sheehan, A., McCourt, C. & Dykes, F. (2011) Women's Perceptions and Experiences of Breastfeeding Support: A Metasynthesis. Birth 38(1), 49-59.  
*"Schmeid, V., Beake, S., Sheehan, A., McCourt, C. & Dykes, F. (2011) Women's Perceptions"*  
<http://www.ncbi.nlm.nih.gov/pubmed/21332775>

33 Skouteris, H., Nagle, C., Fowler, M., Kent, B., Sahota, P. & Morris, H. (2014) Interventions Designed to promote Exclusive Breastfeeding in High-Income Countries A Systematic Review. Breastfeeding Medicine 9(3), 113-127.  
*"Overall, support-based initiatives were the most successful in increasing the duration of exclusive breastfeeding. The success of these interventions may be due to increasing maternal confidence and breastfeeding self-efficacy through interaction with lactation professionals and peer support person. The highly interactive nature of these supportive interventions may be more meaningful to women, thereby promoting longer-term breastfeeding practices."*  
<http://www.ncbi.nlm.nih.gov/pubmed/?term=Skouteris%2C+H.%2C+Nagle%2C+C.%2C+Fowler%2C+M.%2C+Kent%2C+B.%2C+Sahota%2C+P.+%26+Morris>

34 Szucs, K. A., Miracle, D. J., & Rosenman, M. B. (2009) Breastfeeding knowledge, attitudes, and practices among providers in a medical home. Breastfeeding Medicine, 4, 31-42.  
*"The first system-level improvement suggested by the pediatricians - to place a lactation consultant on site in the medical home clinic - reflects and access-to-care difficulty documented elsewhere."*  
<http://www.ncbi.nlm.nih.gov/pubmed/?term=Szucs%2C+K.+A.%2C+Miracle%2C+D.+J.%2C+%26+Rosenman>

35 Taren D and S Sinari (2016) Baby Hospital Births and Lactation Consultants Are Associated with State-Level Breastfeeding Rates. FASEB Journal 30 (1) supplement 1b 404.  
*"We determined that the proportion of births that occurred in baby friendly hospitals and the availability of IBCLCs were associated with promoting positive breastfeeding practices."*  
[http://www.fasebj.org/content/30/1\\_Supplement/lb404](http://www.fasebj.org/content/30/1_Supplement/lb404)

36 Teich, A.S., Barnett, J. & Bonuck, K.A. (2014) Women's perceptions of breastfeeding barriers in early postpartum period: a qualitative analysis nested in two randomized controlled trials. Breastfeed Med 9(1), 9-15.  
*"Our findings underscore the importance of integrating IBCLCs into routine pre- and postpartum care because they provide critical support that effectively addresses early postpartum barriers to breastfeeding."*  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3903167/>

37 Thurman, S.E. & Allen, P.J. (2008) Integrating Lactation Consultants Into Primary Health Care Services: Are Lactation Consultants Affecting Breastfeeding Success? Pediatric Nursing. 34(5), 419-25.  
*"Limited data available suggest that IBCLCs may promote a longer duration of breastfeeding postpartum when utilized in primary care settings."*  
[http://www.ncbi.nlm.nih.gov/pubmed/?term=Thurman%2C+S.E.+%26+Allen%2C+P.J.+\(2008](http://www.ncbi.nlm.nih.gov/pubmed/?term=Thurman%2C+S.E.+%26+Allen%2C+P.J.+(2008)

Volpe, E.M. & Bear, M. (2000) Enhancing breastfeeding initiation in adolescent mothers through the Breastfeeding

- 38 Educated and Supported Teen (BEST) Club. *J Hum Lact*, 16(3), 196-200.  
*"The results of this study indicate that targeted educational programs [provided by a lactation consultant] designed for the adolescent learner may be successful in improving breastfeeding initiation in this population."*  
<http://jhl.sagepub.com/content/16/3/196>
- 39 Wambach, K.A., L. Aaronson, G. Breedlove, E. Williams Domian, W. Rojjanasrirat and H. Yeh. (2011) Controlled Trial of Breastfeeding Support and Education for Adolescent Mothers. *Western Journal of Nursing Research* 33(4) 486-505.  
*"Findings from this study support using developmentally sensitive education and support interventions by a lactation consultant/peer counselor team as an effective method for enhancing breastfeeding duration among adolescent mothers."*
- 40 Witt, A. M., Smith, S., Mason, M. J., & Flocke, S. A. (2012) Integrating Routine Lactation Consultant Support into a Pediatric Practice. *Breastfeeding Medicine*, 7(1), 38-42.  
*"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."*
- 41 Yun, S., Liu, Q., Mertzlufft, K., Kruse, C., White, M., Fuller, P., & Zhu, B. (2009) Evaluation of the Missouri WIC breastfeeding peer counseling program. *Public Health Nutr*, 13(2), 229-237.  
*"Similarly, participants of PC agencies with an IBCLC were more likely to initiate breast-feeding compared with participants of PC agencies without an IBCLC"*  
<http://www.ncbi.nlm.nih.gov/pubmed/19607746>

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