



## Improving Access to Lactation Care through Legislation and Policy

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## Meeting HP 2020 Breastfeeding Targets

- Improving access to skilled lactation care and services
  - In hospitals
  - In outpatient medical settings
  - In public health settings
- Through IBCLC licensure & reimbursement
  - Legislation
  - Policy improvement

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## In-Hospital Access to Skilled Lactation Care

- Making the case for nursing staff education
  - mPINC data (65 out of 100)
  - BFHI criteria
  - Nursing staff education regarding lactation is not legislated
  - In Massachusetts, it is part of state perinatal (hospital) regulations

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## Massachusetts Perinatal Regulations

- All licensed nursing staff caring for maternal-newborn patients shall receive orientation and periodic inservice education that provides training or documents skill in...  
**of lactation**
- At a minimum, each hospital shall provide every mother and infant requiring advanced lactation support with ongoing consultation during the hospital stay from an International Board Certified Lactation Consultant (IBCLC) or an individual with equivalent training and experience

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## Advocate for Basic Staff Education

- AWHONN policy statement
- US Breastfeeding Committee competencies
- WHO criteria



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## Staffing Guidelines for IBCLC Lactation Consultants

- US Lactation Consultant Association
  - Level III hospital: 1.9 FTE/1000 births
  - Level II hospital: 1.6 FTE/1000 births
  - Level I hospital: 1.3 FTE/1000 births
- Most US hospitals are critically under-staffed for lactation care
- Percentage of birth hospitals in Philadelphia providing any IBCLC services:
  - » 2003 = 60%
  - » 2007 = 88%
  - » 2009 = 50%

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## National Survey of Hospital Lactation Services

- Preliminary analysis shows
  - hospitals w ↑ IBCLCs on staff had ↑ bfdg rates
  - ↑ IBCLCs on staff = ↑ staff ed hours
  - 75% said not enough IBCLCs on staff to provide optimal care
  - 25% with “enough” IBCLCs had ↑ EBF at d/c

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## Making the Case for Hospital IBCLCs

- Joint Commission Perinatal Core Measure
- How did hospital score on mPINC survey?
- Slashing lactation services as a cost saving mechanism
- Places patients at risk for poor outcomes
- Increased ED visits of BF babies indicates poor lactation care

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## Making the Case for Hospital IBCLCs

- Check with Risk Management on withdrawal of services that will:
  - Either not be offered, or
  - Provided by clinicians not adequately trained and prepared to do so
- 71% of lactation services cannot be effectively performed by bedside nurses

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## Defining Lactation Acuity to Improve Patient Safety and Outcomes

Mannel 2011

- Acuity = measure of severity of illness and intensity of care required
- Lactation acuity = increased risk factors for breastfeeding difficulties/premature weaning
- Perinatal RN staff should handle low acuity lactation situations
- IBCLCs needed for higher acuity situations

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## Lactation Acuity

- 26% of lactation consults = low acuity  
Mannel 2010, ILCA presentation
- 25% of lactation referrals = maternal knowledge deficit (low acuity) Mannel 2006
- 29% of lactation needs = basic bfdg competency (low acuity) Clegg 2011

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## Making the case for IBCLCs in Out-patient and Public Health Settings

- HP 2010 Initiation goal met: 75% of mothers choose to breastfeed CDC 2007 Provisional Data
- Duration rates are still well below goal
- The majority IBCLCs are employed in hospital, in-patient settings

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## Breastfeeding Support is a Preventive Health Measure

- Recognized medical and public health authorities all recommend breastfeeding
- Decreases cost of health care by reducing preventable illness and disease
- Patient Protection and Affordable Care Act: Section 2713 includes breastfeeding support as a Category B recommendation
- Bright Futures, coordinated by the AAP also adheres to this recommendation

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## Why Licensure of IBCLCs?

- Where there is “significant risk of harm to the public”
- Need for timeliness and expediency when dealing with illness and injury
- Almost impossible for average consumer to collect and evaluate information about health care

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## Recognition of IBCLCs

- Necessary for families, health care providers, public health officials, insurers
- When you choose a hospital, you are restricted to the affiliated providers
- Provide safeguards when there can be potential risk to multiple persons
- Forum for “citizen complaints regarding services”

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## Improving Access through IBCLC Licensure

- Ensures public safety/improves patient care
- Ensures minimum standards for professionals
- Increases potential for 3<sup>rd</sup> party reimbursement
- Improves employment opportunities for IBCLCs
- “National” exam
- “National” scope of practice
- “National” disciplinary process
- Recertification to insure continuing competence

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## Improving Access through IBCLC Licensure

- Even though there are 2.2 IBCLCs/1000 births in US, many mothers lack access to IBCLCs
  - Insurance will not reimburse
  - Mothers cannot afford to pay out of pocket
  - Hospitals will not staff adequately
  - IBCLCs are not employed in out-patient settings

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## Results of Lack of Access to IBCLC Breastfeeding Support

- Creates a deficits in care
- Places mothers and infants at risk
- Increases health care expenditures
- Contributes to low breastfeeding exclusivity and duration rates

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## Licensure Legislation

- No national licensure system
- Licensure by states
- States reluctant to create new boards of registration
- Place IBCLC licensure into a related board such as allied health or nutritionists
- USLCA has hired a consultant/lobbyist to secure licensure in Pennsylvania

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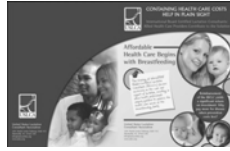
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## Reimbursement is Independent of Licensure

- Reimbursement IBCLCs must use NPI numbers to bill
  - RN –/LC available since 1998
  - New Non-RN /LC available 4/2011
- Advocate with state Medicaid director and insurance commissioners
- Improving Medicaid reimbursement for lactation services
  - USLCA has pro bono lawyers working on how to do this

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## Improving Reimbursement in All Settings

- Utilize USLCA white paper as a tool for advocacy
- Advocate with state Medicaid director and insurance commissioners
- Take advantage of child nutrition reauthorization bill and increase IBCLC use by WIC agencies

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## 10 Second Elevator Speech

- 75% of mothers are choosing to breastfeeding as a preventive health measure as recommended by authorities
- Mothers cannot achieve their breastfeeding goals due to lack of available, qualified breastfeeding support
- IBCLCs are uniquely and ideally qualified to provide needed lactation care

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## The USLCA Recommends:

- Recognition of the International Board Certified Lactation Consultant (IBCLC) certification as the preferred provider of lactation care and services
- Delineation of IBCLC-provided lactation services as distinct from other health care services in the medical system
- Credentialing of IBCLCs in order to standardize proven qualifications, identify sound practice strategies, and maintain appropriate oversight
- Reimbursement of skilled breastfeeding support provided by the IBCLC

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