

# **IBCLC in WIC: The time is now**

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# Celebrate 40 years of breastfeeding support!

- <http://www.wicturns40.org/#/breastfeeding-support/>



A pair of hands, one larger and one smaller, are shown holding a globe. The hands are positioned as if supporting the globe from below. The background is a soft, light blue gradient. The text is overlaid on the lower part of the image.

**WHY DO WE NEED IBCLCS  
NOW?**

# WIC is changing

- We have always been about nutrition
- We are focused on nutrition, education and referrals
- We are about the optimum nutrition for infants which is human milk for human babies

# But.....

- The original model was in 1972
- The year of the lowest BF rates in the US
- So.... The focus was on formula and making certain babies at least received commercial formula rather than something even worse!
- Then 1989, we received the WIC reauthorization to “promote breastfeeding”

# It amazed me

- No one thought in 1972, then again in 1974, why not encourage breastfeeding to resolve the infant nutrition problem!
- We just gave people formula
- A commercial product was the answer
- Not the optimal nutrition

# Then in 1989

- We decided it was time to have specific funds to promote breastfeeding
- It took 15 years to get that message

# Promotion of breastfeeding meant

- Breast is best
- If we tell people this, they will breastfeed
- And that is all we did, tell people about the benefits of breastfeeding
- No one noticed that this encouraged moms but did not support them to continue
  - At least not at the beginning.



# There were some of us who said

- WIC can be more
- WIC can do more
- Our focus expanded
- We had more women coming in to us for support
- And the more moms who came, the more problems we saw



# In addition,

- As we promoted breastfeeding
- More women tried it, our BF rates rose
- With more mothers breastfeeding, we have more mothers with real problems
- Problems beyond the scope of the Peer Counselors

# The recent research....

- Failing Mothers in Need, Cross-Barnet, MCHJ, 2012
- WIC participants in Maryland, re: medical support
- Mothers felt education and support was cursory and inadequate
- Mothers not given referrals to resources even when they reported breastfeeding problems
- Received inconsistent information

# Bonuck, Pediatrics, 2005

- Mothers receiving support from Lactation Consultants were more likely to breastfeed through week 20
- Higher breastfeeding intensity (bf more often)
- Longer duration and better outcomes

# **Jonsdottir, Breastfeeding Medicine, 2014**

- Mother infant pairs with unlimited access to lactation consultants had slower introduction of complementary foods
- Those who breastfed for six months had more prolonged breastfeeding, better duration of breastfeeding

# Nursing Outlook, August 2013

- WIC allocates 0.6% of budget to breastfeeding initiatives
- Formula expenses are 11.6% of budget
- Rebates included, WIC spends 25 times more on formula
- Nursing Expert Panel is calling for a re-evaluation of how tax dollars are spent

# Birth, March 2013

- WIC women are confused about the superiority of human milk
- Formula feeding is seen as a treatment when recommended by Health professional
- Women expect to fail at breastfeeding when exposed to formula marketing



# Journal Maternal Child Nursing, July 2013

- Factors with positive outcomes
  - Peer counseling
  - Improved communication between hospital lactation consultants and WIC staff
  - Breast pumps
  - Discouraging formula provision by hospital and WIC
- Barriers to breastfeeding in WIC program
  - Lack of support in/out of hospital
  - Returning to work

# Evidence

- Breastfeeding duration is substantially affected by bf outcomes in first month
- The first month is an important window for evidence based interventions to improve rates of exclusive breastfeeding
  - Baxter 2009
- We need to provide parents with the information and therefore the confidence for this life changing event

# Here is how we are failing mothers

- 60% of mothers stopped Bf before they planned
- 57.8% not enough milk
- 52% breast milk alone did not satisfy
- 28.8% Trouble getting milk flow to start
- 26.9% baby lost interest
- 26.8% baby had trouble sucking or latching

– Odom, Pediatrics, Feb 2013



# Staff needs

- The education and training to provide this information to parents
  - What breastfeeding education has your staff received? How recently?
  - Bf education is low in most facilities
  - What about new employees?
- Evidence based education of the staff and a breastfeeding policy increases breastfeeding rates
  - Li, JHL, 2014

# And the reality is

- Our breastfeeding rates have steadily increased
- As that happens, we need to be able to support our moms
- We are the only organization in many communities available to our mothers
  - No cost
  - Nearby in the community
  - Available
  - Moms know us





# But how do we do this?

- Most of our RDs and RNs did not receive lactation training in college
- Some thought “it is natural, breastfeeding just happens, not much for us to do”
- We learned about the composition of milk, but this does not help us to help mothers



# Nutrition Services Standards, 2013

- Local Agency Breastfeeding Coordinator
- At least one year experience in counseling breastfeeding women
- IBCLC is preferred, or exam eligible or completed state approved specialized training
- Standard 3. Nutrition Services staffing
  - I.4 page 15

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**SO HOW CAN WE ACHIEVE  
THIS?**

# Ideas for training

- Grants for state approved training courses
- “Grow Our Own” program in California
- Scholarships for individuals to attend courses
- We need trained individuals to support our mothers
- High risk nutrition and high risk or problematic lactation

# If we do not have the educational experience

- We miss true problems
- We do not refer appropriately
- We can't help with problems, so mothers quit breastfeeding
  - Frustration, formula is right there, easy
- We need people clinically trained in our clinics to help our mothers
  - They will give up, “formula is free and available”

# How do we handle the baby

- With gastro intestinal problems?
- With weight loss?
- With congenital anomalies?
- Who is “allergic to breastmilk”?
- Who is late preterm?
- The mother with raw or cracked nipples?

# How do we handle the baby

- Slow to gain?
- Inadequate growth with breastfeeding?
- Failure to thrive?
- Mothers with perceived milk insufficiency?
- Mothers with true milk insufficiency?
- Do we know the difference?

# Do breastfeeding problems

- Indicate child health or developmental problems in the future?
- Sometimes yes
  - If a baby does not latch
  - Has difficulty latching
  - We sometimes see other problems later on

# Pediatrics, October 2013

- Breastfeeding concerns at day 3 and day 7
- Increased risk of stopping and formula use
- 92% of mothers reported more than on concern at day 3
  - Difficulty with infant feeding at breast most predominant

Priority should be given to develop strategies for lowering overall occurrence of breastfeeding concerns and resolving infant feeding and milk quantity concerns in first 14 days





# **We need the skills to handle these problems**

- Otherwise our mothers will turn to formula
  - Formula as the “fixer” of problems
- Do we encourage formula use by not providing assistance and support to our breastfeeding mothers?
- How can we make breastfeeding easier and more manageable?

# Fischer, JHL, 2014


- In the WIC population (versus non WIC), when a problem or barrier to breastfeeding arose, then the infant feeding choice was no longer theirs and formula choice became inevitable
- Non WIC expressed that they persevered to continue
- WIC participants saw formula use as acceptable, non WIC saw this as personally unacceptable

# **We have our work cut out for us**

- To assist our moms to meet their personal breastfeeding goals





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**SO HOW CAN YOU MAKE THIS  
WORK IN YOUR LOCAL  
AGENCY?**

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# **SOME EXAMPLES OF MODEL CLINICS**

# Whitley County, IN

- Caseload 720, 6 employees, 2 part time
- Coordinator is RD, IBCCLC
  - Breastfeeding is nutrition
  - Breastfeeding is a priority
- Part time RN, IBCCLC
- PC is also IBCCLC and part time clerk
- All employees are flexible in work load
- Breastfeeding rate FY 2013, 84.5%



# Tippecanoe County, IN

- Caseload 4600
- Coordinator is RD, IBCLC
- 4 additional RD, IBCLC
- 1 PC is IBCLC
- Breastfeeding is a priority
- All staff receive training to help mothers with breastfeeding
- Breastfeeding part of the office culture

# Riverside County, CA

- Caseload: 97,000, exclusive Bf rate 28.2%
- Serve 4700 exclusive bf moms and babies
- 27 IBCLCs, 20 CLS
- Each staff classification has IBCLC in them
- IBCLC do not receive additional pay
  - Staff asked to attend
  - Build confidence to help mothers, job satisfaction

# Michigan: A state steps up

- As 2017, all local agencies will have an IBCLC at their agency or access within their community
- Michigan provided training for 40 of their CPAS to begin the journey to IBCLC through a grant
- Believe it is important to our WIC mothers have these services available.

# Miami, Florida

- Health educator
- Senior health educator
- Regina Roig-Romero