

BFS Lactation Tech Program

Growing your own lactation staff

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A Note on Language and Imagery

Disclosures

Included in this presentation is the use of the word *breastfeeding* and depictions of cis women. While this is the default choice of wording and imagery, we do recognize and respect that there are individuals who may not identify with the default terminology.

Conflict of Interest

I have no conflicts of interest to disclose



About Me and Our Program

Gail Gresham

MPH, IBCLC

Breastfeeding Success

- Based in Texas
- Operate in 8 hospitals and 4 outpatient clinics

Professional Education Program
Manager

- Breastfeeding training for nurses
- Physician resident training
- Lactation Tech Program

Coordinator

- Selection
- Training coordinator
- Primary mentor

Variety of breastfeeding support providers

Many providers at different skill levels – there is room at the table for everyone. We are focusing on creating IBCLCs because that is our requirement

- Breastfeeding Peer Counselor (WIC)
- CBS (Certified Breastfeeding Specialist)
- LEC (Lactation Education Counselor)
- CLC (Certified Lactation Counselor)
- IBCLC (International Board Certified Lactation Consultant)

Objectives

Creating more support for families



1. Understand the benefits of having a lactation internship program
2. Understand IBLCE requirements for clinical hours needed to sit for the exam
3. List the components of a successful internship site that meets the needs of all IBLCE pathways

SOURCE	STAFFING RATIO RECOMMENDATIONS
Riordan, 2005	3 LCs per 3,000 well born infants
CDC, 2009	1 IBCLC per 1,000 live births
Mannel, 2006	<p>Well born: 1 FTE/783 breastfeeding couplets</p> <p>NICU: 1 FTE/235 infant admits</p> <p>Well-baby outpatient: 1 FTE/1,292 breastfeeding couplets discharged</p> <p>NICU Outpatient: 1 FTE/818 breastfeeding infants discharged</p> <p>Education: 0.1 FTE/1,000 deliveries</p> <p>Program Development/Administration: 0.1 FTE/1,000 deliveries</p> <p>Telephone Follow-up: 1 FTE/3,915 breastfeeding infants discharged</p> <p>Research: 0.1-0.2 FTE total</p>
Intermountain Healthcare Study, 2008	<p>BFV = Breastfeeding Volume (% of deliveries planning to breastfeed)</p> <p>Mom/Baby Inpatient IBCLC FTE: $BFV \times .71/783 = FTE$</p> <p>NICU Inpatient IBCLC FTE: $BFV \times .71/235 = FTE$</p> <p>Admin/Program/Education: .2/1000 births (If a multicenter system, divide FTEs among facilities by % total volumes)</p> <p>Non-Clinical Support FTE: Total BFV $\times .16/1018$</p> <p>Lactation F/U FTE: $BFV @ \text{discharge}/2 \text{ then } 1:1292 + 1:818$</p>
US Lactation Consultant Association, 2010	<p>Level III Inpatient = 1.9 FTEs per 1000 deliveries per year</p> <p>Level II Inpatient = 1.6 FTEs per 1000 deliveries per year</p> <p>Level I Inpatient = 1.3 FTEs per 1000 deliveries per year</p> <p>NOTE: Each of these recommendations are based on 1 FTE = 40 hours/week.</p>

Source: USLCA Five Steps to Improving Job Security for the Hospital-Based IBCLC Clegg, Francis, Walker

Not enough Lactation Consultants?

Data as of March 2022

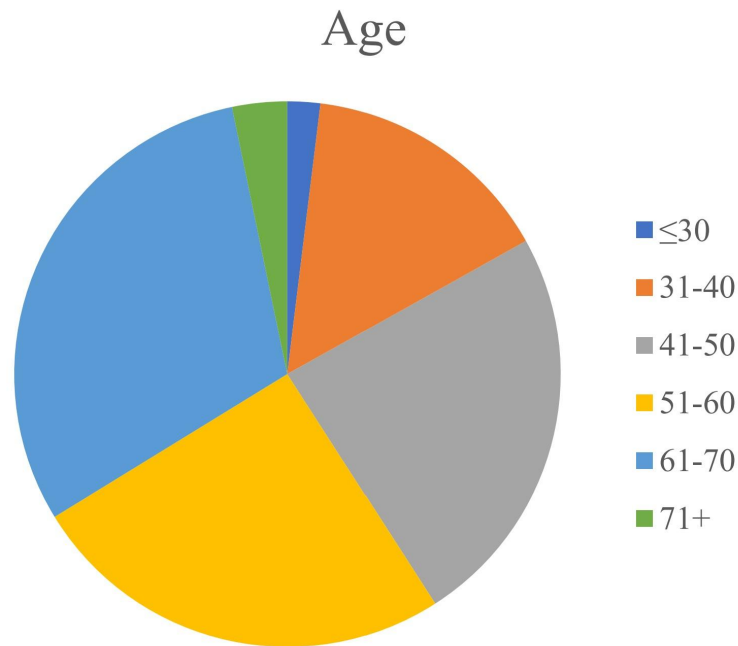
	Births	IBCLCs	Ratio
US and its territories	3,613,647	18,532	1 : 195
Worldwide	140,000,000	34,069	1 : 4,109

So what's the big deal?



Current Challenges

Need to attract younger workers

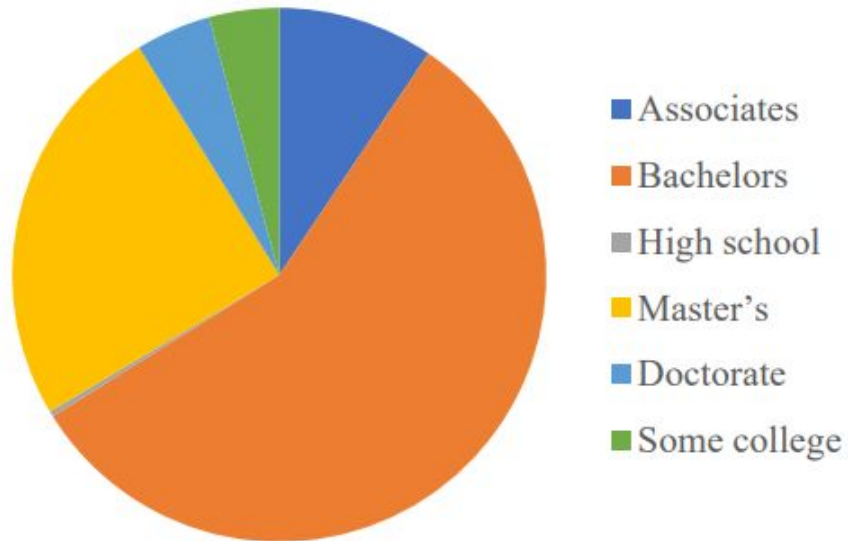


Source: USLCA Survey 2019 n=308

Current Challenges

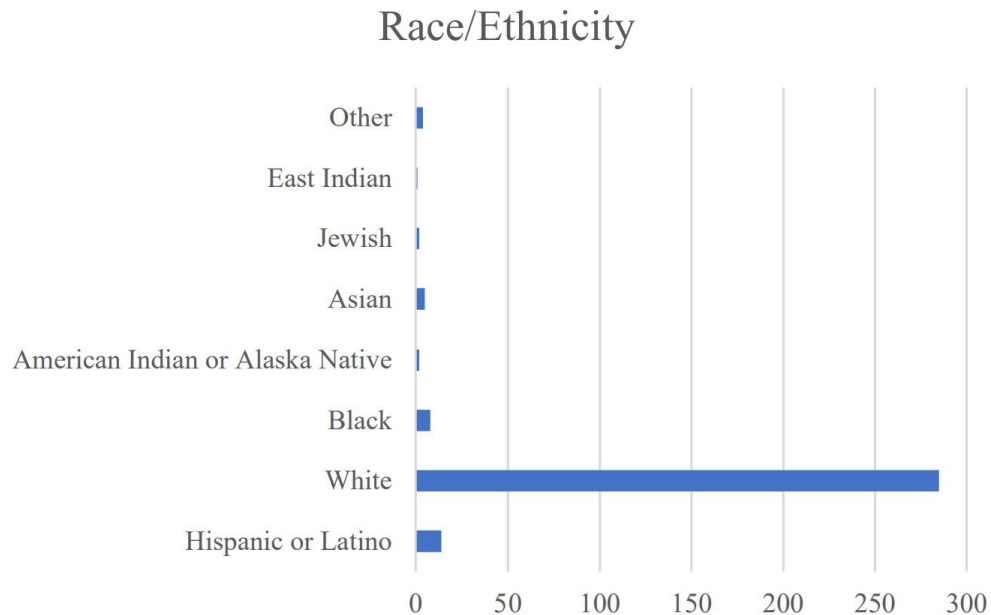
Lack of educational diversity

Education



Current Challenges

Lack of racial and ethnic diversity



Source: USLCA 2019 Survey



Requirements

Pathways to becoming an IBCLC

Pathway 1

- Recognized Health Professional with **college degree** (nurse, SLP, physician)
- **95 hrs** of Lactation Specific education
- **1,000 hrs** of lactation specific clinical practice

Pathway 2

- Accredited **lactation academic program**. **14** health science education included
- **95 hrs** of lactation specific education
- **300 hrs** of directly supervised lactation specific clinical practice

Pathway 3

- Mentorship with an IBCLC. **14 health sciences education required**
- **95 hrs** of lactation specific education
- **500 hrs** of directly supervised lactation specific clinical practice (pathway 3 plan must be approved before earning hours)

Current Challenges

Barriers based on pathway

	College Education	Lactation Specific Education	Clinical Hours
Perinatal Nurses, OB, Pedi	✓	✓	✓
Other health professionals	✓	✓	☐
Peer Counselors	✗	✗	✓
All other	✗	✗	✗

What are the biggest barriers?

#2 Barrier to becoming an IBCLC

Obtaining College Level Education



What are the biggest barriers?

8 College level courses

- Biology
- Anatomy
- Physiology
- Human growth & development
- Intro to clinical research
- Nutrition
- Psychology
- Sociology

6 Continuing education courses

- Basic life support
- Medical documentation
- Medical terminology
- Occupational safety
- Ethics for health professionals
- Universal safety precautions and infection control

Resources: Health Sciences



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Academy of Lactation Program

Arizona State University

- 8 Health Science courses
- Self paced online education
- Meets IBLCE requirement
- Packaged together
- Also have 95 hrs lactation specific education

Resources: 95 hrs



Many resources for
obtaining the 95
lactation specific
education

Marie Biancuzzo

Health e learning

Lactation Education
Resources

Many more...

So what's the problem?

#1 Barrier to becoming an IBCLC

Obtaining clinical hours



Solution

Grow your own IBCLCs



Solution

Grow your own IBCLCs



BFS Lactation Tech Program

More access to paid internships and on the job training will increase diversity in the lactation field and ultimately increase access to lactation care for families.

In this section we will cover:

- What is a Lactation Tech Program
- Program requirements
- Curriculum creation
- Phases of training and what they are able to do in each (Support that is provided as they grow)
- Lessons learned

Highlights of BFS Lactation Tech Program



- Paid internship which allows participants to get on the job training/mentoring
- Focus on clinical skills with competency based learning
- Any facility/clinic that has an IBCLC can create a similar program
- Lactation Tech (Patient Care Tech) has a different scope of practice and clinical role and pay rate
 - Minimizes risk
 - Establishes clear guidelines and expectations

Job description

- Serves in a supportive role for IBCLCs
- Conducts Level 1 and 2 complexity lactation responsibilities
 - Breastfeeding assessment, assistance and management of common breastfeeding problems, provides patient education using evidence based resources
- Participated in quality and process improvement projects
- Assists with inventory, cleaning of equipment, metrics collection, data entry and other duties as assigned
- Communicates with IBCLC team referring all higher acuity care to precepting IBCLC

Program requirements

- Applicants must be ready to obtain clinical practice hours
 - Already completed the college coursework and 95 hrs of lactation specific education
 - Any applicant not meeting the education requirement is provided resources to do so and encouraged to re-apply once obtained
- Pass interview process
 - During interview we are looking for active listening skills, customer service strengths, critical thinking skills and baseline clinical knowledge related to breastfeeding
- Willing to sign 1 yr commitment letter to work as an IBCLC after passing the exam

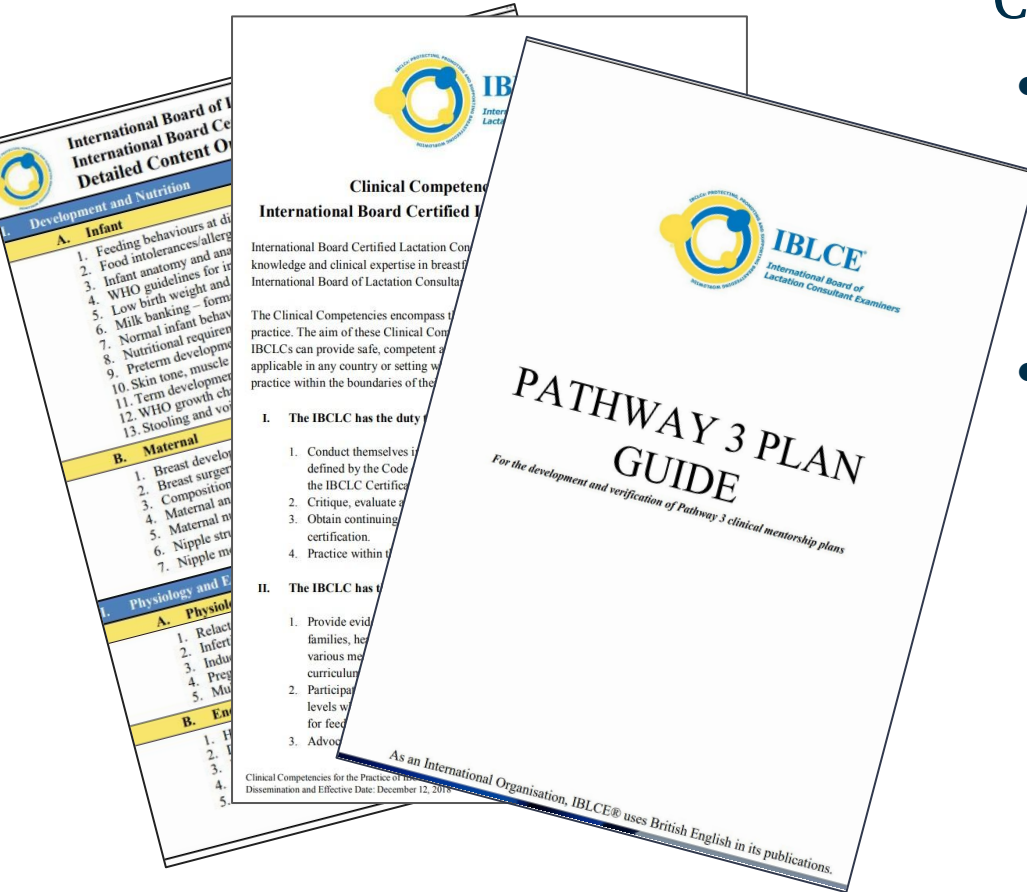


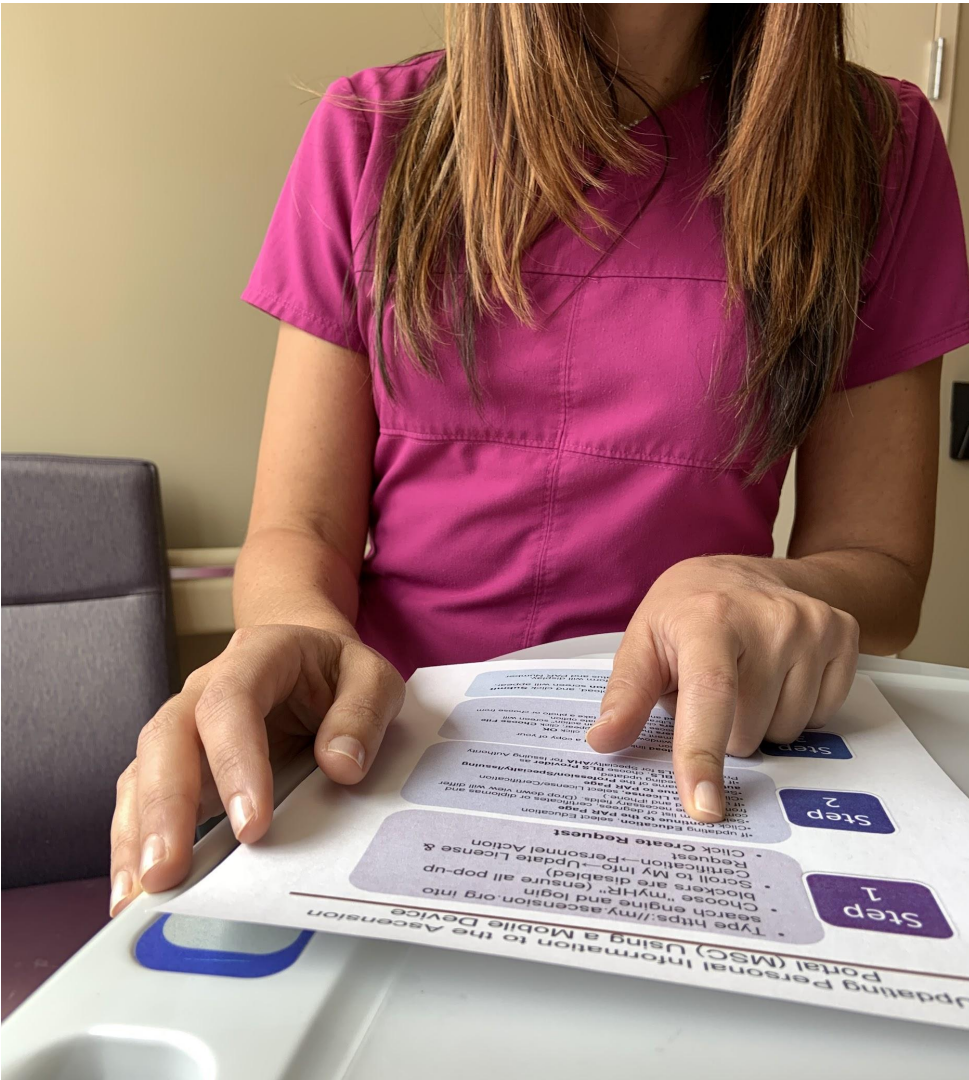
Lactation Internship

- Living wage upon entry into the program
- Wage increase after completion of 300 or 500 hrs depending on IBLCE pathway
- Hired as an IBCLC after successfully passing the exam
- Able to participate in all company benefits
 - Health insurance
 - PTO
 - Retirement with employer contribution
 - Annual continuing education

Curriculum Creation

- Pathway 3 requires that the clinical site has a structured training program and submit a plan for obtaining 500 hrs of directly supervised clinical practice
- IBLCE has exactly what you need to create a curriculum within 3 documents (all of which can be found on IBLCE.org)
 - Pathway 3 Plan Guide
 - Clinical Competencies for the Practice of IBCLCs
 - IBLCE Detailed Content Outline





Essential tools for precepting IBCLCs

- Expectations for clinical team that will have a lactation tech assigned to them
- Training on scope and role of a lactation tech at each phase of training
- Copy of competency checklist - understanding what the tech has observed and completed thus far as well as what is still needed



Essential tools for the Lactation Tech

- Descriptive schedule outlining phases of the program
- Competency checklist
- Long chart forms for practice charting
- Someone to connect with for additional support or questions (that's me)

A Phased Approach

Baby Steps to clinical care



Phase 1

Introductory/Rudimentary Skills

- Orientation to all practice settings
 - Prenatal Education
 - Inpatient Perinatal Unit and NICU
 - Outpatient
- Observational learning and Closely Supervised Practice
 - Shadow LCs with debrief after each patient
 - Mixture of shadowing and shared patient care
 - LT to take some patients with LC observing/providing feedback
 - LT completing long form charts – IBCLC doing official charting

Phase 2

Basic/Fundamental Entry Level Skills

- Observation and Closely Supervised Practice
 - Mixture of shadowing and shared patient care
 - LT to take some patients with LC observing
 - Debrief after patients seen and charted
- Supervised Practice/Independent Assignment
 - After most clinical practice and edu/counseling competencies signed off
 - LT provide independent patient care with debrief with LC
 - Shadow LC for higher acuity patients
 - LT chart notes co-signed by LC

Phase 3

Advanced Skills

- Supervised Practice/Independent Assignment
 - Mixture of shared patient care (for higher acuity) and independent patient care with LC debrief
 - LT chart notes co-signed by LC
 - Continue to complete competency checklist until all skills are mastered and hours obtained
- Apply to sit for the exam

Competency (skills) check list

Phase 1–Observation/shadow only

Phase 2–Must be able to introduce using AIDET, give basic breastfeeding education, chart, explain pump assembly and settings, communicate with HCP, follow-up with families on donor milk, discharge teaching, and give outpatient resources, basic latch

Phase 3–More advanced lactation situations

Mentorship Philosophy



Kaizen

[ˈkī-zən]

A Japanese term meaning change for the better or continuous improvement, which serves as the basis for a Japanese business philosophy.

Support is provided at all stages to foster individualized growth and development

- Kaizen

- Lactation Techs and current LCs attend regular meetings to connect and reflect
- Case studies

- Peer to Peer Practice Sharing

- Explaining solutions and dealing with questions helps embed knowledge and enhance understanding
- Learners develop skills in working collaboratively, giving and receiving feedback, and evaluating their own learning

Mentorship Philosophy



One-on-One Support

- Competency checklist review
 - 165 items that must be evaluated
- Verbalized understanding of didactic education
- Goal setting
- Daily check in and feedback
- 365 feedback
 - How are we doing
 - Are all needs being met
 - Team members to elevate
 - Constructive feedback

Benefits to our team

The Lactation Tech functions as support staff that can reduce the workload of the clinical professional.

Tasks that can be completed by lactation tech in the hospital setting

- Initiation of pumping
- Discharge teaching
- Antepartum education
- Inventory for donor milk or any other equipment
- Collect metrics or data entry for patient outreach
- Patient follow up calls

Benefits to our team

Tasks that can be completed by lactation tech in the outpatient setting

- ensuring intake forms are completed – check patient in
- Obtain naked pre-feed weight while LC reviews chart notes or intake forms
- clean equipment like breast pumps or scales
- Perform inventory of equipment
- Collect metrics or do data entry for patient outreach
- Assist front office clinic staff in answering or returning calls/scheduling

Benefits to our team



Culture

- Able to train team members in your workflows and team culture
- Establish a clear pathway for growth in the profession – career ladder
- Camaraderie built as students become teachers – everyone has a strong team

Entire practice

- Able to increase staffing as needed and ease the burden of IBCLCs
- Reminds us of the complexity of this specialty and helped us create professional standards for our practice

Benefits to families



- More access to lactation professionals
- More consistent patient communication for informed choice
- More diverse providers for access to culturally informed care

Benefits to the intern



- Able to obtain clinical hours!
- Able to earn a living wage while training (pay increases after all hours have been obtained and competencies completed, pay increases again once certification is achieved)
- Have a team to call upon when they encounter a new situation (Not practicing in silos)
- Builds confidence while becoming more independent
- Clear pathway to a sustainable, rewarding career

Lessons learned

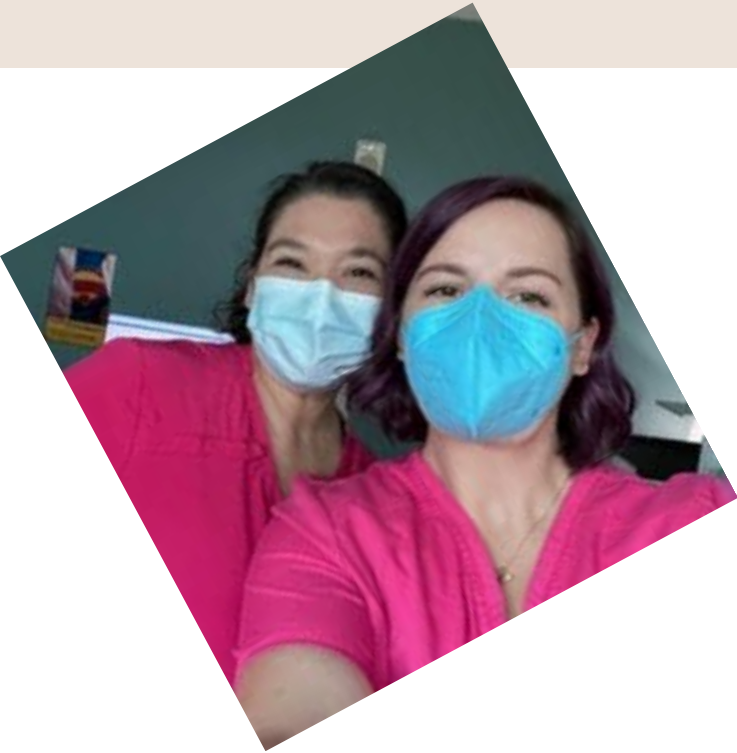
- Setting expectations for precepting staff is essential
- Recommend that lactation specific education and college courses are completed before clinical hours begin
 - Structured curriculum is best for obtaining that base knowledge
 - Foundational classes are needed
- Having a dedicated time to discuss case studies with others in the practice really helped bring everyone together to practice
- Commitment of at least 3 days per week during the training-important for information retention and getting all the hours in a timely manner

Lessons learned

- Consider timeline for hiring based on exam deadlines
- Training needs will vary based on the individual
- Inpatient vs outpatient - need to spend the majority of time in the setting that they will be practicing

Outcomes

What do our techs say?



“I feel so grateful to be a part of the BFS lactation tech program because of the many different settings and IBCLCs that I get to experience and shadow. It’s given me the opportunity to observe a large range of breast/chestfeeding dyads and their differing levels of acuity. This has helped me feel more confident as I prepare for the board exam and when I eventually take on my own clients.” –Georgi

Outcomes

What do our techs say?

“As someone who comes from a public health background versus clinical, the BFS lactation tech program is an amazing resource for someone who is looking to move into the lactation field.” -Georgi



“Made my dream of helping parents and babies a reality. I was able to witness first hand what being a lactation consultant entailed and get hands on experience in a variety of clinical settings. The program enriches one's learning by bringing what is in a textbook/modules to life and allows one to learn in a safe and supported way. I'm so grateful I had the opportunity to be part of such a unique opportunity.” - Debbie

Outcomes

What do our techs say?

“I started my journey to becoming a lactation consultant as a Breastfeeding Peer Counselor with the WIC program. I had more hours than I needed to sit for the exam, but I couldn’t pass up the opportunity of becoming a lactation tech with BFS. Being able to help moms and babies hands on really boosted my confidence as well as knowledge. I’m forever grateful!” –Miana



Grow your own IBCLCs

Questions?

Thank you!



Tenets of our team

Professionalism: The clinician displays positive body language, appropriate facial expressions, and respectful conduct through all interactions at work, including in person, electronic/virtual settings, and on the telephone. S/he demonstrates an overall aim toward patient satisfaction and quality outcomes.

Teamwork: The clinician demonstrates a high commitment to making things better for the team by displaying an attitude and work-style of interdependence and support, sharing resources, offering to help, and showing respect.

Knowledge and Competence: The clinician demonstrates time-management, ability to prioritize, organizational skills, and knowledge/critical-thinking skills that allow her to effectively care for patients and react to changes in patient conditions. This clinician also strives for continuing professional development.

Contractual requirements

Have a one (two) year employment contract with new IBCLC since we invest so much in training and it it paid!

Advantages:

- Train your staff in your style so that team is on the same page.
- Build staff so that you have a solid team
- Buy in from staff

Disadvantages

- Time consuming
- Have to train some from bottom up (may need more than just lactation training, i.e counseling skills, professionalism)