

Moving National Breastfeeding Policies into Practice: A Plea to Integrate Lactation Education and Training into Nutrition and Dietetics Programs in the United States

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Abstract

In 2011, the *Surgeon General's Call to Action to Support Breastfeeding* called on all health professional organizations, medical schools, and credentialing boards to establish and incorporate minimum lactation education and training requirements into their credentialing, licensing, and certification processes and to include breastfeeding education in undergraduate and graduate education and training programs. Given the commonalities between the fields of nutrition and breastfeeding, it has been proposed that nutrition professionals are an underutilized resource in the field of lactation management. Considering the lack of breastfeeding knowledge and skills among health professionals, nutrition professionals should be afforded opportunities to learn lactation management during their studies. The United States Breastfeeding Committee published *Core Competencies in Breastfeeding Care and Services for All Health Professionals* in 2010. However, professional nutrition and lactation credentialing boards should cooperate to integrate mandatory minimum standards of lactation education for nutrition professionals. Undergraduate and graduate programs in nutrition and dietetics should incorporate lactation content into their core curricula to comply with such standards. In addition, dietetics programs should offer optional clinical lactation experiences for students who aspire to become an International Board Certified Lactation Consultant.

Keywords

breastfeeding, credentialing, health education, infant nutritional sciences, lactation, nutritionists, preceptorship, professional education

Background

In 2011, the *Surgeon General's Call to Action to Support Breastfeeding* called on all health professional organizations, medical schools, and credentialing boards to establish and incorporate minimum lactation education and training requirements into their credentialing, licensing, and certification processes and to include breastfeeding education in undergraduate and graduate education and training programs.¹

Given the commonalities between the fields of nutrition and breastfeeding, it has been proposed that nutrition professionals are an underutilized resource in the field of lactation management.² Considering the lack of breastfeeding knowledge and skills among health professionals,^{1,3,4} nutrition professionals should be afforded opportunities to learn lactation management during their studies.⁵

The United States Breastfeeding Committee (USBC) published *Core Competencies in Breastfeeding Care and Services for All Health Professionals* in 2010.⁶ However,

professional nutrition and lactation credentialing boards should cooperate to integrate mandatory minimum standards of lactation education for nutrition professionals. Undergraduate and graduate programs in nutrition and dietetics should incorporate lactation content into their core curricula to comply with such standards.⁷ In addition, dietetics programs should offer optional clinical lactation experiences for students who aspire to become an

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International Board Certified Lactation Consultant (IBCLC).

Nutrition Professionals in the United States

Every year in the United States, more than 11 000 students graduate with bachelor's or master's degrees in nutrition sciences.⁸ Registered dietitians (RDs) are nutrition experts who (1) have completed at least a bachelor's degree or college and course work approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND), (2) have completed at least 1200 supervised practice hours at health care facilities, community agencies, or foodservice corporations,⁹ and (3) have passed an examination administered by the Commission on Dietetic Registration (CDR).¹⁰ Registered dietitians use medical nutrition therapy to treat chronic conditions, illnesses, and injuries¹¹ and are integral parts of interdisciplinary health care teams.¹² Registered dietitians require competencies in lactation management for work in neonatal, pediatric intensive care units,¹³ and general or subspecialties of pediatrics and for prenatal dietary counseling.⁷

Nutritionists without RD registration may not have a distinct set of educational or practical experiences and may not hold another credentialed health professional license. Nutritionists with a bachelor's of science degree from a didactic program approved by ACEND may work as nutrition educators for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),¹⁴ in research, academia, policy, or other settings. In the United States, 80% of public health nutritionists work for WIC¹⁵ and provide direct nutrition education and lactation counseling to low-income pregnant, breastfeeding, and nonbreastfeeding women.^{14,15} Since 53% of infants born in the United States are enrolled in the WIC program,¹⁶ it is advisable that nutrition professionals working for WIC meet a minimum set standard of education in lactation and that a sufficient number of these professionals also hold the IBCLC credential. Although the exact number of nutrition professionals in the United States with the IBCLC credential is unknown, a query on the ILCA directory generates a list of less than 60 professionals.¹⁷

International Board Certified Lactation Consultants

International Board Certified Lactation Consultants are credentialed professionals who specialize in the clinical management of breastfeeding. International Board Certified Lactation Consultants may work in hospitals, physician offices, public health clinics, and private practice. Most IBCLCs are dietitians; nurses; midwives; physical, speech, and occupational therapists; physicians; La Leche League leaders; or breastfeeding support counselors.^{18,19} There are approximately 14 500 IBCLCs in the United States, and

estimates from 2013 cited gaps in accessibility to lactation care, with 3.5 IBCLCs per 1000 live births.²⁰

Certification of IBCLCs is managed by the International Board of Lactation Consultant Examiners (IBLCE), which operates under the direction of the US National Commission for Certifying Agencies (NCCA).²¹ All IBCLCs must (1) undertake basic health science education, (2) complete 90 hours of lactation-specific education, (3) obtain 300 to 1000 hours of lactation-specific clinical experience, and (4) pass a standardized board certification exam.²²

Current Barriers to the IBCLC Credential for Nutrition Professionals

All IBCLC candidates are subject to varying economic and logistic burdens in obtaining lactation education and clinical experience, dependent on their method of certification, geographic location, and socioeconomic status.^{23,24} Expenses include tuition, application fees, administrative fees, academic textbooks, and the cost of the exam. Health care facilities require physical exams, vaccinations, and drug and tuberculosis screenings, which also incur costs to the candidate. In some cases, there are additional arbitrarily set payments to IBCLC mentors for mentoring services.²⁵ Last, expenses for a computer, Internet service, travel, and child care are potential barriers. In 2015, the exam cost for IBCLC candidates in the United States was \$660.²⁶ To date, financial aid for lactation education is sparse.²⁷

Nutrition professionals without an RD credential have additional hurdles, since they must comply with specific health science course requirements²⁸ intended for nonhealth professionals regardless of education or work experience. Access to relevant clinical settings where lactation clinical experience can be gathered is especially difficult for noncredentialed candidates. According to IBLCE, noncredentialed nutritionists must accumulate 300 to 500 directly supervised hours. *Directly supervised* means that an IBCLC mentor must be physically present with the candidate during lactation consulting. Attainment of this experience is cumbersome without formal health credentials or formal employment due to the Health Insurance Portability and Accountability Act²⁹ and other legal requirements.

Medical doctors, registered nurses, RDs, and other credentialed health care professionals have a distinct advantage over nutritionist candidates since they are not required to accrue directly supervised practice hours. This discrepancy economically favors credentialed health care professionals who are more likely to accrue lactation-specific clinical experience in parallel to their current employment.³⁰ For these reasons, 95% of IBCLC candidates are credentialed health professionals or breastfeeding support counselors who accrue non-directly supervised experience to qualify for examination.³¹

To ensure equity and fairness in eligibility of IBCLC candidates with diverse academic achievements and clinical lactation experiences, a periodic external review should be

conducted by IBLCE as per NCCA guidelines.²¹ An external review would provide IBLCE with an opportunity to reflect on its prerequisites for the IBCLC exam and obtain external advice for improvements and mitigation of barriers, while still maintaining high standards in certifying a diverse body of professionals.

Proposal for a Common Standard of Lactation Education and Training for Mitigation of Barriers

In response to the 2011 *Surgeon General's Call to Action to Support Breastfeeding*, all health care professionals in the United States should meet minimum requirements in lactation care in their core curricula.¹ Although the USBC recommends core competencies for all health professionals, to date, no universal minimum requirements in lactation education have been established, except for those established by IBLCE. Therefore, it is proposed that nutrition and dietetics programs adopt the minimum requirements already established by IBLCE.

Since groundwork in health sciences is equivalent for both credentialed and noncredentialed professionals, one mechanism to mitigate barriers is for IBLCE to re-examine its health science requirements and to accept academic degrees in health sciences, instead of requiring specific health science courses.

Lactation education is pertinent for nutrition professionals since breastfeeding is the first stage of human nutrition across the lifespan.³² Undergraduate and graduate programs in nutrition and dietetics are well versed in lectures on infant nutrition and are well positioned to hold lectures on breastfeeding.⁷ Yet, few dietetics programs currently hold enough lectures in lactation and breastfeeding to fulfill the IBLCE minimum requirement.

According to IBLCE, academic programs that aim to prepare students for the IBCLC exam should offer a minimum of 90 hours of lactation education. Given the relevance of breastfeeding to the field of dietetics, it is proposed that undergraduate and graduate students in nutrition and dietetics also meet this minimum standard. Most undergraduate and graduate programs already offer some lactation-specific content; however, content differs across academic programs. Therefore, institutions should assess their own didactic gaps in lactation education and adjust to meet minimum standards. Whereas the Lactation Education Accreditation and Approval Review Committee (LEAARC) generally requires lactation faculty to be IBCLC certified,⁹ shortages in teaching faculty for lactation courses are not anticipated since ACEND does not require dietetics faculty to hold RD certification.³³

In addition to lactation education, Pathway 2 accredited academic programs must offer a minimum of 300 directly supervised clinical hours. To mitigate current barriers to clinical experience, dietetics internship programs should begin

to leverage existing partnerships with health care and community facilities to include optional lactation clinical experiences in dietetic internship programs. This would allow more nutrition professionals to become IBCLCs after undergoing an optional 300 hours of directly supervised hours of lactation experience. Acquiring clinical lactation experience as a matriculated dietetics student poses fewer legal, financial, and administrative hurdles than the current framework of independent attainment of hours. Access to federal financial student aid would also be facilitated. Dietetics programs that offer students at least the minimum standards in lactation education and directly supervised clinical experience should be certified by the Commission on Accreditation of Allied Health Education Programs.

The Role of ACEND in Lactation Education

The Accreditation Council for Education in Nutrition and Dietetics plays a key role in ensuring standards of education. In 2015, it had accredited more than 500 dietetics programs³⁴ and more than 200 accredited dietetic internships⁹ in the United States. In 2015, the Academy of Nutrition and Dietetics reiterated its support for exclusive breastfeeding as the optimal nutrition choice for infants.³⁵ It encouraged RDs to shift the norm of infant feeding toward breastfeeding and to obey the International Code of Marketing of Breast Milk Substitutes.^{7,35} In its practice paper *Supporting and Promoting Breastfeeding*, the Academy stated that it is essential for all RDs to possess a minimum level of competency in lactation management.⁷

In practice, however, the ACEND criteria do not formally stipulate that lactation education, as proposed by IBLCE or by any other standard, be taught in its accredited undergraduate and graduate programs in dietetics.³³ Nor does ACEND require lactation experience in dietetic internships.⁹ Despite covering issues of lactation, IBLCE criteria are also not part of the current ACEND board exam for certification as a specialist in pediatric nutrition.³⁶ Hence, the status quo of CDR for its undergraduate and graduate programs does not reflect its stated position on adequate lactation education for all of its members.⁷ In fact, formal processes recognize IBCLC training as optional continuing professional education rather than a core element of nutrition and dietetics education. As it stands, the Academy of Nutrition and Dietetics accepts the IBCLC credential for alternate recertification periods and encourages ad hoc attendance at conferences and membership in breastfeeding networks.⁷

Conclusion

The deficit in IBCLCs in the United States is due in part to the scarcity of undergraduate and graduate programs offering lactation education.³⁷ The Lactation Education Accreditation and Approval Review Committee listed 23 providers of

lactation education courses on its website, and only a handful of which were colleges or universities.³⁸ In 2015, there were only 5 lactation programs in the United States, and none of which were nutrition or dietetics programs.³⁹

Working under the guidance of respective credentialing agencies, undergraduate and graduate programs should begin to provide mandatory lactation education as a part of their core curriculum. Evidence-based lactation education would mitigate federal and personal financial spending into arbitrary lactation programs and ensure standardized lactation education. Dietetic programs that offer lactation education and clinical experiences as outlined by IBLCE²² will better prepare nutritionist professionals for the workforce and help meet the growing demand for breastfeeding support services.^{5,7} The Commission on Accreditation of Allied Health Education Programs, LEAARC, ILCA, IBLCE, and ACEND should collaborate to improve access to lactation education and clinical experiences for nutrition professionals.

Formal and assertive changes are needed to ensure that nutrition professionals are adequately educated and possess the clinical competencies necessary to provide breastfeeding advice and services.^{1,7} The potential of nutrition and dietetics professionals to fill the gap in breastfeeding services should be leveraged to sustainably overcome the shortage of lactation professionals and meet the Healthy People 2020 objectives for breastfeeding in the United States.⁴⁰

Authors' Note

Opinions expressed here are the authors' and may not necessarily reflect the position of any entity referenced herein.

Declaration of Conflicting Interests

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