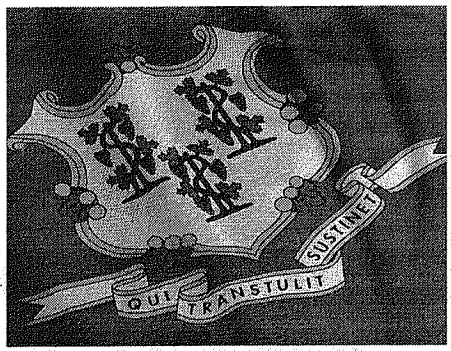
State of Connecticut
Husky Program
Maternity Bundle
Minimum Standards for Lactation Services
Revised January,2023



Policy Draft: Minimum Standards for Lactation Services included within the State of Connecticut Husky Program Maternity Bundle
Department: Department of Social Services
Policy: Minimum Standards for Lactation Services within the Maternity Bundle
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Policy: The Maternity Bundle is developed with the intention to improve maternal outcomes during and after pregnancy and to address the reality of disparity in maternal outcomes. Both traditional, non-traditional and wrap around services are included in the bundle of services to be provided during prenatal and postpartum care. Lactation services are included within the scope of the maternity bundle. In Connecticut and nationwide, initiation rates and duration of breastfeeding differ by Medicaid payer type and by non-Hispanic black race.

Rational: Scientific evidence has documented that breastfeeding enhances maternal and Infant health, is a mitigating factor in several poor outcomes and is a preventative measure towards mitigating some of the worst outcomes including death. In spite of this data, breastfeeding rates and duration remain lower than recommended by health care authorities. This is especially of note among Medicaid participants and non-Hispanic Black birthing people. Not only are there disparities in initiation and duration rates, but also in the period of recommended exclusivity. The recommended breastfeeding exclusivity period (6 months) is essential since the provision of human milk is dose dependent and tied to optimal breastfeeding as it relates to impacting patient outcomes.

Background Information

The health benefits associated with breastfeeding for breastfeeding people and infants are well documented. The Connecticut Department of Social Services recognizes these many health advantages. While there are several risk factors associated with maternal demise during the 12 month postpartum period, cardio-vascular events are one leading risk. It is important to emphasize that the literature recognizes optimal breastfeeding as a mitigating factor in the prevention of cardio-vascular events in women. Maternal and Infant mortality is significantly higher within Black non-Hispanic women and in the Connecticut Medicaid participation. Refer to Fagerhaug, et al., Schwartz, et al, Stuebe, et al., and Schwartz, et al. (2010).

Suboptimal breastfeeding rates and duration in the US is associated with increased health care costs and maternal and infant morbidity and mortality. A study by Bartick et al., 2017, analyzed the burden of suboptimal breastfeeding in the US and found that suboptimal breastfeeding, not exclusively breastfeeding for the recommended first 6 months, was associated with:

> "More than 3,340 premature deaths in the U.S. each year, costing the nation an estimated $14.2 billion ($3 billion in medical costs). The majority of the excess death and medical costs -- nearly 80 percent -- were maternal. They concluded that: Current US breastfeeding rates are suboptimal and result in significant excess costs and preventable infant deaths. Investment in strategies to promote longer breastfeeding duration and exclusivity may be cost-effective."

"Despite recommendations to exclusively breastfeed for the first 6 months of an infant's life with subsequent introduction of complementary foods through the infant's first year, (WHO, AAP, ACOG, AWHONN), breastfeeding rates decrease significantly over the first 6 months of life. Access to skilled lactation care is one of the main barriers to breastfeeding success. Skilled lactation care is defined as services provided by a certified lactation expert (IBCLCs). The US Preventive Service Task Force (USPSTF) issued a B-rated recommendation to provide primary care interventions (Preventive Care Model) during pregnancy and after birth to support breastfeeding (Bibbins-Domingo et al, 2016). The World Health Organization (WHO) endorses global strategies that promote optimal feeding for infants and young children and supports health services that protect and promote exclusive breastfeeding with appropriate and timely complementary feeding (World Health Organization Secretariat, 2002). The WHO suggests that

all mothers should have access to skilled lactation support (IBCLCs) as a part of routine prenatal, delivery, postpartum, well newborn and pediatric care. The CDC asserts that the health care professional's role in promoting breastfeeding is to provide consistent and evidence-based support (Centers for Disease Control and Prevention, 2013)." (Hubschman-Shahar, 2022)

Section 2713 of the Public Health Service Act, as modified by the ACA, mandates insurance coverage of specified preventive services without copayment, coinsurance, deductible, or other cost sharing including preventive care and screenings for women as provided for in the comprehensive guidelines supported by HRSA for the purpose of lactation support services. HRSA/Women's Preventive Health Initiative (WPSI) recommends comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to ensure the successful initiation and maintenance of breastfeeding.

According the U.S. Surgeon General's action call to support breastfeeding: "To ensure access to services provided by International Board Certified Lactation Consultants (Action Step 11 Health Care). Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers and children: "Third party payers typically define a standard package of health benefits for women and children, including standard coverage for IBCLCs as "covered providers" when they perform services within their scope of their certification. Payers should ensure that mothers and children have access to these services through insurance maternity benefits. Federally funded health benefit programs, such as Medicaid, the Children's Health Insurance Programs, Tricare and the Federal Health Benefit Program, could serve as models for such a standard benefit package."
https://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf

Clinical trials of interventions demonstrated that a minimum of 5 visits across the antenatal, perinatal, and postpartum periods to promote and support breastfeeding show benefit, but more visits may be required for problem based services and for complex mothers and babies. Additional research has indicated that the most effective interventions to promote breastfeeding for six months were long term and intensive. The most effective strategies were interventions that spanned the prenatal and post-partum period (de Oliveria et at, 2001), and included two (2) prenatal lactation consultations, one (1) postpartum in-hospital lactation consultation, and multiple lactation consultations after discharge (Bonuck et al, 2005). Wood et al, (2022) found that on-demand breastfeeding from birth to 4 weeks contributed significantly to breastfeeding success as measured by six months of exclusive breastfeeding. This success was enhanced by skilled lactation professionals (IBCLCs) educating and supporting mothers to understand and perceive infant hunger clues and breastfeed on-demand.

Barriers to breastfeeding success are well documented in the literature. A major barrier is a lack of access to skilled lactation professionals (IBCLCs) which may result in delays in care and early termination of breastfeeding. Transportation/geographic challenges to travel to the lactation services is also a major barrier, as well as the lack of skilled lactation professionals available 24/7 for emergent/urgent issues and concerns.

The CDC also lists several factors associated with early discontinuation of breastfeeding. These include: Issues with lactation and latching, concerns about infant nutrition and weight, mother's concern about taking medications while breastfeeding, unsupportive work policies and lack of parental leave, cultural norms and/or lack of family support, and unsupportive hospital practices and policies. (https://www.cdc.gov/breastfeeding/data/facts.html)

The CDC also notes breastfeeding disparities existing among race, income, age and payer types with women on Medicaid having the lowest breastfeeding rates. Additionally non-Hispanic black women are 15% less likely to ever breastfeed than non- Hispanic white or Hispanic women. . (https://www.cdc.gov/breastfeeding/data/facts.html)

International Board Certified Lactation Consultants (IBCLCs) are certified by the International Board of Lactation Consultant Examiners National Commission for Certifying Agencies (NCCA) of the Institute of Credentialing Excellence (ICE) and are the highest level expert in the provision of skilled professional lactation services. They have extensive knowledge and expertise in all domains related to lactation. Working together with mothers, families, policymakers and society, IBCLC certificants provide expert breastfeeding and lactation care, promote changes that support breastfeeding and help reduce the risks of not breastfeeding IBLCE, 2022). International Lactation Consultant Association's (ILCA) position statement (Henderson et al, 2011), states that the IBCLC serves nine roles including advocate, clinical expert, collaborator, educator, facilitator, investigator, policy consultant, professional, and promoter of breastfeeding. The IBCLC credential is the highest certification and the only internationally recognized credential in the field of lactation. Research has shown improved breastfeeding outcomes when mothers and infants receive the services of IBCLCs.

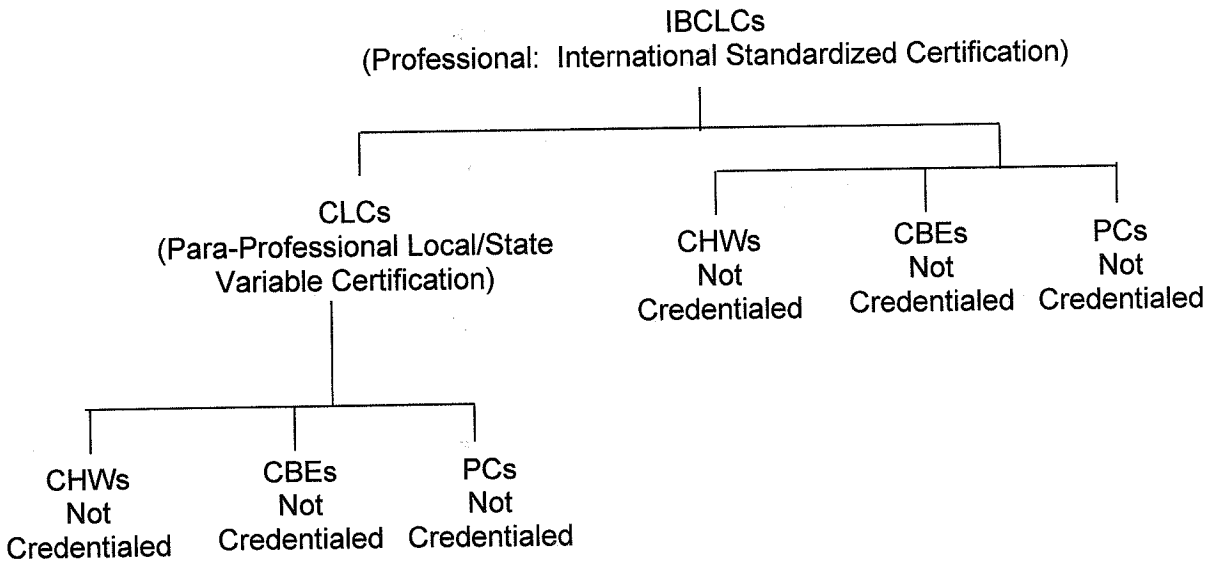
The USCLA in 2014, documented fourteen referenced studies that support the specific use of IBCLCs. An integrative review paper of several studies examining the use of IBCLCs vs non-use of IBCLCs postpartum in the outpatient setting suggests a positive relationship between IBCLC use and a longer duration of breastfeeding. (Thurman and Allen, 2008)

While many training courses provide certificates of completion, only the IBCLC, RLC credential denotes a board certification in lactation consultation received through an independent entity requiring not only college level health science and human lactation specific course work but requires supervised clinical hours to qualify for sitting for and passing the board exam. The IBCLC, RLC are board certified by the International Board of Lactation Consultant Examiners National Commission for Certifying Agencies (NCCA) of the Institute of Credentialing Excellence (ICE) and are nationally registered allied health professionals. The IBCLC credential assures families, employers, insurers, public health and policy makers of competent, evidenced-based lactation care and services.

Another category of lactation roles is Certified Lactation Consultants (CLCs). They have basic knowledge and credentialing regarding lactation. and take a one week course with a test at the end of the week which is developed by the company that provides the training. In order to ensure the highest quality of care, and public safety, CLCs should work under the direction of an IBCLC.

Many non-credentialed individuals/roles have significant variabilities in lactation education and expertise. These roles include Community Health Workers (CHW), Peer Counselors (PCs), and Childbirth Educators (CBEs). The lack of standardization and variability of knowledge and expertise is significant which could result in sub-optimal breastfeeding outcomes. Therefore, they should work under the direction of IBCLCs. Refer to Figure 1.

Figure 1. Lactation Roles Chain of Command



Key:

CHW = Community Health Works
PC = Peer Counselors
CBEs = Childbirth Educators

Minimum Standards for the Provision of Lactation Services Background

The State of Connecticut Husky Program as the payer of approximately 50% of the births in Connecticut, desires to improve the breastfeeding outcomes and ultimately the health of mothers and babies in the state. The Connecticut Husky Program recently expanded coverage to provide services to newborns throughout the first year of life. The postpartum period for mothers should be defined similarly, especially related to breastfeeding as the primary source of infant nutrition. Connecticut has approximately an 84% breastfeeding initialization rate which is similar to the United States (US). The US has breastfeeding exclusivity rates of 54% at one month, 46% at three months, and 24% at six months for Caucasian mothers. These rates are significantly lower for minority women (CDC, 2020). The Healthy People 2030 objective is to increase the breastfeeding exclusivity rate at six months to 42.4%, almost double (2x). (Office of Disease Prevention and Health Promotion, 2020). The State of Connecticut desires to meet or exceed this goal.

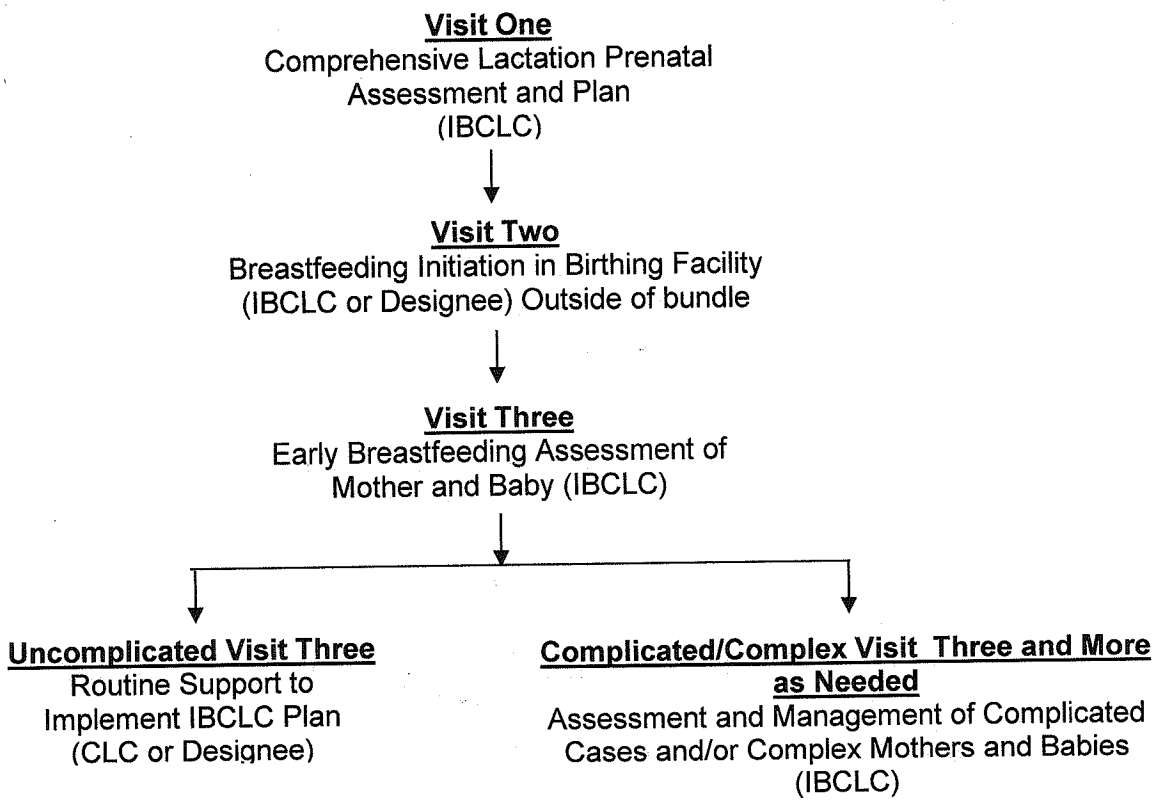
Minimum Standards for Lactation Services Under the Maternity Bundle Recommendations:

- Minimum of three (3) skilled professional lactation consultation visits across the prenatal and postpartum period and throughout the infant's first year of life.
  - Preventive lactation care is defined as skilled professional breastfeeding support provided across the pre-conception, prenatal, intrapartum, and postpartum continuum of care. Preventive lactation care is holistic and addresses the physiologic, emotional, societal, and economic barriers and facilitators to breastfeeding. In alignment with the Global Breastfeeding Collective's definition of breastfeeding counseling, preventive lactation care provides education, anticipatory guidance, reassurance, risk reduction, and practical help and problem solving.
  - Timing and cadence of preventive skilled lactation support should mirror points at which breastfeeding cessation rates increase and exclusivity decreases.
  - A preventive model of care will be the standard, but comprehensive lactation support includes access to problem-based visits in a timely manner (<24 hours) for complications and concerns that arise, and for complex mothers and babies. Complicated/complex patients are required to be cared for by an IBCLC and will require >5 minimum visits.
  - In-hospital lactation support services are not included in the bundle.

- Minimum of one (1) visit in the prenatal period with an IBCLC to provide comprehensive lactation assessment, planning and preparation.
- Minimum of one (1) visit in the immediate postpartum period (within 3 days of discharge) by an IBCLC to provide a comprehensive lactation assessment of the mother and baby.
- The other one (1) visit will be at critical decision points related to breastfeeding exclusivity and duration. For example, returning to work, problem-based need, teething, introducing solids). Routine/basic visits may be provided by CLCs or designees with documented credentials and competencies. All problem-based visits and complex patients are required to be cared for by an IBCLC. (Refer to Figure 2)

- Tracking and reporting of breastfeeding (BF) outcomes (CDC Benchmark outcome measures):
  - Initiation rates of any breastfeeding
  - Exclusive breastfeeding initiation rates
  - Any breastfeeding at 1 month
  - Exclusive breastfeeding at 1 month
  - Any breastfeeding at 3 months
  - Exclusive breastfeeding at 3 months
  - Any breastfeeding at 6 months
  - Exclusive breastfeeding at 6 months
  - Duration at any breastfeeding
  - Duration at exclusive breastfeeding
  - Note: Exclusive breastfeeding is defined as feeding the infant only human breastmilk without any supplementation from other sources.

Figure 2. Minimum Standard of Skilled Lactation Services for the Husky Maternity Bundle



Note:

- 2 of 3 visits provided by IBCLCs
- 1 of 3 visits provided by CLCs or other lactation related roles under the direct or indirect supervision of IBCLCs
- Greater than 3 visits may be required by IBCLCs for complicated cases and/or complex mothers and/or babies. For example, NICU babies, diabetic mothers, latch problems and others.
- All IBCLC visits are required to be reimbursed at a reasonable rate under the Husky Maternity Bundle. In-hospital IBCLC services will not be reimbursed under the Maternity Bundle because hospital based maternity care is excluded from the Maternity Bundle and will be included in the global DRG facility payments.
  -Reasonable rate is defined as the current, 2022, out-of-network Husky Medicaid rate for lactation consultation.
- Husky Maternity Bundle Administrators will be required to show evidence of:
  - Contracts with IBCLCs for direct services, and direct and indirect supervision of CLCs
  - Reimbursement of "reasonable rates" as listed above
  - Compliance with the Minimum Standard of Care
  - Tracking and reporting breastfeeding outcomes as specified in the Minimum Standard of Care

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