CHAPTER

2

Interdisciplinary Healthcare Team

Breastfeeding care is an integral part of maternal and infant health. Pregnant women and breastfeeding families need all members of their healthcare team to support them and to provide consistent care and advice to help them achieve their breastfeeding goals. Until breastfeeding again becomes the societal norm in the developed world, families will often rely on a team of healthcare professionals and advocates for this guidance and support. Breastfeeding assistance is most effective when caregivers work collaboratively with each other and with families. This includes any healthcare worker whose profession touches a woman during pregnancy or birth and parents during early childrearing. The professional lactation consultant emerged in the mid-1980s as the healthcare team member whose primary focus is breastfeeding. Volunteer lay counselors remain important members of the healthcare team as well. They provide peer support and guidance as a complement to the assistance provided by health professionals.

Key Terms

Breastfeeding counselor
Breastfeeding support group
Certification
Clinical Competencies for the Practice of IBCLCs
Code of Professional Conduct
Commission on Accreditation of Allied Health Education Programs (CAAHEP)
Core Curriculum for Interdisciplinary Lactation Care
Discharge planning
Electronic health record
Electronic medical record
Health consumerism
International Board Certified Lactation Consultant (IBCLC)
International Board of Lactation Consultant Examiners (IBLCE)
International Classification of Diseases (ICD-10) codes
International Lactation Consultant Association (ILCA)
Lactation consultant
Lactation Education Accreditation and Approval Review Committee (LEAARC)
Medical home
Networking
Private practice
Scope of Practice
Special Supplemental Food Program for Women, Infants, and Children (WIC)
Standards of Practice
Superbill
Third-party reimbursement
Warmline

Healthcare Team Approach

A team approach in health care includes a variety of professionals and advocates performing specialized functions designed to meet the physical, emotional, and psychological needs of patients. The course of pregnancy, birth, postpartum, and early child care brings families into contact with an array of healthcare professionals. Their healthcare team may include physicians, midwives, nurses, nurse practitioners, physician assistants, dietitians, pharmacists, childbirth educators, lactation consultants, and **breastfeeding counselors**. If breastfeeding complications occur, additional specialists such as physical therapists, occupational therapists, chiropractors, and surgeons may join the team. For a collaborative approach to work, it is imperative that all these healthcare professionals understand and respect the credentials, scope of practice, and functions of each member of the breastfeeding team.

A team approach to breastfeeding care correlates with a "**medical home**." A medical home is an approach to comprehensive primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective (U.S. Department of Health and Human Services [USDHHS], 2018). Providers' attitudes and cultures within the medical home affect the level of breastfeeding promotion and support (Garner et al., 2016; Radzyminski & Callister, 2015). Closing gaps in communication, knowledge, and counseling skills is integral to meeting the needs of breastfeeding families. Parents are more likely to continue breastfeeding when they receive consistent encouragement from their clinicians (American Academy of Pediatrics [AAP], 2012; McFadden et al., 2017).

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Lactation Consulting Profession

New breastfeeding parents benefit from professional help to breastfeed. New mothers in earlier generations turned to elder women in their families for advice and support in all areas of infant care, including breastfeeding. In today's world, parents initiating breastfeeding in a culture with decades dominated by artificial feeding often have no experienced women in their families or social circle to help them. The **lactation consultant** profession emerged in 1985 to provide caregivers and families with specialized knowledge and skills in human lactation, breastfeeding management, and support.

The professional lactation consultant (**Figure 2-1**) is the primary member of the healthcare team to advocate for the breastfeeding dyad. This advocacy extends to the nursing couple as well as to the infant as a separate individual. The lactation consultant uses specialized knowledge and skills in conjunction with a willingness to work at the baby's pace. As the only professional member of the healthcare team whose primary focus is breastfeeding, the lactation consultant may need to suggest alternative plans of breastfeeding care.

The service that lactation consultants provide builds on the relationship between patient and healthcare provider. Enlightened providers will change nonevidence-based practices through the sharing of clinical data and positive feedback from families. Lactation consultants can help facilitate this communication between parents and their healthcare providers to improve the support families receive.

Individuals enter the lactation consultant profession from a variety of backgrounds. Because of their professional education and experience, it is a natural progression for healthcare providers working in maternal/child health to expand their services to include lactation consulting. Many nutritionists and dietitians move into lactation support because of their understanding of the importance of human milk to lifelong health. Some begin their careers as breastfeeding counselors and then acquire the advanced education, skills, and credential that enable them to work professionally as part of the healthcare team. Others enter lactation consulting from unrelated fields after breastfeeding their own children and developing a desire to help other parents achieve their breastfeeding goals.

FIGURE 2-1 IBCLC on staff in the hospital.

Growth of the Profession

Interest in a specialized field began in the early 1980s, with the advent of professional education for lactation management through various private programs. Several professional texts on lactation management emerged—some directed to the medical profession and others (such as this text) directed to practical aspects of counseling. In 1984, then U.S. Surgeon General C. Everett Koop convened a workshop on Breastfeeding and Human Lactation, which identified professional education as one of six core areas to be addressed in the lactation field. The following year, a pioneering group of leaders solidified the new lactation consultant profession with the creation of a certification board and a professional association. The education pillar of the profession followed later in 2008.

The **International Board of Lactation Consultant Examiners (IBLCE)** was established in 1985 to develop and administer a certification examination to measure the knowledge and skills necessary for safe and effective practice as a lactation consultant. The examination is administered in multiple languages and in countries across all major continents. Candidates for **certification** must meet minimal requirements regarding education in health sciences, lactation management, and clinical experience. A candidate who successfully completes the examination becomes an **International Board Certified Lactation Consultant (IBCLC)**. The United States initiated an additional trademark designation of Registered Lactation Consultant (RLC), which only an IBCLC may use. The IBCLC credential requires recertification every 5 years. Information about current requirements is available at the IBLCE website at www.iblce.org

The **International Lactation Consultant Association (ILCA)** formed in 1985 as the professional association for lactation consultants. ILCA's vision is "world health transformed through breastfeeding and skilled lactation care." The association's mission is to "advance the International Board Certified Lactation Consultant profession worldwide through leadership, advocacy, professional development, and research" (ILCA, 2019). ILCA publishes the *Journal of Human Lactation* (*JHL*), a peer-reviewed scientific quarterly journal, and offers an extensive website with a variety of professional resources. Continuing education opportunities include an annual international conference and live webinars. Its online *Knowledge Center* contains study modules, recorded conference sessions and webinars,

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and other learning activities. National and regional partner groups are available in most parts of the world.

The **Lactation Education Accreditation and Approval Review Committee (LEAARC)** formed in 2008 to establish standards in lactation consultant education. LEAARC's mission is "[t]o advance the global development of lactation education, appraise compliance with established standards, and provide ongoing educator support" (LEAARC, 2019a). Its vision and long-term goal is global access to consistent foundational and continuing professional lactation education. In its role as a Committee on Accreditation for the **Commission on Accreditation of Allied Health Education Programs (CAAHEP)**, LEAARC reviews and recommends lactation programs in postsecondary institutions for accreditation (CAAHEP, 2019). LEAARC also provides formal recognition to a variety of lactation education courses for lactation consultants and breastfeeding counselors. They provide recognition for didactic courses and for clinical instruction.

Several documents guide the lactation consulting profession, including a **Code of Professional Conduct** (IBLCE, 2015), a **Scope of Practice** (IBLCE, 2018b), **Standards of Practice** (ILCA, 2013), and **Clinical Competencies for the Practice of IBCLCs** (IBLCE, 2018a). The profession's **Core Curriculum for Interdisciplinary Lactation Care** promotes consistency in evidence-informed lactation education and clinician practice (LEAARC, 2019b). In addition, LEAARC maintains a competency-based curriculum that is used by courses and programs recognized by LEAARC and CAAHEP.

Diversifying the Lactation Consultant Profession

A 2014 summit shed light on the need to dismantle institutional oppression and diversify the lactation consultant profession to include underrepresented minorities (ILCA, 2014). The initiative was launched by the leadership of IBLCE, ILCA, and LEAARC. Summit participants identified inequities in access to becoming an IBCLC, shedding light on a profession that is disproportionately dominated by members of the dominant culture. In the United States, where the majority of IBCLCs reside, African American, Hispanic, and Native American communities are disproportionately represented in the profession. Worldwide, the profession fails to adequately engage males, young people, lay counselors, and members of the lesbian, gay, bisexual, transgender/transsexual, queer/questioning, intersex (LGBTQI) community.

Efforts to diversify the lactation support landscape continue, with a goal for lactation consultants to reflect the communities they serve (Long & Bugg, 2014). In the United States, the National Association of Professional and Peer Lactation Supporters of Color (NAPPLSC) formed in 2015 "to cultivate a community of diverse professional and peer lactation supporters to transform communities of color through policy, breastfeeding, and skilled lactation care" (NAPPLSC, 2015). The organization partnered with the Carolina Global Breastfeeding Institute (CGBI) to implement the Reclaiming, Improving and Sustaining Equity (RISE) Lactation Training Model. RISE assists in establishing accredited lactation consultant training programs using an equity lens. The aim of the RISE initiative is to increase the representation of women and men of color as IBCLCs in vulnerable communities (CGBI, 2019).

Practicing as a Lactation Consultant

Healthcare practitioners care for breastfeeding families in a variety of health settings. Therefore, lactation consultants may work in hospitals, healthcare provider offices, public health clinics, home health care, and private practice. Employers that provide breastfeeding support to their workers are a growing practice venue for lactation consultants.

The background and experience you bring to the job may dictate the practice setting you choose. In many cases, hospitals, healthcare provider offices, and home healthcare agencies require that the lactation consultant possess additional training, such as being a registered nurse. Health clinics may employ a lactation consultant who is also a registered dietitian or nutritionist. Healthcare education and background may not be required for providing employee support. Experienced lactation consultants may establish a private practice in their community, a venue that requires extensive experience with a great variety of babies and breastfeeding situations.

Regardless of practice setting, certain provisions are necessary, including space that provides privacy, an area for office work, and breastfeeding equipment and supplies. In any of the work settings, having easy access to necessary equipment and resources will increase efficiency in consultations, record keeping, and generating reports. Some lactation consultants provide breastfeeding devices during consultations. A large practice may establish a formal rental station for hospital-grade pump rentals, with retail sales of consumer breast pumps, pump kits, replacement parts, adapters, power packs, and feeding devices. **Table 2-1** describes these and other possible resources for equipping a lactation consultant practice.

Practicing in a Hospital

Most lactation consultants work in hospitals, guiding and supporting families as they integrate their new baby into their lives. Hospital-based lactation consultants have the potential to greatly influence parents' self-confidence and competence as they begin breastfeeding. The role of

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TABLE 2-1 Resources for Lactation Consultant Practice

Office	• Desk, chair, and filing cabinet • Computer, fax machine, and printer • Reference library
Communication	• Dedicated cell phone or telephone line • Email access • Business web or blog
Consultations	• Comfortable chair or couch with arms where mothers can nurse, preferably one that can be wiped clean. • Footstool to place in front of the chair to teach positioning. • Pillows of various shapes and sizes to help mothers with comfortable positioning. Using pillows with removable cases will ensure safe hygiene practices. • Toys that can be cleaned to keep toddlers busy during the consultation.
Infant assessment	• Changing table where the baby can be laid securely for examination. • Calibrated digital scales for pre- and postweights. • Paper products or linens to use on the changing table and scale.
Breastfeeding devices	• Breast pumps for rental and/or purchase and their accessories, or sources where mothers can obtain them
Disposable supplies	• Medicine droppers • Small cups for cup feeding • Nipple shields • Nursing supplementers • Small amounts of formula to feed babies who need calories • Olive oil to improve the vacuum of the breast pump flange

a hospital-based lactation consultant varies with the size of the hospital and the resources available for lactation services. A robust program in a maternity hospital with a large number of births may employ a team of lactation consultants who provide both inpatient and outpatient services. A smaller hospital with fewer births may employ one lactation consultant for inpatient care on a part-time or full-time basis. Some hospitals may not have an employee dedicated to this role, relegating breastfeeding support to a staff nurse, or providing no breastfeeding support at all. The growing trend to outsource allied health caregivers in the United States is also seen with lactation consultants. Some hospitals contract for lactation services in the same way as they contract with nutritionists, dieticians, and respiratory therapists, among other specialties. Regardless of the hospital's size and lactation services, there are certain universal aspects to the role of a hospital-based lactation consultant.

Providing Skilled Breastfeeding Care

One of the most important roles of breastfeeding care in the hospital is ensuring that someone who is skilled in breastfeeding assessment observes a feeding for every breastfeeding dyad before discharge. A lactation consultant is not always able to visit with all mothers on a given day. In some hospitals, the lactation consultant may see only the dyads referred to them by nursing staff for special help, based on acuity levels (Mannel, 2011). Therefore, staff nurses provide much of the ongoing teaching and support as mothers learn how to breastfeed during their hospital stay.

An essential role of the hospital-based lactation consultant is ensuring that members of the maternity staff have the necessary instruction and guidance to provide consistent, skilled care. A maternity staff skilled in basic breastfeeding care and handling common postpartum challenges permits the lactation consultant to respond to referrals for more complex situations. See Chapter 13 for discussion of the lactation consultant's role in postpartum breastfeeding care.

Lactation consultants working in a hospital need to ensure that there are appropriate breastfeeding policies and procedures to guide consistent care. Breastfeeding care plans and discharge instructions are among the written materials needed for patients. In-service training materials and breastfeeding competency sessions for staff should also be the responsibility of the lactation consultant.

Working with Breastfeeding Counselors

Some hospitals employ both lactation consultants and breastfeeding counselors to enhance the support they provide to breastfeeding families. Lactation consultants work closely with the breastfeeding counselors, who provide an important adjunct service to breastfeeding care in the hospital. Breastfeeding counselors have been described as a "knowledgeable friend who normalized breastfeeding challenges" (Burns & Schmied, 2017). The counselors typically visit all mothers to provide basic information and support. Patients who experience problems are referred to the lactation consultant for more skilled assistance and support. This model works well, especially in large hospitals with high numbers of breastfeeding patients and a limited number of lactation consultants.

A Healthy Start program in one large city in the United States collaborated with a local hospital to provide an ongoing multilevel approach to breastfeeding promotion

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that includes breastfeeding counselors in the hospital. The program provides a safety net from pregnancy through the postpartum period for low-income families and racial/ethnic minorities who face persistent disparities in breastfeeding initiation and duration rates (Leruth et al., 2017). Breastfeeding counselors conduct weekday rounds alongside the hospital's part-time lactation consultant on the mother/baby unit. The counselors educate parents on breastfeeding benefits, safe sleep, well visits, and positioning. They also inform parents about referrals to reduce barriers, such as breast pumps, low-income assistance, and behavioral health. Counselor support continues for 6 months postpartum.

Documenting Breastfeeding Care

Documentation of breastfeeding is an essential part of the dyad's health records, and in most hospitals this information is maintained electronically. An **electronic medical record** (EMR) contains standard medical and clinical information created by a provider. An **electronic health record** (EHR) contains a comprehensive patient history designed to share information from all providers involved in a patient's care.

An EHR can be created, managed, and consulted by authorized providers and staff from multiple organizations (HealthIT.gov, 2019). EHRs enable patients' health records to move with them across providers, hospitals, and states. There is a rapid push for electronic recordkeeping in developed countries. In the United States, the federal government provides incentive payments to eligible professionals and facilities as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology (Centers for Medicare & Medicaid Services [CMS], 2019).

Lactation consultants must navigate this digital world of patient records and ensure that breastfeeding data is recorded appropriately. The Joint Commission Perinatal Care measure PC-05 requires documentation of exclusive breastmilk feeding during the newborn's entire hospitalization (The Joint Commission, 2014). Lactation consultants in U.S. hospitals work to ensure that these records are maintained accurately.

Ensuring Support After Discharge

Follow-up is an essential element of hospital-based breastfeeding care that increases a parent's competence and self-confidence. Lactation consultants working in a hospital may be involved in some form of follow-up for families after discharge. Some hospitals provide outpatient visits on a fee-for-service basis or as a billable service. Some provide this at no additional cost to the patient. Some hospitals make follow-up telephone calls or send secure patient electronic messaging after discharge. Others may refer discharged patients to outside resources such as community support groups. Still others provide no postdischarge support or resources.

Referrals to breastfeeding support groups, community-based lactation consultants, and other health professionals are an essential part of hospital follow-up care and Step 10 of the Ten Steps to Successful Breastfeeding. Lactation consultants assist parents in obtaining and learning how to use breastfeeding devices when needed. They also conduct postpartum classes and support groups to address continued breastfeeding as parents settle into their home and work routines.

Lactation Staffing Levels

Even motivated, experienced mothers may encounter early breastfeeding challenges that require skilled support. Ideally, every hospital would have sufficient lactation consultant coverage to ensure that every breastfeeding mother is seen before discharge. Hospital staffing levels for lactation consultants vary widely and are determined by hospital administrators. Some hospitals provide 24-hour coverage by lactation consultants; others may offer lactation coverage during the daily workweek or for only one shift. Some hospitals outsource lactation services to contractors.

From a staffing perspective, it is important to recognize that lactation consultants care for high-acuity breastfeeding patients. They educate nursing staff and other healthcare providers and often administer busy, complex lactation services. Almost one-third of a lactation consultant's time can be spent in indirect clinical activities such as education, research, program development, and administration (Mannel & Mannel, 2006). Additional administrative tasks may include policies, procedures, documentation, staffing, personnel management, patient information, statistics, quality assurance, and hospital leadership. All these nonclinical responsibilities must be factored into calculating realistic staffing needs to provide optimal breastfeeding care.

Based on data collected in the Mannel and Mannel (2006) study, a community hospital with 1500 deliveries and an 85 percent breastfeeding rate would require about 2.5 full-time employees (FTEs) for the care of healthy, full-term newborns. This level of coverage permits three inpatient clinical consultations of approximately 30 minutes each for every breastfeeding dyad, and a follow-up phone call (see **Table 2-2**). The recommended number of FTEs increases with special care infants and postdischarge visits. Clinical time spent with each dyad in the neonatal intensive care unit would be about 5.5 hours, compared with 2.2 hours for healthy, full-term infants. Lactation staffing levels recommended by the U.S. Surgeon General and the United States Lactation Consultant Association (USLCA) are comparable.

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TABLE 2-2 Recommended IBCLC Staffing in a Community Hospital

Mannel and Mannel (2006) ratio	1:783 breastfeeding couplets			
USLCA (2010) ratio	1.3:1000 live births (Level 1 hospital)			
U.S. Surgeon General's Report (2011) ratio	8.6:1000 live births (whether or not breastfeeding)			
Data from Mannel and Mannel				
Category	*FTE Ration*	*Calculations*	*Number*	*FTEs*
No. of breastfeeding patients		1000 × 85%	850	
Mother/baby inpatient	1:783	850 ÷ 783		1.1
Mother/baby outpatient	1:1292	850 ÷ 1292		0.7
Mother/baby telephone follow-up	1:3915	850 × 2 1700 ÷ 3915	1700	0.4
Education	0.1:1000	1 × 0.1	1	0.1
Research	0.1–0.2			0.1
Program development/administration	0.1:1000	1 × 0.1	1	0.2
Total FTEs				2.6

FTE, full-time equivalent (40 hours per week).

Practicing in Public Health

Public health clinics offer many avenues of employment for lactation consultants. Research suggests that employing lactation consultants in outpatient primary care settings (public or private) may promote longer breastfeeding duration (Andaya et al., 2012; Bonuck et al., 2014; Teich et al., 2014). Many health clinics offer one-on-one breastfeeding counseling, classes, and postpartum support groups. In this setting, lactation consultants may counsel mothers or supervise and train counselors. They may also provide information and education to agencies that deliver prenatal, labor and delivery, postpartum, pediatric, or daycare services. In addition, many lactation consultants in public health participate in area, state or province, and national breastfeeding workshops, consortiums, and committees.

Public health clinics encounter many diverse lifestyles, with services that are sensitive to families' cultural and socioeconomic values. Many clients move frequently, making ongoing contact challenging. Lifestyles and priorities among clinic clients may differ from those of clinic staff. Focusing on parents' love and concern for their children helps to establish common ground for meaningful communication and assistance. Nutrition assistance programs often have a lactation consultant on staff to teach and supervise counselors as part of the services they provide to breastfeeding families.

Nutrition Assistance Programs

In the United States, the **Special Supplemental Food Program for Women, Infants, and Children (WIC)** is geared toward helping pregnant women choose nutritious foods and providing services to breastfeeding mothers, infants, and children up to 5 years of age. WIC serves about half of all infants born in the United States, with 8.8 million people enrolled in the program in 2016 (U.S. Department of Agriculture [USDA], 2018). Eligibility requires an annual income at or below 185 percent of the U.S. Poverty Income Guidelines (USDA, 2019). Many WIC participants believe formula use to be personally and socially acceptable, and often inevitable when encountering barriers. Non-WIC participants tend to persevere by "establishing small, achievable goals and seeking mentors" (Fischer & Olson, 2014).

Public health programs geared to breastfeeding support are found in many countries. The Canada Prenatal Nutrition Program (CPNP) similar services to the U.S.-based WIC program. CPNP serves close to 50,000 women in nearly 2000 communities across Canada (Public Health Agency of Canada, 2019). A distinguishing feature of the Canadian program is that it provides no free formula except as a compassionate response to a family that has run out of formula and cannot afford to buy more. CPNP believes that free supplies of formula affect women's choice of feeding method. For this reason, the program places heavy emphasis on promotion and support of breastfeeding. Participation in CPNP improves health behaviors and birth outcomes. It also increases the incidence and duration of breastfeeding (Muhajarine et al., 2012).

Breastfeeding Promotion in WIC

A glimpse into how the U.S. WIC program operates provides insight in other public health programs throughout

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the world. WIC's focus on breastfeeding is intended to help mothers make an informed choice about infant feeding through evidence-based information. WIC encourages exclusive breastfeeding, provides anticipatory guidance, and helps create and advocate for a supportive environment that will help families carry out their breastfeeding intentions. Its philosophy is to help participants become healthier and more self-sufficient through education and application of sound nutritional principles. WIC peer counselors are representative of the community they serve (see Chapter 21 for a discussion of cultural issues). A lactation consultant working in WIC often trains and supervises peer counselors.

WIC provides prenatal classes, breastfeeding support lines, electronic messaging, mobile apps, and health professional training. Mothers who exclusively breastfeed receive an enhanced food package. A revamping of the food packages to reward breastfeeding increased rates of exclusive breastfeeding (Rasmussen et al., 2017). Breastfeeding mothers receive breastfeeding supplies, including breast pumps if not available through insurance, to help support the initiation and continuation of breastfeeding. They are eligible to participate in WIC longer than nonbreastfeeding mothers and receive follow-up support through peer counselors.

Breastfeeding Rates Among WIC Participants

Among all children born in the United States, breastfeeding initiation and exclusivity rates are lower among WIC participants. Socioeconomic characteristics common among the WIC population may contribute to these lower breastfeeding rates (Francescon et al., 2016). Among them are ethnicity, obesity, depression, younger age, and an incomplete high school education. Suggested interventions to increase rates include peer counseling, improved communication between healthcare providers and WIC staff, breast pump support, and discouraging routine formula given for nonmedical reasons both in the hospital and by WIC (Hedberg, 2013; Panzera et al., 2017).

Among WIC participants in 2015, 76.7 percent of infants were ever breastfed compared with 82 percent in the non-WIC population (CDC, 2015). Race and ethnicity are important factors in breastfeeding rates and support. Breastfeeding rates for non-Hispanic black and non-Hispanic American Indian/Alaska Native infants are lower compared with rates among non-Hispanic Asian, Hispanic, and white infants, although the gap has reduced (McKinney et al., 2016).

Hispanic and black women in the U.S. have the highest rates of formula supplementation of breastfed infants before 2 days of life (Chapman & Pérez-Escamilla, 2012). There are complex historical and sociocultural factors affecting African American women's breastfeeding practices, including cultural pressures and breastfeeding generational gaps (Gross et al., 2015; Reeves & Woods-Giscombé, 2015). There is a lack of cohesion in breastfeeding interventions that do not meet all African American women's breastfeeding needs. Researchers call for care at both the individual level and at the macrosystem (public policy) level (Johnson et al., 2015). This care is well summarized by Thomson et al. as requiring "consistent, engaging, culturally relevant education that positively influences beliefs as well as social and environmental supports that make breastfeeding the more accepted, convenient, and economical choice for infant feeding" (Thomson et al., 2017).

Working in a Healthcare Provider Practice

Working in an obstetric, pediatric, or family practice group offers an opportunity to care for breastfeeding families through many stages of breastfeeding. Most of the care is preventive, and babies seen in the practice will be healthy, normal babies as well as those who experience difficulties. Lactation consultants in these settings may work specific hours in the provider's office or via an on-call system from home. Client load will depend on the provider's patient load. The office will call the lactation consultant or refer the patient directly. Coverage will need to be arranged when the lactation consultant is unavailable to ensure that the patient will be seen.

Lactation Services in a Healthcare Provider Practice

There is great marketing potential for a healthcare provider practice that has a lactation consultant on staff. In addition, lactation consultant frees up the time providers in the office would otherwise spend helping patients with breastfeeding, both prenatally and postpartum. The preventive education, hospital counseling, and follow-up services that the lactation consultant provides are far more effective than the crisis management that becomes necessary when problems surface. The expertise a lactation consultant brings to the practice helps inform providers and staff of new research and practices. It is a competitive marketing advantage for pediatric and family medicine practices to be equipped with current practice guidelines for breastfeeding management, increasing the ability to help breastfeeding dyads as well as breastfeeding rates (Witt et al., 2012).

Some lactation consultants divide their time between pediatric and obstetrical practices. Making lactation rounds in the hospital for the patients in the practice may require creative scheduling. Contacting the hospital in

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the morning to determine which mothers need a visit will help in planning rounds so that mothers receive the help they need. Prenatal and postpartum breastfeeding classes and a breastfeeding support group are natural extensions of services to parents in obstetric and pediatric practices. Prenatal contact with women provides an opportunity to help them in their decision to breastfeed, dispel misconceptions, explore their breastfeeding history and goals, and perform breast assessments in preparation for breastfeeding.

Working in a healthcare provider practice enables lactation consultants to guide parents through the early weeks of breastfeeding, with essential follow-up after hospital discharge. Anticipatory guidance by telephone and electronic messaging helps avoid breastfeeding complications. When problems or concerns arise, an office visit or home visit may be necessary for evaluation and a care plan. Some practices establish a 24-hour telephone **warmline**, allowing parents to leave a voice message and receive a response later. Follow-up phone support is still a key intervention that influences continued breastfeeding duration (Chaves et al., 2019; Forster et al., 2019; Olson et al., 2019). Other practices provide patient email support via a secure electronic platform that rigorously follows Health Insurance Portability and Accountability Act (HIPAA) guidelines. The practice may also incorporate breast pump rentals and other breastfeeding devices into their services.

Remote consultations via teleconferencing have grown in popularity for both primary care and allied healthcare providers. Some pediatric groups provide remote lactation teleconference consultations. Private practice lactation consultants increasingly provide this service. There is a lack of insurance coverage for many telemedicine applications. Another limitation is the inability to do prefeed and postfeed weight assessments, as well as the inability to assess the infant's suck in person. However, telemedicine does provide help for families in remote areas without any lactation services.

Financial Considerations

Wages in a healthcare provider's practice typically range between those of an office staff nurse and a hospital-based lactation consultant. Compensation may be contracted on a per-client basis to cover such services as hospital rounds, follow-up contacts, charting, and a warmline. The practice may bill separately for breastfeeding classes and office or home visits or include it in the provider's fee. In some cases, the practice may prefer to compensate for the lactation consultant's services with an hourly salary.

Clients who pay the lactation consultant directly on a fee-for-service basis can submit the charge to their insurance company for reimbursement. The provider might include lactation services on the bill submitted to the insurance company. Individual insurance companies will determine whether to reimburse for lactation services. Information on **third-party reimbursement** is available for current USLCA members on the USLCA website (USLCA, 2019).

Practicing in Home Health Care

A home care lactation consultant provides breastfeeding follow-up after hospital discharge. Home health services begin with **discharge planning** and continue through home visits and community referrals. Ideally, every home care agency that provides maternity services will have a lactation consultant on staff. If there is no lactation consultant in the service, it is essential that home care nurses be well educated in breastfeeding management so they can give effective care and advice. Hospitals customarily contract with managed care companies to provide home care service.

Postdischarge support is essential for mothers and babies with short hospital stays. If a mother is discharged before 48 hours after delivery, the hospital staff may not be able to observe a breastfeeding session. Many families elect to stay only 24 hours, especially when it is not their first birth. Breastfeeding advocates in the United States have had varying degrees of success in obtaining health maintenance organization (HMO) coverage for home care services. Some HMOs may be more likely to provide coverage for lactation services if the lactation consultant is also a registered nurse. In some places, home health staff see mothers only if they have a health problem.

Home Health Lactation Program

Home health agency services, including lactation support, vary from country to country and from state to state in the United States. Agencies differ in their policies for determining which mothers are eligible for home visits, as well as the duration of the visits. Home visiting programs are an important strategy to support families with young children. Programs are designed to provide information, referrals, and parenting support to reduce child maltreatment, improve maternal and child health, and improve early school readiness (Health Resources and Services Administration, 2019). An increase in home visit support prenatally as well as postpartum may also provide the opportunity to support breastfeeding in the early days and weeks. In one home visit program studied, participants were 4.5 times more likely to initiate breastfeeding (Shah & Austin, 2014).

Lactation Consultant's Role

A home environment is less structured than a hospital room, requiring flexibility in expectations and the manner

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in which care is provided. Encourage parents to think of themselves as a patient and not to worry about showering, dressing, or cleaning the house for a visitor. Helping them lower their expectations encourages them to get the rest they need. This section describes a possible progression of home visits by a lactation consultant.

On the first visit, the door may open to an excited sibling or a frantic mother who needs reassurance. The visit may begin with social amenities and emotional support substantially different from that provided in a hospital setting. Likewise, family dynamics may be quite different from those observed in the hospital environment, with the mother's partner, siblings, and grandparents often present. This opens a window into the mother's support system and opportunities to include family members in the comfort of their own environment. Often, educating the mother goes a long way toward enlisting support from a skeptical relative. This cannot, however, be allowed to compromise the mother's privacy. Personal questions should not be asked in the presence of others without first obtaining the mother's permission.

On the first visit, the lactation consultant observes and assesses breastfeeding and builds the mother's self-confidence. The lactation consultant asks how breastfeeding is going and checks any breastfeeding diary. The mother is asked about her labor and delivery to identify potential problems with breastfeeding, such as the possibility of a sleepy baby because of birth interventions. This also gives the mother an opportunity to talk about the birth and any disappointments. Relating her birth story may help the mother gain perspective and move on to other parenting elements such as breastfeeding. Anticipatory guidance helps the mother avoid potential complications such as nipple pain, engorgement, or low milk production.

The second home visit may find the mother more relaxed and reassured, as she is likely feeling more rested and confident. She is now more prepared to "take in and take hold," as classically described by Reba Rubin (1957). Discussion centers on long-term issues such as managing feedings after returning to work and accessing community support, a vital link for the mother in reaching her breastfeeding goals. Another complete assessment of the mother and baby takes place, including a breast exam. The second visit occurs around day 5 or 6 after childbirth. A report of at least six or more wet diapers and three or more stools in 24 hours would be expected. Infant weight loss should be stabilized or less than 7 percent of birth weight.

Working in Private Practice

A seasoned IBCLC who has experience working with a wide variety of breastfeeding parents and infants may consider opening a **private practice**. Private practice lactation consultants are dependent on referrals to maintain and expand their client base. Establishing a large system of referrals from contacts with other lactation consultants, hospitals, caregivers, and previous clients can take several years. An additional medical credential beyond IBCLC designation (e.g., nurse, nurse practitioner, physician, dietitian, or midwife) can be important when working on a referral basis. These licensed credentials make it more likely that insurance companies will provide reimbursement as well.

Private practice allows lactation consultants to arrange work schedules around family functions and other responsibilities. Some with a private practice also work part time in a hospital, which helps them maintain peer relationships while also seeing clients in the early postpartum period. Involvement in community coalitions and other professional groups provides additional **networking** opportunities. Ultimately, the key to success is to use sound business practices, make the time commitment necessary to see clients, follow through with necessary documentation, and market the private practice services.

Business Structure

Establishing a private practice is a serious business decision that will require work to succeed. A small business course from a local community college may help those with no business background. Books, seminars, and internet resources, including webinars, are also sources of information on how to start a small business and run a home office. The U.S. Internal Revenue Service (IRS) provides webinars and extensive information on federal tax requirements on its website (IRS, 2019). Being self-employed may provide tax benefits, which an accountant can help identify. Consulting with an accountant or tax attorney before opening the practice can help avoid potential tax and business pitfalls associated with running a business.

Most private practice IBCLCs operate as sole proprietors. Those with additional professional credentials may establish a professional association or S corporation. Limited liability corporations (LLCs) are also popular choices as business structures for entrepreneurs. They combine the personal liability protection of a corporation with the tax benefits and simplicity of a partnership. They are also more flexible and require less documentation to establish and maintain than corporations.

Office Location

Some private practice lactation consultants work from home. Others have a separate office in the community. Still others conduct the business aspects of their practice in their homes and see parents only through home visits. In any of these settings, a private room is needed for consultations where the client and others in the home or adjacent offices cannot see or hear each other. This protects

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parents' privacy and establishes an environment in which they can discuss sensitive issues. Bathroom facilities, safe and easy access to and from the office, and convenient parking are also needed.

When working in a home-based practice, check with the local zoning board to identify any restrictions on home businesses, signs, parking, or supplies. Additional coverage on homeowner's insurance is recommended because of client visits. Removing personal and family items from the consultation room creates a professional environment. Framed professional awards and certificates of academic and community achievement will help parents feel secure in choosing you as a member of their healthcare team. Paperwork and other clutter can be stored in a drawer or closet during consultations.

Client intake forms such as consents, history, and privacy notices can be made available online through a secure server service. Clients can fill out forms and pay online, or they can pay through an electronic tablet or notebook at the time of the appointment, using secure platform applications designed specifically for lactation consultants. An integrated credit card reader can be used for payments and emailing receipts to clients, enabling a paperless practice. If you prefer paper documentation, several client charts can be prepared on a clipboard, ready to give to parents at the beginning of the consultation. Insurance and healthcare providers expect electronic communication, so paper documentation will need to be scanned and sent via secure (encrypted) electronic communication, including fax or email.

An off-site office in a commercial building requires rent, insurance, utilities, business signage, and maintenance. The location needs to be one that clients will feel comfortable visiting. This requires good outdoor lighting for evening appointments, security, snow removal, and adequate parking. Many commercial offices offer secretarial services for small businesses, including copying, faxing, phone, and virtual voice mail systems. You will still need your own business and breastfeeding supplies for consultations. If you wish to use this type of service, make sure the leasing company can guarantee that the services comply with privacy laws.

In a private practice that provides home visits, you will take all necessary supplies and equipment with you. Anticipating everything that will be needed and having it handy will ensure effective consultations. If you are driving, use your global positioning system (GPS) unit or smartphone to locate homes. It is prudent to look at the route before starting out. Having a cell phone is essential. Calling or texting the client before the visit avoids miscommunication about the date or time and is an opportunity to confirm the address.

Marketing the Practice

A sound marketing strategy will guide the success of a private practice. Planning for the anticipated response of the target market will help attract the desired number of clients to see on a daily, weekly, or monthly basis. This number may vary at different life stages, depending on the lactation consultant's other professional commitments and family obligations. Networking with other lactation consultants in private practice through social media groups, email lists, and conferences will provide insights into effective marketing strategies.

Private practice clients will come primarily from medical referrals, referrals from past clients, and marketing through the internet and places in the community. Establishing relationships with local practitioners, hospitals, clinics, birthing centers, and childbirth educators will acquaint them with your services. Maintaining these connections through follow-up and regular communication will increase referrals from these sources. Many successful private practices use social media, including websites that offer breastfeeding information and describe their services. Including links to other breastfeeding and parenting sites will increase traffic to their sites. Breastfeeding mobile apps such as LatchMe (2019) provide an opportunity to advertise your services. Parents can also find a lactation consultant through ILCA's Find a Lactation Consultant directory, which lists IBCLCs who are also ILCA members (www.ilca.org). Press releases and interviews through local news outlets and other media will further increase exposure.

Many routine aspects of a private practice lactation consultant's work also provide marketing opportunities. Meeting with healthcare providers and their staff at their offices to confer about clients and provide staff education enhances relationships. Sending a well-crafted report to providers after seeing their patients demonstrates your professionalism and expertise. Some circumstances may warrant enclosing a copy of relevant research articles as well. All this increases the likelihood that the provider will refer parents to you. Of course, satisfied clients are the best sources of referrals. Your attention to meeting the needs of parents in your care will reap marketing benefits as those satisfied clients recommend your services to friends and family and return for help with future babies.

Financial Issues

Private practice requires billing and collecting client fees, a task typically performed by the lactation consultant on a monthly basis. An inexpensive accounting software program (such as QuickBooks or Quicken) can simplify the process while providing easy record retention and quick reference. Many lactation consultants in private practice use third-party billing services specifically tailored for the lactation profession. It is important to keep track of all income and expenses related to the business. Expenses may include office supplies and equipment, utilities, insurance, educational materials and programs, professional memberships, advertising, donations, and taxes. Income records may include items such as consultations and services, rental and sale of breast pumps and other devices,

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breastfeeding classes, and speaking engagements. Software designed specifically for lactation practices is available for this purpose.

Clients need to know the cost of the consultation before it takes place. When the nature of a telephone call requires a consultation, a response may be, "I will be happy to see you. I have an opening at the following times . . . .You will need to be here for about 2 hours, and my fee is . . . ." Approaching the topic in a self-assured and practical manner will help parents be comfortable paying for breastfeeding help. If a mother says she cannot afford to pay for a consultation, you can offer her alternative options. You may keep a list of no-cost resources for breastfeeding parents, such as WIC offices (if eligible), volunteer support, and any hospital or clinic that provides no-cost or sliding scale fees. You may also design your practice, based on your financial status, to provide sliding scale fees. If feasible for your financial needs, you might offer installment payments.

Some lactation consultants prefer not to take direct phone calls and do not wish to have conversations with potential clients. Their voice mail directs the caller to their website and their online scheduling service. Many clients arrive for appointments without ever speaking to the lactation consultant, with all intake forms filled out online.

Third-Party Reimbursement

If the private practice has no in-network provider status with a mother's insurance carrier, she will need to pay her fee directly to the practice and send the receipt to her insurance company for reimbursement. Providing clients with the necessary forms will help them seek reimbursement. Information about coding, coverage of lactation care and services, and filing of claims is available for members from USLCA (USLCA, 2019). An internet search for breastfeeding **superbills** will identify forms designed specifically for reimbursement of lactation consulting services. Some insurance companies require submission of their own insurance forms for reimbursement rather than a superbill. The client can contact the insurance carrier to learn its requirements.

In the United States, the Patient Privacy and Affordable Care Act requires that insurance providers cover the cost of a breast pump. They may cover rental or a new consumer pump. Care plans should describe the type of pump (manual or electric), length of pump rental coverage, and when they will provide the pump (before or after the baby's birth). In many cases, the parent's insurer will follow the healthcare provider's recommendations on what is medically appropriate. Some insurance plans may require preauthorization from the healthcare provider (Healthcare.gov, 2019).

Figure 2-2 illustrates a sample referral letter from a provider that may be helpful in seeking reimbursement for a breast pump rental. The parent can attach it as a cover letter to the insurer. To facilitate reimbursement, a dated copy of the provider's prescription could also be attached with information that needs to be reflected on the prescription that is relevant to breastfeeding (see **Figure 2-3**). In the United States, this would include **International**

[Date]

To insurance carrier for: [client's name]
Name of policyholder:
Policy number: __________

The following explanation of medical need is provided in order to expedite insurance coverage for the rental of an electric breast pump.

[Name of mother] delivered the high-risk infant [name of baby] on [date]. The child is too immature or ill to nurse directly at the breast. However, it is well established that human milk provides optimal infant nutrition for the first 6 months of life. Thus, the mother of a preterm or high-risk newborn is encouraged to pump her breasts in order to provide milk for her hospitalized baby and to maintain lactation until the baby can breastfeed.

The double electric breast pump is the most efficient, effective, and physiologic means of simulating the sucking action of a normal infant. Inexpensive manual, battery-operated, or small electric breast pumps are an adjunct to milk expression for occasional use when a large electric pump is unavailable. A piston-type electric breast pump is essential for the maintenance of adequate milk production when a child is unable to breastfeed normally. Such pumps cost approximately $1400 and thus are far more economical to rent.

The electric pump will be necessary until the baby is able to take all required nutrition by feeding at the breast. An electric breast pump is not a convenience for the mother; rather it is a medical necessity in the best interest of the child's health.

Sincerely,

[Healthcare Provider]

FIGURE 2-2 Healthcare provider letter for insurance coverage for rental of a breast pump.

Consultation	Consult [lactation consultant's name] for evaluation, assessment, and treatment of [diagnosis and ICD-10 code].
Breast pump rental	Use of hospital-grade electric breast pump to obtain the mother's milk to feed to the baby. Classified as durable medical equipment.
Breast pump rental	Use of electric breast pump for treatment of [diagnosis and ICD-10 code].
Infant feeding supplies	Use of a [name of device] to ensure the baby's adequate caloric intake.

FIGURE 2-3 Examples of information to include on a prescription.

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Classification of Diseases (ICD-11) codes from the CMS. Be aware that some codes may apply only if a healthcare provider is present for the consultation.

Availability to Clients

A private practice lactation consultant needs to be available to clients at established times and arrange coverage when away from the practice. Selecting a reliable person to provide coverage who shares a compatible philosophy and approach to breastfeeding will ensure that clients in the practice will receive the help they need. Use of a cell phone, voice mail, or electronic messaging will ensure that parents can reach the practice at all times and leave messages after hours. The number that clients call should be answered only by the practice. The lactation consultant is legally required to respond if a client leaves a message.

Documentation

A new client should sign a consent form before the first consultation. The form can include consent for future visits as well as permission for photographs for teaching purposes. Use of a standard assessment form will ensure that essential information is collected and that consistent questions are asked. The third important piece of documentation is a report to the client's healthcare providers, usually the pediatrician and the obstetrician. Preparing this report immediately after the client visit will ensure accurate reporting. See Chapter 6 for discussion of documenting breastfeeding assessments and writing provider reports.

Check the laws in your state, province, or country for record retention requirements. In the United States, HIPAA regulations do not include medical record retention requirements. Instead, the laws in each state regarding record retention would apply. There is a 6-year retention period for HIPAA policies and procedures. A free security risk assessment tool is available from the U.S. Department of Health and Human Services (USDHHS, 2018).

In addition to client records, you should also keep appointment books, call logs, financial records, and receipts. Records retained on a computer should be backed up frequently through a secure online (cloud) backup service. Diligence in retaining files will facilitate locating material if needed for tax reporting or another purpose. See Chapter 28 for further discussion of documentation as it relates to legal liability.

Members of the Healthcare Team

Lactation consultants, parents, healthcare providers, and educators all share the common goal of ensuring good health for mothers and babies, and they all play an important role in encouraging breastfeeding. Education and support from healthcare providers is a proven and effective intervention (McFadden et al., 2017; Meedya et al., 2017). Nurses and midwives are especially crucial in communicating positive views on breastfeeding to new parents. They are able to spend more time with parents and their baby than other healthcare providers, ensuring the education that is a key component of their care. All members of the healthcare team need to be current in their breastfeeding knowledge and skills in order to provide families with optimal care. Sharing appropriate information across disciplines will promote consistent, skilled care.

Institutional and personal factors can lead to inconsistent professional breastfeeding support. This inconsistency is magnified when parents receive conflicting information from multiple caregivers. Information and support can be cursory or inaccurate, and caregivers may fail to provide sufficient referrals and follow-up (Cross-Barnet et al., 2012). These barriers underscore the importance of forming a strong healthcare team and delivering a coordinated effort.

Knowledge Gaps on the Healthcare Team

Parents need a strong continuum of knowledgeable support throughout their healthcare team. Gaps in knowledge and skills may affect the comfort level of healthcare professionals in promoting and supporting breastfeeding. Research reveals a significant knowledge deficit regarding breastfeeding in all areas of health care. This calls for health professionals who care for mothers and babies to receive more effective training in supporting breastfeeding (Meek, 2017; Taylor & Bell, 2017). Gaps in breastfeeding knowledge, counseling skills, and professional education and training exist among many different types of healthcare providers.

Lactation education in university health science, nursing, and medical programs is often lacking, inconsistent, or not evidence based. Nursing education sometimes does not adequately prepare students with the necessary knowledge, skills, and attitude for helping with breastfeeding (Holtzman & Usherwood, 2018; Taylor & Bell, 2017; Wallenborn et al., 2018; Webber & Serowoky, 2017). Lactation education for pediatric nurse practitioners, who increasingly provide more pediatric and family health care, is also inconsistent. Although curricula promote breastfeeding, programs vary in the amount of education and range of clinical opportunities they provide for students (Brzezinski et al., 2018). Pediatric residents continue to receive insufficient breastfeeding education during their training to be active breastfeeding promoters (Feldman-Winter et al., 2017; Meek, 2017). Midwifery training could work toward improving breastfeeding attitudes, particularly for students from areas in which breastfeeding is not the cultural norm or

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those with negative personal breastfeeding experiences (Darwent & Kempenaar, 2014). Pharmacists interact frequently with breastfeeding parents regarding medication safety yet are often lacking in breastfeeding content in their training (Amir et al., 2015; de Ponti et al., 2015; Sim et al., 2018). When giving information to patients, healthcare providers rely on their background and training. Unfortunately, most medical schools devote little, if any, time to the practical management of breastfeeding. Biochemistry or breastfeeding problems of a medical nature are often the focus, rather than practical breastfeeding management and support. Inaccuracies are prevalent in many obstetric textbooks as well (Ogburn et al., 2011). Personal experience with breastfeeding and the quality of that experience often form the basis of breastfeeding knowledge, attitudes, and confidence for medical students. Many students lack sufficient breastfeeding knowledge for their clinical role.

Keeping up with the latest research in a healthcare provider's field can be difficult in a busy practice. Many rely on their own, family members', and patients' breastfeeding experiences to inform their practice (Garner et al., 2016). Negative or problematic experiences may bias the information and advice they give to patients. Two-thirds of physicians in one survey who began breastfeeding their own babies encountered difficulties. About 75 percent of this group with challenges persevered (Riggins et al., 2012). Breastfeeding residents often struggle with low milk production and stop breastfeeding early, in part because of work demands. These work demands include long hours, limited time for pumping, and the effect on other team members, perceived as detrimental to their performance (Ames & Burrows, 2019; Cantu et al., 2018; Mattessich et al., 2017). Physician mothers who have had positive breastfeeding experiences are more likely to promote breastfeeding among their patients and staff (Eren et al., 2018; Sattari et al., 2016).

Although healthcare providers are generally aware of the benefits of human milk, their practices often do not reflect an understanding of the day-to-day management of breastfeeding. Such misinformation from providers impacts the ability to initiate or sustain breastfeeding. Many providers welcome research-based information and materials on lactation management. Unfortunately, much of the infant feeding information healthcare providers receive is about artificial feeding. A 2014 study revealed that as many as 80 percent of pediatric offices use literature about breastfeeding that is provided by infant formula companies (Dodgson et al., 2014). This does a disservice to parents by implying incorrectly that the formula company is a viable member of the healthcare team.

Healthcare providers need evidence-based, unbiased, breastfeeding information from a source that has no vested mission to promote lactation failure. The lactation consultant is an important resource for providing this information to healthcare provider practices. The solid knowledge base that lactation consultants provide will benefit a busy practice. Chapter 28 provides further discussion of the need for improving breastfeeding education among the members of the breastfeeding healthcare team.

Education to Fill Knowledge Gaps

Increases in lactation education are helping to fill knowledge gaps among practitioners across healthcare disciplines. The U.S. Breastfeeding Committee (USBC) maintains listings of lactation educational offerings provided by professional organizations (USBC, 2019). Globally, the World Health Organization (WHO) provides training materials, especially suitable for distance learning (WHO, 2020). Programs that teach evidence-based breastfeeding management, effective communication, and counseling techniques improve knowledge and skills among nursing staff. Education for healthcare practitioners increases awareness of the value of breastfeeding and improves skills in assisting parents. It also inspires changes in maternity care practices that support breastfeeding. Supportive practices found in Baby-Friendly facilities are reflected in the increased initiation rates and exclusive breastfeeding duration (Hawkins et al., 2015).

Clinical experience is a significant component in improving knowledge and skills among members of the healthcare team. Process-oriented training programs for midwives and postpartum nurses result in a significantly longer duration of exclusive breastfeeding (Ekström & Thorstensson, 2015). Staff attitudes, breastfeeding knowledge, and breastfeeding care in one large healthcare network improved significantly after participation in breastfeeding training. Increased rates of breastfeeding initiation and duration up to 1 year were observed (Rosen-Carole et al., 2016). Busy clinicians may be receptive to practical, clinical instruction that helps them improve their skills and confidence.

Lactation education should be a core component of any healthcare education program. The addition of breastfeeding education to nursing curricula increases student knowledge about breastfeeding and lactation management (Bozzette & Posner, 2013; Yang et al., 2018). As the healthcare system becomes more strained, more advanced practice nurses and physician assistants will provide routine family care. One physician assistant lactation curriculum resulted in significant improvement (40 percent before vs. 76 percent after) in self-perceived knowledge and counseling skills (Meusch et al., 2013). The AAP (2019) has published a breastfeeding curriculum to help residents develop confidence and skills in breastfeeding care. The program is designed to help residency program directors and faculty incorporate breastfeeding education into existing curricula. The AAP curriculum was used

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in targeted training of 417 residents in pediatrics, family medicine, and obstetrics and gynecology. The training resulted in significant improvement in knowledge, practice patterns, and confidence in breastfeeding management. Infants at the institutions in which the curriculum was implemented were more likely to breastfeed exclusively for 6 months (Feldman-Winter et al., 2010).

Providers on the Healthcare Team

New parents flourish in their breastfeeding and parenting when they are supported and validated in their decisions. Healthcare providers are customarily considered the primary members of a parent's healthcare team and therefore exert tremendous influence over their practices. Supportive healthcare providers who talk with patients about breastfeeding from a sound knowledgeable base can positively influence breastfeeding initiation and continuation. Implementation of the Academy of Breastfeeding Medicine's (ABM) protocol for a breastfeeding-friendly pediatric or primary care practice can yield increased initiation rates and exclusive breastfeeding duration (ABM, 2013, 2019; Dumphy et al., 2016; Meek & Hatcher, 2017; Rosen-Carole et al., 2016; Sriraman, 2017).

Caregiver nonsupport of breastfeeding may result from reluctance to pressure parents or make them feel guilty about their choice to bottle-feed. Adopting a middle-of-the-road stance regarding breastfeeding transmits a message to parents that artificial formula is equally healthy for their infant. Such an ambivalent approach fails to safeguard optimal nutrition and preserve infant health. Healthcare providers are not typically noncommittal about the importance of immunizations, preventive care, car seat use, dental checkups, or avoidance of cigarette smoking and other social toxicants. The importance of breastfeeding to both the mother's and the child's health is no different. The issues of guilt and regret are explored further in Chapter 4.

Healthcare providers need to adopt an approach that protects the continuation of breastfeeding for mothers and babies in their care. When a problem requires specialized care, healthcare providers are encouraged to refer parents to an IBCLC and to a community group for support. Primary care or family practitioners are an important resource for breastfeeding women, particularly those who live in rural and remote areas (Dumphy et al., 2016). There are limited breastfeeding support options in rural and remote areas, so informed healthcare providers are especially needed in those locations (Goodman et al., 2016; Grubesic & Durbin, 2017). Some providers specialize in breastfeeding support, with several healthcare provider–led clinics in the United States providing outpatient clinical support for breastfeeding. Healthcare providers in most of these "breastfeeding medicine clinics" also provide primary care services within the same clinical setting (Shaikh & Smillie, 2008).

Breastfeeding Counselor Support

Many families live in a culture where they do not have access to older, experienced family members and friends to support them and teach them how to breastfeed. Breastfeeding counselors can fill this gap and provide a culture of breastfeeding. WIC peer counselors are usually of the same ethnic origin as the other women in the community. Breastfeeding counselors are also available in most communities through support groups such as La Leche League, Breastfeeding USA, and breastfeeding cafés.

Research continues to document increases in breastfeeding initiation and duration rates as a result of peer support. Peer support increases breastfeeding initiation and duration rates (Burns & Schmied, 2017; Clark et al., 2018; Scott et al., 2017) as well as exclusive breastfeeding (Rozga et al., 2016; Shakya et al., 2017; Wang et al., 2018). Informal, needs-based education and peer support may be more effective than formal prenatal education (Feferbaum, 2014). The effectiveness of peer support increases when combined with practical hands-off teaching and home visits (Mejdoubi et al., 2014). Further, the combination of professional and peer support is effective in ensuring the continuation of breastfeeding (Lee et al., 2019). Establishing relationships with breastfeeding counselors and other support people in the community will enhance the effectiveness of lactation consultants in any area of practice.

Role of the Breastfeeding Counselor

Breastfeeding counselors find helping mothers to be very rewarding (Hopper & Skirton, 2016; Meier et al., 2013). One of their most valuable services is the validation and peer support they provide. Studies show that women tend to deal with their personal stresses by talking about them with others who share or understand their situation. Researchers have identified increased levels of self-esteem, confidence, empowerment, and satisfaction among mothers who receive peer support (Burns & Schmied, 2017; Hopper & Skirton, 2016; Robinson et al., 2016; Srinivas et al., 2015). Women in some cultures prefer a breastfeeding counselor to a health worker for support because of their friendly approach (Nankunda et al., 2010).

Peer support and guidance improves knowledge and attitudes of breastfeeding parents. Breastfeeding counselors receive training in counseling and breastfeeding care, qualifying them to support mothers. They offer anticipatory guidance to help mothers learn what to expect, avoid potential problems, and resolve issues before they become unmanageable. They deal with basic breastfeeding situations that do not require higher level lactation education. They educate parents about their options and encourage them to participate actively in decisions about their babies' care. They typically emphasize limited separation of mother and baby, exclusive breastfeeding for at least

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6 months, and baby-led weaning. Helping parents manage breastfeeding and working, supporting early weaning, and addressing variations in breastfeeding styles that require compromise reflect counselors' flexibility and acceptance.

Community-Based Breastfeeding Support Groups

Step 10 of the Ten Steps to Successful Breastfeeding calls for the establishment of **breastfeeding support groups** and the referral of mothers to them when they are discharged from the hospital or clinic. Breastfeeding support groups provide a much-needed service to families in the community and further the promotion of breastfeeding. They help create a community of breastfeeding in a culture where it has been lost for generations. Many mothers who leave the hospital breastfeeding fail to continue because they lack the necessary support and information to do so. Those who have no female relatives or friends to guide them will benefit from the services of a breastfeeding support group. Starting a support group can provide a needed service to women in your community and further the promotion of breastfeeding.

As Wiessinger (2002) notes, mother-to-mother support groups function as "breastfeeding support in its oldest, most enduring form—women learning without pressure, over time, from women they want to emulate." Support groups reinforce women's traditional patterns of seeking and receiving advice from relatives and friends. A mother can seek help at any time, day or night, and help is usually available in her own community. Experienced mothers lead discussion groups and offer support to new mothers, helping them gain a feeling of self-reliance and reassurance.

Groups such as Breastfeeding USA, La Leche League, and breastfeeding cafés provide help through social media, including internet websites, forums, podcasts, and blogs (such as Mocha Milk, a blog specifically for breastfeeding mothers of color). Support groups educate parents about options, help them make informed choices, and increase their self-confidence. They provide written materials, counseling services, regular group meetings, and special programs. A support group should accommodate the style and needs of the families and the community it serves. The goal should be to involve parents as much as possible and help them feel comfortable participating through questions, demonstrations, and small-group discussions.

Community Support Group Meetings

Regular community-based breastfeeding support group meetings provide a valuable counseling opportunity (**Figure 2-4**). Support groups can provide social support and encouragement that may be lacking in other areas of a family's environment. This participation influences breastfeeding continuation (Lee et al., 2019; Nabulsi et al., 2019; van Dellen et al., 2019). Mutual sharing and observing babies breastfeed greatly enhance a parent's personal breastfeeding and parenting experiences. Counselors lead discussions and offer support to new parents, helping them gain a feeling of self-reliance and reassurance. Meeting formats encourage friendly and informal discussion and provide a supportive environment. Networking and visiting with other parents provide an outlet for those who lack contact with other breastfeeding parents. The primary factors influencing meetings should be the needs of the parents who will be attending. Holding meetings at a time and location convenient to families in the community will ensure accessibility.

FIGURE 2-4 Mothers and their babies in a support group.

Courtesy of St. John's Hospital, Springfield, Illinois.

Working with Breastfeeding Counselors

For the lactation consultant, forging a positive working relationship with Breastfeeding counselors, the parents they counsel, and their caregivers contributes to meeting the needs of breastfeeding in the community. Being involved in the lactation services and support available within the community helps ensure continuity in their breastfeeding care and support. Services that a lactation consultant offers to breastfeeding support groups generally is voluntary. The value of building relationships and goodwill in the community makes this a worthwhile service and presents a unified program of support to breastfeeding families. See **Table 2-3** for possible services to a breastfeeding support group.

In the absence of a community support group, it is especially important that lactation consultants provide support, follow-up, and appropriate written materials after hospital discharge and whenever breastfeeding difficulties arise. Developing a breastfeeding support group, training group leaders, and being available as a resource is a worthy

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TABLE 2-3 Lactation Consultant Services to a Breastfeeding Support Group

Reciprocal referral system	• Mothers are referred to the support group for continuing outreach support. • The support group refers mothers to lactation consultants when a special situation requires a greater level of expertise. • A greater number of mothers receive necessary support and information.
Counselor training	• Ensure that the support group provides quality counseling and accurate information by training its counselors in counseling skills and breastfeeding information. • Ensure that support and education to mothers is consistent with the lactation consultant's philosophy and approach. • Provide continuing education in the form of study nights, seminars, and workshops. • Be available as an adviser, and stand ready to answer questions from counselors. • Review written materials for counselors and parents.
Assisting with support group activities	• Speak at parent or counselor meetings. • Help organize outreach programs run by the group. • Encourage community programs that address both parents and the medical community.
Liaison	• Assist as a liaison between the support group and the medical community. • Maintain a two-way communication when mothers have problems and keep both healthcare providers and the support group informed.

venture. Other ways to actively reach out include speaking at childbirth classes and clinics, sharing information with professionals, and speaking to high school health classes.

Online Breastfeeding Support

In an age when most adults own smartphones and regularly use apps and the internet, it is not surprising that new parents are increasingly seeking breastfeeding information and support online. Internet support provides a means to increase the duration of exclusive breastfeeding and promote positive long-term breastfeeding outcomes (Giglia, 2015). The most common reasons parents cited in one study for reaching out to the internet were advice for coping with difficulties or disappointments, anticipatory guidance, and information on milk production (Demirci et al., 2016). For some parents, knowing information and guidance is a click away may be sufficient, without a need for regular networking and support.

Many parents join online support groups that provide 24-hour access where they can post messages at any time and wait for responses. They find support groups, such as those through Facebook, to be a convenient and preferred source for accessing breastfeeding information and support. The Australian Breastfeeding Association hosts Facebook groups where parents receive immediate information and support from a trusted community (Bridges, 2016). In an online group in the UK, infant ages discussed were mostly 6 weeks to 6 months, and 65 percent of parents used the site to seek information as opposed to 18 percent for esteem support and 10 percent for emotional support (Wagg et al., 2019).

A study of African American mothers reported that positive imagery of African Americans and shared experiences improved confidence with public breastfeeding and prolonged breastfeeding duration (Robinson et al., 2019b). In another study of African American mothers in Facebook groups, Facebook support was significantly correlated with intended breastfeeding duration (Robinson et al., 2019a). Nearly all participants received support from a partner, healthcare providers, other family members, and peers. However, the amount of support received from those sources was not as high as that received from Facebook. Regan and Brown (2019) found that mothers enlisted online breastfeeding support because of a lack of support from professionals, their families, and partners. The positive aspects of online support included reassurance, empathy, availability, and not being as socially daunting as a face-to-face group. Negative experiences included judgment for using formula, polarizing debates, and unhelpful information with no administrative oversight.

The Mother's Role on the Healthcare Team

Encouraging mothers to participate actively in their care is integral to the functioning of the healthcare team. Empowering them as parents will strengthen their role as equal members of their babies' and their own healthcare teams. When mothers share the positive features of breastfeeding with their healthcare providers, they help modify or change healthcare provider attitudes, opinions, and practices. Healthcare providers are usually very busy

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and may not recall all the details of a situation. As issues arise, a mother can convey her desire to breastfeed and summarize plans previously discussed with caregivers. She and her healthcare provider can then decide how to adapt the plans to her present situation.

Assertiveness and clear communication with their healthcare providers and lactation consultants will reinforce parents as equal members of the team. A parent who focuses on problems could cause healthcare providers to prescribe unnecessary practices for what they perceive to be a concern. For example, mentioning that the baby is fussy may result in the healthcare provider prescribing a formula supplement because of a concern about low milk production. In reality, the parent may simply have general questions about caring for a fussy baby and may not have considered a correlation between breastfeeding and the baby's fussiness. Clear communication will avoid misunderstandings and unnecessary interventions.

Parents' Education

Parents learn about breastfeeding through reading, prenatal and postpartum classes, personal assistance, and exploring the internet. Lactation consultants serve as facilitators to gently guide parents, acting as consultants and using scientific knowledge and practical experience to nurture and protect the breastfeeding relationship. Parents will benefit from help sorting through all the information available to them through social media and deciding which will help them with their own baby. Ideally, breastfeeding education begins before or during pregnancy and continues throughout the postpartum period. A combination of prenatal and postpartum breastfeeding education and support is shown to improve breastfeeding initiation and continuation rates (McFadden et al., 2017). Parents benefit most from a program that provides a range of services such as those described in **Table 2-3**.

Approach to Educating Parents

A lactation consultant's primary role with parents is to teach practical information about breastfeeding, point out options, and offer useful suggestions. Explaining why a certain technique works the way it does and giving the reasons behind suggestions will help parents understand them, relate to them, and adapt them to their situation. Educating them in this manner will give them the tools to handle future similar circumstances and to grow in self-confidence. (See the discussion of adult learning in Chapter 4.) Lactation research is dynamic and extensive. Remaining current with relevant literature and practices will ensure appropriate advice. **Figure 2-5** describes points for educating parents.

- Communicate clearly and simply.
- Offer the least complicated explanation in lay terms.
- Relate information in a friendly and low-key manner, neither overwhelming a mother nor making her appear uninformed.
- Relate only information that is current, correct, and evidence based—not opinion or one person's experience.
- If information conflicts with information the mother obtained from another source, check the source for accuracy and try to help the mother resolve the conflict.
- If unable to answer a question, tell the mother you will research it and follow up with her later.

FIGURE 2-5 Tips for educating parents.

Sharing Medical Information

Information and advice given to parents must be obtained from a reliable source. Anything beyond the scope of practice for the IBCLC must be presented in a manner of educating, not prescribing treatment. This is not the case for those who have prescriptive authority, such as a physician, nurse practitioner, or physician assistant. Information on prescription drugs changes frequently on the basis of current research, making it challenging to have the most up-to-date information when talking with parents. One authoritative source on medications and lactation is *Hale's Medications and Mothers' Milk 2019* (Hale, 2019). Parents can share this information with their baby's healthcare provider, who should be their ultimate adviser.

Conflicting Advice and Informed Choice

Lactation consultants can be instrumental in promoting **health consumerism** and encouraging parents to assume an active role in their family's health care. Some parents need more guidance than others in assuming this new role. Providing options and advice and suggesting ways that parents can interact with their healthcare providers will strengthen their skills and confidence. The lactation consultant's function is to coordinate breastfeeding care and empower parents to breastfeed with minimal intervention or complications.

Breastfeeding advice given by a lactation consultant may conflict with the advice received from other healthcare providers. This disparity does not necessarily indicate that one side is incorrect. Rather, it illustrates the variety of medical opinions concerning obstetrics and pediatrics. Presenting information and urging parents to make their own choices will help them work toward suitable solutions with their healthcare providers. Acknowledging any confusion caused by conflicting information will help parents resolve it with other caregivers and develop a plan that works for them.

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The lactation consultant may communicate directly with the healthcare provider or share information with parents that they can discuss with their healthcare provider. Polite assertiveness, a positive attitude, and a willingness to work with the healthcare provider to resolve the conflict will strengthen the parents' position. Informing and educating parents places this responsibility on them. If parents fail to accept this active role, the lactation consultant has fulfilled the responsibility of informing them of their options. See Chapter 4 for further discussion of health consumerism and informed consent.

Summary

The professional lactation consultant has a variety of employment options. A common thread among all settings is the role of the lactation consultant as part of a strong interdisciplinary healthcare team that provides consistent care to parents and infants as they establish breastfeeding. Parents who receive support from a strong healthcare team will be empowered to participate in decision-making as informed health consumers. Whether the practice setting is a hospital, clinic, healthcare provider practice, home health care, private practice, or a corporation, a commitment to breastfeeding parents and babies is the driving force behind all lactation consultations. Breastfeeding support groups and counselors also have valuable roles in supporting parents. Lactation consultants can help coordinate this support by maintaining a reciprocal relationship with community support groups.

What You Learned—At a Glance

The Lactation Consultant Profession

- The lactation consultant profession emerged in 1985 to provide caregivers with specialized knowledge and skills.
- IBLCE administers the certification examination for IBCLCs.
- ILCA is the international professional association for lactation consultants.
- LEAARC promotes standardization and excellence in lactation education.

IBCLCs in Hospital Practice

- Make rounds with breastfeeding patients.
- Provide inpatient and staff education.
- Provide equipment and supplies for patients.
- Maintain hospital-based lactation programs.

IBCLCs in Public Health Programs

- Serve low-income mothers and infants.
- Counsel mothers with cultural, socioeconomic, and lifestyle differences.
- Teach classes and facilitate support groups.
- Teach and supervise breastfeeding counselors.

IBCLCs in a Healthcare Provider Practice

- See healthy mothers and babies and those experiencing difficulties.
- Have patient loads that depend on the healthcare provider's patient load.
- Teach classes and facilitate support groups.
- Meet pregnant women.
- May make rounds in the hospital.
- May provide follow-up calls, warmline support, and electronic patient messaging support.

IBCLCs in Home Health

- Follow up with breastfeeding patients after discharge.
- Assess the mother, baby, and breastfeeding.
- Provide anticipatory guidance on long-term issues.

IBCLCs in Private Practice

- Should be seasoned IBCLCs with extensive experience.
- Establish a business and obtain office and lactation equipment.
- Market the practice and establish a referral base.
- Bill for services, facilitate third-party reimbursement, or participate in insurance provider networks.
- Provide office or home visits and follow-up.
- Document consultations, send healthcare provider reports, and retain records.

Other Members of the Breastfeeding Team

- A scarcity of lactation education in many medical and nursing schools results in breastfeeding knowledge gaps among healthcare providers.
- Healthcare providers need a proactive approach that protects and promotes breastfeeding.
- Connecting parents with breastfeeding support, including online and face-to-face, ensures that they have access to continuing assistance and support.
- Peer support increases breastfeeding initiation, exclusivity, and duration.
- Assertiveness and clear communication reinforce parents as equal members of the healthcare team.

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- Parents benefit from help sorting through information from social media.
- Anything beyond the scope of practice for the IBCLC must be presented in a manner of educating parents, not prescribing treatment.

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