POLICY NOTE

UCLA Center for Health Policy Research

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Reducing Breast Cancer Risk Through Access to Lactation Specialists

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CHIS california health interview survey

SUMMARY

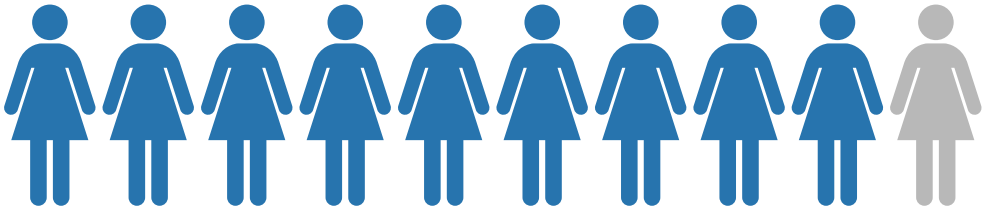
In 2023, an estimated 32,000 women in California will be diagnosed with breast cancer, and approximately 4,680 will die from it. For birthing women, both the initiation of breastfeeding and the duration of it can reduce the risk of breast cancer. Therefore, it is important to understand the barriers to a woman's decision to start breastfeeding and to continuing its practice for as long as desired. Professional lactation services can have a significant and positive impact on both.

In this policy note, we present the findings from our recent study on the perceived benefits of lactation services, barriers to connecting to services, and recommendations for improving access to lactation consultants.

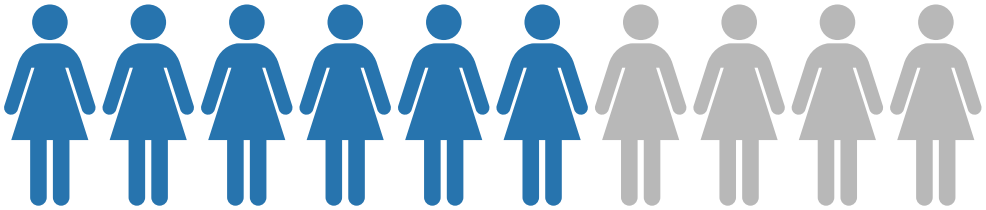
This is one key finding in a larger study of 33 participants — including mothers of recent newborns, maternal care providers (including physicians, nurses, lactation consultants, and doulas), and community advocates for child and maternal health — in which the authors learned about the barriers to initiating and maintaining breastfeeding in accordance with a mother's breastfeeding plan. All participants represent or work with Black, Asian American, or Native Hawaiian or Pacific Islander (NHPI) communities. (Access the full UCLA Center for Health Policy Research report, *Reducing Barriers to Breastfeeding in Disadvantaged Communities*, at https://healthpolicy.ucla.edu/our-work/publications/strategies-increasing-breastfeeding-disadvantaged-communities.)

Exhibit 1 / Mothers Who Gave Birth in 2019 and Breastfed, California

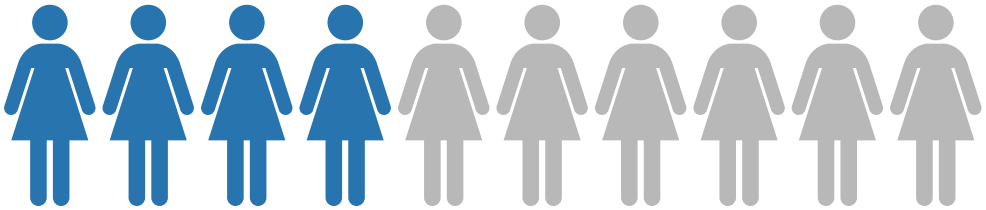
9 in 10
mothers who **ever** breastfed



6 in 10
breastfed some at **6 months**



4 in 10
breastfed some at **12 months**



Source: National Immunization Survey, Centers for Disease Control and Prevention. *Breastfeeding Report Card, United States, 2022.*

Breastfeeding greatly benefits the health of both the baby and the mother. The American Academy of Pediatrics (AAP) and the World Health Organization (WHO) recommend exclusive breastfeeding for the first 6 months of a newborn's life, and continued breastfeeding until at least 12 months (AAP) or 24 months old (WHO). In California, about 90% of mothers who had babies in 2019 reported ever breastfeeding (compared to 83% in the U.S. overall), based on responses on breastfeeding in the National Immunization Survey (NIS) (Exhibit 1). The NIS found that 62% of these California mothers reported any breastfeeding of their babies at 6 months of age, and 27% reported exclusive breastfeeding through 6 months of age. By 12 months, only 44% reported any breastfeeding. Public health efforts are needed to support mothers' breastfeeding goals.

A lactation specialist can play an important role in the breastfeeding journey by encouraging the practice, educating mothers about the process, and aiding with any challenges to successful breastfeeding facing a mother and child. However, access to professional lactation support is uneven among California communities.

"I stayed in the hospital the most days I could, which was three days. And, thinking back, I feel like that's not enough for people … I think women need a lot more time, especially first-time mothers, to have help from lactation nurses."

The UCLA Center for Health Policy Research report *Reducing Barriers to Breastfeeding in Disadvantaged Communities* shares the experiences of Black, Asian American, and NHPI mothers in connecting to lactation specialists and offers recommendations for improving the availability and use of services. The report is based on the experiences of mothers, maternity care providers, and community advocates for child and maternal health in promoting breastfeeding in California.

Benefits of Lactation Specialists

International Board-Certified Lactation Consultants (IBCLCs), Certified Lactation Counselors (CLCs), and peer counselors through La Leche League or WIC are health care professionals trained in lactation care. They offer lactation education at home, in hospitals and clinics, in private practices, or at community centers. They provide support beyond what clinicians – such as obstetricians/gynecologists, pediatricians, and labor and delivery nurses – can provide.

Clinical providers may have limited knowledge, training, and approaches regarding initiation of breastfeeding, management of lactation, and breastfeeding counseling for communities in need of extra support. A maternity team may also have limited contact with a woman after delivery, when breastfeeding is initiated and challenges are encountered. A lactation consultant can be present prior to birth to encourage and assist an expectant mother to prepare for breastfeeding, including educating the new mother about milk production and how to initiate breastfeeding, anticipating potential challenges and solutions, or incorporating a breast pump into the breastfeeding plan, if desired. Postpartum, lactation consultants provide guidance on how to initiate breastfeeding; assist moms in overcoming challenges with feeding and pumping; ensure that a baby is receiving proper nutrition; and help connect mothers to resources in cases of, for example, limited milk supply or delayed onset of milk production.

In the study, all mothers who had access to a lactation consultant reported a positive impact on developing and implementing their breastfeeding plan. One mother said, “Overall, they were just encouraging me to keep trying and know that the breastfeeding experience in the beginning is supposed to be normally hard.”

This was especially true for new mothers, who reported wanting to know what to expect when they started to breastfeed and pump. Initially, lactation consultants can be instrumental in encouraging breastfeeding practice and teaching techniques. Overall, new moms particularly wanted more consistency in access to resources and services and wanted to feel more prepared earlier in the pregnancy journey. One mother said she felt that the timing of a connection to a lactation consultant prior to delivery was important: “I almost feel like there just needed to be someone that gave me a pep talk and kind of walked me through it more, and that would be helpful. I'm glad that [the breast pump] is provided through insurance, but I wish that came earlier. I wish some of the education pieces came earlier or I had access to that more.”

Access to lactation specialists is also important if the mother encounters any issues in breastfeeding. They can educate mothers on what to expect — for example, helping them understand weight fluctuations in a newborn, particularly on occasions when a mother’s milk supply is delayed or low, and addressing any physical challenges that might cause a mother to quit breastfeeding.

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Beyond the initial technical components, lactation specialists can help a mother prepare for an eventual transition to pumping. Specialists are knowledgeable about the best pumps to use and can help set expectations, and they understand all of the extra things that can aid in a successful breastfeeding plan.

Several of the mothers in our study initially experienced physical challenges to breastfeeding, ranging from nipple pain to mastitis to delayed onset of milk supply. A few credited a lactation consultant or a doula for assisting them in understanding and overcoming their issue. However, mothers who faced challenges but who left the hospital without access to that support were left to search online or to seek information through support groups to try to find solutions.

One mother reported that she tried to stay in the hospital as long as she was covered by insurance because she wanted access to the lactation consultants, which she would lose once she went home: "I stayed in the hospital the most days I could, which was three days. And, thinking back, I feel like that's not enough for people … I think women need a lot more time, especially first-time mothers, to have help from lactation nurses."

Accessing Lactation Services: Availability and Affordability

Black, Asian American, and NHPI mothers face two interconnected barriers to connecting to lactation services. First, mothers in marginalized communities are more likely to be uninsured or underinsured and to have lower incomes and fewer resources, all of which can make it more difficult for them to access and afford lactation services.

Second, recent studies in the literature show that lactation providers face a number of challenges in their work that impact the ability of breastfeeding mothers to access their services. These challenges include an overall shortage of lactation consultants, particularly in less urban areas; a lack of racial/ethnic representation in the workforce; and a lack of referrals to their services.[2,6,8] Telehealth and social media have been identified as having helped improve access to lactation services,[12-15] although some people do require in-person support. The problem of the small workforce is also further exacerbated by geographic barriers: Those in marginalized communities may live in areas that are underserved by health care providers, making it more difficult for them to access lactation services. One mother who had lactation issues was referred to the clinic associated with her hospital, but she was unable to get an appointment for six weeks.

> "I didn't really want to [return to] work for as long as I could during his first year. But at three months postpartum, my family needed money for rent, so I kind of just went to work … I wanted to stay home and breastfeed, but making money halted that for me."

In addition to geography, accessibility is impacted by where a mother delivers. While doulas were engaged through community groups, most mothers in the study received lactation services through the hospital where they delivered and were not connected to the lactation professional until after delivery. Only two mothers had insurance coverage for those services outside the hospital setting. Follow-up care after a mother has left the facility differed between hospital programs and by whether the mother had these services covered by her insurance. One provider in the study shared her own experience of giving birth between two different hospital systems: For her first birth, she went to a hospital that provided pumps and lactation consultants; her second delivery, however, was in a hospital system that only provided lactation classes.

Several mothers in our study were enrolled in the WIC (Women, Infants and Children) program, through which they received written resources on breastfeeding, opportunities for classes and support groups, and access to lactation consultants and doulas.

Need for Larger and More Representative Workforce

In addition to having access to lactation consultants and doulas, some study participants pointed out the need to increase and diversify the workforce. Both mothers and providers in the study noted that many women feel more comfortable with someone who looks like them, especially in body type. And in general, adequate availability of lactation service providers is needed.

There is a dearth of International Board Certified Lactation Consultants (IBCLC) who specialize in the clinical management of breastfeeding overall, as well as a lack of diversity in the existing workforce. One lactation consultant in our study reported going into the profession because there had been no Black lactation consultants when she gave birth, and she felt negatively impacted by the lack of representation. She also reported that she did not meet another Black lactation consultant until she had been in the field for five years. At the statewide conference where they met, they were the only two Black women in attendance.

> "Even the option of a midwife or a doula, that's something that no one is … able to tell me, unless I go hunt down my insurance company and get more information on that. And not even resources for a doula or outside private support in that way."

Timing Is a Consideration

The timing of receiving education about breastfeeding and accessing lactation consultants was also important in mothers' breastfeeding experiences. One way to encourage breastfeeding prenatally is to provide pregnant people with the opportunity to observe breastfeeding or to practice breastfeeding positions with a breastfeeding model or lactation educator. Depending on the hospital or program, there was a difference in experiences of when a lactation consultant engaged with a mother, and there were differing opinions as to when the best time might be. The women in our study reported meeting the lactation consultant in the hospital very soon after giving birth, though it took some mothers longer to have access because of staffing shortages. Mothers acknowledged that seeing the lactation consultant once the baby was born was important for help with positioning and latching.

Knowledge of Insurance Coverage

The Affordable Care Act (ACA) legislation required coverage of preventive health services for women, including "breastfeeding support, supplies, and counseling," which includes "comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment." However, families are often unclear about what their insurance offers, and they often face cost barriers to obtaining lactation care when the lactation specialist is not an in-network provider and services are thus not covered fully by insurance.[17]

Confusion over insurance coverage was a common theme among frustrated mothers seeking support. One noted: "I think I've heard that is something that's provided, but I don't know if my insurance covers that. Even the option of a midwife or a doula, that's something that no one is … able to tell me,

unless I go hunt down my insurance company and get more information on that. And not even resources for a doula or outside private support in that way."

RECOMMENDATIONS

Based on a policy and literature review, as well as on interviews with mothers and providers, we offer these recommendations:

Support programs and insurance coverage that improve access to doulas and lactation service providers at no cost, both in and outside of the hospital setting. Mothers who had access to doulas through community programs felt this had had a significant impact on their birthing and breastfeeding experiences: "Community groups and even free access to doulas, right? Because my doula really helped me understand what it looks like to advocate for yourself in that space, and things like that."

Address the lactation workforce shortage, including increasing the diversity of the breastfeeding and maternity care workforce (lactation consultants, doulas), and improve availability of lactation specialists outside hospital settings. The mothers who had access to lactation support services only while they were in the hospital strongly recommended sustaining the support: "I really do think it's follow-up when you leave the hospital. One thing that I noted with my second child was that they had me schedule a lactation specialist appointment before I left. So I knew for a fact that two weeks after I have left the hospital, I'm going to go back and reconnect with somebody. And that was already a plan in place, versus having me try to figure out a follow-up appointment myself after I left when I'm healing myself, when I'm on lack of sleep trying to feed a baby."

One provider suggested: "If they had the addresses for these women, they could do a monthly check on every home, and they [could] do their monthly check and maybe check on the baby and ask the mother is she having enough breast milk and everything, especially in those first six months."

Improve insurance coverage for lactation services both in and outside of the hospital setting. Moms who faced challenges but left the hospital without access to that support were left to search online or seek information in support groups to try to find solutions.

"One thing that I noted with my second child was that they had me schedule a lactation specialist appointment before I left. ... That was already a plan in place, versus having me try to figure out a follow-up appointment myself after I left when I'm healing myself, when I'm on lack of sleep trying to feed a baby."

Exhibit 2 / State Breastfeeding Policies

Name	Description
California Health & Safety Code §123360	Requires the California Department of Public Health to include the promotion of breastfeeding in public service campaigns, and to develop a training course to promote exclusive breastfeeding and specify hospital staff for whom the training is appropriate.
California Health & Safety Code § 123365	Requires hospitals providing maternity care to make available a breastfeeding consultant or provide information on where to receive breastfeeding information.
California Health and Safety Code § 123361	Since 2008, the California Department of Public Health has been required to expand breastfeeding peer counseling program at local agency sites for the California Special Supplemental Food Program for Women, Infants and Children (WIC).
California Health and Safety Code § 1257.9	The California Department of Public Health recommends a minimum eight-hour training for appropriate staff in general acute care hospitals that provide maternity care and that have exclusive patient breastfeeding rates in the lowest 25% of the state.
California Welfare and Institutions Code § 14134.55	Requires streamlining of existing Medi-Cal program procedures to improve access to lactation supports and breast pumps among Medi-Cal recipients.

Some were then faced with paying the full cost, as their health insurance did not cover services.

Another first-time mom shared that concern about losing access to the consultants: "[There was a] lack of follow-up or support after leaving the hospital, kind of leaving it up to the mom to do it herself. It was confusing and hard."

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