March 6, 2017

Senator Terry Gerratana

Senator Heather Somers

Representative Jonathan Steinberg

Connecticut State Legislative Joint Committee on Public Health

RE: HB 6487

Dear Sens. Gerratana and Somers, Rep. Steinberg and Public Health Committee Members,

I am writing in support of HB 6487 and request your support of this bill. My name is Margaret Flinter and I am the Senior Vice President and Clinical Director of Community Health Center, Inc. where I have been employed since 1980. As a family practice nurse practitioner I have worked in the primary care setting for over 30 years and have served women during the preconception and inter-conception periods as well as providing primary care to infants, children and their families.

Every major health organization including the American Academy of Family Medicine, The American College of Obstetrics and Gynecologists, the American Academy of Pediatrics, the World Health Organization, The US Surgeon General and many others tout the health, economic and psychological benefits associated with breastfeeding for both the mother and baby. However breastfeeding initiation and duration rates continue to be below the Health People 2020 goals. This is especially true of underserved populations where this disparity is most clear.

Low-income women have the lowest rates of breastfeeding. Community Health Center Inc. serves the largest underserved and Medicaid population in Connecticut. As such we are particularly sensitive to the needs of our patients and understand the value of securing International Board Certified Lactation Consultants (IBCLC) as a part of the Health Care team. We have identified access issues this population faces around securing the services of IBCLC allied health care professionals.

Studies support the association between IBCLC lactation consultants and positive breastfeeding outcomes. For instance one study suggests, “In addition, IBCLCs rapport and expertise – with women and the healthcare team – helped overcome barriers to breastfeeding. IBCLCs’ acceptance and integration into primary care team validated their work and increased effectiveness.”

Another study states, “Our findings underscore the importance of integrating IBCLCs in routine pre-and postpartum care because they provide critical support that effectively addresses early postpartum barriers to breastfeeding.”

Yet another study suggests, “The first system-level improvement suggested by pediatricians – to place a lactation consultant on site in the medical home clinic – reflects an access-to-care difficulty documented elsewhere.”
To quote one research article, Systemic review and meta-analysis of randomized controlled trials evaluating primary care-based interventions to promote breastfeeding in low-income women, “Educational Programs delivered in the context of ongoing personal contact with a health care professional are effective in promoting BF in low-income women”. In addition to the National Nutrition and Healthcare Programs, Baby Friendly Hospitals, International Board Certified Lactation Consultant certification and initial and ongoing training for GPs seem to be important in promoting BF.

I have had the opportunity to work alongside an IBCLC in the clinical setting and can attest that the inclusion of this allied health care professional as a part of the primary health care team is an effective strategy to increase rates of breastfeeding initiation and duration. At our CHC locations where an IBCLC is a part of the health care team our breastfeeding rates surpass the Health People 2020 goals for breastfeeding.

There should be no two tiered standard of care for breastfeeding support. Women of means and without means deserve and have a right to the same standard of care for lactation support and clinical interventions when they choose to breastfeed. Licensure of IBCLC lactation consultants will be a first step towards ensuring a standard of care, scope of practice and equal access for lactation care for all women and infants in our state which will address the public health needs of all women and babies in our state.

Respectfully Submitted,

Margaret Flinter, PhD, APRN
References:


