

Testimony from Robin Snyder-Drummond, IBCLC in support of  
LD 865: An Act to Require MaineCare to Reimburse for Lactation Services in the Homes of Eligible Persons.

March 18, 2025

Good afternoon and thank you, legislators, for this opportunity to discuss. LD 865: An Act to Require MaineCare to Reimburse for Lactation Services in the Homes of Eligible Persons.

My name is Robin Snyder-Drummond, I live in Ellsworth. I have been an International Board Certified Lactation Consultant, an IBCLC, for sixteen years. I'll clarify why MaineCare should recognize this credential and expand access to IBCLC care.

In the United States, there are thirteen credentials for lactation support providers. They are through various organizations and the requirements for certification are not all the same. In fact, most of these certifications are pathways to becoming an IBCLC.

<https://www.usbreastfeeding.org/trainingdirectory.html>

However, the IBCLC is one consistent standard, governed by one organization, the International Board of Lactation Consultant Examiners (IBLCE). Our credential is international, it is recognized by the World Health Organization.

<https://ibclce.org/>

The IBCLC has the most rigorous requirements. That includes specific college level health science courses, 95 hours of lactation education, specific hours of one on one mentored counseling with a mother/baby pair. And that's just to qualify to take the exam.

We pass an exam, we maintain current CPR certification, complete continuing education credits and re-certify every five years.

Most other health care providers receive little or no background in lactation and breastfeeding, even pediatricians. In addition, other providers see only the mother, or only the baby, not the two together as a unit.

Families with complicated health problems need our expertise and our time. For a parent with diabetes, or hormone imbalance, for example, making and feeding milk can be difficult. A baby who is born before 38 weeks (preterm) or had a difficult birth may feed poorly or not at all. Two problems often present at the same time and we need to assess them both.

IBCLCs co-ordinate with other providers...WIC peer counselors, Certified Lactation Counselors (CLCs) and Public Health nurses, pediatricians, midwives. We work well together.

To be clear, an IBCLC is a Lactation Specialist. That is a distinct and important certification. As more maternity centers close, families especially need this quality of support.

It will be wise for MaineCare to recognize this credential and to expand access to IBCLC care.

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# Knowledge Brief

*International Board Certified  
Lactation Consultants*

## By the Numbers

The *Surgeon General's Call to Action to Support Breastfeeding*<sup>1</sup> has stated that "International Board Certified Lactation Consultants (IBCLCs) are the only health care professionals certified in lactation care. They have specific clinical expertise and training in the clinical management of complex problems with lactation." This acknowledgement helps form the foundation for the profession, with the understanding that the IBCLC® is the recognized provider of clinical lactation care services. This was further reinforced by the US Women's Preventive Services Initiative, stating:

"Clinical lactation professionals providing clinical care include, but are not limited to, licensed lactation consultants, the IBCLC®, certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, and physicians. Lactation personnel providing counseling, education or peer support include lactation counselors/breastfeeding educators and peer supporters."<sup>2</sup>

A look at the numbers associated with the IBCLC® paints a snapshot of the vital role of this profession as a member of the healthcare team, highlights the profession's impact on breastfeeding and lactation, reveals its association with enhanced maternal/infant health outcomes, and offers a graphic representation of the profession for the education of policy makers, legislators, healthcare systems, insurers, and for advocacy efforts for the lactation consultant profession.

**19,930**

Number of IBCLCs®  
in the United States  
(As of February 16, 2024)<sup>3</sup>

**Lactation Consultant (IBCLC®)**

**95**

Hours didactic lactation education

**College health science courses**

**14**

**300-1000**

Hours supervised face-to-face clinical training with patients,  
passage of independent criterion referenced board exam

**Breastfeeding/lactation educator or counselor**

Various hours of didactic education, no clinical training, no required high school diploma, no required college health science courses, may need to pass exam given by education company

**Breastfeeding peer supporter**

Variable education hours, personal breastfeeding experience, no required high school diploma, no required college health science courses, no clinical training

**3**

Number of  
lactation personnel  
classifications  
based on education and  
training<sup>4</sup>

# Number of hospital IBCLC® staffing standards adopted by healthcare organizations

## American Academy of Pediatrics (AAP)<sup>5</sup>

*To best provide risk appropriate care, the American Academy of Pediatrics (AAP) in its staffing standards for level II, III, and IV hospitals specified:*

*Level II: "IBCLC® preferred, available for on-site consultation on weekdays, and accessible by telehealth or telephone 24/7."*

*Level III and IV: "Have an IBCLC® available for on-site consultation on weekdays, and accessible by telehealth or telephone 24/7."*

## Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)<sup>6</sup>

*"In each birthing facility, all mother-baby couplets should have access to an International Board Certified Lactation Consultant (IBCLC®) upon request or as a referral for more complex feeding, anatomy, or neurologic impairment that affects nutritive intake at the breast/chest."*

Massachusetts Department of Public Health, hospital licensure regulations, 105 CMR 130.616<sup>7</sup>  
*"...At a minimum, each hospital shall provide every mother and infant requiring advanced lactation support with ongoing consultation during the hospital stay from an International Board Certified Lactation Consultant (IBCLC)..."*

US Lactation Consultant Association, hospital IBCLC® staffing ratios<sup>8</sup>  
1:783 breastfeeding couplets on postpartum unit (1.3:1000 births)  
1:235 infant admission in the NICU (4.3:1000 infant admissions)

**\$2.33 Million<sup>9</sup>**

Number of Medicaid dollars saved with clinical lactation care delivered by IBCLCs® in just one state<sup>9</sup>

## Number of neonatal intensive care units (NICU) in the US that staff a dedicated NICU IBCLC®

**Less than one half.<sup>10</sup>**

One case reduction of medical necrotizing enterocolitis (NEC) can offset the cost of staffing one full-time lactation consultant.<sup>10</sup> A human milk diet for preterm infants is associated with decreased NEC, decreased infections rates, decreased hospital readmissions, and improved breastfeeding outcomes reducing overall infant morbidities and associated costs. Interventions provided by IBCLCs® improve breastfeeding outcomes, increase the volume of human milk received by infants, and work to reduce infant morbidity and mortality.<sup>11,12</sup>

**Less than 40%**

Number of state and local WIC agencies with an IBCLC® on staff<sup>13</sup>  
On-site IBCLCs® increase the odds of fully breastfeeding in the WIC population<sup>14</sup>

<sup>1</sup> U.S. Department of Health and Human Services. (2011). *The Surgeon general's call to action to support breastfeeding*. Washington, DC. Office of the Surgeon General. [https://www.ncbi.nlm.nih.gov/books/NBK52682/pdf/Bookshelf\\_NBK52682.pdf](https://www.ncbi.nlm.nih.gov/books/NBK52682/pdf/Bookshelf_NBK52682.pdf)

<sup>2</sup> U.S. Women's Preventive Services Initiative. (2022). Breastfeeding services and supplies. <https://www.womenspreventivehealth.org/recommendations/breastfeeding-services-and-supplies/>

<sup>3</sup> <https://ibclce.org/about-ibclce/current-statistics-on-worldwide-ibclcs/>

<sup>4</sup> Strong, G., Gober, M., & Walker, M. (2023). Speaking the same language: A call for standardized lactation terminology in the United States. *Journal of Human Lactation*, 39(1), 121-131.

<sup>5</sup> Stark, A.R., Pursley, D.M., Papile, L.A., et al. (2023). Standards for levels of neonatal care: II, III, and IV. *Pediatrics*, 151(6), e2023061957.

<sup>6</sup> AWHONN. (2022). Standards for professional registered nurse staffing for perinatal units. <https://www.awhonn.org/education/staffing-standards/>

<sup>7</sup> <https://www.mass.gov/doc/105-cmr-130-hospital-licensure/download>

<sup>8</sup> Lober, A., Harmon, D., & Thomas-Jackson, S. (2021). Position paper-Professional lactation support staffing in the hospital setting. *Clinical Lactation*, 12(4), 157-158.

<sup>9</sup> Wouk, K., Chetwynd, E., Vitaglione, T., & Sullivan, C. (2017). Improving access to medical lactation support and counseling: Building the case for Medicaid reimbursement. *Maternal and Child Health Journal*, 21(4), 836-844.

<sup>10</sup> Froh, E., Dahlmeier, K., & Spatz, D.L. (2017). NICU nurses and lactation-based support and care. *Advances in Neonatal Care*, 17(3), 203-208.

<sup>11</sup> Mercado, K., Vittner, D., & McGrath, J. (2019). What is the impact of NICU-dedicated lactation consultants? An evidence-based practice brief. *Advances in Neonatal Care*, 19(5), 383-393.

<sup>12</sup> Castrucci, B.C., Hoover, K.L., Lim, S., & Maus, K.C. (2007). Availability of lactation counseling services influences breastfeeding among infants admitted to neonatal intensive care units. *American Journal of Health Promotion*, 21(5), 410-415.

<sup>13</sup> Forrestal, S., Briefel, R., & Mabli, J. (2015). WIC breastfeeding policy inventory. Prepared by Mathematica Policy Research for the United States Department of Agriculture, Alexandria VA. <https://fns-prod.azureedge.us/sites/default/files/ops/WICBPI.pdf>

<sup>14</sup> Gleason, S., Wilkin, M.K., Sallack, L., Whaley, S.E., Martinez, C., & Paolicelli, C. (2020). Breastfeeding duration is associated with WIC site-level breastfeeding support practices. *Journal of Nutrition Education and Behavior*, 52(7), 680-687.