

Licensure of the International Board Certified Lactation Consultant: A National Necessity in the United States

Journal of Human Lactation
2017, Vol. 33(4) 761–764
© The Author(s) 2017
Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/0890334417717966
journals.sagepub.com/home/jhl


Marsha Walker, RN, IBCLC¹

Keywords

breastfeeding, breastfeeding barriers, breastfeeding promotion, lactation, lactation consultant, nutrition policy

Background

The credentials held by healthcare providers—their licenses, certificates, and diplomas—inform the public about the providers' qualifications to advise and treat. In the United States, state governments establish licensing requirements and administer licenses whereas professional organizations may certify practitioners. There is no standardized, national system for licensing healthcare providers. State governments are responsible for deciding what credentials practitioners must have to be licensed and permitted to work in their jurisdiction. States' requirements for granting a license vary considerably. Most states require that healthcare practitioners with direct patient contact be licensed, but an enormous amount of health care is also delivered in a variety of settings by people who are not licensed.

The drive to license the International Board Certified Lactation Consultant (IBCLC) in the United States has parallels to the history of the licensing of the nursing profession. In the late 19th century, nursing education varied widely in quality and length. Education programs ranged from 6 weeks to 3 years, with some having little clinical training other than on the job whereas others required extensive apprenticeships. Nursing leaders decided that a more uniform education and credentialing system was necessary so that nursing was seen as accountable to the general public. A uniform credentialing process would permit the public to gauge the individual qualifications of each nurse. This credentialing process developed into licensing. Licensing guides hospitals and insurers in assessing a healthcare provider and is recognized by the public as a quality indicator. Licensure of the IBCLC has reached a point where it has become vital that the services of this profession be accessible to all breastfeeding families. Most current licensed healthcare providers have scant time and little to no education and training in lactation support. The IBCLC is extensively educated and trained to provide lactation support, especially for high acuity mothers and infants. There are many

breastfeeding education programs that provide certificates of completion and titles to those who complete the course, but none require the rigorous preparation specified by the International Board of Lactation Consultant Examiners, the organization that administers IBCLC certification. All providers of lactation support are extremely valuable and their services important within the breastfeeding community. However, if a state does not protect a title for a class of persons with prescribed and verified education, training, and other qualifications, then anyone can use any title, even if that individual has no education at all in the subject matter. For these reasons, and the lack of being able to verify qualifications through a state licensing agency, many physicians and insurance companies will not refer patients for lactation care and services or reimburse when such services are rendered. In the interests of patient safety, licensure has become the first prerequisite for delivering clinical patient care. It represents approval by the state that the person possesses the minimum level of competence for the clinical work proscribed by the license. Thus, the standard pursued by the U.S. Lactation Consultant Association (USLCA) for licensing the lactation consultant profession is the IBCLC credential.

Licensure of the IBCLC Is Important for Many Reasons

- First and foremost, all licensure is designed to protect the public. Licensure of the IBCLC allows families and the healthcare system to recognize a specific

¹National Alliance for Breastfeeding Advocacy, Weston, MA, USA

Date submitted: March 24, 2017; Date accepted: June 7, 2017.

Corresponding Author:

Marsha Walker, RN, IBCLC, National Alliance for Breastfeeding Advocacy, 254 Conant Road, Weston, MA 02493, USA.
Email: marshalact@gmail.com

quality indicator for the delivery of lactation care and services.

- Licensure helps reduce the confusion within the general public and the healthcare system that the many breastfeeding courses pose (USLCA, 2016b). Many lactation education programs give titles to those who complete their program, representing only the completion of a short course of didactic education, without broad college-level health sciences courses, supervised clinical hours, and the more extensive lactation-specific education required to achieve the IBCLC designation. Licensure will clearly delineate the differences between extensively qualified clinical lactation care providers and those with only a brief lactation education.
- Licensure provides the foundation for healthcare provider reimbursement, as most insurers will reimburse only a licensed provider. Unlike many other nations, the U.S. healthcare system does not have a single entity that acts to insure the entire populace. There are numerous types of private and government insurers. The Association of Health Insurance Providers lists approximately 190 health insurers within its membership. Without licensure, IBCLC services are most often not covered by insurers, leaving too many mothers and babies without access to the care of an IBCLC. Failure to reach national and personal breastfeeding goals costs the healthcare system billions of excess dollars in preventable diseases and conditions.
- Licensure would help to establish the IBCLC as a viable profession, with the placement of IBCLCs in more areas of the United States and the reduction of “lactation deserts” where IBCLC support is scarce or nonexistent. Licensure will help to create job opportunities by improving payment for services.
- Lack of licensure robs mothers with low resources or those from minority communities of the services of an IBCLC. Many of these mothers cannot afford the out-of-pocket expense of an IBCLC when their insurer does not reimburse nonlicensed providers for lactation support services. These mothers are often the women facing the most complex challenges with breastfeeding and who are in the greatest need of an IBCLC.
- Licensure is an equity issue. Too many mothers lack access to the level of lactation care and services that they need. Lactation support providers with less education, training, and experience such as the peer counselor or Certified Lactation Counselor may not be able to provide appropriate clinical support to the high acuity mother and infant.
- In 2011, the U.S. surgeon general called for licensure of the IBCLC (U.S. Department of Health & Human Services, 2011).
- An extensive bibliography on the efficacy of the IBCLC is available from the USLCA (2016a). No such evidence could be found showing the efficacy of most other lactation care providers including the Certified Lactation Counselor.
- Licensure can facilitate an increase in the lactation consultant workforce, as those who attain the IBCLC credential and become licensed may enjoy more job opportunities and a greater likelihood of reimbursement for their services.
- Licensure serves to advance the lactation consultant profession into one that can take its seat at the table as a respected member of the healthcare team.
- Licensure may give the lactation consultant profession increased access to policymaking opportunities at the local, state, and federal levels.

The USLCA is the organization leading the IBCLC licensure movement. The USLCA’s Licensure and Reimbursement Committee has members in 40 states working on licensure. Two states, Rhode Island and Georgia, have achieved licensure (Walker, Aldridge, & Fink, 2017). Licensure acquisition in the United States involves a legislative process (Walker & Aldridge, 2017) whereby a licensing bill is introduced into a state legislature, legislators are educated regarding the bill and urged to vote in its favor, testimony is presented at legislative committee hearings, and if reported out favorably, the bill would be voted on in the full chambers of the legislature, referred to a different committee, or killed. To request that a profession be regulated, some states also require what is called a Sunrise Review, which examines whether or not there is a need to regulate a new profession. The process of obtaining licensure can take many years and is subject to intense lobbying by opponents. Opposition to licensing the IBCLC has arisen from education program providers who issue certificates of completion to those who take a brief course in basic breastfeeding. Many courses last a mere 5 days, and some of these courses claim that their graduates are equivalent to the IBCLC and should be included under any licensing bill. Claims have also been made that licensing the IBCLC will deprive those who have completed these courses of opportunities to provide their services to the public. The preparation for the IBCLC certification is extensive, requiring 90 hours of lactation-related education, completion of 14 health science courses, and 300 to 1,000 hours of clinical practice. Short courses typically have no prerequisites, do not require high school graduation or any college-level courses, and do not stipulate supervised clinical practice. The vast knowledge base regarding breastfeeding and lactation cannot be acquired in a few days nor can clinical skills be acquired exclusively through viewing videos. Licensing bills typically contain exemptions from licensure such that those who have taken a brief didactic course are exempt from licensure with no restraints from practicing within their accepted standards as long as they

refrain from calling themselves by titles protected in the regulation, such as a lactation consultant or licensed lactation consultant. There is no evidence from the two states that have achieved licensure that any provider of lactation support services has been prohibited or prevented from providing lactation support services. Most states would not consider licensing a profession that specifies only a brief education course without extensive clinical experience.

Proof of harm is a concern of many legislators when deliberating the addition of a new license in their state. It has been a barrier in several states when harm cannot be demonstrated due to the absence of licensure of the lactation consultant profession. Reports of injury to breastfeeding infants generally involve the lack of recognition of a breastfeeding problem by a licensed provider such as a nurse or physician (Seske, Merhar, & Haberman, 2015). Many nurses and physicians lack training in breastfeeding assessment. Inadequate assessment of newborn breastfeeding can result in an inability to recognize breastfeeding-related red flags. Hypernatremic dehydration, hypoglycemia, and extreme jaundice can contribute to infant brain damage and lifelong health consequences. Often, it is only when the infant is seen by a trained lactation consultant such as an IBCLC that the situation is correctly assessed and managed (Fed Is Best, 2017). If physicians or other healthcare providers do not refer mothers with problematic breastfeeding situations to an IBCLC because they are not licensed or fail to correctly assess precarious circumstances because they are not adequately trained, then harm may be done due to the lack of IBCLC assessment and intervention.

Some licensed providers object to having to carry another license, failing to understand that their medical or nursing license alone does not assure the public of expertise in the provision of clinical lactation services. Medical and nursing schools do not provide the extensive didactic education and clinical training required to achieve the IBCLC credential. Holding a second license as an IBCLC is the quality indicator to the public, the hospital, clinics, policy makers, and state and federal health programs that the bearer of such a license possesses the highest standard of state-sanctioned credentials. When seeking other services such as a plumber or electrician, most homeowners wish to assure themselves that the person performing the work is licensed to do so, and homeowners would be concerned if the person wiring their house had only a few days of education and watching videos. The second license as an IBCLC enhances the status of the bearer, improves opportunities for employment and reimbursement, allows employers to market these services, and helps raise lactation services to a level that is as important as other healthcare services.

Licensing in countries other than the United States would work to the same advantages. Licensure would permit the holder to engage in specialty services just as any other licensed healthcare professional. This brings the expertise of the IBCLC to a much wider population of mothers and

infants and places the IBCLC on a level with other licensed providers.

Working Toward Licensure

Most states working on licensure have individuals who access the support and guidance resources of the USLCA Licensure and Reimbursement Committee. Support and guidance are available through email, phone conversations, and a library of documents (see Box 1) available for download on the USLCA website. States working on licensure are encouraged to read through these documents, join the Licensure and Reimbursement Committee, and secure support for their licensing bill from local, state, and national stakeholders. For those unfamiliar with what a licensing bill should contain, the USLCA has a model bill available for states to use when drafting their own bill. All documents are available on the USLCA website at www.USLCA.org.

Box 1. Library of Documents From the U.S. Lactation Consultant Association on Licensure of the International Board Certified Lactation Consultant (IBCLC).

Fact vs. Fiction: The IBCLC & CLC
 Who's Who in Lactation: A Glance at Breastfeeding Support in the United States
 IBCLC—The Critical Difference
 Efficacy of the IBCLC: Recommendations and Evidence
 Licensure FAQs for the IBCLC
 Issue Paper on Need for Licensure of Lactation Consultants
 Position Paper—Primer for Drafting IBCLC Licensure Bills
 Model Licensure Bill
 Licensure Needs You: 8 Steps to Advocacy

Conclusion

Licensure of the IBCLC represents a success for the lactation consultant profession, for the healthcare team and healthcare system, for employers, for insurers, for states, for policy makers, for the nation, and most of all, for mothers and babies. Those interested in licensure or who have questions or concerns about licensing can contact the USLCA Licensure and Reimbursement Committee chair.

Author's Note

Marsha Walker is on the Board of the US Lactation Consultant Association.

References

- Fed Is Best. (2017). *Letter to doctors and parents about the dangers of insufficient exclusive breastfeeding*. Retrieved from <https://fedisbest.org/2015/04/letter-to-doctors-and-parents-about-the-dangers-of-insufficient-exclusive-breastfeeding/>
- Seske, L. M., Merhar, S. L., & Haberman, B. E. (2015). Late-onset hypoglycemia in term newborns with poor breastfeeding. *Hospital Pediatrics, 5*(9), 501-504.

- U.S. Department of Health & Human Services. (2011). *The surgeon general's call to action to support breastfeeding*. Washington, DC: U.S. Department of Health & Human Services, Office of the Surgeon General.
- U.S. Lactation Consultant Association. (2016a). *Efficacy of the IBCLC: Recommendations and evidence*. Retrieved from <https://uslca.org/wp-content/uploads/2016/07/Efficacy-of-the-IBCLCWatermark.pdf>
- U.S. Lactation Consultant Association. (2016b). *Who's who? A glance at breastfeeding support in the United States*. Retrieved from <https://uslca.org/wp-content/uploads/2016/06/2-page-Whos-Who-watermark.pdf>
- Walker, M., & Aldridge, L. S. (2017). Part 1: The road to licensure of the IBCLC. *Clinical Lactation*, 8(2), 53-58.
- Walker, M., Aldridge, L. S., & Fink, M. W. (2017). Part 2: IBCLC state licensure: Two stories of success. *Clinical Lactation*, 8(2), 59-65.