

Lactation Consultation Benefit Update

July 11, 2023

Objectives

- At the end of this presentation, attendees will be able to:
 - Understand the scope and eligible providers of lactation services available through TennCare Medicaid and CoverKids.
 - Utilize appropriate billing and coding methodology for claim submission.
 - Follow and apply the credentialing requirements to be an eligible provider of TennCare and Tennessee's Managed Care Organizations (MCO's).
 - Generate appropriate medical record documentation based on provided guidelines.
 - Identify additional supports and resources available through Managed Care Organizations and the Department of Health.









Conflict of Interest

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New Benefit Overview

New TennCare Lactation Benefits

- Lactation consultation services are now covered through TennCare Medicaid and CoverKids benefits.
- Effective June 1, 2023, providers in a TennCare managed care organization's (MCO) network may bill for outpatient lactation services.









What Services Are Included?

- Eligible patients* may receive medically appropriate outpatient services during pregnancy and through the extended postpartum period.
- Patients can receive services:
 - In a one-on-one or small group setting.
 - In-person or through telehealth (using the appropriate Place of Service code)
- There's no limit on the number of visits allowed.

*Eligible patients include birth parents or babies with TennCare Medicaid, CoverKids or TennCareSelect coverage.









Who Can Provide Services?

- Physicians, nurse practitioners, physician assistants or certified nurse midwives for whom lactation counseling, education or consultation is within their scope of practice
- International Board-Certified Lactation
 Consultants/Registered Lactation Counselors (IBCLCs/RLCs)
 with a Medicaid ID in network with a TennCare MCO
- Certified Lactation Counselors (CLCs) and Certified Lactation Educators (CLEs)
 - Services provided by a CLC and CLE must be supervised and billed by a contracted, in-network provider











Deep Dive: Understanding the Lactation Consultation Benefit

Services and Coding









Examples: Prenatal and Postpartum Lactation Consultation

Prenatal Lactation Sessions

- One-on-one (during the one-hour gestational diabetes screening is a great opportunity) with a CLC or IBCLC located in the OB provider office
- As a part of a class in the OB provider office
- By referral to a freestanding lactation consultant office
- Telehealth appointments

Birth/Delivery Lactation Sessions

Perinatal lactation education provided as part of inpatient care after birth is considered part of the global bill for delivery and **isn't** separately reimbursable.

Postpartum Lactation Sessions

- Consultation during baby's three-to-five-day visit and subsequent well-visits
- Telehealth appointments
- Consultation during postpartum care visits
- Referral to a freestanding lactation consultant office or to an IBCLC located within a local provider office

General counseling and education can be provided by a CLC/CLE, with referrals to an IBCLC or medical
 provider, as appropriate, for situations requiring a higher level of care.









Coding For Lactation Services

Visit Type

When billing for lactation services, use the appropriate codes below plus the modifier U8:

98960 U8

[single individual per 30 min.]

Includes lactating person & partner

98961 U8

[2-4 patients per 30 min.]

98962 U8

[5-8 patients per 30 min.]

Length of Visit

In addition, note the number of units to signify the length of the visit:

1 Unit visit 16 – 45 min.

2 Units visit 46 – 75 min.

3 Units visit 76 – 105 min.

Visit Setting

Indicate the setting for the visit (office, telehealth, home visit, etc.) using the **Place of Service Code** on your claim.

There's no limit on the number of visits allowed, but additional information may be requested if a provider submits >15 units/patient.









Lactation Visit Documentation Guidelines

New or Established patient

Present problem/diagnosis

Time spent with mother/baby dyad

Type of visits: in-person v. telehealth / group (include group size) v. individual

Assessments of breastfeeding

Pertinent facts, findings, observations on mother/baby dyad health history

Care plan to include recommendations, interventions, resources, follow-up, referrals









Lactation Visit Assessment Examples

- Breastfeeding assessments: general assessment of mother's breasts/nipples, baby's mouth, and latch; pre- and post-lacteal weight checks, pain/soreness of breasts
- Breastfeeding Assessment Tool data
- Lactation statistics: time of first initiation of breastfeeding, immediate and continuous skin-to-skin after birth, if baby breastfed in the first hour, exclusive breastfeeding
- **Supplementation:** ordering provider, supplement type, reason for supplementation, delivery method of supplementation









Provider Types and Billing









Current TennCare Providers

- TennCare network providers may begin providing and billing lactation consultant services. No additional steps are necessary.
- Reimbursement codes became active for you automatically on June 1.
- If you're an in-network provider with CLC, CLE, or IBCLC certifications, you may add this taxonomy to your Medicaid ID through TennCare's Provider Registration Process.

The new taxonomy codes are:

IBCLC

163WL0100X (Lactation Consultant – IBCLC/RLC)

CLC/CLE

174N00000X (Lactation Counselor/Educator – Certified (CLC/CLE))

It is not a requirement that current TennCare providers with CLC, CLE, or IBCLC certifications add these taxonomies to their Medicaid ID









Certified Lactation Counselors (CLCs) and Certified Lactation Educators (CLEs)

- CLCs and CLEs can provide direct services under the supervision of:
 - Physicians (MDs/DOs)
 - Physician Assistants (PAs)
 - Nurse Practitioners (NPs)
 - Certified Nurse Midwives (CNMs)
 - International Board-Certified Lactation Consultants (IBCLCs)
- Billing for services occurs under the supervising provider

General counseling and education can be provided by a CLC/CLE, with referrals to an IBCLC or medical provider, as appropriate, for situations requiring a higher level of care.









Billing Under a Supervising Provider

 If you are an IBCLC, CLC, or CLE that is employed by an in-network, contracted provider, you must bill under the supervising provider.

This applies to IBCLCs who are not independently contracted with an MCO.









IBCLCs New to TennCare: Credentialing Requirements

- To contract and credential with a TennCare MCO as an independent provider, IBCLCs must carry liability as an individual or through their practice group.
- They must also have one of the following licenses/credentials:
 - Dentist
 - Dietitian
 - Midwife
 - Nurse/RN
 - Occupational Therapist
 - Pharmacist
 - Physical Therapist or Physiotherapist
 - Physician or Medical Doctor
 - Speech Pathologist or Therapist









IBCLCs New to TennCare: Steps for Joining an MCO Network



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Register as a Medicaid Provider Credential with the health plan

Contract with the health plan





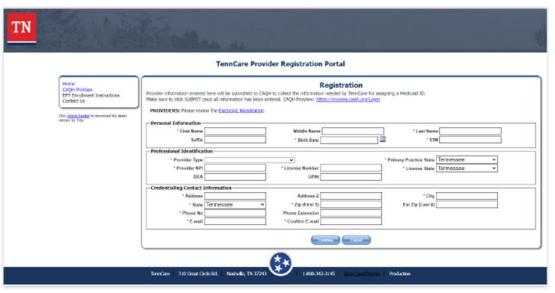




How to Register as a TennCare Provider

Register through TennCare's Provider Registration process.

The Provider Registration page can be found at: https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx



Please call the TennCare Provider Operations Center toll-free: 800-852-2683 Monday to Friday 8 a.m. - 4:30 p.m. CST.

Or email us at Provider.registration@tn.gov









Credentialing and Contracting with the TennCare Health Plans

- TennCare is a Medicaid provider that offers insurance benefits through MCOs, also known as TennCare Health Plans.
- After you receive your Welcome ID, which contains your Medicaid ID and effective date, contact the MCO(s) you'd like to contract with for specific enrollment information.

Amerigroup	Visit: provider.amerigroup.com/Tennessee-provider/join-our-network			
	Call: (615) 232-2160			
BlueCare Tennessee	Visit: provider.bcbst.com/working-with-us/			
	Call: 1-800-924-7141			
UnitedHealthcare	Visit: uhcprovider.com			
	Call: 1-800-690-1606			

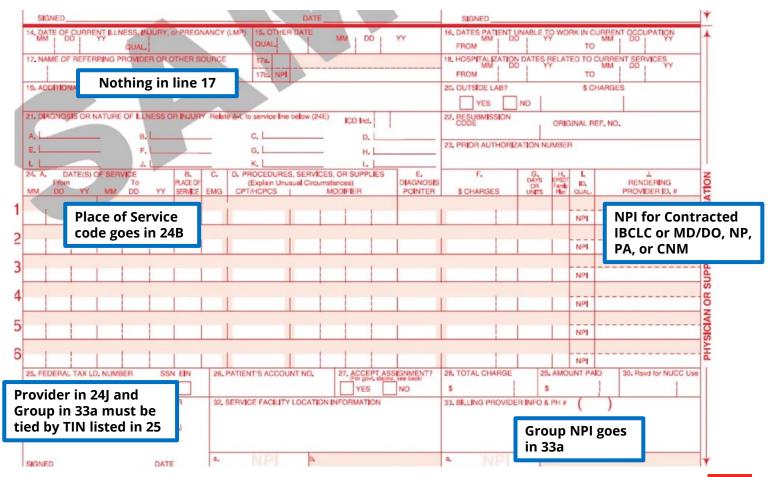








Submitting a Claim: Independent IBCLC or MD/DO, NP, PA or CNM



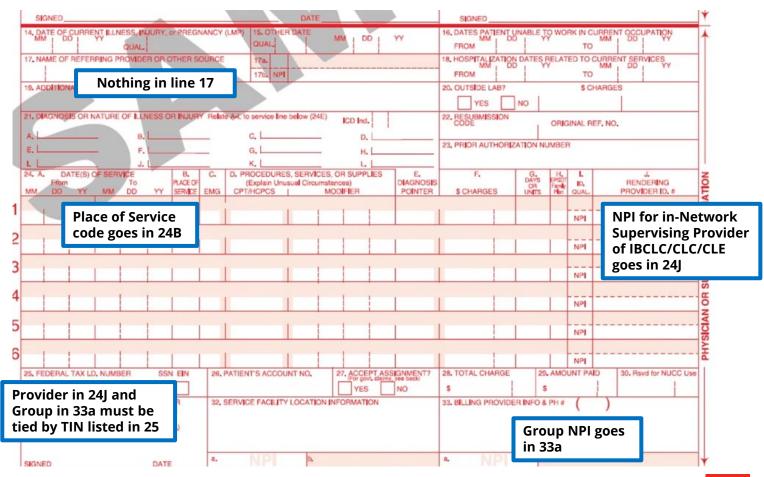








Submitting a Claim: IBCLC, CLC, CLE under a supervising provider













Additional Information on TennCare Benefits and Other Lactation Supports

Durable Medical Equipment and Other Resources

- TennCare's MCOs provide resources to support your patients in breastfeeding, including:
 - Electric breast pumps and related supplies (e.g., bottles, tubing)
 - Hospital-grade breast pumps (when medically necessary)
 - Digital education tools and online communities
 - Care management
 - Referrals to the Tennessee Breastfeeding Hotline, WIC, La Leche League and designated breastfeeding experts at local health departments









What is Care Management?

- TennCare health plans offer care management to support the services you provide.
- Examples of care management may include:
 - Care coordination
 - Psychosocial support
 - Identification of clinical risk factors
 - Assessment and evaluation
 - Services targeting social determinants of health
 - Education and support for chronic conditions
 - Referrals to community resources
 - Behavioral health support
 - Assistance with scheduling and transportation









What are the Transportation Options?

Transportation to lactation consultant visits may be a covered benefit.

 Eligible patients* can get transportation to TennCare approved/covered services.

*Transportation is a covered service for Medicaid enrollees only. It does not apply to CoverKids members.

- Transportation is available 24/7, 365 days a year, including weekends and holidays.
- Your patients must schedule transportation for non-urgent medical care three days in advance of the appointment.
- Depending on the members' location, types of transportation may include a shared ride service, bus pass or mileage reimbursement.









What Supports are Available Through the Department of Health?

- The Tennessee Breastfeeding Hotline is staffed by IBCLCs and operates 24/7.
 - Anyone can call to get help with common breastfeeding questions and needed support.
 - Interpreters are available.
 - Members can call 1-855-423-6667 to reach the Hotline.
- Every Health Department and WIC clinic in Tennessee has a Designated Breastfeeding Expert (DBE).
 - The DBE has advanced lactation training and can help with common breastfeeding issues.
 - To look up a DBE in your county visit the link below:

https://www.tn.gov/content/tn/health/health-program-areas/fhw/bf/tennessee-designated-breastfeeding-experts.html











Question and Answer

1. Are only IBCLCs, CLEs, and CLCs included in this benefit?

Any provider with lactation in their scope of practice may bill for this service. With regards to lactation consultants, only IBCLCs, CLEs, and CLC are included in this benefit.

2. Does this new benefit apply to any consults IBCLCs do as an individual in an outpatient setting, including outside of the hospital and in-home?

Yes. Lactation consultation visits can occur in the outpatient office setting, at the patient's home, or through telehealth. The setting of the visit should be indicated in the documentation of the visit and on the claim using the place of service code.

3. Can I provide services to my patient who is inpatient for delivery and have them be included in this benefit?

This benefit only applies to the outpatient setting. Lactation services provided inpatient are considered part of the global billing.









4. If I am an IBCLC, can the hospital charge for outpatient visits if I see the patient and I am a TennCare provider?

The lactation provider or supervising provider must be contracted with the MCO as an outpatient provider.

5. Can the hospital I work for apply as a group since they are already TennCare providers?

The hospital may contract separately with the MCOs for an outpatient lactation clinic.

6. If the hospital applies as a group, can I apply as an individual?

An IBCLC who meets the credentialing and contracting standards for the MCOs may contract as an individual to provide outpatient lactation services.









7. Do I have to have a tax ID number and malpractice insurance to be a TennCare provider?

Yes. All TennCare providers must have a tax ID number and malpractice insurance if you want to practice independently.

8. What is the reimbursement amount for lactation services?

Each MCO maintains their own fee schedules. Please reach out to the individual MCOs for reimbursement rates.

9. Is there an age limit for the child related to this benefit?

There is no age limit for the child for this benefit. Lactation consultation services may be offered as long as medically appropriate.









10. What if my patient needs a different flange size for their breast pump?

The Durable Medical Equipment (DME) provider may order a replacement flange for the breast pump.

<u>Please note:</u> The DME provider fulfilling the order shouldn't bill the replacement codes with the initial order for the breast pump. Instead, the replacement codes should be billed as a separate order. Please see the appendix for more details about which codes to use.

11. What if I am treating a lactating woman who had twins or who is currently tandem breastfeeding?

In this situation you have two options:

- 1) bill for extended time spent with the mother; or
- 2) bill separately for time spent with each child.

In both cases, your documentation should appropriately support the time billed. It is recommended to submit a claim for each child because there is a limit of 3 units that can be submitted for lactation for one patient within a 24-hour period. In this situation, both children must be eligible TennCare members at the time the service is provided.











Appendix

Appendix

Eligibili	ty and	Benefit	Inf	form	ation
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Breastfeeding Education for Members

Considerations for Coordinating Lactation Support

Culturally Competent Care

Additional Patient Resources

Steps for Registering as a TennCare Provider

Commonly Reported Diagnosis Codes

Place of Service Codes

Medical Record Documentation Resources

Breast Pump Replacement

Scopes of Practice









Eligibility and Benefit Information

Eligibility Reference Guide

https://www.tn.gov/content/dam/tn/tenncare/documents/eligibilityrefguide.pdf

TennCare Medicaid

https://www.tn.gov/tenncare.html

CoverKids

https://www.tn.gov/content/dam/tn/tenncare/documents/CoverKids.pdf

https://www.tn.gov/coverkids/coverkids.html









Breastfeeding Education for Members

Most patients decide if they'll breastfeed during pregnancy. Consider these talking points when discussing breastfeeding:

- Breastfeeding offers benefits for babies and parents.
- The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of a baby's life and supports continued breastfeeding for up to two years after birth or as long as families choose.
- Children who are breastfed are sick less often, and parents typically miss less work.
- Breastfeeding doesn't require the use of energy for manufacturing or create waste.
- Breast milk is always available, even in emergency situations like natural disasters.
- Breastfeeding supports children's dental health and neurodevelopment.
- Benefits for the lactating person can include a decreased risk of breast and ovarian cancers, hypertension and Type 2 diabetes.

Source: https://www.aap.org/en/patient-care/breastfeeding/breastfeeding-overview/









Considerations for Coordinating Lactation Support

- Create a care plan that can be given to the patient, including issues addressed, advice given and next steps. This can be shared with other lactation consultants, if the patient desires.
- Help your patient make the next lactation consultant appointment during their visit to ensure care is continued.
- Establish working relationships with other lactation consultants in your area. Keep communication open to refer and consult on more complex situations.
- Host monthly or quarterly huddles for local lactation consultants to discuss common trends, answer questions and develop working relationships. Invite pediatricians, OB providers and other providers to be part of the conversation. Keep the dialogue about how to improve care coordination for breastfeeding parents in your community open.

Source: https://www.breastfeedingcontinuityofcare.org/blueprint









Culturally Competent Care

Providing culturally competent care is key to reducing disparities in breastfeeding while providing evidence-based education and best practices for families.

Consider these statistics:

- Black families are two times more likely to have their baby die in the first year of life compared to white families.
- Hispanic families are more likely to use formula during the first two days of life.
- Black families have the lowest rates of breastfeeding initiation and continuation.

Understanding and learning cultural beliefs helps lactation consultants reduce gaps in care related to racial disparity.









Culturally Competent Care Resources

The American College of Obstetricians and Gynecologists (ACOG)

Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care | ACOG

Health Leads

Health Leads — Health, well-being and dignity — for every person, in every community. (healthleadsusa.org)

Substance Abuse and Mental Health Service Administration (SAMHSA)

CCBHCs and Cultural Competence | SAMHSA

U.S. Department of Health & Human Services (HHS)

Maternal Health Care - Think Cultural Health (hhs.gov)

Centers for Disease Control (CDC)

- Practical Strategies for Culturally Competent Evaluation (cdc.gov)
- Healthcare Professionals | CDC
- Racial and Ethnic Disparities in Breastfeeding Initiation United States, 2019 | MMWR (cdc.gov)

National Institutes of Health (NIH)

Cultural Respect | National Institutes of Health (NIH)

La Leche League International

Webinar Library - La Leche League International (Illi.org)

EthnoMed

Home - EthnoMed









Additional Patient Resources

Available Hotlines

- Tennessee Breastfeeding Hotline: 1-855-423-6667
 - https://www.tn.gov/health/health-program-areas/fhw/bf/breastfeeding-hotline.html
- National Maternal Mental Health Hotline: 1-833-9-HELP4MOMS (943-5746)
 - https://mchb.hrsa.gov/national-maternal-mental-health-hotline

Patient Lactation Resources

- CDC Breastfeeding Guide: https://www.cdc.gov/breastfeeding/index.htm
- American Academy of Pediatrics Breastfeeding Overview: https://www.aap.org/en/patient-care/breastfeeding/breastfeeding-overview/
- Healthy Children.org Breastfeeding Articles: https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx
- La Leche League Breastfeeding Information A to Z: https://www.llli.org/breastfeeding-info/

Medications and Pregnancy

- <u>MommyMeds for Moms</u> app
- Common Medications During Breastfeeding flyer









Step 1: Access the TennCare Home Page (https://www.tn.gov/tenncare) and click on the **Providers** page.



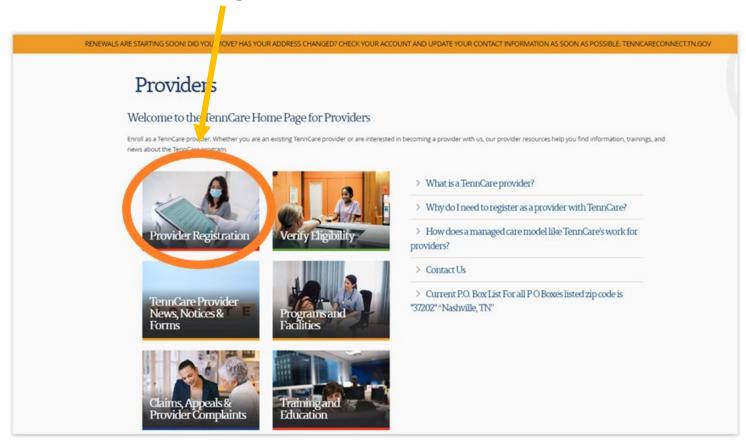








Step 2: Click on Provider Registration.



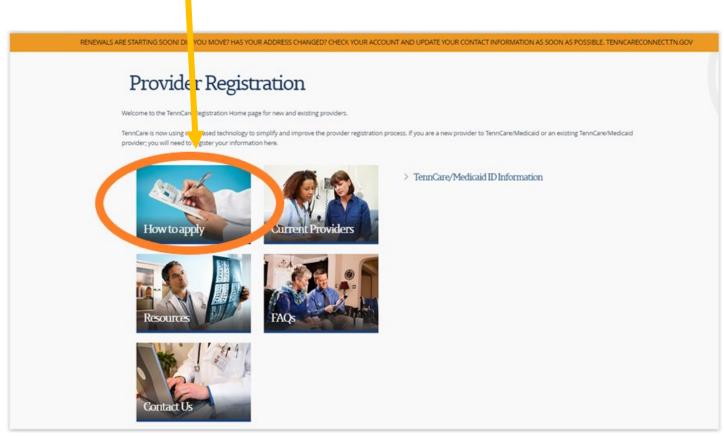








Step 3: Click on **How to apply**.



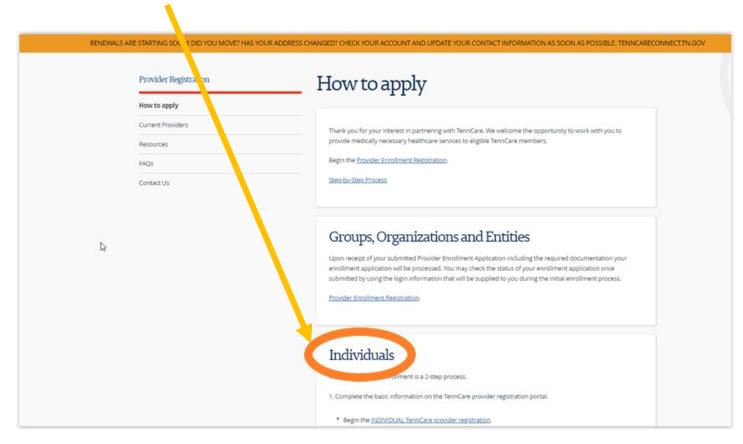








Step 4: Click on Individuals.











Step 5: Complete the fields below to be added to the TennCare CAQH Proview Roster. This will generate the request for the Proview Application from CAQH. Once Registration is complete, click **continue** and **submit**.

TN	The state of the s	Jake.	
	TennCare Provider Registration Portal		
Home CAQH ProView EFT Enrollment Instructions Contact Contact Click Adoba Reader to download the latest version for free.	Registration Provider information entered here will be submitted to CAQH to collect the information needed by TennCare for assigning a Medicaid ID. Make sure to click SUBMIT once all information has been entered. CAQH ProView: https://proview.cagh.org/Login PROVIDERS: Please review the Electronic Registration		
version for free.	Personal Information * First Name Suffix * Birth Date * SSN Professional Identification		
	* Provider Type		
	Credentialing Contact Information		
	Continue		
	TennCare 310 Great Circle Rd. Nashville, TN 37243		

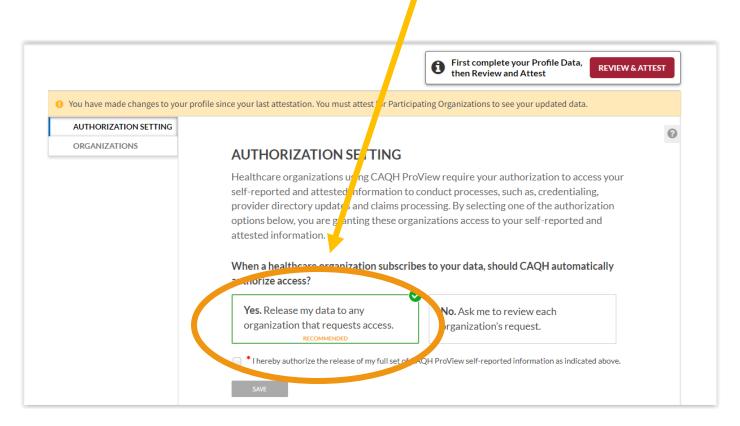








Step 6: Within CAQH, set AUTHORIZATION to allow sharing with TennCare.



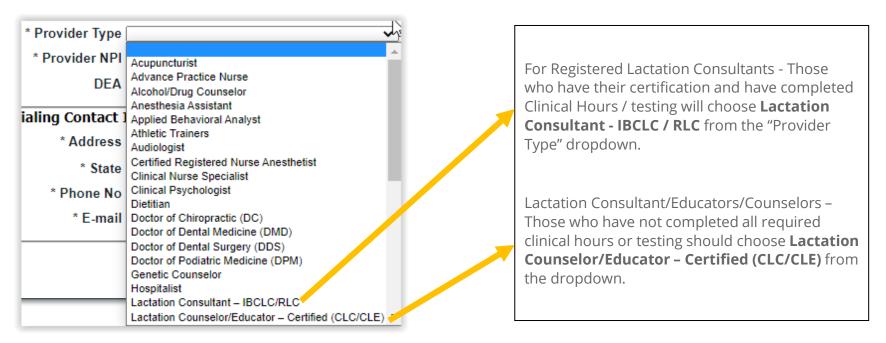








Step 7: Choose **Provider Type**.



Once all information has been entered both on the TennCare Website and in the Proview application, the process will continue and once a Medicaid ID is assigned, the provider will receive a "Welcome Letter" which will provide the Medicaid ID and effective date.









Commonly Reported Diagnosis Codes: Neonate/Infant (ICD-10-CM)

Feeding problems		Infant distress		
	P92.01	Bilious vomiting of newborn	R68.11	Excessive crying of infant (baby)
	P92.09	Other vomiting of newborn	R68.12	Fussy infant (baby)
	P92.1	Regurgitation and rumination of newborn	R10.83	Colic
	P92.2	Slow feeding of newborn		
	P92.3	Underfeeding of newborn	GI Issues	
	P92.5	Neonatal difficulty in feeding at breast	R19.4	Change in bowel habit
	P92.6	Failure to thrive in newborn	R19.5	Other fecal abnormalities
	P92.8	Other feeding problems of newborn	R19.7	Diarrhea, unspecified
	P92.9	Feeding problem of newborn, unspecified	R19.8	Other specified symptoms and signs involving the digestive
	R11.10	Vomiting, unspecified (>28 days old)		system and abdomen
	R11.12	Projectile vomiting (>28 days old)		
	R11.14	Bilious vomiting (>28 days old)	Mouth	
			Q38.1	Ankyloglossia
	Jaundice		Q38.5	Congenital malformations of palate (high arched palate)
	P59.0	Neonatal jaundice associated with preterm delivery		
	P59.3	Neonatal jaundice from breast milk inhibitor	Other	
	P59.8	Neonatal jaundice from other specified causes	Z09	Encounter for follow-up examination after completed treatment
	P59.9	Neonatal jaundice, unspecified		

Weight and hydration

weight and hydration			
P74.1	Dehydration of newborn		
P74.21	Hypernatremia of newborn		
P74.22	Hyponatremia of newborn		
P74.31	Hyperkalemia of newborn		
P74.32	Hypokalemia of newborn		
P92.6	Failure to thrive in newborn		
R62.61	Failure to thrive in child over 28 days old		
R63.4	Abnormal weight loss		
R63.5	Abnormal weight gain		
R63.6 Underweight			

Source: American Academy of Pediatrics Breastfeeding Coding Pamphlet









Commonly Reported Diagnosis Codes: Mother (ICD-10-CM)

Breast & Nipple issues

B37.89	Candidiasis, breast or nipple
L01.00	Impetigo, unspecified
091.02	Infection of nipple associated with the puerperium
091.03	Infection of nipple associated with lactation
091.13	Abscess of breast associated with lactation/Mastitis purulent
091.23	Nonpurulent mastitis associated with lactation
092.03	Retracted nipple associated with lactation
092.13	Cracked nipple associated with lactation
Q83.8	Other congenital malformations of breast (ectopic or axillary
	breast tissue)
R20.3	Hyperesthesia (burning)

Constitutional

G47.23	Circadian rhythm sleep disorder, irregular sleep wake type
G47.9	Sleep disorder, unspecified
R53 83	Fatigue

Lactation

092.3	Agaiactia
092.4	Hypogalactia
092.5	Suppressed lactation
092.6	Galactorrhea
O92.70	Unspecified disorders of lactation
092.79	Galactocele (Other disorders of lactation)
Z39.1	Encounter for care and examination of lac

Z39.1 Encounter for care and examination of lactating mother (Excludes encounter for conditions related to O92.-)

Other

Z09 Encounter for follow-up examination after completed treatment

(When the original reason for visit has resolved)

 $Source: \underline{American\ Academy\ of\ Pediatrics\ Breastfeeding\ Coding\ Pamphlet}$







Do not use any codes listed under the mother for the infant's medical record



Place of Service Codes

01	pharmacy	34	hospice
02	telehealth	35-40	unassigned
03	school	41	ambulance, land
04	homeless shelter	42	ambulance, air or water
05	Indian Health Service; free-standing facility	43-48	unassigned
06	Indian Health Service; provider-based facility	49	independent clinic
07	tribal 638; free-standing facility	50	federally qualified health center
80	tribal 638; provider-based facility	51	inpatient, psychiatric facility
09	prison/correctional facility	52	psychiatric facility, partial hospitalization
10	unassigned	53	community mental health center
11	office	54	intermediate care facility, individuals with intellectual disabilities
12	home	55	residential substance abuse facility
13	assisted living facility	56	psychiatric residential treatment center
14	group home	57	non-residential substance abuse treatment facility
15 16	mobile unit	58	non-residential opioid treatment facility
16 17	temporary lodging walk-in retail health clinic	59	unassigned
18		60	mass immunization center
19	place of employment/worksite off-campus outpatient hospital	61	comprehensive inpatient rehabilitation facility
20	urgent care facility (distinct from hospital ER/office/clinic)	62	comprehensive outpatient rehabilitation facility
21	inpatient hospital (non-psychiatric)	63-64	unassigned
22	on-campus outpatient hospital	65	end stage renal disease treatment facility
23	emergency room, hospital	66-70	unassigned
24	ambulatory surgical center	71	state or local public health clinic
25	birthing center	72	rural health clinic
26	military treatment facility	73-80	unassigned
27-30	unassigned	81	independent laboratory
31	skilled nursing facility	82-98	unassigned
32	nursing facility	02-30	unassigned
33	custodial care facility		









Medical Record Documentation Resources

Standards of Practice for International Board-Certified Lactation Consultants

International Lactation Consultant Association

Documentation Guidelines for Certified Lactation Counselors

Academy of Lactation Policy and Practice

<u>Certified Lactation Educator Scope of Practice</u>

CAPPA

Medicaid Documentation for Medical Professionals

Centers for Medicare and Medicaid Services (CMS)

Breastfeeding Assessment Tools

Journal of Clinical and Diagnostic Research









Breast Pump Replacement: When to Replace Breast Pump Parts

Resource: When to Replace Breast Pump Parts - Exclusive Pumping

Examples:

- Duckbills:
 - Pumping more than 3 times per day every 2 months
 - Pumping 1-3 times per day every 3 months
- Backflow protectors:
 - Pumping more than 3 times per day every 3 months
 - Pumping 1-3 times per day every 6 months
- Tubing:
 - Replace as needed
- Breast shields:
 - Pumping more than 3 times per day every 6 months
 - Pumping 1-3 times per day as needed









Breast Pump Replacement: Ordering a Replacement Flange for the Breast Pump

There are five main flange sizes ranging from 21 mm to 36 mm. The flange must be compatible with the breast pump, so it's important to reach out to the distributor for additional flanges. These supplies shouldn't be billed with the initial order for the breast pump because the reimbursement for the breast pump includes these supplies.

The following codes are for replacement only and shouldn't be billed when the breast pump is issued:

- **A4281 -** Tubing for breast pump, replacement
- **A4282** Adapter for breast pump, replacement
- A4283 Cap for breast pump, replacement
- A4284 Breast shield and splash protector for use with breast pump, replacement
- A4285 Polycarbonate bottle for use with breast pump, replacement
- A4286 Locking ring for breast pump, replacement









Scope of Practice: International Board-Certified Lactation Consultant

- Integrating cultural, psychosocial and nutritional aspects of breastfeeding and human lactation.
- Providing support and encouragement to successfully meet breastfeeding goals.
- Using effective counselling skills when interacting with clients and health care team members.
- Using the principles of family-centered care while maintaining a collaborative, supportive relationship with clients.
- Using principles of adult education when teaching clients, health care providers and others in the community.
- Acknowledging parental and child health and mental status in the context of breastfeeding.
- Performing comprehensive maternal, child and feeding assessments related to breastfeeding and human lactation.
- Developing and implementing an individualized feeding plan in consultation with the client.
- Providing evidence-based information regarding use, during breastfeeding and human lactation, of medications (over-the-counter and prescription), alcohol, tobacco and addictive drugs, and herbs or supplements, and their potential impact on milk production and child safety.
- Providing evidence-based information regarding complementary and alternative therapies during lactation and their impact on milk production and the effect on the child.









Scope of Practice: Certified Lactation Counselor

- Construct and maintain conditions that predispose mothers and babies to an uncomplicated breastfeeding experience through counseling, education, clinical management, and support.
- Monitor and evaluate behavioral, cultural, and social conditions predisposing mothers and babies to an uncomplicated breastfeeding experience.
- Assess for, monitor, and evaluate physical conditions that predispose mothers and babies to a complex breastfeeding experience.
- Monitor and evaluate behavioral, cultural, and social conditions that predispose mothers and babies to complex breastfeeding experiences.
- Provide needed evidence-based information regarding breastfeeding and medications, tobacco use, alcohol, and illicit drugs.
- Provide needed evidence-based information regarding complementary and alternative therapies.
- Identify and advocate for aspects of breastfeeding management programs that facilitate optimal health outcomes.
- Assess breastfeeding using a multi-faceted approach.
- Use counseling skills and techniques that are supportive to breastfeeding mothers and babies, practicing in a clinically competent manner.
- Facilitate the development of, and advocate for, public health strategies and/or policies that serve to protect, promote and support breastfeeding.
- Coordinate care consistent with standards of professional ethics and behavior.









Scope of Practice: Certified Lactation Educator

- Offer non-biased focused information, support, encouragement, guidance, referrals, and education to families and professionals.
- Advise parents on how to maintain lactation when they are separated from their infant, which includes information on hand expression and the usage of breast pumps.
- Offer continuous support for families during the weaning process and beyond as it pertains to breastfeeding.
- CLEs are educators and counselors, not clinicians.
- CLEs offer appropriate referrals when their observance or counseling uncovers situations that require health care attention or support.

Certified Lactation Educators (CLE) **CANNOT**:

- Take a medical history or take medical notes on their clients
- Provide clinical written histories to healthcare workers (as they do not take clinical notes)
- Give clinical assessment of the mother's breasts, the baby's mouth, or the dyad's dysfunctional latch
- Use pre- and post-lacteal weight checks for assessment
- Prescribe the use of medical devices including but not limited to nipple shields, supplemental nursing systems, and topical ointments

The supervising provider is responsible for documentation.







