Registered Dietitian Nutritionists as Lactation Consultants: The Pathways to and Importance of This Professional Role

BREASTFEEDING PROMOTION IS considered a vital, global, public health strategy in facilitating a healthy population. However, breastfeeding duration rates in the United States are suboptimal for various reasons. One of these reasons is a new mother's lack of breastfeeding support from extended family. In the absence of extended family or when there is a lack of familial support, health care providers may become an important source of encouragement. Registered dietitian nutritionists (RDNs) are well positioned to provide this valuable service because of their background in human anatomy and physiology and knowledge of nutrition. However, many RDNs are not well trained in this area. One way to achieve this training is by becoming an international board-certified lactation consultant (IBCLC). There are three pathways by which an RDN can become an IBCLC. This practice paper discusses how RDNs can follow any of the three pathways, along with costs and continuing education associated with each, and the benefits to the RDN, society, and the profession at large. Encouraging RDNs to obtain the IBCLC credential meshes with the mission and vision of the Academy of Nutrition and Dietetics to create "a world where all people thrive through the transformative power of food and nutrition" and to "accelerate improvements in global health and well-being" because breastfeeding is a global nutrition strategy with well-documented health benefits.

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REASONS RDNs SHOULD FOCUS ON BREASTFEEDING

Breastfeeding as a Public Health Concern

Although many consider breastfeeding a parental feeding choice, it is also a fundamental public health issue according to various health organizations. These organizations include the American Public Health Association,[1] the American Academy of Pediatrics,[2] and the Surgeon General of the United States.[3] The Academy of Nutrition and Dietetics has also taken a stance on the importance of breastfeeding, stating "Breastfeeding is an important health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control healthcare costs."[4] The Academy affirms that "Families need support to reach their breastfeeding goals. Registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs) are well situated to promote and support breastfeeding."[4] Not only are RDNs well situated to promote breastfeeding, they would benefit from additional training in breastfeeding. This advanced training in lactation would allow RDNs to increase their scope of practice and further their influence in the field of public health, which supports the Academy's strategic plan.[5]

The importance of promoting breastfeeding and identifying it as a fundamental public health issue stems from the many health benefits it confers. For the infant, it reduces the instances of ear infections, upper and lower respiratory tract infections, gastroenteritis, and sudden infant death syndrome and decreases the risk for chronic conditions such as obesity, type 1 and type 2 diabetes, leukemia, inflammatory bowel disease, celiac disease, and asthma.[2] Breastfeeding also helps improve maternal health by decreasing postpartum blood loss and postpartum depression, increasing spacing between pregnancies, and decreasing the risk of type 2 diabetes and breast and ovarian cancer.[2]

Breastfeeding can have positive effects in the workplace, with improved infant and maternal health leading to 67% fewer 1-day absences for parents of breastfed infants than parents of formula-fed infants, thousands of dollars in savings in health care and prescription costs, and baby-friendly workplace policies increasing employee loyalty and decreasing turnover.[6] Nationally, it is estimated that if 90% of infants were breastfed according to recommended guidelines, the United States could save $3.0 billion in total medical costs, $1.3 billion in nonmedical costs, and $14.2 billion related to premature death.[7] Breastfeeding is a sustainable, low-cost, and effective method of improving the health of the population and increasing access to optimal nutrition for infants and young children.[8]

Despite the many health benefits and focus of health care organizations on breastfeeding, rates in the United States are lower than the Healthy People 2020 targets.[9,10] Current breastfeeding rates and Healthy People 2020 targets are listed in Table 1. None of the breastfeeding duration measures meet Healthy People 2020 targets, with the rate at 6 months missing the target by a much larger margin. This indicates that although a large proportion of women initiate breastfeeding (81.1%), they struggle to continue breastfeeding for 6 months.

Breastfeeding rates are low for multiple reasons, including return of women to work shortly after delivery, readily available milk substitutes, and aggressive marketing of substitutes to the public and medical professionals.[11] Lack of familial support, because

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Table 1. Current breastfeeding rates vs Healthy People 2020 targets

	2016 US rate[9]	Healthy People 2020 target[10]
Ever breastfed, %	81.1	81.9
6 mo, %	51.8	60.6
12 mo, %	30.7	34.1
3 mo exclusive, %	44.4	46.2
6 mo exclusive, %	22.3	25.5

previous generations of mothers are less and less likely to have breastfed, is an additional barrier.[12] Health care policies and practices can also inhibit breastfeeding. Such policies include shortened lengths of stay and decreased support staff in hospitals, centralized nurseries that prevent mothers and babies from rooming together after delivery, a resistance to change among nurses who feel they are at or beyond the limit of their duties, inconsistent reimbursement for lactation services, and the low ratio of 3.35 IBCLCs per 1,000 live births nationally.[13,14] Societal policies such as lack of paid family leave, as well as lack of workplace support in the form of appropriate lactation rooms and break time to pump, can negatively affect mothers' willingness to choose to and continue to breastfeed.[15] The many barriers that prevent women from breastfeeding and a lack of social support from extended family create an environment in which support from health care professionals becomes critical to ensuring the success of breastfeeding.[12]

Current Attitudes of Health Care Professionals

Research with regard to health care providers' attitudes toward breastfeeding is limited, with many of the studies being conducted in the 1990s and having few updates. Studies have shown that health care professionals tend to underestimate the importance of their support for breastfeeding and therefore may not be providing the support women need. Lactation consultants are the outlier. In a study by Humenick and colleagues[12] of 340 women who were followed for as long as 20 weeks after giving birth in the Rocky Mountain region and southern states, lactation consultants were identified as providing positive encouragement for breastfeeding more frequently (98% of the time) than nurses (75%) or physicians (68%). First-time (primiparous) mothers with no breastfeeding role models may be particularly dependent on health care provider support.[16] After receiving negative advice from a health care professional, 86% of primiparous mothers in the study by Humenick and colleagues[12] reported a decline in breastfeeding. Because it is unrealistic to expect a primary care provider to spend an hour or more with a breastfeeding mother who is having difficulty with latching, it should be the lactation consultant's role.[17]

Lactation Consultants Defined

Because there are relatively few lactation consultants, their role may be unclear to many professionals. The International Lactation Consultant Association describes them as "health care professionals whose scope of practice is focused upon providing education and management to prevent and solve breastfeeding problems and to encourage a social environment that effectively supports the breastfeeding mother/infant dyad."[17] Their main goals are to empower women to make informed infant feeding decisions, to assist women in learning the skills to successfully initiate and maintain lactation and overcome obstacles to breastfeeding, and to act as advocates for families who choose to breastfeed. Although most health care providers are educated about the health implications and importance of breastfeeding (albeit to differing degrees), lactation consultants are highly trained in the anatomy and physiology of the breast and lactation, infant latching, impact of medications and medical conditions on lactation, and methods for overcoming common and more complex lactation barriers.

Many different health care professionals can become lactation consultants, including doctors, nurses, midwives, and RDNs. However, RDNs may have a unique perspective on promoting and supporting lactation. In a survey of health care professionals in which attitudes toward breastfeeding were assessed, 100% of nutritionists self-reported advocating for breastfeeding when a mother had to make a decision about how to feed her child, and 60% self-reported advocating for it when the mother had decided to bottle feed.[18] Lower percentages of other health care professionals reported advocating for breastfeeding in these two instances (physicians: 91%; 42%; registered nurses: 77% to 92% and 7% to 27%). With regard to recommending the use of human milk substitutes (formula), nutritionists reported they were less likely to recommend it "sometimes" (70%) vs physicians (93%) and registered nurses (73% to 85%), with the exception of registered nurses in private practice (53%). All health care professionals rated the influence of the mother's family as more significant than the influence of hospital staff,[18] indicating they may not recognize their unique role in supporting a breastfeeding mother.

RDNs as Ideal Lactation Consultants

Many RDNs already have extensive experience in lactation, especially those working with women and children. However, they are not currently certified as lactation counselors or IBCLCs. In a survey of 65 dietitians in Iowa, 29 (46%) had 10 or more years of experience counseling pregnant and postpartum women. However, only four of those 29 (13.8%) were certified as lactation consultants.[19] RDNs have extensive knowledge of anatomy and physiology, nutrition and metabolism, and the nutrient needs of women and children. This background knowledge meshes succinctly with the background knowledge required for lactation consulting. RDNs could also provide accurate, evidence-based nutrition counseling to postpartum breastfeeding women who may have questions about dietary needs during lactation and could also provide education to

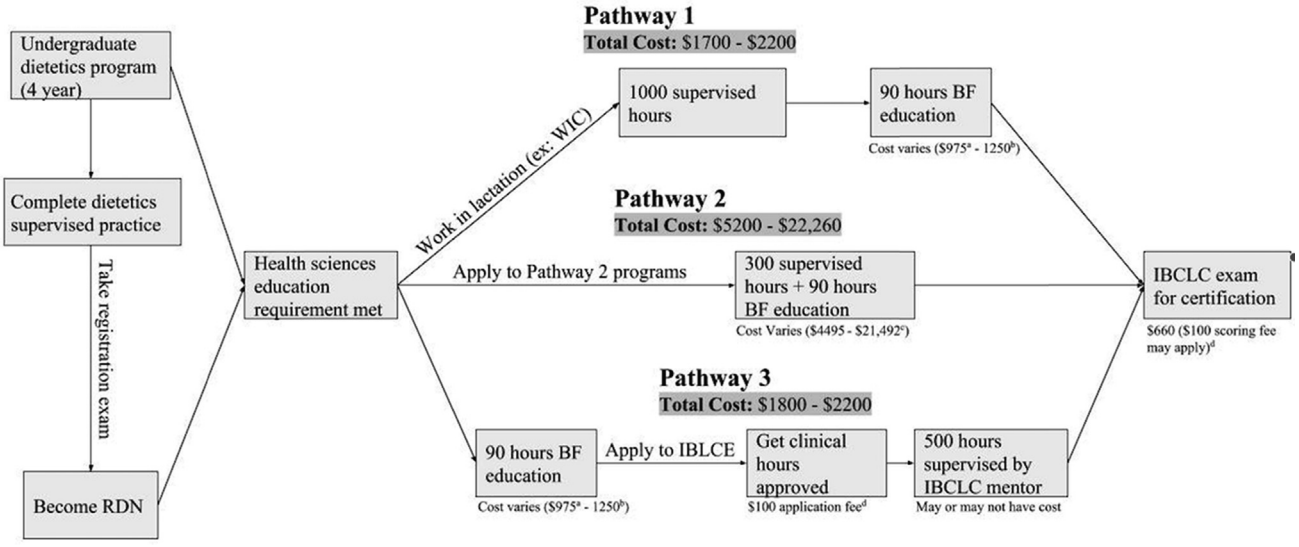

Figure. The International Board of Lactation Consultant Examiners (IBLCE) pathways to becoming an international board-certified lactation consultant. Registered dietitian nutritionists and students graduating from dietetics programs can pursue each of these pathways. Information on pathways is adapted from IBLCE content found at https://iblce.org/step-1-prepare-for-ibclc-certification/.[20] [a]Lactation Education Resources https://www.health-e-learning.com/courses/breasted. [b]Health e-learning https://www.health-e-learning.com/courses/breasted. [c]See Table 2 for costs of each Pathway 2 program. [d]International Board of Lactation Consultant Examiners Fee Schedule for Initial Certification https://iblce.org/wp-content/uploads/2017/11/2018-Initial-Certification-Fee-Schedule.pdf. [e]WIC=Special Supplemental Nutrition Program for Women, Infants, and Children. [f]BF=breastfeeding. [g]IBCLC=international board-certified lactation consultant. [h]RDN=registered dietitian nutritionist.

parents on the timing and introduction of solids to infants. Because RDNs have extensive professional experience related to breastfeeding, they should be encouraged to increase their scope of practice by pursuing lactation consulting.

The purpose of this article is to present pathways for increasing RDNs' skills for promoting and supporting breastfeeding, specifically with regard to becoming IBCLCs. Because the Academy of Nutrition and Dietetics' mission is to "accelerate improvements in global health and well-being through food and nutrition" and breastfeeding is considered a global health improvement strategy, it is critical for RDNs to be well versed in promoting and supporting breastfeeding.[5,8]

PATHWAYS TO BECOMING AN IBCLC

The International Board of Lactation Consultant Examiners sets the eligibility requirements for becoming an IBCLC. The Figure outlines the three eligibility pathways defined by the International Board of Lactation Consultant Examiners and incorporates RDNs and recent graduates from didactic programs.[20] Undergraduate dietetics curriculums typically provide minimal instruction on lactation and could incorporate additional undergraduate training to meet the requirements for becoming an IBCLC, providing an alternate certification for didactic students who are unable to complete a dietetics internship. Currently, dietetics programs meet the health sciences education requirement for all three pathways.[20] This is one of the three education requirements that must be completed before taking the IBCLC exam. The other two requirements include completing 90 hours of lactation-specific training and varying amounts of clinical practice.[20] Whether a student comes directly from an undergraduate program, has worked in a lactation field for a considerable time, or is entering after becoming an RDN, he or she can take several routes to become an IBCLC.

Pathway 1

Pathway 1 (https://iblce.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/pathway-1/) is best suited for those who already provide breastfeeding education and support in their current positions. Examples include nutritionists in the Special Supplemental Nutrition Program for Women, Infants, and Children and RDNs working with pregnant or postpartum women and infants in hospital or clinic settings. These professionals must achieve 1,000 lactation-specific clinical experience (LSCE) hours on the job in addition to the 90 hours of lactation-specific education.[20] The LSCE hours must be supervised in order for those hours to meet eligibility requirements. On completion of the LSCE and 90 hours of lactation education, the RDN or practitioner with a degree in dietetics may register to sit for the IBCLC exam.

Pathway 2

Pathway 2 (https://iblce.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/pathway-2-accredited-academic-programs/) involves an accredited academic program that includes all 90 hours of lactation education and 300 hours of supervised LSCE. Table 2 provides a description of each Pathway 2 program with time needed to complete it and the cost. On graduation with a didactic degree or after becoming an RDN, an individual can apply for one of the

Table 2. Pathway 2 programs as part of the eligibility pathways defined by the International Board of Lactation Consultant Examiners

Name of program	Description	Time to complete	Cost[a]
Birthingway College of Midwifery https://birthingway.edu/lactation-program/pathway-2/admission	Not currently accepting applications	NA	NA
Carolina Global Breastfeeding Institute https://sph.unc.edu/cgbi/lactation-consultant-training/	In-person. Includes: 2 or more didactic courses and 1 day per week of supervised practice.	2 semesters	$8,952.52
Drexel University http://drexel.edu/cnhp/academics/undergraduate/human-lactation-consultant-program/	In-person. Includes: 3 didactic courses and 3 supervised practice rotations.	1-3 y	$21,492
Portland State University https://ohsu-psu-sph.org/undergraduate/lactation/	In-person. Includes: 3 didactic courses and practicum (by application only).	1-2 y	$4,133 resident $13,310 nonresident
Union Institute and University https://myunion.edu/academics/bachelors/maternal-child-health/	Online. Contact university for exact requirements.	Contact university	Contact university
University of California San Diego https://extension.ucsd.edu/courses-and-programs/lactation-consultant-pathway-2	In-person and online. Must complete University of California San Diego Extension Lactation Educator Counseling Training Program — Course RMED[b] — 40006 and practicum.	1 y	$4,495

[a]Costs may vary on a yearly basis. Contact each program for specific cost information. See the International Board of Lactation Consultant Examiners Pathway 2 website for more information: https://iblce.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/pathway-2-accredited-academic-programs.
[b]RMED=Reproductive Medicine.

Pathway 2 programs available throughout the United States. These programs can typically be completed in 4 to 36 months. On completion of the program, graduates are able to sit for the IBCLC exam without any additional education or training.[20] Those choosing Pathway 2 programs also incur significantly more expense than those who choose Pathways 1 and 3. However, if an RDN is having difficulty finding a mentor and is able to relocate or has easy access to a Pathway 2 program, this option may be a very efficient way to become an IBCLC. Employers may partially or completely cover the cost of the Pathway 2 program, especially if lactation consulting will be a significant component of an RDN's job responsibilities.

Pathway 3

Pathway 3 (https://iblce.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/pathway-3-mentorship/) can be taken either by a recent dietetics graduate or an RDN and may be very efficient as well. It starts with 90 hours of breastfeeding education provided through online courses from an IBLCE Continuing Education Recognition Program (CERP) provider. Pathway 3 candidates must submit a proposal to IBLCE for approval of 500 LSCE hours before the hours are completed. The application must also include the names and IBCLC numbers of all mentors and completed mentorship agreements.[21] The Pathway 3 applicant is responsible for finding mentors to directly supervise practice hours. The United States Lactation Consultant Association has a "find a mentor" and membership directory (http://www.uslca.org) to assist those having difficulty finding an IBCLC mentor. Only time spent in direct supervised clinical practice with this mentor counts toward the 500 LSCE hours. Pathway 3 is a cost-effective and flexible option for earning the IBCLC credential.

Achieving 90 Hours of Lactation Education

Individuals on Pathways 1 or 3 can obtain the required 90 hours of breastfeeding education in a variety of ways. These include presentations, online education and training, and distance learning. These hours must be approved by a CERP provider. The education should focus on topics covered on the certification exam, such as development and nutrition (infant and maternal); physiology; endocrinology (infant, maternal); pharmacology and toxicology; psychology, sociology, and anthropology; techniques; and clinical skills (equipment and technology, education and communication, ethical and legal issues, research, public health advocacy).[20] Several companies offer

these credits online, including Lactation Education Resources (www.lactationtraining.com), Health e-Learning (www.health-e-learning.com), Gold Lactation Online Conference (www.goldlactation.com/about-us/about-gold-lactation), and the United States Lactation Consultant Association (https://uslca.org/education-resources/live-webinars#!event-list).

CONTINUING EDUCATION FOR RDNs AND IBCLCs

Once the IBCLC credential has been earned, there are continuing education requirements similar to those required by the Commission on Dietetic Registration (CDR) for RDNs. Every 5 years, an IBCLC must accrue at least 75 hours (at 60 minutes per hour) of CERPs[22] or must retest. The 75 hours must include 50 hours of lactation-specific education (or L-CERPs), 5 hours of ethics education (or E-CERPs), and 20 hours of education related to lactation consulting (or R-CERPs).[22] The IBCLC must retest at least every 10 years.[22]

For RDNs, completion of the IBCLC credential will provide the 75 continuing education units (CEUs) required to maintain their RDN status.[23] Therefore they will need no additional CEUs. In addition, for each 5-year recertification cycle for RDNs, the 75 CERPs needed to maintain the IBCLC credential can be counted as the 75 CEUs required to maintain RDN certification. Practitioners with a degree in dietetics but no RDN credential would also need to focus their recertification efforts on obtaining the 75 CERPs needed to maintain the IBCLC credential. However, both RDNs and dietetics graduates without an RDN credential will still have to retest every 10 years.

BENEFITS OF EARNING THE IBCLC

Obtaining the IBCLC credential has many benefits. RDNs working with women and children will be more prepared to address the dietary needs and concerns of breastfeeding women. In addition, RDNs will be better prepared to promote continued breastfeeding among these women who may otherwise choose to wean. RDNs working in neonatal intensive care units and pediatric hospitals can have dual roles as nutrition providers and lactation consultants. RDNs are experts on infant nutrition and can use their training and experience to promote the use of donated human milk in the hospital setting. This may also decrease the facility's need for additional trained lactation staff because the RDN can fulfill two roles. This increases RDNs' scope of practice and solidifies their role in the clinical setting. Although reimbursement rates and regulations vary, it is possible that RDNs with an IBCLC credential may have the capacity to bill for outpatient lactation services.[24] However, in many contexts, this may not be possible.

In public health settings, RDNs are often working with populations of women, infants, and children attending clinics or participating in the Special Supplemental Nutrition Program for Women, Infants, and Children. The clinics routinely recommend and support breastfeeding, which makes an RDN with an IBCLC credential a valuable asset. In addition, with regard to public health, some data suggest that significant health and cost savings would result from increased breastfeeding rates.[7] An RDN/IBCLC would be able to use breastfeeding knowledge to develop and help implement public and worksite policies that facilitate breastfeeding. Breastfeeding is a sustainable method for feeding infants[8] and places less stress and demand on natural resources. Promoting sustainable nutrition is critical to ensuring adequate global nutrition. Therefore promoting breastfeeding is critical to all aspects of public health.

For health care practitioners with dietetics degrees who either chose not to or were unable to obtain the RDN credential, becoming an IBCLC will add a much-needed credential and focus to their careers. Because dietetics internships are very competitive, this may be an attractive option for some didactic students who are not able to match for an internship.

FINAL THOUGHTS

In the Practice Paper of the Academy of Nutrition and Dietetics "Promoting and Supporting Breastfeeding," the Academy of Nutrition and Dietetics states that, "The basis of dietetics practice is to promote optimal nutritional health of infants, children, and adults, and there is no better way to do this than to support and promote breastfeeding."[4] RDNs have extensive knowledge of human physiology and metabolism, as well as a unique understanding of food and nutrition and their impact on the health of individuals throughout the lifecycle. In addition, the promotion of breastfeeding meshes well with the Academy's mission to "accelerate improvements in global health and well-being through food and nutrition" and the principles of the Academy, one of which focuses on having a global impact on eliminating malnutrition.[5] Breastfeeding is considered a sustainable, cost-effective, and global strategy for improving the health of children and the population as a whole.[8] RDNs must be educated and confident in their ability promote and support breastfeeding to combat global malnutrition and poor health.

Breastfeeding rates, although steadily on the rise, are still lower than desirable. With the decreasing trend of family guidance, health care professionals have an increasingly important role in encouraging and supporting breastfeeding mothers. RDNs are well suited for lactation consulting and breastfeeding promotion. By utilizing the most appropriate of the three different pathways, RDNs can become certified lactation consultants and important resources who can improve breastfeeding rates.

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