



Clarifying Clinical Lactation Care vs Breastfeeding Support

The US Lactation Consultant Association urges broad understanding of the distinctions among lactation care providers. There is a common misperception that “all lactation care providers are equivalent” and for the safety of the public, it is important to clarify that they are not.

Currently there are three tiers of providers in the U.S. The International Board Certified Lactation Consultant (IBCLC) is qualified to provide clinical lactation care. The counselor/educator category of providers consists of multiple programs, including but not limited to Certified Lactation Counselors (CLC), Certified Lactation Educators (CLE), and are prepared to provide education and counseling services. The final category are peer providers who are prepared to provide support services. It is important to note that the term “CLC” is not used as an abbreviation for the credential “IBCLC;” these are entirely separate terms whose trademarks are owned by separate entities.

The education and training required for certifying an IBCLC and their resulting expertise is far more rigorous than any counselor/educator certificate program currently available in the United States. The IBCLC credential requires completion of 14 college-level health science courses, lactation-specific education, and typically, 1000 supervised clinical hours. Conversely, most counselor/educators have no prerequisite requirements, nor do they provide or require any hands-on clinical training. Post-secondary healthcare education and clinical experience are tenets of healthcare provider training which validate clinical expertise. The *Journal of Human Lactation* published an article clarifying the differences between the IBCLC and CLC certifications, available here: <https://journals.sagepub.com/doi/full/10.1177/0890334419888217>. USLCA provides detail on several breastfeeding training programs at <http://bit.ly/whos-who-in-lactation>.

A lactation counselor/educator provides basic breastfeeding education and general support. Increasing numbers of families have more complicated lactation issues that require the clinical expertise of an IBCLC. Some examples of complex presenting problems include preterm birth, birth defects, and parental health complications. Only IBCLCs are educated and trained to clinically assess and manage lactation and breastfeeding for the vulnerable population of new parents and infants. The IBCLC lactation consult includes acquiring a detailed medical history of both parent and baby; a physical exam of each; an assessment of feeding and milk transfer; analysis of physical, social, emotional and environmental risk factors that impact the breastfeeding process; a report to the primary healthcare team; and referral for specialized services when warranted.

As with other healthcare professions, the range in competencies between IBCLCs and counselors/educators should not be a barrier, but should expand lactation care. With the breadth of support available, families can seek and obtain the level of care they require. Families with educational needs can seek basic support, while those with clinical needs can receive specialized IBCLC care. This is similar to how nurse practitioners, registered nurses, licensed practical nurses and certified nursing assistants work collaboratively in healthcare.

The depiction of equivalency between IBCLCs and counselors/educators poses a significant risk to the public. Policies and laws equating counselor/educators with the IBCLC certification are dangerous and create risk for medical providers and patients. Medical providers who refer patients for clinical evaluation and management to someone not adequately trained can face liability for negligent referral. Families are at risk if they seek care from someone whom they believe has the knowledge and training to handle complex clinical concerns, but are assisted by a counselor/educator or a peer supporter. In addition, the counselor/educator or peer supporter is at risk when they offer advice or counsel outside of their educational competency.

USLCA strongly urges the delineation of the significant differences in the depth of education, training and clinical expertise of IBCLCs compared to counselors/educators for the sake of families and all those seeking to educate or practice lactation care.

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