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IBCLC Licensure: A Journey in Georgia

Imagine... you're getting ready for an old-fashioned car trip... a trip similar to ones you used to take with your parents. While you might not have an actual paper map in hand, you have the route saved on your phone. Your bags are packed. Your family is loaded in the car, snacks have been packed, a cooler containing drinks on ice is in the back. Seat belts on... you start the engine, reach up to press the garage door opener and... the garage doesn't open. You're stuck.

Stuck is exactly where we have been in our journey to improve the rates of initiation and duration of breastfeeding in Georgia over the last five to seven years. To be sure, there has been progress in some areas. For example, we now have seven "Baby-Friendly" hospitals: DeKalb Medical, Doctors Hospital, Emory University Hospital Midtown, Grady Memorial Hospital, Gwinnett Medical Center,

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Piedmont Henry Hospital and Wellstar Cobb Hospital! But, perhaps more telling is that after hospital discharge the door has remained closed for our mothers and babies who struggle to breastfeed and need access to clinical help. The door has been closed to them because in the world of healthcare, access to clinical care depends heavily upon licensure. State licensing protects the public by ensuring that license holders possess the minimum competencies necessary to provide the care for which they are licensed.

International Board Certified Lactation Consultants (IBCLCs) are educated and trained to handle clinical lactation and breastfeeding issues. The profession was created by medical professionals more than 30 years ago to cover this gap in maternal and infant care. Yet without state licensure of this internationally recognized profession, physicians are reluctant to refer patients to them, insurance companies generally will not put them “in-network” to provide services, and lactation consultants struggle to make a viable living.

As a healthcare attorney and lactation consultant, over the last five years, I collaborated with legislators, nurses, physicians, hospitals, dietitians, non-profits, la leche league leaders, WIC peer counselors, CLCs, moms and dads to lift that closed door with the passage of legislation to license IBCLCs in Georgia. Licensure of IBCLCs was called for by the US Surgeon General in 2011, and in 2016 Georgia became the second state in the nation to answer that call with the passage of the “Georgia Lactation Consultant Practice Act.”

Under this Georgia licensing law, IBCLCs who practice lactation care and services, and who are not otherwise exempted by the statute, are to

Monday - Friday
9:00 am - 5:00 pm

obtain a license from the Secretary of State by July 1, 2018. The forms will be online and will require a criminal background check with a set of classifiable fingerprints. The current fee for an initial license is set at \$100 and licenses must be renewed every two years at a cost of \$50.

How does a “piece of paper” improve health outcomes? Research has clearly established that increasing access to IBCLCs increases breastfeeding initiation and duration in all settings. For example, a Medicaid mother is four times more likely to breastfeed upon hospital discharge if she receives clinical care from an IBCLC. And with a plethora of research, we know that breastfeeding has numerous health benefits for both mother and baby. For the baby, there are reductions in the risks of numerous infections, obesity, gluten intolerance, and more. For the mother, there are reductions in the risk of diabetes, certain cancers, and cardiovascular disease. Thus, licensure will improve health outcomes by opening the door to insurance credentialing and clearing physicians’ referral concerns ... ultimately, leading women to “find” the clinical care they seek.

Of course, there is much to do to realize the promise of licensure. Remember that garage door? Now it is open for our mothers and babies, but the journey remains ahead with many needs to help smooth their road. We must issue licenses to qualified candidates; we must increase the number of IBCLCs by working with our state’s community colleges to offer the required coursework and clinical hours in associate degree programs “home growing” more IBCLC exam candidates; we must work with the other lactation support providers to ensure their important work is supported and not impeded in any way by our law; we must continue to advocate for licensed IBCLCs with all private

insurers in Georgia; we must continue conversations with state officials about Medicaid reimbursement for lactation services. The menu of items seems long, but with licensure, the door is open and the journey begins... the destination is improved breastfeeding outcomes and healthier Georgia families for decades to come.

To help navigate this journey, please contact [Arlene Toole](#) or [Leah Aldridge](#).

- The Secretary of State website with lactation consultant licensing information, including a copy of the Georgia Lactation Consultant Practice Act, can be found at: <http://sos.ga.gov/cgi-bin/plbforms.asp?board=63>. Applications for licenses will likely be posted by the end of the year.
- C Castrucci et al., "A Comparison of Breastfeeding Rates in an Urban Birth Cohort," Journal of Public Health Management 12, no. 6 (2006): 578-585.

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