



National WIC Association  
Your child has you. And you have WIC.



## Enhancing Breastfeeding Support in WIC: The Case for Increasing the Number of International Board Certified Lactation Consultants

As the nation's premier public health nutrition program, WIC is a cost-effective, sound investment—ensuring the health of our children.

### NWA'S MISSION

NWA inspires and empowers the WIC community to advocate for and promote quality nutrition services for all eligible mothers and young children, and assure effective management of WIC.

Having access to an International Board Certified Lactation Consultant (IBCLC) can greatly enhance the breastfeeding services provided by WIC and support mothers who experience complex breastfeeding needs. Yet, a recent report, "WIC Breastfeeding Policy Inventory Report," showed that less than 40% of all state and local WIC agencies have an IBCLC on staff.<sup>1</sup>

To attain the WIC Program goal of improving the nutritional status of infants, WIC has vigorously promoted breastfeeding among pregnant women as the optimal infant feeding choice. Incentive programs were put in place to encourage more women to breastfeed. Examples include:

- Breastfeeding education is integrated into prenatal education for all pregnant WIC participants.
- WIC mothers choosing to breastfeed are provided information through counseling and breastfeeding educational materials.
- Breastfeeding mothers receive follow-up support from trained staff, including Peer Counselors where available.
- Breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers.
- Mothers who exclusively breastfeed their infants receive an enhanced food package.
- Breastfeeding mothers can receive breast pumps, breast shells or nursing supplementers to help support the initiation and continuation of breastfeeding.

The use of breastfeeding Peer Counselors was also an important step forward by the United States Department of

Agriculture (USDA) to help women initiate and continue breastfeeding. In 2004, the USDA Food and Nutrition Service (FNS) developed a training and technical assistance project to equip WIC Programs with a framework for designing and maintaining peer counseling programs.<sup>2</sup> In FY 2014, USDA released nearly \$60 million in funds to WIC agencies in states, territories, and Indian Tribal Organizations (ITO) in support of breastfeeding peer counselor programs.<sup>3</sup> With such efforts, USDA witnessed a significant increase in the breastfeeding initiation rates in the WIC Program nationally from 41.5% in 1998 to 71.8% in 2014.<sup>4</sup>

As breastfeeding rates rise in the WIC Program, so too do the number of mothers with complex breastfeeding needs. Research indicates that 92% of mothers, across socio-economic lines, report feeding problems on day 3 postpartum.<sup>5</sup> This presents a great opportunity for WIC to be the "go-to" place for lactation support, yet many local agencies lack the ability to provide solutions for these mothers beyond the scope of peer counseling services.

Currently, a number of other professionals, such as Certified Lactation Counselors (CLCs), Certified Lactation Educators (CLEs) and Certified Lactation Specialists (CLSs) are on staff within WIC clinics to provide valuable support to breastfeeding women. These individuals fulfill specific roles within a defined scope of lactation practice. Their support may extend beyond offering help with routine breastfeeding issues. However, the International Board Certified Lactation Consultant (IBCLC), is most qualified to provide clinical care of the breastfeeding dyad and address complex lactation problems.

IBCLCs specialize in the clinical management of human lactation and breastfeeding. Their certification, accredited by the National Commission on Certifying Agencies, requires that an individual passes the certification exam administered by the International Board of Lactation Consultant Examiners (IBLCE). In addition, IBCLCs adhere to the standard of practice set forth in the IBCLE Clinical Competencies for Practice.<sup>6</sup> Therefore, IBCLCs have the expertise to assist the breastfeeding dyad with clinical problems such as:

- Infants or mothers with cardiac problems
- Ankyloglossia (Tongue or lip tie)
- Slow weight gain
- FTT (Failure to Thrive)
- Micro-preemie
- SGA (Small for gestational age)

In its 2015 position paper, “Promoting and Supporting Breastfeeding,” The Academy of Nutrition and Dietetics states that “The IBCLC credential is the highest level of recognition for expertise in lactation and breastfeeding management.”<sup>7</sup> Research has also shown that WIC mothers are more likely to initiate breastfeeding when the WIC Programs employ both Peer Counselors and IBCLCs.<sup>8</sup> Integration of IBCLCs into WIC staffing strengthens the WIC Program’s ability to meet the needs of the population it serves. Bonuck demonstrated that professional lactation care by an IBCLC for low income Hispanic and African American women increases breastfeeding intensity and duration.<sup>9</sup> Additional research by the same author found that contact with an IBCLC for low income women helps to reduce utilization of health care resources for otitis media (inner ear infections),<sup>10</sup> indicating that IBCLCs present a healthcare cost saving in addition to high level breastfeeding support. In addition, a recent meta-analysis that assessed the impact of targeted

clinical interventions to support Latina mothers to breastfeed found that IBCLCs successfully helped Latinas increase any or exclusive breastfeeding.<sup>11</sup>

Integrating an IBCLC into a local WIC agency can have an enormous impact. One local WIC agency director from New York described the value of having an IBCLC on staff:

*“Having an IBCLC on staff has enabled us to be a safety net for families with complicated breastfeeding challenges. For example: babies who are born early, with an array of obvious and subtle, often unrecognized, challenges, are able to get the professional assessment and individualized strategic planning required to both keep babies growing well and move into long-term breastfeeding over time.”*

While an increasing number of WIC mothers are initiating breastfeeding, it is evident through low breastfeeding duration rates in WIC that once a mother is discharged from the hospital after delivering, multiple challenges and barriers may prevent the continuation of breastfeeding.<sup>12</sup> Common obstacles faced by WIC mothers include: the lack of transportation, financial means and/or insurance; or the unavailability of services within her community, which often result in sub-optimal or no lactation care. Without IBCLCs in the WIC Program, complex lactation issues are not properly addressed, resulting in early cessation of breastfeeding.

Current guidance from the Academy of Nutrition and Dietetics (AND) states that Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetics Technicians, Registered (NDTRs) need to be “ready to collaborate and refer to IBCLCs for complex breastfeeding situations.” AND recommends that “WIC supports breastfeeding mothers by offering counseling through its Peer Counselors, WIC

Nutritionists and IBCLCs.”<sup>13</sup> In addition, AND views the IBCLC credential as an opportunity for professional development, stating that “RDNs working with breastfeeding families should consider advanced training to seek the IBCLC credential.”<sup>14</sup> Meanwhile, as stated in the 2013 USDA Nutrition Services Standards, IBCLCs are the preferred “WIC-Designated Breastfeeding Experts” at local agencies.<sup>15</sup>

To help all WIC moms meet their breastfeeding goals, more IBCLCs need to be integrated into the WIC Program. WIC needs to provide the same high level of care for high-risk breastfeeding mothers and babies that is currently afforded to those with complex nutrition needs. Together, these two disciplines can ensure the best care to the program’s most vulnerable population. As such, federal, state, and local agencies should seek ways to create positions for IBCLCs and incorporate IBCLC services into their standard of care for women in the WIC Program.

## References

1. Forrestal A, Briefel R, Mabli J (2015) WIC Breastfeeding Policy Inventory. Prepared by Mathematica Policy Research for the United States Department of Agriculture, Alexandria VA. Available online: <http://www.fns.usda.gov/sites/default/files/ops/WICBPI.pdf>
2. Best Start Social Marketing (2004) Using Loving Support to Implement Best Practices in Peer Counseling: FGinal Research Brief. United States Department of Agriculture. Alexandria VA. Available online: [https://wicworks.fns.usda.gov/wicworks/Learning\\_Center/research\\_brief.pdf](https://wicworks.fns.usda.gov/wicworks/Learning_Center/research_brief.pdf)
3. United States Department of Agriculture (2014) USDA Announces Grants to Support State Breastfeeding Programs. Press Release

- No.0001-14 <http://www.fns.usda.gov/pressrelease/2014/fns-0001-14>
4. Centers for Disease Control. Rates of Any and Exclusive Breastfeeding by Socio-Demographics among Children Born in 2011. October, 20, 2014. [www.cdc.gov/breastfeeding/data/nis\\_data/rates-any-exclusive-bf-socio-dem-2011.htm](http://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2011.htm)
  5. Wagner E, Chantry C, Dewey K, Nommsom-Rivers L (2013) Breastfeeding Concerns at 3 and 7 Days Postpartum and Feeding Status at 2 Months. *Pediatrics*: Vol.132 Issue 4. Available online: <http://pediatrics.aappublications.org/content/132/4/e865#F1>
  6. International Board of Lactation Consultant Examiners (2012) Clinical Competencies for the Practice of International Board Certified Lactation Consultants. Available online: <http://iblce.org/wp-content/uploads/2013/08/clinical-competencies.pdf>
  7. Academy of Nutrition and Dietetics (2015) Practice Paper of the Academy of Nutrition and Dietetics: Promoting and Supporting Breastfeeding. Available online: <http://www.eatrightpro.org/resource/practice/position-and-practice-papers/practice-papers/practice-paper-promoting-and-supporting-breastfeeding>
  8. Yun S, Liu Q, Mertzlufft K, Kruse C, White M, Fuller P, Zhu B. (2010) Evaluation of the Missouri WIC breastfeeding peer counseling program *Public Health Nutrition*; 13:229-237.
  9. Bonuck, KA, Trombley M, Freeman K, McKee D (2005) Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. *Pediatrics*.116:1413-1426.
  10. Bonuck, KA, Freeman K, Trombley M (2006) Randomized controlled trial of a prenatal and postnatal lactation consultant intervention on infant health care use. *Arch Pediatr Adolesc Med*; 160:953-960.
  11. Wouk K, Lara-Cinisomo S, Stuebe AM, Poole C, Petrick JL, McKenney KM. 2016. Clinical interventions to promote breastfeeding by Latinas: A meta-analysis. *Pediatrics*. 137(1)
  12. Neifert M, Bunik M. 2013. Clinical Barriers to Exclusive Breastfeeding. *Breastfeeding Updates for the Pediatrician*. 60(1):115-145.
  13. Academy of Nutrition and Dietetics. Practice Paper of the Academy of Nutrition and Dietetics: Promoting and Supporting Breastfeeding. <http://www.eatrightpro.org/resource/practice/position-and-practice-papers/practice-papers/practice-paper-promoting-and-supporting-breastfeeding>
  14. Academy of Nutrition and Dietetics. Practice Paper of the Academy of Nutrition and Dietetics: Promoting and Supporting Breastfeeding. <http://www.eatrightpro.org/resource/practice/position-and-practice-papers/practice-papers/practice-paper-promoting-and-supporting-breastfeeding>.
  15. United States Department of Agriculture (2014) WIC Nutrition Services Standards. USDA Alexandria, Virginia. <https://wicnss.fns.usda.gov/>