Pat Lindsey, IBCLC, RLC

I've been an accredited La Leche League Leader since September 1977 and IBCLC since 1996.
I work at Sunshine Pediatrics as their staff IBCLC and also have a private practice in their office. I do not do breast pump rental or sales.
I have designed and marketed the Lactation Visit Receipt Packet since 2001.
I'm a founder and the present President of the Florida Breastfeeding Coalition, Inc.
I'm not being paid by or have I any connections with any commercial entity which would be in violation of the WHO code.

In the beginning, 100% of humans were breastfed like all other mammals.

BREASTFEEDING HISTORY

KELLOGG FOUNDATION’S FIRST FOOD MOVEMENT VIDEO OF BREASTFEEDING HISTORY

http://www.flbreastfeeding.org/index.htm

1920 - 1950

Mead Johnson soy & cow’s milk

Ross Laboratories

Ross Laboratories

Ross Laboratories and savings laboratories

Ross formula timeline
“You may feel some resistance to the idea of such intimacy with an infant who, at first, seems like a stranger. To some mothers it seems better to keep the baby at arm’s length, so to speak, by feeding plans which are not so close.”

Infant Care. US Children’s Bureau, HEW. 1963

1956 – 1970
- 1956: Seven women start breastfeeding peer support group; birth of La Leche League
- 1960s: Government buys & stockpiles milk to drive price up; “free cheese program” processed cheese for low income and elderly
- 1966: Child Nutrition Act of 1966, Special Milk Program (SMP)
- 1970: Pilot program Women’s, Infant and Children (WIC); official program by 1974

1963

1956 – 1970

MY BREASTFEEDING HISTORY

- 1972: my first baby - breastfed 2 months
- 1973: founded La Leche League; joined with bottle fed baby
- 1975: second baby - breastfed 2 years
- 1977: accredited as LLL Leader
- 1981 or 1982: was in LLL pilot project at FL Hospital South as a breastfeeding helper on the floor
  - It was a needs assessment project to evaluate need and outcome. This pilot program was the pilot project for the birth of a new profession.

1966

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1982

- Application was made for Category B membership in the National Commission for Health Certifying Agencies (NCHCA), a regulatory body set up by a grant from the United States Dept. of Health, Education & Welfare to provide voluntary oversight for allied health professions. Accreditation by the NCHCA was essential to establish credibility with physicians and hospitals. Name was changed in 1987 to NCCA.

1984

- International Board of Lactation Consultant Examiners, Inc (IBLCE) began to take shape and was formed.

IBLCE administered the first exam resulting in the first IBCLCs.

- July 26, 1985 - the first International Lactation Consultant Association Meeting met in Washington, DC.
- The Journal of Human Lactation was born as the organization’s official publication.

1985

LEAARC was formed as a non-profit organization with a mission to establish standards for and recognize quality in lactation education. ILEA and IBLCE collaborated to establish and sponsor the Lactation Education Accreditation and Approval Review Committee (LEAARC).

- http://www.leaarc.org/about.html
- In 2012, The American Academy of Pediatrics (AAP) was added as a third sponsor in 2012
- LEAARC serves as a review committee to recommend academic lactation programs for accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

WHO IS CAAHEP?

- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Its a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) and carries out its accrediting activities in cooperation with 19 review committees (Committees on Accreditation).
- CAAHEP, a 501(c)(3) tax exempt organization, Committee on Allied Health Education and Accreditation (CAHEA). CAHEA was part of the American Medical Association (AMA).
- The CAAHEP Board of Directors is composed of 15 members, elected by and from among the Commissioners. The Board is the accrediting body of CAAHEP that awards or denies accreditation after review of accreditation recommendations made by the Committees on Accreditation.

LEAARC 2008

CAAHEP MEMBER ORGANIZATIONS AND THEIR COMMISSIONERS

- In all over 60 Organizations and Commissioners over seeing the accreditation of over 2100 entry level education programs in 23 health science professions.
- American Academy of Neurology
- American Academy of Pediatrics
- American College of Cardiology
- American College of Radiology
- American College of Surgeons
- International Board of Lactation Consultant Examiners
- International Lactation Consultant Association

WHAT DOES CAAHEP SAY ABOUT LACTATION CONSULTANTS?

- Licensure, certification, registration - The International Board of Lactation Consultant Examiners (IBLCE) develops and administers the certification examination for lactation consultants. This certification program was accredited by the National Commission for Certifying Agencies (NCCA) upon initial application in 1988 and has been continuously accredited since that time. Certification as an IBCLC is voluntary. Currently, licensure is not required in the lactation consultant profession although it is desired in the USA. In the United States, IBCLCs may also use the designation Registered Lactation Consultant (RLC) in conjunction with the IBCLC. Beginning in 2012, candidates for the International Board of Lactation Consultant Examiners (IBLCE) exam will be required to complete a minimum of 90 hours of lactation education, as well as specified general education in the health sciences and clinical experience in providing lactation and breastfeeding care.

http://www.caahep.org/Content.aspx?ID=60

RLC™ - REGISTERED LACTATION CONSULTANT “MUST BE IBCLC”

- 1999 - U.S. State of Louisiana
- Revised Statuses 40:2213
- Lactation consultants; registry; must be an IBCLC

http://law.justia.com/codes/louisiana/2011/rs/title40/rs40-2213

http://tssearch.uspto.gov/bin/showfield?docid=&state=4805:udlu49.2.5
International Board Certified Lactation Consultants (IBCLC) are health care professionals certified in lactation care. IBCLCs have specific clinical expertise and training in how to manage complex breastfeeding problems. IBCLCs need to be involved as core members of lactation care teams.

http://flbreastfeeding.org/HTMLobj-1696/Health_Care_Leaders_in_Action.pdf

PROFESSIONAL STANDARDS FOR IBCLCs
- Clinical Competencies for IBCLC Practice
- Code of Conduct for IBCLCs
- Documentation Guidelines
- IBLCE Disciplinary Procedures
- Scope of Practice
http://www.iblce.org/resources

US DEPT. OF HEALTH AND HUMAN SERVICES RECOGNIZES IBCLCs
International Board Certified Lactation Consultants (IBCLC) are health care professionals certified in lactation care. IBCLCs have specific clinical expertise and training in how to manage complex breastfeeding problems. IBCLCs need to be involved as core members of lactation care teams.

http://flbreastfeeding.org/HTMLobj-1696/Health_Care_Leaders_in_Action.pdf

TODAY ILCA
- 27 year old profession
- Stand alone or add-on to existing profession
- 13,292 IBCLCs in the United States
  - 512 in Florida
- IBCLCs work in a variety of clinical, governmental, and research areas
- MISSION is to advance the International Board Certified Lactation Consultant (IBCLC) profession worldwide through leadership, advocacy, professional development, and research.
- VISION is the IBCLC is the globally recognized professional authority in lactation.

http://www.cdc.gov/breastfeeding/data/reportcard.htm

TODAY BREASTFEEDING IS RECOGNIZED AS A PRIMARY HEALTH CARE PREVENTION
- Institute of Medicine Consensus Report
  Clinical Preventive Services for Women: Closing the Gaps
- US DHHS National Prevention Strategy
- United States Preventive Services Task Force recommends “interventions during pregnancy and after birth to promote and support breastfeeding”
Infants cost of NOT Breastfeeding - If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per yr. (Bartick, Reinhold 2010)

Mothers cost of NOT Breastfeeding - Suboptimal breastfeeding incurs a total of $17.4 billion in cost to society. (Bartick, Stuebe, Schwarz, Luongo, Reinhold, 2013)

The WIC Program buys more than 50% of all infant formula in the United States.

http://www.cbpp.org/cms/?fa=view&id=3201

White House Task Force on Childhood Obesity Report to the President
Healthy People 2020
CDC Breastfeeding Report Card and Maternity Practices in Infant Nutrition and Care Survey
USDA WIC Food Packages
IRS “breast pumps and other nursing supplies could qualify as tax deductible”
HRSA Office of Women’s Health Business Case for Breastfeeding
Affordable Care Act
And.....

The Surgeon General's Call to Action to Support Breastfeeding

Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children. Standard coverage for IBCLCs as “covered providers”
Provide reimbursement for IBCLCs independent of their having other professional certification or licensure.
Work to increase the number of racial and ethnic minority IBCLCs to better mirror the U.S. population.

**Why IBCLCs? Access to IBCLC Services Can Improve Breastfeeding Incidence and Duration**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Effect of IBCLCs on Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td>More mothers initiate breastfeeding</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Promotes a longer duration of breastfeeding</td>
</tr>
<tr>
<td>NICU</td>
<td>Breastfeeding rates 50% compared to 36% without an IBCLC - Up 14%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>2.28 times increase in the odds of breastfeeding at discharge - Up more than 100%</td>
</tr>
<tr>
<td>Medicaid Mothers</td>
<td>4.13 times increase in the odds of breastfeeding at discharge - Up more than 200%</td>
</tr>
</tbody>
</table>

*International Board Certified Lactation Consultants (IBCLCs) are the only health care professionals certified in lactation care. They have specific clinical expertise and training in the clinical management of complex problems with lactation.* — Surgeon General CTA 2011

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**The Affordable Care Act**

**The Good**
- Two parts of the law are pertaining to breastfeeding
  - Mandate unpaid breaks for expressing milk, in a location other than bathroom
  - Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment in conjunction with each birth.

**The Bad**
- The workplace law is only for hourly paid employees only, not for salaried employees
- No guidelines or protocol for this law so insurers are interpreting
  - Who they will reimburse as “TRAINED PROVIDERS”
  - What kind of pumps insurers are to provide
  - Pumps reimbursed by insurers are mostly through the insurers DME company or who the insurer has contracted with

**Resulting in:**
- Pump rental stations being forced out of business; even in some hospitals pump stations closing
- No pump station in hospitals, reduces revenue for an outpatient breastfeeding center results IBCLCs laid off
- Delays in mothers needing pumps immediately; could take days for NICU mother to acquire a pump
- Less access for mothers in need of breastfeeding help since most insurers will only reimburse physicians, nurse practitioners or physicians assistants for lactation counseling because insurers ONLY REIMBURSE LICENSED PROVIDERS

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**Hospital Maternity**
- Hospital Pediatric
- Hospital Outpatient Clinic
- Pediatric Offices
- Private Practice
- Research Projects
- WIC Offices
The UGLY -
- One BIG mess
- Lots of confusion and frustration for consumers
- Confusion and frustration for IBCLC & other healthcare providers
- LACK of ACCESS of CARE for mothers and babies when they need it

NOW!

Press Release - July 18, 2013

Model Policy
Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies

This policy offers guidelines for coverage of health care providers who are professionally licensed, or, consistent with insurance companies' credentialing requirements, who have individual certification* awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies (NCCA) and the Institute for Credentialing Excellence (ICE). The ability to counsel the breastfeeding mother and infant lies within the professional scope and practice of approved lactation care providers. International Board Certified Lactation Consultants (IBCLCs) are an example of non-licensed approved lactation care providers with certification meeting recognized credentialing standards.

* Certification, not certificate

- Electric pump rentals ('hospital-grade' or 'rental-grade') covered for separated due to illness, unable to feed directly from the breast due to maternal or infant medical complications, congenital anomalies, prematurity, induced lactation, relaxation, adoption, prematurity, or other medical conditions for mother or infant which preclude effective feeding at the breast.
- Electric pump purchases (single or multi-user) are a covered benefit for those mothers who need to maintain lactation when separated on a regular basis, or for a prolonged period of time, from their infant. One electric pump purchase will be covered every 36 months.
- A breast pump kit is also covered.
- Other lactation equipment such as supplemental lactation aids, nipple shields, and breast shells may be covered when supplied during a lactation consultation and/or with the counsel of a permitted provider.
- Donor milk from HMBANA milk bank upon prescription by licensed provider.

2012 Florida Medicaid Births were 50.9 % and another 20% are uninsured yet can’t qualify for Medicaid and do NOT have private insurance.

HUGE numbers of mothers and babies have no means of affordable access for breastfeeding help. Only about 20% are covered under ACA.
AFTER HOSPITAL DISCHARGE, HOW DO MOMS CURRENTLY CONNECT WITH CLINICAL HELP?
- A few hospitals run self-pay clinics. Some physicians will give moms referrals, but others will not because of liability for negligent referrals to unlicensed persons.
- Moms may be able to find “breastfeeding specialists” for an in-home visit (but cannot decipher alphabet soup of “credentials”)
- Only moms who can afford the self-pay service and who are willing to take a chance on a stranger (who may or may not be competent) coming into their homes are getting help.
- Some WIC offices have peer counselors who offer non-clinical support within a very specific scope of practice. And, some area’s have LLL Leaders.

THE US SURGEON GENERAL PRESENTED THE SOLUTION FOR THE U.S.
- Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children.
- Standard coverage for IBCLCs as “covered providers”
- Provide reimbursement for IBCLC care independent of their having other professional certification or licensure.
- Alternatively, develop state licensure for IBCLCs

IN THE PAST WHEN THE TOPIC OF LICENSURE CAME UP
- The first argument against licensure was, it will not guarantee reimbursement.
  - This argument is now off the table; NOW NOT being licensed is the only thing STOPPING IBCLCs from being reimbursed.
  - Medicaid and private insurers would reimburse if IBCLC were licensed.
- The second argument against licensure was, it’s TOO expensive.
  - NOW, it’s TOO expensive NOT to BE LICENSED.
  - It limits the growth of our profession and job protection.
  - It limits access of mothers and babies to the lactation care they need.

HOW WOULD THE LICENSURE OF IBCLCS AFFECT THOSE WITHOUT A “LACTATION CONSULTANT” LICENSE?
- Other professionals (doctors/nurses) can still provide clinical lactation support because it’s within their scope of practice, but they WOULD NOT call themselves “lactation consultants” without lactation consultant license too.
- IBCLC Licensure would not affect the work of WIC peer counselors.
- IBCLC Licensure would not affect the work of individual volunteers or volunteer breastfeeding organizations (La Leche League).
- IBCLC Licensure would not affect the work of breastfeeding educators.
- Others interested in providing clinical lactation care should become an IBCLC.

REQUIREMENTS FOR IBCLC
Prerequisites:
- 8 college level science courses + 90 hours of lactation specific coursework + 300-1000 hours of supervised clinical care
- Must pass an IBLCE Exam
- Must adhere to a Code of Ethics and Scope of Practice
- Must have continuing education and must recertify every 5 years.
- Recognized by the US Surgeon General and the CDC as being THE Lactation Experts.

KEY COMPONENTS OF CERTIFICATION VS. CERTIFICATE PROGRAMS

<table>
<thead>
<tr>
<th>Component</th>
<th>Certification</th>
<th>Assessment-Based Certificate Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Focus</td>
<td>Independent assessment of knowledge required for performance of role plus other requirements (e.g., degree, years of professional experience)</td>
<td>Education/Training which meets learning outcomes as defined by the program</td>
</tr>
<tr>
<td>Program Content</td>
<td>Based on practice analysis</td>
<td>Practice Analysis not required</td>
</tr>
<tr>
<td>Program Governance</td>
<td>Governing body with representation of key stakeholders</td>
<td>Governing body not required</td>
</tr>
<tr>
<td>Education and Training</td>
<td>Assessment not linked to specific class, program or educational provider.</td>
<td>Education and certificate linked</td>
</tr>
</tbody>
</table>

Defining Features of Quality Certification and Assessment-Based Certificate Programs, Washington, D.C. 2010

- All are of value and importance to breastfeeding support.
- One role is not more valuable to the efforts of helping mother and babies breastfeed.
- Just as our cultural, society and family all play a part in the success of breastfeeding for mothers and babies so do all the different roles of breastfeeding helpers.
- Distinguishing between roles doesn’t render any one role more valuable than another but rather allows mothers to access the right kind of care at the right time.
- One of the most important roles of ALL breastfeeding helpers is to make sure that mothers receive the right level of care in each situation they face.
- We can and must all work together to create the culture of support that mothers and babies deserve, and the future of healthier mothers and babies depends on it.

We can help more mothers and babies working TOGETHER

ANOTHER HEALTHCARE MODEL - BIRTHING HELPERS
- Obstetricians
- Midwives
- Nurses
- Doulas
- Childbirth Educators

They are all valuable to mothers giving birth, but they have unique and different roles, different levels of education and designation, yet all are equally valuable to birthing. The midwife, nurse or doula can’t do an emergency surgery. They are all unique and valuable to the mother giving birth, but they are not EQUAL TO EACH OTHER.

HOW CAN WE CREATE MORE ACCESS OF LACTATION CARE TO MOTHERS AND BABIES
“One option for reimbursement would be to place certified lactation consultants within the category of ‘nursing service related providers,’ and specifying the nature of care they provide would allow for reimbursement of IBCLCs without requiring that they are also registered nurses. Alternatively, developing state licensure of lactation consultants could help to achieve the same purpose.”

Quote by Dr. Regina Benjamin M.D, MBA
United States Surgeon General.

**ACTION 11. ENSURE ACCESS TO SERVICES PROVIDED BY IBCLCs**
- First recommendation
- Provide reimbursement for IBCLCs independent of their having other professional certification or licensure.
  - Alternatively, develop state licensure for IBCLCs
- Third recommendation

**WHY LICENSURE? (CONT’D)**
- Licensure would provide a career path for CLCs, WIC Peer Counselors, LLL Leaders and others
- Licensure would create and protect IBCLC jobs
- Licensure would improve access to competent clinical care and improving breastfeeding rates!
- Licensure would improve the health of our moms and babies
- Licensure would save healthcare dollars!

**“WE” IBCLCs**
- Never before have institutions, agencies and government done so much to promote, protect and support breastfeeding
- The number of women initiating breastfeeding are the highest in decades but their duration rates are low
- Never before have IBCLCs had the opportunity to capitalize and raise our profession to its fullest potential

Quote by Glenda Dickerson, RN, MS, IBCLC, First President of United States Lactation Consultant Association (USLCA)

**“WE ARE AT A TIPPING POINT”**
The Tipping Point:
How Little Things Can Make a Big Difference
By: Malcolm Gladwell, 2002

The tipping point is the critical point in an evolving situation that leads to a new and irreversible development.

It’s defined as the moment of critical mass, the threshold, and the boiling point. It is the point when everyday things reach epidemic proportions.

It’s the ability to recognize and credited BIG accomplishments to being “in the right place at the right time” and capitalizing on it.

The theory of the Tipping Points requires that we reframe the way we think about the world... looking beyond our intuition and concentrate our resources on a few key areas. After all, “… The world may seem like an immovable, implacable place. It is not. With the slightest push – in just the right place - it can be tipped.”

Only about 4000 of the 13,292 IBCLC in the US are members to USLCA/ILCA

Reducing funds for member services, funds for support of licensure and other promotion of the profession

Some IBCLCs are not re-certifying

More IBCLCs are needed to replace older IBCLCs who are retiring

Need for more IBCLCs of ethnic and cultural diversity

New IBLCE requirements to raise the educational and clinical standards for sitting the exam

Not enough clinical instructors for supervised aspiring IBCLCs

First recommendation

Second recommendation

Work to increase the number of racial and ethnic minority IBCLCs to better mirror the U.S. population.
LACK OF IBCLC AS CLINICAL INSTRUCTORS

Only 14 IBCLC are listed on the ILCA website as Clinical Instructors. Only 1 in Florida! This generation has to mentor the future IBCLCs!

IBCLCs ARE THE GOLD STANDARD

IBCLCs need to REACH for THE GOLD to ensure our profession grows and is always recognized as the GOLD STANDARD and has SUSTAINABILITY.


www.uslca.org

FLORIDA LACTATION CONSULTANT ASSOCIATION

FLCA’s Mission Statement: FLCA is dedicated to building and sustaining a statewide association that advocates for lactation professionals and the advancement of the profession of IBCLC.

WHAT IS FLCA’s VISION?
The IBCLC is the recognized professional authority in lactation care in the Florida. OR, FL IBCLCs strive to ensure access of lactation services by IBCLCs to the mothers and babies of Florida.

**FLCA NEEDS A STRATEGIC PLAN**
- *Strategic planning* is an organization's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy.
  - Mentorship Committee
  - Clinical Instructors
  - Suggested list of online or facilities that offer required IBCLCE courses
  - Study Groups for the Exam
  - Scholarships
  - Licensure and Legislative Committee
  - Network and Identify Stakeholders and form alliances
  - Create an action plan
  - Begin pursuing licensure of IBCLCs in Florida

**DO IBCLCs RISK THEIR PROFESSION FLOUNDERING OR DYING OFF**

“When You Do NOTHING, You Feel Overwhelmed and Powerless…

**THE TIME IS NOW TO SUPPORT, PROMOTE AND PROTECT THE DESIGNATION OF IBCLC AND CREATE GREATER ACCESS FOR MOTHERS AND BABIES TO IBCLCs**

When You get involved, You feel the sense of HOPE and ACCOMPLISHMENT that comes from knowing YOU are working to make things BETTER.”
“The time is NOW!”
Quote by Cathy Carothers

SPECIAL THANK YOU TO:
- Judy Gutowski
- Marsha Walker
- Glenda Dickerson
- Liz Brooks
- Cathy Carothers
- Leigh Aldridge
- Rebecca Mannel
- And the whole USLCA Licensure and Reimbursement Committee