



Livin' The Breast Life, LLC
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Dear Senator Ingwersen, Representative Meyer, and members of the Committee of Health and Human Services,

My name is Mitchell Kohls, I am a mom of three and an IBCLC in Brewer. I am here today to ask you to support LD 865 including the planned sponsor amendment.

This bill will allow IBCLCs to have access to helping more Mainecare patients by taking the financial burden off the family and allowing IBCLCs to bill their insurance in the same manner that we bill Aetna, Anthem (PPO), Blue Cross and Blue Shield PPO plans, Cigna, Community Health Options, Most Multiplan and PNOA, UHC (HMO & Commercial plans), United, VA CCN Plans.

So many times when you are impoverished, you don't even realize what poverty does, what poverty means. It can be really blindsiding when you are told things like "I know of the perfect person to help you". After calling, you know this office has the clinical experience to help, but they don't accept your insurance. Even worse, you call and they can't help you because they don't have that level of clinical lactation care experience, or they say they can help you, and because of pride, your baby winds up dehydrated, malnourished, and admitted to the NICU for additional care. You are told "You should have seen lactation in the hospital as they can help you." Except, you had your baby on a Friday evening, and were discharged Sunday morning, at that hospital IBCLC care is only available Monday through Friday. Of course, they called you on Monday, but you didn't even know anything was wrong to ask for help.

Over ten years ago, I was pregnant with my first child; I knew that I would breastfeed her from the start. I have an amazing village of people and a long family history of successfully breastfeeding beyond infancy. I expected it to come as naturally as, well, parenting. It did. In the way that nothing felt natural at all.

Eloquently put, my nipples were raw and bleeding; they felt even worse. The "lactation department" came in to help us on the second morning we were there. She seemed rushed and when I didn't understand what was verbalized to me, she manhandled my baby's head, aggressively squeezed my breast, (without my consent to touch either of us), and smooshed us together to get her to latch on. We were both discharged later on, and my nipples were already chapped and raw, sore to the touch much less to nurse a baby on them. I would just cry. On day 3, my visiting home health nurse (also a

CLC) mentioned that I was running a slight fever. I needed to go to the hospital for IV antibiotics for the next 72 hours. In order for my newborn baby to stay with me, I had to have an adult there to care for her the whole time. Not once was I offered to see someone from lactation, or did anyone mention anything to me about the amount of nipple pain I was experiencing. Finally being discharged for the second time, I was just ready to sleep in my own bed and didn't want to speak with anyone in the hospital regarding my nipples.

We went for her first check-up around 5-7 days old. It was later than it should have been, but given the circumstances it was necessary. They started telling me about her extreme weight loss. Explaining how the normal is between 5-7% of birth weight and we were already exceeding that and into 12% of loss. They keep dashing my dreams and expectations, reminding me that formula is a reasonable option and that I can just give that to her. I cried so much. I couldn't just fail my baby from the start.

I finally went to nurse her and the doctor was horrified. I opened my mouth ready to defend my breastfeeding rights, ready to throw down the law on breastfeeding anywhere my baby and I are legally allowed to be. Instead, she asks, "Does that hurt?" I will never forget her face when I responded. "Of course, I absolutely dread every feeding, but she needs to eat so here we are." Dr. Adams encouraged me to get help following that appointment. Unfortunately, she didn't even know where to send me. I asked in all the Facebook mom groups; I tried getting help from the CLC home nurse, but my nipples were already in so much pain I would just cry and nothing seemed to work. They insisted that formula was the only option moving forward to get her to gain weight.

My little girl was down by 12% of her birth weight and not yet gaining. I spent another week doing research online; discovering I needed an IBCLC. The only IBCLC who could see me at that time was with WIC. Even still, I had to wait for an office visit. I don't even think I will make it through the next feeding session, meanwhile, my mom keeps reminding me that I need to give her a full six weeks before I stop breastfeeding her. I can't even make it a full two weeks without failing and these crazy people are telling me to make it to six weeks.

I finally received an appointment with Ramona, IBCLC, at WIC. They only had enough time for a full appointment in another week. She was already three weeks old. By now, my girl started gaining weight but still wasn't back to birth weight. I was absolutely failing. I



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barely even started my journey as her mom and my body was failing to do the one thing that it should do the right way, the natural way.

We went into the appointment with Ramona, she was a god send. She uttered the words I needed a clinician to say most of all "You are doing amazing, you are not failing at anything." Ramona mentioned that we were just having some bumps in the road. I remember thinking that she provided us with "simple" positioning tips. They may have seemed so obvious at the time, but I know now how much effort goes into providing those little tips. How much clinical knowledge is needed to be able to make it seem like magic fixing a baby's latch.

We had more bumps in the years that followed for sure, but nothing we couldn't handle without clinical lactation care. I would call Ramona frequently to ask questions. Honestly, without her guidance and clinical lactation care, I would not be writing this letter here today.

Now, I am an advocate for these families. I am the one here to ensure that others don't spend the first several weeks of parenting feeling that they are failing and don't have anywhere to go. I am here urging you to support Mainecare access to IBCLC care. By allowing us to credential and accept Mainecare, another family will be empowered again. Doctors don't have to worry about sending their clients to a place that may not help them. Pediatric providers no longer have to feel like an expert in yet another area of medicine. By allowing the current 96 Maine IBCLCS access to help Mainecare clients, we can provide the clinical lactation care that these families need, while giving their babies the best start possible. On their level, in their homes, meeting their individual needs.

Again, I am asking you to support LD 865, IBCLC reimbursement for Mainecare, to provide additional access to IBCLCs and equitable care to all Mainers.

Thank you for your time,

Mitchell Kohls, IBCLC, CPST, CD-L
Mom of three, Owner of Livin' The Breast Life, LLC, and advocate of LD 865