



Need for International Board Certified Lactation Consultants (IBCLCs) in the California WIC Program and Public Health August 2023

International Board Certified Lactation Consultants (IBCLCs) function in a variety of organizations across the continuum of care intensively from prenatal to 12-24 months post birth, and sometimes longer. Hospitals today, compared to 10 years ago, are hiring more inpatient and outpatient IBCLCs. Breastfeeding initiation in the hospital has increased, although racial/ethnic disparities regarding breastfeeding initiation persist¹. In 2012, there were a total of 13,300 IBCLCs in the United States, and that number increased to 18,532 in 2022². That increase of almost 40% demonstrates the growing need for IBCLCs. In a nationwide survey of 356 IBCLCs in 2019, only 14% spoke a language other than English and most of them were white³.

The US Surgeon General's Call to Action to Support Breastfeeding provides a recommended standard of 8.6 IBCLCs per 1,000 live births, yet IBCLC supply in nearly all of the US states remain below this threshold⁴. The Centers for Disease Control and Prevention considers this to be an important indicator of access and tracks it bi-annually in its Breastfeeding Report Card. According to the CDC, in 2015 there were 3.7 IBCLCs per 1,000 live births in the US, an increase from 2.1 IBCLCs per 1,000 live births in 2011⁵. In California, in 2022, there were 2,516 certified IBCLCs⁶ and 420,031 live births⁷ or almost 6 IBCLCs per 1,000 live births. This is below the Surgeon General's recommendation.

A survey of the California WIC Program, in 2019, found that approximately 78% of the 82 local WIC agencies had access to an IBCLC in their agency, although not in each clinic site. Statewide there are about 500 WIC clinic sites. Another 7% of the WIC local agencies had access to one in their community. Almost 15% of WIC local agencies in California did not have access to an IBCLC. There were a total of 82 IBCLCs, or 76 IBCLC full-time equivalents (FTEs), in the 82 local agencies. There was an IBCLC, or staff with some breastfeeding training, on site only 83% of the time to assist mothers. The number of IBCLCs in 2023 is similar.

With the California law requiring hospitals to adopt hospital breastfeeding policies by 2025, the number of IBCLCs needed could increase⁸. Additionally, it is possible that Medi-Cal plans may include more IBCLCs in network under the CalAIM initiative, especially to achieve the population health goals for children, and the Birthing Care Pathway for expanded perinatal benefits⁹. Legally, Medi-Cal is supposed to provide lactation support, but relies on WIC staffing, which is not adequate for all the need.

Based on existing utilization rates, the Medi-Cal program could realize savings between \$405,000 to \$940,000 per 100,000 women by providing breastfeeding services and support¹⁰. Increasing breastfeeding rates to an ideal scenario of full breastfeeding to six months and partial breastfeeding to at least one year, as recommended by the American Academy of Pediatrics and other major medical organizations, would save \$1.6 million per 100,000 women annually on medical costs related to four infant health issues¹¹. These include ear infections, gastrointestinal infections, lower respiratory infections, and necrotizing enterocolitis. In 2022, there were 418,523 live births in California⁷. Since Medi-Cal pays for more than 50% of births in California¹², this could lead to an estimated savings for Medi-Cal of approximately 3.3 million annually for infants during their first year of life with continued health care savings in future years.

Birthing parents are protected by state and federal laws supporting lactation accommodation. However, they often need support from an IBCLC upon return to work to maintain their feeding goals and as they continue to work and provide human milk. Scholarships for training IBCLCs in the WIC program and for public health providers would increase support for WIC participants and low-income parents prenatally through their return to work.

Questions: Jenniffer Duran-West, jduranwest@calwic.org

References

1. California Department of Public Health. 2020 In-hospital Breastfeeding Initiation Data. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/2020-In-Hospital-Breastfeeding-Data-Supplemental-Info.aspx>
2. Herrera, K.D. What is an IBCLC? Nursing Central. August 2022. CE <https://nursingcecentral.com/ibclc/#:~:text=IBCLC%20means%20International%20Board%20Certified,increased%20to%2018%2C532%20in%202022.>
3. United States Lactation Consultant Association. Lactation Care Provider Demographic Survey, 2019 Data. <https://uslca.org/wp-content/uploads/2020/06/2019-Lactation-Care-Provider-Demographic-Survey.pdf>
4. Centers for Disease Control and Prevention. Office of the Surgeon General. Office of Women's Health. The Surgeon General's Call to Action to Support Breastfeeding. 2011. <https://pubmed.ncbi.nlm.nih.gov/21452448/>
5. Centers for Disease Control and Prevention. *Nutrition, physical activity, and obesity: data, trends, and maps*. 2017. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>
6. International Board of Lactation Consultant Examiners. Statistical Report. March 2022. https://iblce.org/wp-content/uploads/2022/03/2022_March_25_IBCLCs_US_Territories.pdf

7. Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Births: Provisional Data for 2022. NVSS Vital Statistics Rapid Release. No. 2, June 2023.
<https://www.cdc.gov/nchs/data/vsrr/vsrr020.pdf>
8. Health and Safety Code- HSC. Division 106. Part 2. Maternal, Child, and Adolescent Health, Chapter 1. Article 3. Breastfeeding [123360-123367]. 2015.
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=123367.&lawCode=HSC
9. California Department of Health Care Services. Overview of Medi-Cal’s Strategy to Support Health and Opportunity for Children and Families. March 2022.
<https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal%27s-Strategy-to-Support-Health-and-Opportunity-for-Children-and-Families.pdf>
10. California WIC Association and the California Breastfeeding Coalition. Breastfeeding Support in the Medi-Cal Program: A Large Return on a Small Investment. 2017.
https://www.calwic.org/storage/documents/WIC_BFF_AA_Analysis_R8.pdf
11. Milliman Client Report for Ursa Consulting and the California WIC Association. Impacts of Breastfeeding Support, Supplies, and Counseling on Health Insurance Premiums and Costs. May 2017. https://www.calwic.org/wp-content/uploads/2019/01/Impacts-of-Breastfeeding-Support_CWA-05-30-2017.pdf
12. Center For Health Care Strategies. How California’s Medi-Cal Program Aims to Advance Health Equity for Pregnant People. July 2022.
<https://www.chcs.org/resource/how-californias-medi-cal-program-aims-to-advance-health-equity-for-pregnant-people/#:~:text=Medicaid%20programs%20collectively%20are%20the,of%20all%20Medicaid%20births%20nationally.>