



## Criteria for the Approval of Lactation Courses

The Lactation Education Accreditation and Approval Review Committee (LEAARC) establishes, maintains and promotes appropriate criteria for evaluating and approving courses that contribute in part to the preparation of individuals to enter the Lactation Consultant profession. They are for use in the development, evaluation, and self-analysis of lactation courses.

LEAARC Approved courses meet or exceed these minimum criteria through a formal, non-governmental, peer-review process of voluntary self-evaluation. LEAARC Approval honors a diversity of educational models such as distance education, self-paced courses, courses within large and small institutions, college-based courses and those that are not-for-profit and for-profit. See the LEAARC website for a list of LEAARC Approved courses.

### **Description of the Profession**

The lactation consultant is an allied health care professional who possesses the necessary skills, knowledge and attitudes to provide quality breastfeeding assistance to mothers and their children. Lactation consultants work within the professional code of ethics, clinical competencies, scope of practice and standards of practice. They integrate established knowledge and evidence when providing care for breastfeeding families, work within the legal framework of their respective geopolitical regions or settings, and maintain knowledge and skills through regular continuing education.

Lactation consultants educate women, families, health professionals and the community about breastfeeding and human lactation. They facilitate the development of policies that protect, promote and support breastfeeding, and act as advocates for breastfeeding as the child-feeding norm. They provide holistic, evidence-based breastfeeding support and care for women and their families from preconception to weaning. Using principles of adult education, they facilitate learning for clients, health care providers and others in the community.

Lactation consultants perform comprehensive maternal, child and feeding assessments related to lactation. They develop and implement an individualized feeding plan in consultation with the mother using evidence-based information. They integrate cultural, psychosocial and nutritional aspects of breastfeeding. They support and encourage mothers to meet their breastfeeding goals, using effective therapeutic communication skills when interacting with clients and other health care providers. They use the principles of family-centered care while maintaining a collaborative, supportive relationship with clients.

Lactation consultants maintain accurate records and reports, where appropriate. They preserve client confidence by respecting the privacy, dignity and confidentiality of mothers and families. They act with reasonable diligence by assisting families with decisions regarding the feeding of children by providing information that is evidence-based and free of conflict of interest.

Lactation consultants provide follow-up services as required, and make necessary referrals to other health care providers and community support resources when necessary. They deliver coordinated services to women and families, and work collaboratively and interdependently with other members of the health care team.

**I. Course Provider**

- A. The course must offer a minimum of 90 contact hours.
- B. The course provider must comply with the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly regulations.
- C. The course provider must ensure that the course meets the provisions of these Criteria.

**II. Course Goals and Outcomes**

- A. The potential students served by the course must satisfy any prerequisites to admission.
- B. There must be a written statement of the course's goals and outcomes for preparing student to work with breastfeeding families.

**III. Resources**

- A. Course resources must be sufficient to ensure the achievement of the course's goals and outcomes. Resources may include faculty, clerical and administrative support, curriculum, finances, computer and office resources, instructional reference materials, and faculty continuing education.
- B. The program must have sufficient qualified faculty and administrative staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the stated goals and outcomes of the course.

A minimum of 75 percent of the course must be taught by an IBCLC.

- C. The Course Director must:
  - Be currently IBCLC certified.
  - Have the requisite knowledge and skills to administer the course.
  - Supervise activities of the faculty that are in direct support of the course.
  - Organize, administer, continuously review, plan, and develop processes that assure general effectiveness of the course.
  - Assure continuous, competent, and appropriate guidance for students.
- D. Faculty must:
  - Be individually qualified by education and experience and must be effective in teaching the curriculum.
  - Be currently IBCLC certified if teaching more than 10 percent of the course. An exception to this requirement may be considered with prior written approval by LEAARC in geographic areas with few IBCLCs.
  - Provide instruction, evaluate students, and report progress as required by the program.

- Review and update course materials every three years minimum, or more frequently as needed.

E. Curriculum

1. The curriculum must ensure the achievement of course goals and outcomes.
2. Instruction must be based on clearly written course materials that include course description, course objectives, methods of evaluation, topic outline, references, and competencies required for completion.
3. The course must teach the competencies in the *Curriculum for a Lactation Course* (Appendix A).

F. Resource Assessment

1. The course must annually assess the appropriateness and effectiveness of the resources described in these Criteria.
2. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the course resources.

**IV. Student Assessment**

- A. The course must have a method to assess student progress toward achievement of the stated goals and outcomes.
- B. Records of student assessments must be maintained in sufficient detail to document learning achievements.
- C. The course must annually assess its effectiveness in achieving its stated goals and outcomes.
- D. The results of the outcomes assessment must be reflected in the review and timely revision of the course.

**V. Fair Practices**

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the course offered.
2. The following must be made known to all applicants and students:
  - a) Admissions policies and practices
  - b) Number of contact hours required for completion of the course
  - c) Tuition and other costs required to complete the course
  - d) Policies and processes for withdrawal and for refunds of tuition

B. Lawful and Non-discriminatory Practices

1. All activities associated with the course, including student and faculty recruitment, student admission, and faculty employment practices must be non-discriminatory and in accord with the statutes, rules and regulations of the geopolitical regions or settings in which they are offered.
2. There must be a faculty grievance procedure made known to all faculty.
3. There must be a student grievance procedure made known to all students.

C. Student Records

1. Satisfactory records must be maintained for student admission, advisement, and evaluation.
2. Credit for the completed course must be recorded on the student certificate and the records permanently maintained for a minimum of 7 years in a safe and accessible location.

VI. **Annual Reporting**

- A. The course must submit an Annual Report to LEAARC by March 1 beginning with the first full calendar year following Approval.
- B. The sponsor must report any Substantive Change(s) to LEAARC in a timely fashion. These may include:
  - 1. Legal status of the sponsor
  - 2. Ownership of the course
  - 3. Significant departure in curriculum content or delivery

## Appendix A Curriculum for a Lactation Course

This curriculum presents the competencies and objectives to guide any lactation program regardless of setting. The full curriculum is required for LEAARC Approved courses.

The Core Competencies are those identified in [Clinical Competencies for the Practice of International Board Certified Lactation Consultants \(IBCLCs\)](#). A document with suggested content and student skills and behaviors is available upon request.

Communication and Counseling	
1)	tain the parents' permission to provide care to their infant/child
2)	≥ appropriate counseling skills and techniques
3)	spect a person's race, creed, religion, sexual orientation/gender identity/gender expression, age, and national origin
4)	egrate cultural, psychosocial and nutritional aspects of breastfeeding
5)	ertain parents' goals for breastfeeding
6)	≥ effective counseling and communication skills when interacting with parents, children, their families and other healthcare providers
7)	rovide support and encouragement to enable parents to successfully meet their breastfeeding goals
8)	ply the principles of family-centered care while maintaining a collaborative, supportive relationship with breastfeeding families
9)	scribe gender issues within a culture as they relate to breastfeeding
10)	≥ adult education principles
11)	ect appropriate teaching aids
12)	rovide information at a level which parents can easily understand
13)	rovide support and information to parents to make evidence-informed decisions
14)	rovide evidence-based information regarding use of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, including their potential impact on milk production and child safety
15)	rovide evidence-based information regarding complementary therapies during lactation and their impact on milk production and the effect on the infant/child

16)	Provide anticipatory guidance to reduce potential risks to breastfeeding parents or their infant/child
17)	Counsel and support the family in coping with the death of a child
18)	Make appropriate referrals to other healthcare providers and community support resources in a timely manner depending on the urgency of the situation
19)	Provide information on community resources for breastfeeding assistance
20)	Discuss social supports and possible challenges
21)	Provide follow-up services as required and requested
22)	Counsel and support donations to milk banks

Documentation and Communication	
b. 1)	Work collaboratively with the healthcare team to provide coordinated services to families
b. 2)	Obtain parental consent for obtaining and disclosing of information as needed or as specified by local jurisdiction
b. 3)	Maintain documentation of all contacts, assessments, feeding plans, recommendations and evaluations of care and retain records for the time specified by the local jurisdiction
b. 4)	Provide written assessments as required
b. 5)	Respect the privacy, dignity and confidentiality of families except where the reporting of a danger to a parent or infant/child is specifically required by law

History Taking and Assessment	
c. 1)	Obtain a lactation history
c. 2)	Identify events that occurred during the pregnancy, labor and birth that may adversely affect breastfeeding
c. 3)	Assess physical, mental and psychological states
c. 4)	Assess the breasts to determine if changes are consistent with adequate function in lactation
c. 5)	Assess for normal child behavior and developmental milestones

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c.	6)	Assess and determine strategies to initiate and continue breastfeeding when challenging situations exist/occur
c.	7)	Identify correct latch and attachment
c.	8)	Assess effective milk transfer
c.	9)	Assess for adequate milk intake of the infant/child
c.	10)	Address inadequate milk intake
c.	11)	Assess infant oral anatomy
c.	12)	Assess normal neurological responses and reflexes
c.	13)	Provide information regarding increasing or decreasing milk volume as needed
c.	14)	Assess milk supply

Prenatal and Perinatal Breastfeeding Support		
d.	1)	Teach a prenatal breastfeeding class
d.	2)	Perform a prenatal breast assessment
d.	3)	Address health related life style issues, including alcohol, tobacco and drugs
d.	4)	Assess and counsel parents on nutrition
d.	5)	Support labor and birth practices that optimize breastfeeding outcomes
d.	6)	Identify and promote positive breastfeeding practices
d.	7)	Promote continuous skin-to-skin contact of the newborn and caregiver
d.	8)	Discuss the appropriate continuation of breastfeeding when parents and their infant/child are separated
d.	9)	Provide education to assist the family to identify newborn feeding cues and behavioral states
d.	10)	Educate families on normal child behaviors indicating breastfeeding needs; signs of readiness to feed, and expected feeding patterns
d.	11)	Assist parents and their infant/child to find comfortable positions for breastfeeding
d.	12)	Provide suggestions as to when and how to stimulate a sleepy baby to feed
d.	13)	Provide education for the family regarding the use of pacifiers/ dummies including the possible risks to lactation

d.	14)	Provide information and strategies to prevent and resolve sore damaged nipples
d.	15)	Provide information and strategies to prevent and resolve engorgement, blocked ducts and mastitis
d.	16)	Provide appropriate education for the family regarding the importance of exclusive breastfeeding to the health of the parent and infant/child and the risk of using human milk substitutes

Extended Breastfeeding Support		
e.	1)	Teach appropriate food selection for breastfed children
e.	2)	Provide information and strategies to minimize the risk of Sudden Infant Death Syndrome (SIDS) or Sudden Unexplained Death of an Infant (SUDI)
e.	3)	Provide information regarding family planning methods including Lactation Amenorrhea Method (LAM) and their impact on lactation
e.	4)	Assist parents with their child's teething and biting as it impacts on breastfeeding
e.	5)	Identify issues related to early weaning and appropriate interventions/teaching for the family
e.	6)	Provide information regarding weaning from the breast when appropriate, including care of the breasts and preparation and use of human milk substitutes
e.	7)	Provide instruction and guidance on toddler breastfeeding
e.	8)	Describe and teach approaches to breastfeeding while pregnant and tandem nursing

Problem-Solving		
f.	1)	Evaluate potential and existing factors impacting a parent's breastfeeding goals
f.	2)	Assist and support parents to develop, implement and evaluate an appropriate, acceptable and achievable breastfeeding plan utilizing all resources available
f.	3)	Evaluate parents' understanding of all information and education provided
f.	4)	Provide evidence-based information to parents regarding the use of techniques and devices
f.	5)	Evaluate and critique how techniques and devices may be used to ensure initiation and/or continuation of breastfeeding in certain circumstances

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f.	6)	Critique and evaluate indications, contraindications and use of techniques, appliances and devices which support breastfeeding
f.	7)	Evaluate, critique and demonstrate the use of techniques and devices which support breastfeeding, understand that some devices may be marketed without evidence to support their usefulness and may be harmful to the continuation of breastfeeding
f.	8)	Carefully choose a method of feeding when supplementation is unavoidable and use strategies to maintain breastfeeding to meet the parent's goal

Infant/Child Breastfeeding Challenges		
g.	1)	Develop and apply a plan of action to assist the breastfeeding dyad that has undergone a traumatic birth
g.	2)	Develop and apply a plan of care for the breastfeeding parent with a preterm or late preterm infant
g.	3)	Design and implement a plan of care for the parent with a newborn that is small for gestational age (SGA) or large for gestational age (LGA)
g.	4)	Design and implement a plan of care for breastfeeding multiples
g.	5)	Facilitate breastfeeding for the medically fragile and physically compromised infant/child
g.	6)	Describe and implement a plan of care for the breastfed hypoglycemic newborn
g.	7)	Calculate an infant/child's caloric/Kilojoule and volume requirements
g.	8)	Assess the breastfeeding infant/child's growth using World Health Organization adapted growth charts
g.	9)	Assess and implement a breastfeeding plan for the hyperbilirubinemic newborn
g.	10)	Identify infant/child conditions that may impact breastfeeding, including but not limited to disorganized or ineffective suck, ankyloglossia, cleft lip/palate, Pierre Robin syndrome, and Down syndrome
g.	11)	Identify yeast infection and instruct the parent on appropriate interventions
g.	12)	Assess the infant/child for colic, gastric reflux, lactose overload, and food intolerances and their impact on breastfeeding
g.	13)	Assist parents of an infant/child with a chronic medical condition that may impact breastfeeding
g.	14)	Recognize and offer breastfeeding assistance for the infant/child with cardiac problems

Parental Breastfeeding Challenges		
h.	1)	Identify medical conditions that impact breastfeeding and appropriate teaching for parents
h.	2)	Identify special needs of adolescent breastfeeding parents
h.	3)	Assist and support the parents to identify strategies to cope with peripartum mood disorders (prenatal depression, “baby blues”, postpartum depression, anxiety and psychosis) and access community resources
h.	4)	Support parents who are inducing lactation or relactating
h.	5)	Address physical disabilities which may limit parents' handling of their infant/child
h.	6)	Counsel and support HIV positive parents and those of unknown HIV status, and be able to convey current recommendations on infant feeding

Public Health		
i.	1)	Teach the use of breastfeeding during emergencies and appropriate support
i.	2)	Use quality assurance standards in delivery of care
i.	3)	Develop a community outreach program
i.	4)	Describe national and global policy and program development, history, rationale and current issues

Research, Legislation and Policy		
j.	1)	Critique, evaluate and incorporate evidence-informed findings into practice within the laws of the work setting
j.	2)	Evaluate research and breastfeeding data
j.	3)	Describe various research methods and the most appropriate method for a given research question
j.	4)	Use appropriate resources for research to provide information to the healthcare team on conditions, modalities, and medications that affect breastfeeding and lactation
j.	5)	Describe and apply behavior change theories

j.	6)	Participate in the development of policies at global, national, and local levels which protect, promote and support breastfeeding
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Professional Responsibilities and Practice		
k.	1)	Conduct oneself in a professional manner, practicing within the framework of the profession's code of ethics, scope of practice, and clinical competencies
k.	2)	Assist families with decisions regarding feeding their infants/children by providing evidence-based information that is free of any conflicts of interest
k.	3)	Advocate for breastfeeding women, infants, children and families in all settings and promote breastfeeding as the infant/child feeding norm globally
k.	4)	Promote the principles of the WHO Global Strategy for Infant and Young Child Feeding
k.	5)	Promote the principles of the Baby Friendly Hospital Initiative
k.	6)	Demonstrate the process to report a lactation consultant who is found guilty of a criminal offense or is functioning outside the framework of the profession's code of ethics, scope of practice, or clinical competencies
k.	7)	Describe and analyze practice setting options for lactation consultants

Leadership and Teaching		
l.	1)	Demonstrate personal leadership skills that reflect self-awareness and vision
l.	2)	Demonstrate leadership and cultural awareness when communicating within an organization and when representing an organization to others
l.	3)	Provide breastfeeding information to lay and health professional audiences utilizing adult learning methods and demonstrating public speaking skills