



Lactation Consultants Make a Difference!

Buckner E, Matsubara M. Support network utilization by breastfeeding mothers. *Journal of Human Lactation* 1993; 9:231-235

Lactation consultants were the most utilized resources for providing expert information and answering questions

Ahluwalia IB, Tessaro I, Grummer-Strawn LM, et al. Georgia's breastfeeding promotion program for low-income women. *Pediatrics* 2000; 105:e85

Education and support offered by the lactation specialist, prenatal education, and ongoing postpartum support may be critical to the successful initiation and continuation of breastfeeding

Grummer-Strawn LM, Rice SP, Dugas K, et al. An evaluation of breastfeeding promotion through peer counseling in Mississippi WIC clinics. *Maternal and Child Health Journal* 1997; 1:35-42

The percentage of infants ever-breastfed in clinics employing at least one lactation specialist or consultant rose by 4.4 percentage points more than did that in clinics without a lactation specialist or consultant. This characteristic continued to be one of the most important factors in the success of lactation support programs.

Kuan LW, Britto M, Decolongon J, et al. Health system factors contributing to breastfeeding success. *Pediatrics* 1999; 104:e28

Of those mothers who spoke with a lactation consultant during their hospital stay, 85% felt more confident afterward. Health system support of breastfeeding is an important factor for success. This includes high-quality information on breastfeeding and access to a lactation consultant.

Deshpande AD, Gazmararian JA. Breastfeeding education and support: association with the decision to breastfeed. *Effective Clinical Practice* 2000; 3:116-122

Education and access to a lactation consultant improve a woman's chances of starting and continuing to breastfeed her newborn.

Lieu TA, Wikler C, Capra AM, et al. Clinical outcomes and maternal perceptions of an updated model of perinatal care. *Pediatrics* 1998; 102:1437-1444

Increased access to lactation consultants resulted in greater continuation of breastfeeding and a \$149 per delivery reduction in cost for planned hospital care, planned follow-up visits, and unplanned care costs.

CIGNA Corporation provides access to lactation consultants for its breastfeeding employees. Of 1000 mothers in the program, 70% were breastfeeding at 6 months and 36% at one year. Annual savings were \$240,000 in health care expenses and 62% fewer prescriptions for breastfed children. Another \$60,000 was saved from reduced absenteeism among breastfeeding mothers.

www.breastfeeding.com/workingmom/corp_lact.html

American Association of Health Plans. *Advancing Women's Health: Health Plans' Innovative Programs in Breastfeeding Promotion*. Washington, DC: July 2001

Recommends the use of certified lactation consultants to reduce health care expenditures

Bonuck KA, et al. Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. *Pediatrics* 2005; 116:1413-1426

Mothers not receiving lactation consultant intervention had a 90% and 150% increased risk of low breastfeeding at 3 and 12 months respectively

Memmott MM, Bonuck KA. Mother's reactions to a skills-based breastfeeding promotion intervention. *Maternal and Child Nutrition* 2006; 2:40-50

The lactation consultant was credited as key in mothers' decision to initiate and maintain breastfeeding. Direct skills and technical assistance within the context of a supportive relationship resulted in increased intensity and duration of breastfeeding by women interacting with a lactation consultant

Rishel PEN. Comparison of breastfeeding rates among women delivering infants in military treatment facilities with and without lactation consultants. *Military Medicine* 2005; 170:435-438

98% of mothers who interacted with the lactation consultant initiated breastfeeding compared with 14% of mothers without lactation consultant interaction.

Castrucci BC, Hoover KL, Lim S, Maus KC. A comparison of breastfeeding rates in an urban birth cohort among women delivering infants at hospitals that employ and do not employ lactation consultants. *J Public Health Management Practice* 2006; 12:578-585

Delivering in a hospital that employed an IBCLC lactation consultant resulted in a 2.28 times increase in the odds of breastfeeding at hospital discharge. Among women receiving Medicaid, delivering at a hospital that employed IBCLCs was associated with a 4.13 times increase in the odds of breastfeeding at hospital discharge

McKeever P, Stevens B, Miller KL, et al. Home versus hospital breastfeeding support for newborns: a randomized controlled trial. *Birth* 2002; 29:258-265

Mothers of term infants who had in-home visits by lactation consultants had longer breastfeeding duration rates than those who had the usual care

Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. The CDC guide to breastfeeding interventions. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2005

"Currently, many third-party payors in the United States do not reimburse for services rendered by IBCLC's unless they are otherwise eligible for reimbursement as nurses, physicians, or other health professionals. This situation is widely believed to be a barrier for many women seeking professional support because they must pay out of pocket for this support. ...relatively few health professionals are adequately trained and experienced in providing breastfeeding support."

US Department of Health and Human Services. HHS blueprint for action on breastfeeding. Washington, DC. Office on Women's Health, 2000

"Ensure that breastfeeding mothers have access to comprehensive, up-to-date, and culturally tailored lactation services provided by trained physicians nurses,, lactation consultants, and nutritionists/dietitians"

Gartner LM, Morton J, Lawrence RA, et al. Breastfeeding and the use of human milk. *Pediatrics* 2005; 115:496-506

Hospitals should "have lactation experts available at all times."

Massachusetts Hospital Licensure Regulations 130.616

"Each hospital shall deliver culturally and linguistically appropriate lactation care and services by staff members with knowledge and experience in lactation management. 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."

Castrucci B, Hoover K, Lim S, Maus K. Availability of lactation counseling services influences breastfeeding among infants admitted to neonatal intensive care units. *Am J Health Promot.* 2007 May-Jun;21(5):410-5.

Among mothers of infants admitted to the NICU, breastfeeding rates among mothers who delivered at hospitals with an IBCLC were nearly 50% compared with 36.9% among mothers who delivered at hospitals without an IBCLC. To increase breastfeeding rates among the NICU population, these findings support the need for universal availability of IBCLCs at delivery facilities that have NICUs.

Dweck N, Augustine M, Pandya D, et al. NICU lactation consultant increases percentage of outborn versus inborn babies receiving human milk *J Perinatol.* 2008 Feb;28(2):136-40.

Percentage of infants receiving any HM during hospital stay and at discharge increased significantly over time after LC hire and with LC experience. Addition of a dedicated LC to the NICU increased the percentage of neonates receiving any HM

Stevens B, Guerriere D, McKeever P, et al. Economics of home vs. hospital breastfeeding support for newborns. *J Adv Nurs.* 2006 Jan;53(2):233-43

These results suggest that the cost of home lactation support programs were comparable with the costs of hospital-based standard care.

Breastfeeding support at home by lactation consultants should be considered as an option as it was no more costly than support from lactation consultants in the hospital setting.

Gonzalez KA, Meinzen-Derr J, Burke BL, et al. Evaluation of a lactation support service in a children's hospital neonatal intensive care unit. *J Hum Lact.* 2003 Aug;19(3):286-92

After comparison of the periods before and after program implementation, the proportion of NICU infants ever given their OMM was found to have increased from 31% to 47% (P = .002). Mothers with infants in the NICU should have access to lactation counseling.

Lessen R, Crivelli-Kovach A. Prediction of initiation and duration of breastfeeding for neonates admitted to the neonatal intensive care unit. *J Perinat Neonatal Nurs.* 2007;21:256-266 *Duration of breastfeeding was significantly associated with the availability of lactation consultants in a population of sick newborns admitted to the neonatal intensive care nursery.*

Thurman SE, Allen PJ. Integrating lactation consultants into primary health care services: are lactation consultants affecting breastfeeding success? *Pediatr Nurs.* 2008;419-425. *Lactation consultants with the IBCLC credential promote a longer duration of breastfeeding in a primary care setting*

Yun S et al. Evaluation of the Missouri WIC breastfeeding peer counseling program. *Public Health Nutrition.* 2009 (in press)

WIC mothers were more likely to initiate breastfeeding when agencies with both peer counselors and IBCLC certified lactation consultants were available