

Affordable Health Care Begins with IBCLCs:

Access to Lactation Support as a Cost-Effective Preventive Health Measure

Wisconsin Lactation Consultant Association
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Chair: US Lactation Consultant Association Licensure
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www.uslca.org

IBCLC Licensure/Reimbursement Medicaid Group
<https://www.facebook.com/groups/111712392311033/>

Healthy Keystone Kids Initiative

www.breastfeedpa.net



Maternal & Child Health Prevention

- Primary - taking action to prevent disease from happening; *breastfeeding and breastfeeding promotion*
- Secondary - earliest possible identification of potential problems, before symptoms occur, in order to readily treat or manage adverse results; *breastfeeding education and preventive counseling*
- Tertiary - stopping progression of the existing condition, reducing the severity, limiting complications, and aiding recovery; *clinical lactation care for problems*



National Public Health Partnership, 2006; Current Nursing 2012; LibraryIndex.com,
n.d.; The Open University OpenLearn Site, 2013

Preventive Intervention Measurement

- Cost-Benefit Analysis – net cost savings in money
- Cost Effectiveness – unit of health outcome such as lives saved, disease avoided
- Cost Utility/Quality Adjusted Life Years - length and quality of life saved during the remaining life years generated by the health care intervention



Successfully Breastfed Infants

- *Cost-Benefit Analysis* : \$13 billion could be saved annually
 - \$5909 per infant indirect costs and premature death, based on 2007 dollars
 - \$1000/child < health care costs per year direct costs
 - Otitis, NEC, LRTI, At Derm, T1D, SIDS, Leukemia
- *Cost Effectiveness*: 900 infant deaths could be prevented annually.
- *Cost Utility/Quality Adjusted Life Year (QALY)* : Skilled breastfeeding support in Neonatal Unit resulted in 0.009-0.251 QALY per infant and was cheaper £66 (~\$108 USD) to £586 (~\$966 USD) per infant across the birthweight subpopulation.



Bartick & Reinhold, 2010; Renfrew et al, 2009)

Successful Breastfeeding Mothers

- *Cost Benefit Analysis*: Reduces Maternal health care costs \$18.625 billion
 - \$9715 per woman based on 2011 dollars
- *Cost Effectiveness*:
 - 4,981 cases breast cancer
 - 58,847 cases hypertension
 - 13,946 myocardial infarction
 - 4,396 fewer premature deaths



Bartick, Steube, Bimla-Schwarz, Luongo, Reinhold & Foster, 2013

EFFECTS ON INFANT	Development and Intelligence	Transplant recipients Vaccine Response
<u>Infection</u> Diarrhea Haemophilus Influenza Meningitis in Preterm Infants Necrotizing Enterocolitis Otitis Media Pneumococcal Disease Respiratory Infections (general) Respiratory Syncytial Virus Sepsis in Preterm Infants Urinary Tract Infections	Cognitive Development Gastrointestinal & Immune Dev Hormones IQ Psychomotor and Social Dev Thymus development Visual acuity	
<u>Childhood Illnesses</u> Autoimmune Thyroid Disease Undescended Testicle Gastroesophageal Reflux General Morbidity Immunologic Development Infant Survival & SIDS Inguinal Hernia Pyloric Stenosis Toddler Health Wheezing	<u>Physiologic Response During Feedings</u> <u>Long Term Effects</u> Appendicitis Bone mass Cancer Cardiovascular Disease, Cholesterol Celiac Disease Dental Health Diabetes Mellitus Helicobacter pylori infection Haemophilus Influenzae Meningitis Inflammatory Bowel (Crohn's & Colitis) Juvenile Rheumatoid Arthritis Multiple Sclerosis Obesity Parent-child relationships Tonsillitis	MATERNAL EFFECTS <u>A. Cancer</u> Breast Cancer Endometrial Cancer Esophageal Cancer Ovarian Cancer Thyroid Cancer Uterine Cancer <u>B. Emotional Health</u> <u>C. Fertility</u> <u>D. Insulin Requirements</u> <u>E. Osteoporosis</u> <u>F. Postpartum Weight Loss</u> <u>G. Urinary Tract Infections</u>
<u>Allergies</u> Asthma & Eczema		SOCIETAL EFFECTS <u>A. Child Abuse</u> <u>B. Child Spacing</u> <u>C. Environment</u> <u>D. Financial Cost to Government and Families</u> Food Expense Medical Expenses <u>E. Vaccine Effectiveness</u>

Policies Recognize Breastfeeding as Primary Health Care Prevention

- *United States Preventive Services Task Force* recommends "interventions during pregnancy and after birth to promote and support breastfeeding"
- *Institute of Medicine* Consensus Report Clinical Preventive Services for Women: Closing the Gaps
- *US DHHS* National Prevention Strategy
- *US Surgeon General* Call to Action to Support Breastfeeding



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Patient Protection & Affordable Care Act

- Section 2713: "Coverage of Preventive Health Services" Requires Private Insurers, non-grandfathered plans to cover "Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment. In conjunction with each birth."
- Optional for state Medicaid to cover



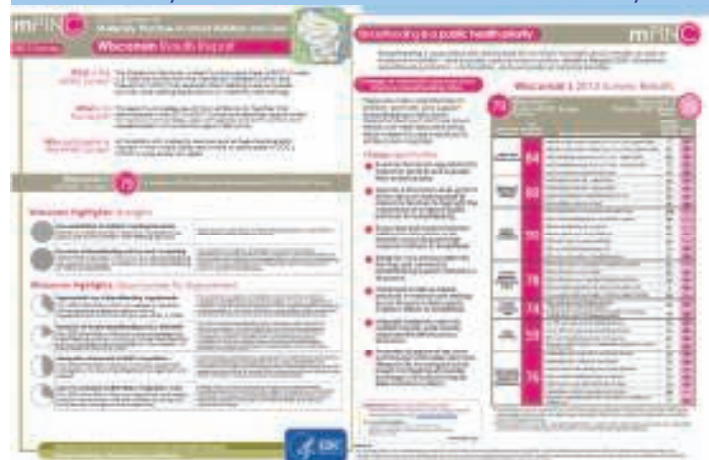
A National Health Priority

- *Healthy People 2020*
 - Increase incidence and duration, workplace support, recommended care in birth facilities, decrease formula use in first 2 days
- *White House Task Force on Childhood Obesity* Report to the President
- *USDA WIC* Food Packages
- *HRSA Office of Women's Health* Business Case for Breastfeeding
- *Centers for Disease Control and Prevention* Breastfeeding Report Card, Maternity Practices in Infant Nutrition and Care Survey, Guide to Strategies to Support Breastfeeding: Strategies to Prevent Obesity and Other Chronic Diseases



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CDC – Wisconsin Maternity Practices in Infant Nutrition and Care Survey



Health Authority Policy Support for Breastfeeding

- Joint Commission Perinatal Core Measures
- NICHQ *Best Fed Beginnings*
- Bright Futures, an initiative of the Maternal and Child Health Bureau / AAP adopted *United States Preventive Services Task Force* breastfeeding recommendations



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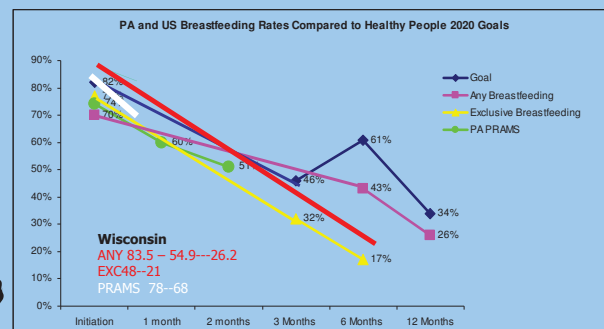
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. **Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction**, as recommended in the 2012 AAP statement "Breastfeeding and the Use of Human Milk" (<http://pediatrics.aappublications.org/content/129/3/e827.full>). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (<http://pediatrics.aappublications.org/content/125/2/405.full>).

Breastfeeding rates in different settings globally are related to key socio-cultural factors:

- **societal norms**
- **public policy**
- **availability of appropriate care and support, both professional and lay**

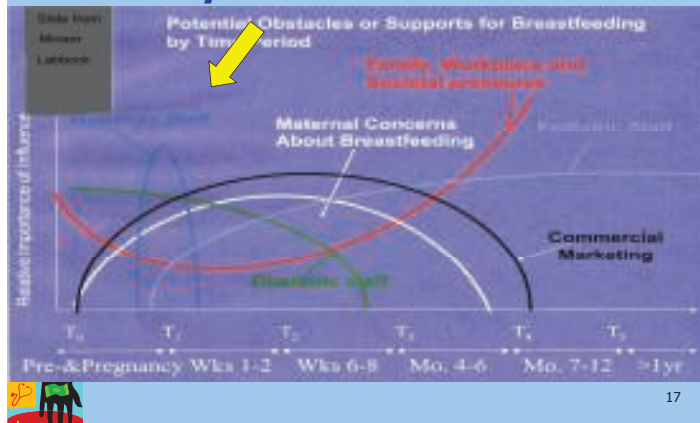


Evidence of Need for Breastfeeding Support: Duration Rates



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Inadequate Breastfeeding Assistance in Primary Care When Most Needed



When “breastfed” babies come along in a health care system created for a *bottle feeding* norm, policies and practices must change. 17 years for practice change!!!



Compared to prenatal care investment, we need postpartum care that takes the “4th Trimester” as seriously.

(Steube)

- Current level of hospital services do not meet the need
- Post-discharge breastfeeding support is insufficient



Healthcare System Flaw

- Systematic reviews -nurses, nutritionist, pharmacists and physicians do not possess core knowledge and skills needed to provide breastfeeding support and services to women
- Health care professionals’ breastfeeding knowledge **impacts the quality of breastfeeding services for women and breastfeeding outcomes**

Audrey Perry, DNP Capstone - 2013



WIC does not provide this service

- ~ 71% WIC participants are on Medicaid
- Medicaid providers refer patients to WIC for lactation support
- WIC *rarely* provides clinical care from IBCLCs
 - 38% of surveyed agencies had an IBCLC on staff
 - They may or may not provide clinical services
- WIC employs peer counselors receive training in basic support expressly trained to refer to IBCLCs



Imagine if formula companies made their products as difficult to access as it is for mothers to locate and to pay for breastfeeding support.

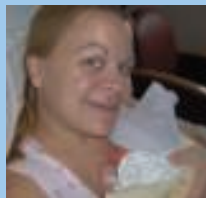


Breastfeeding Support must be Included as Standard of Care

■ **Individualized, Face-to-face support is most effective**

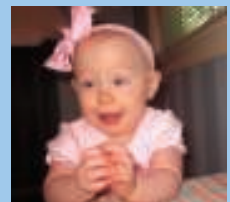
- Mothers don't seek assistance!!
- Support only offered if women seek help unlikely to be effective
- Women need predictable, scheduled, ongoing visits

Telephone support less helpful



Timeliness is essential

- Difficult breastfeeding is grueling, if support is not initiated immediately, the ability to breastfeed can be lost within days or hours.



Ellie at birth, 33 week gestation
11 months still breastfeeding



At Birth – In-Patient



- 79% of Mothers nationally choose breastfeeding
- 92% of first-time mothers have early feeding problems & low confidence
- 71% of in-patient care requires IBCLCs even when regular staff is well-trained



After Discharge



- 51% have unresolved problems on day 7
- 60% wean before meeting their breastfeeding goals
- problems are nearly universal in 1st time mothers
- result is formula use and reduced duration and exclusivity



Mothers Need



- Empathy, experience & educational tools
- Solutions that work in specific situation, setting, circumstances & bring behavior change.
- IBCLC Clinical Competencies require these skills



Mothers fear *providers* won't understand their circumstances, particularly when they reject feeding recommendations and feel powerless to breastfeed exclusively.



IBCLCs are ESSENTIAL Allied Healthcare Providers



- Provide clinical care
- Lactation assessment & intervention, 60 minutes+
- Particular need in first month of breastfeeding

Access to IBCLC Services Improves Breastfeeding Incidence and Duration

- Impact of IBCLC care in hospital & post-discharge is poorly documented
- Nonhospital based services are not quantified
- In part due to differences in study methods and design
 - definitions of breastfeeding
 - type of intervention – many mixed
 - education, support, materials
 - phone, face-to-face
 - providers
 - outcomes of interventions
 - target populations

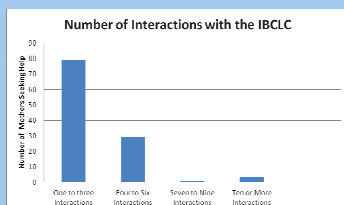
Common theme -support by professionals trained in lactation, offering individualized & offered long-term care were successful



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Morris & Gutowski

Supplements before 1 mo	47% No IBCLC	41% IBCLC	
Greater odds of Exclusive Bf 4-6 mo compared to 0 mo = 1.75			
Greater odds of Exclusive Bf 4-6 mo compared to 1-2 mo = 1.83			
Any Bf 1 yr	14%	26%	2.15 odd ratio
No LC Contact but LC available			3.14



USLCA Recommends

- **#1 -State licensure of IBCLCs**
- Recognition and credentialing of the **International Board Certified Lactation Consultant (IBCLC)** as the preferred provider of lactation care and services for private and Medicaid insurance plans
- Third party reimbursement of skilled breastfeeding support provided by the IBCLC
- Delineation of IBCLC-provided lactation services as distinct from other healthcare services in the medical system



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1 State Passed Licensure, 35 States Licensure Underway



States with Bills Introduced

- Georgia - <http://www.legis.ga.gov/Legislation/en-US/display/20152016/HB/649>
- Massachusetts - <https://legiscan.com/MA/bill/S1183/2015>
- Minnesota - <https://www.revisor.mn.gov/bills/bill.php?b=senate&f=SF932&ssn=0&y=2015>
- New Jersey - revising
- New York – revising
- Texas - <http://www.capitol.state.tx.us/tlodocs/84R/billtext/pdf/HB03976I.pdf#navpanes=0>

Include support for lactation as an essential medical service ...

"Ample evidence of the need for support from IBCLCs has not yet translated, to comprehensive availability of their care."

- Need 8.6 IBCLCs per 1000 live births
- U.S. has 3.35 IBCLCs per 1000 live births



Mother/Consumer

"What level of support will identify moms at risk and triage them to the appropriate level of care, without medicalizing normal breastfeeding?"

(Steube)

