

The Scope of care by Icelandic IBCLC during 2020-2021 (poster)

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The association of breastfeeding consultants in Iceland was established January 10th 2003. Today 10 midwives and one nurse are certified and working as IBCLC. Payment for the the home visits is through the Icelandic Health Insurance and according to their framework agreement it is limited to 2 visits during the first 2 weeks postpartum. After the 2 weeks the mothers need to pay themselves for the visits.

Purpose of the study:

To gather data on the scope of care by IBCLC certified health care professionals in Iceland for the year of 2020-2021

Method:

Data was collected retrospectively with an online questionnaire delivered by e-mail to all of the 11 IBCLC professionals in June 2021 with 3 reminders note. All of the participants finished filling out and sending the questionnaire. Basic features of the data in a study.

Results:

Participants number of years worked as IBCLC ranged from 3- 20 ($\bar{x}=13$)

Number of women taken care of as IBCLC 2020-2021 ranged from 0-333 ($\bar{x}= 83$) with a total number of 911 women taken care of by all the participants for the last year.

Number of requests for breastfeeding counsellor, not able to take care of was 0-100 women and total of 308 women did not receive the breastfeeding counselling they asked for.

Other results :

Most of the referrals come from the home care midwives but family and friends are also very supportive.

The main reason for the mothers to seeking IBCLC help is when babies are having problem taking the breast.

IBCLC conclusions about the main problems or underlying reasons for difficult breastfeeding experience, nipple pain/sore nipples are most common as well as painful breastfeeding, mastitis, engorgement/milk stasis, too little milk production and breast reduction surgery

Main reasons given for too little milk production are a rather even distributed on different factors with the following rating the highest: limited weight gain, baby always hungry/constantly feeding and women sensed their breast as empty.

Discussion and conclusion.

The fact that in 308 (25%) cases women did not receive the help from IBCLC might be explained by the fact that the women can only have two visits for free within 14 days postpartum and/or the workload for the group of IBCLC is too much to meet the needs of women. Representatives from the Icelandic Health Insurance recently suggested expanding the time period allowed for home visits to 6 months and number of visits to 3 visits. If this comes through it might make a big difference and open women's access to the care by IBCLC. Referrals most often come from home care midwives which is reasonable because they take care of most families the first 5 -10 days postpartum. In most cases home care midwives are able to assist women with the challenges of breastfeeding but in some cases where the problems are more complicated they refer the women to IBCLC specialists. It is interesting to see that the main reason for referral are different from IBCLC conclusion on the main underlying problems of difficult breastfeeding.

Underlying reasons or criterias for too little milk production seemed to be several with insufficient weight gain of the baby as the most common one as well as sign of baby's hunger/constant feeding and women's sense of empty breasts.

The study has its limitations such as the fact that data was collected retrospectively and with only 11 participants. However whereas those are all the Icelandic IBCLC it should give some picture of their scope of care. For future surveys it would give more reliable results to collect data prospectively.