

## Steven Sepe

---

**From:** Charmaine Porter <dearcharbee@gmail.com>  
**Sent:** Tuesday, March 12, 2024 12:29 PM  
**To:** House Health and Human Services Committee  
**Subject:** Support for House Bill H7882 | Charmaine Porter District 10

Dear Rep. Slater

My name is Charmaine, I am a nursing parent and I am writing in support of House Bill H7882, which updates the "Lactation Consultant Practice Act of 2014" to recognize the CLC and ALC certifications as professional lactation support roles eligible for licensure. The current language of the law recognizes lactation support in a clinical setting, but without naming CLC and ALC certifications as included credentials, we miss a significant portion of Rhode Island's growing community of lactation support professionals. The Certified Lactation Counselor (CLC) and Advanced Lactation Counselor (ALC) certifications represent a pathway to lactation support for perinatal support professionals who are not healthcare providers and/or without nursing backgrounds. The CLC & ALC track is a common track for doulas, WIC peer counselors, community health workers, and others who wish to provide professional lactation support but who do not have a medical or clinical background. In contrast to the IBCLC certification pathway which requires a nursing or medical background, the majority of CLCs and ALCs practice outside of clinical settings, such as in perinatal health, education, and resource centers, and in client homes.

Recognizing CLC and ALC as a pathway to professional lactation support will broaden and diversify the pool of available lactation support professionals, and the settings in which families can access this essential support. This has the potential to help address some of our state's disparities of access to quality lactation support.

In my own nursing experience, I relied heavily on my doula who holds a CLC certification. While in the hospital during my recovery from labor, I had a hard time getting my daughter to latch. The nurse assigned to my room at the time was concerned that my daughter wasn't eating and made me feel bad about my inability to feed her, while also neglecting to send one of the hospital's lactation consultants to my room. That morning, I was able to hop on a video call with my doula, who was traveling that day and she was able to help me get my daughter latched within 20 minutes. I hate to imagine what would happen without my doula's intervention and expertise.

Lack of adequate support is one of the leading causes for bodyfeeding families to stop before the recommended duration. According to the CDC: "Among infants born in 2019, most (83.2%) (in RI: 82.4%) started out receiving some breast milk, and 78.6% were receiving any breast milk at 1 month. At 6 months, 55.8% (in RI: 54.6%) of infants received any breast milk and 24.9% (in RI: 22.9%) received breast milk exclusively. Families can face many challenges when it comes to breastfeeding. Yet data show that most infants start out breastfeeding, and many are still receiving some breast milk at 6 months. Even some breast milk is beneficial to infants. However, many families do not breastfeed for as long as they intend to and breastfeeding disparities by race and ethnicity persist. The steady decline in any and exclusive breastfeeding from month-to-month indicates **that breastfeeding families may need stronger systems of support to reach their breastfeeding goals.**

Sincerely,  
Charmaine Porter  
39 Althea Street  
Providence, RI 02907