

Position Paper on the Role and Impact of the IBCLC

Aim

This position paper is intended for IBCLCs, administrators, policy makers, and members of the public who are interested in the role and impact of the IBCLC within an organization, community, nation, or the world.

Introduction

An International Board Certified Lactation Consultant (IBCLC) is the only internationally certified healthcare professional in the clinical management of breastfeeding and human lactation (Blenkinsop, 2002; Wambach et al., 2005). IBCLCs adhere to standards of practice and a code of ethics, and work within a defined scope of practice (IBLCE, 2003, 2008; ILCA, 2006). Required prerequisites for the certification exam that bestows the IBCLC credential are clinical practice experience in management of lactation and breastfeeding, as well as education in human lactation, breastfeeding, and general health sciences (IBLCE, 2011a, 2011b). Maintenance of IBCLC certification requires continued education in human lactation, breastfeeding, and professional ethics (IBLCE, 2011c). After a specified period of practice, currently ten years, the certification board mandates recertification by re-examination (IBLCE, 2011c). Licensure may coexist with the IBCLC certification in some geopolitical jurisdictions (IBLCE 2011a, 2011b; Thorley, 1999-2000). Although the IBCLC certification is not a licensure, most IBCLCs carry professional liability insurance to cover clinical interactions and practice (Scott, 2008, p. 9).

The rigorous professional standards of the IBCLC, and the mandated demonstration of specialized knowledge and skill through international certification, are the defining characteristics that set IBCLCs apart from other lactation and breastfeeding support personnel. Support from mother-to-mother peer counselors, non-credentialed individuals who have taken a course in lactation and/or breastfeeding management, and community-based breastfeeding coalitions, work in adjunct to the IBCLC (Thorley, 1999-2000). These support personnel should not be used to replace the expertise of an IBCLC. Consequently, the importance of engaging IBCLCs for breastfeeding and lactation management has become a standard recommendation in efforts to improve breastfeeding promotion, protection, and support at local, regional, national, and global levels (European Commission, 2004; U.S. Department of Health and Human Services [DHHS], 2011; World Health Organization [WHO], 2003).

Role of the IBCLC

The International Board Certified Lactation Consultant is generally prepared to work in any setting that provides breastfeeding support and care to mothers, infants, children, families, and communities (DHHS, 2011). The most common settings that employ IBCLCs are inpatient, ambulatory, and community centers. IBCLCs are also trained to work independently. With the increased evidence to support the health and economic benefits of breastfeeding to mothers, infants and their communities, IBCLCs will be needed in even more diverse settings (Bartick & Reinhold, 2010; DHHS, 2011). IBCLC employment in research, academia, and governmental and nongovernmental agencies is increasing (Noel-Weiss & Walters, 2006). This multi-role capability of the IBCLC is attributable to the emphasis on building skills and the ability to be flexible and effective in any setting (IBLCE, 2011d). The IBCLC serves nine roles.

1. **Advocate.** The IBCLC is the advocate for breastfeeding women, infants, children, families, and communities (IBLCE, 2003, 2008; ILCA, 2006). The IBCLC role is integral to the function of the mother's and infant's healthcare team.
2. **Clinical Expert.** As a clinical expert in the management of breastfeeding and human lactation, the IBCLC is trained to counsel mothers and families on initiation, exclusivity, and duration of breastfeeding, and to assist amidst any difficulties or high-risk situations. IBCLCs are sensitive to and support the needs of mothers, infants, children, and various family structures in working toward breastfeeding goals (IBLCE, 2003, 2008; ILCA, 2006).
3. **Collaborator.** Partnership is central to IBCLC practice. The IBCLC collaborates with mothers, infants, children, families, and communities to meet their breastfeeding and lactation needs. IBCLCs are members on healthcare teams that care for mothers, infants, and children. IBCLCs also collaborate with policy makers at all levels in various organizational settings, to implement evidence-based, practical, and economically sound lactation policies and programs (IBLCE, 2003, 2008; ILCA, 2006).

continued on next page

4. **Educator.** The IBCLC shares current, evidence-based information in breastfeeding and lactation to provide anticipatory guidance, as well as to empower mothers and families to manage breastfeeding challenges if they arise. IBCLCs also provide staff and clinician education on the science of lactation and clinical management of breastfeeding. Therefore, the IBCLC is required to keep up-to-date with the science of clinical lactation via mandated recertification (IBLCE, 2003, 2008; ILCA, 2006).
5. **Facilitator.** The IBCLC is trained to facilitate breastfeeding mothers and families in reaching their breastfeeding and lactation goals. IBCLCs facilitate program and policy development to support breastfeeding and lactation.
6. **Investigator.** The clinical expertise and skill of the IBCLC is in breastfeeding and lactation management. Thus, the IBCLC supports, directs, and participates in research and evidence-based practice that moves forward the body of empirical lactation knowledge (IBLCE, 2003, 2008; ILCA, 2006).
7. **Policy Consultant.** The clinical expertise and practice experience of the IBCLC provides substantial insight into the viability of practice changes that affect lactation and breastfeeding initiatives (IBLCE, 2003, 2008; ILCA, 2006). In light of the strong evidence to support the health and economic benefits of breastfeeding, the IBCLC is well-positioned to be the primary consultant for any institutional or legislative initiatives that influence breastfeeding, breastfeeding mothers, families, and communities.
8. **Professional.** The IBCLC is a healthcare professional with a multi-disciplinary role that straddles generalized support for breastfeeding, and allied health care. As a professional cadre, IBCLCs are guided in practice by a set of standards, a code of ethics, and a defined scope of practice. These regulations are aimed at protecting the public and ensuring that IBCLCs provide safe care. Standardization of specialized knowledge and skill is accomplished through one internationally administered exam and movement towards approved or accredited collegiate-based educational programs (IBLCE, 2003, 2008; ILCA, 2006).
9. **Promoter.** The IBCLC is trained to promote breastfeeding, i.e., carry out activities to increase interest in breastfeeding and breastfeeding support. IBCLCs support breastfeeding and lactation by providing skilled support for mothers in their breastfeeding journey. The presence of an IBCLC sends the message that breastfeeding is supported in that setting (IBLCE, 2003, 2008; ILCA, 2006). Often accreditation bodies that endorse institutions as breastfeeding friendly will assess the availability of an IBCLC (Centers for Disease Control and Prevention [CDC], 2011; IBCLC Care Award, 2011; National Immunization Survey, 2010; United States Breastfeeding Committee, 2010).

Impact of the IBCLC

International Board Certified Lactation Consultants are recognized worldwide as the only healthcare professional with an international certification in breastfeeding and lactation management. The standardization of specialized knowledge and skill to attain this international certification justifies the significant impact of the IBCLC in any setting. An IBCLC influences care of breastfeeding mothers, infants, children, families, and communities in six ways.

- **IBCLCs improve breastfeeding outcomes.** IBCLCs have a unique body of knowledge and skill to provide breastfeeding and lactation care from routine to high-risk situations (IBLCE, 2003, 2008; ILCA, 2006). The availability of IBCLCs increases breastfeeding rates, which in turn improves the health outcomes of the community, nation, and the world (Castrucci, Hoover, Lim, & Maus, 2006, 2007; Thurman & Allen, 2008).
- **IBCLCs lower health costs.** Formula feeding increases adverse health outcomes, difficult hospital re-admissions, hospital lengths of stay, and lost days at work by parents due to sick children (Bartick & Reinhold, 2010; DHHS, 2010; WHO, 2007). The increased number of infants that are breastfed because of the availability of IBCLCs lowers these formula-related healthcare costs.
- **IBCLCs improve consumer satisfaction.** By helping breastfeeding mothers and families to achieve their breastfeeding and lactation goals, IBCLCs improve the care of mothers and infants. Consequently, consumer satisfaction with the health care team increases (Chin & Amir, 2008).
- **IBCLCs improve an institution's image.** Improvement of consumer satisfaction enhances any institution's competitive image. The availability of an IBCLC improves an institution's image as a breastfeeding friendly entity. This can increase the institution's consumer base and can be particularly helpful in meeting accreditation and quality measurement standards (CDC, 2011; IBCLC Care Award, 2011; United States Breastfeeding Committee, 2010).
- **IBCLCs improve consumer trust.** IBCLCs are knowledgeable and ethical professionals who are bound by a code of ethics, scope of practice, and standards of practice (IBLCE, 2003, 2008; ILCA, 2006). The credential is a privilege and revocable for cause. Thus, breastfeeding mothers, families, and communities trust IBCLCs (IBCLC Care Award, 2011; United States Breastfeeding Committee, 2010).
- **IBCLCs improve breastfeeding programs and policies.** The clinical practice experience and empirical knowledge of IBCLCs give insight into lactation program development. IBCLCs are instrumental in policy and program development discussions on any issues that affect breastfeeding mothers, families, and communities (Bonuck, Trombley, Freeman, & McKee, 2005; Mannel, 2011)

Author and Review Committee

Main author Shakira Henderson MS, MPH, RNC-NIC, IBCLC was assisted in the review of this document by Gini Baker, Liz Brooks, Miriam Labbok, Judi Lauwers, Rebecca Mannel, Debbie Page, Virginia Thorley and Karen Wambach.

References

- Bartick, M. & Reinhold, A. (2010). The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 125(5), 1048-1056. doi: 10.1542/peds.2009-1616.
- Blenkinsop, A. (2002). Specialist support for breastfeeding: Becoming a lactation consultant. *RCM Midwives Journal*, 5(5), 183-185. Retrieved from <http://www.gamma-y.net/portfolio/midwives/aboutus.htm>.
- Bonuck, K.A., Trombley, M., Freeman, K. & McKee, D. (2005). Randomized controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. *Pediatrics*, 116(6), 1413-1426. doi: 10.1542/peds.2005-0435.
- Castrucci, B. C., Hoover, K. L., Lim, S. & Maus, K.C. (2006). A comparison of breastfeeding rates in an urban birth cohort among women delivering infants at hospitals that employ and do not employ lactation consultants. *Journal of Public Health Management and Practice*, 12(6), 578-585. Retrieved from <http://journals.lww.com/jphmp/pages/default.aspx>.
- Castrucci, B. C., Hoover, K. L., Lim, S. & Maus, K.C. (2007). Availability of lactation counseling services influences breastfeeding among infants admitted to neonatal intensive care units. *American Journal of Health Promotion*, 21(5), 410-415. Retrieved from <http://www.healthpromotion-journal.com>.
- Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity, and Obesity. (2011). *CDC national survey of maternity practices in infant nutrition and care (mPINC)*. Retrieved from <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>.
- Chin, L.Y., Amir, L.H. (2008). Survey of patient satisfaction with breastfeeding education and support services of the Royal Women's Hospital, Melbourne. *BMC Health Services Research*, 8(83),1-11. doi: 10.1186/1472-6963-8-83.
- European Commission, Directorate Public Health and Risk Assessment. (2004). *Protection, promotion and support of breastfeeding in Europe: a blueprint for action*. Retrieved from http://europa.eu.int/comm/health/ph_projects/2002/promotion/promotion_2002_18_en.htm.
- IBCLC Care Award. (2011). Retrieved from <http://www.iblccare.org>.
- International Board of Lactation Consultant Examiners (IBLCE). (2011a). *2011 IBLCE exam pathway 1 candidate guide*. Retrieved from http://americas.iblce.org/upload/2011Pathway1Guide_Brazil.pdf.
- International Board of Lactation Consultant Examiners (IBLCE). (2011b). *2011 IBLCE exam pathway 2 candidate guide*. Retrieved from http://americas.iblce.org/upload/Hidden/2011Pathway2Guide_USAOnly.pdf.
- International Board of Lactation Consultant Examiners (IBLCE). (2003). *Code of ethics for International Board Certified Lactation Consultants*. Retrieved from <http://www.iblce.org/upload/downloads/CodeOfEthics.pdf>.
- International Board of Lactation Consultant Examiners (IBLCE). (2011c). *Need to recertify?* Retrieved from <http://americas.iblce.org/need-to-recertify>.
- International Board of Lactation Consultant Examiners (IBLCE). (2008). *Scope of practice for International Board Certified Lactation Consultants*. Retrieved from <http://www.iblce.org/upload/downloads/ScopeOfPractice.pdf>.
- International Board of Lactation Consultant Examiners (IBLCE). (2011d). *Why hire an IBCLC?* Retrieved from <http://americas.iblce.org/why-hire-an-ibclc>.
- International Lactation Consultant Association (ILCA). (2006). *Standards of Practice*. Retrieved from <http://www.ilca.org/files/resources/Standards-of-Practice-web.pdf>.
- Mannel, R. (2011). Defining lactation acuity to improve patient safety and outcomes. *Journal of Human Lactation*, 27(2), 163-170. doi: 10.1177/0890334410397198.
- National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services. (2010). *Breastfeeding Report Card—United States, 2010*. Retrieved from <http://www.cdc.gov/breastfeeding/pdf/BreastfeedingReportCard2010.pdf>.
- Noel-Weiss, J. & Walters, G.J. (2006). Ethics and lactation consultants: Developing knowledge, skills, and tools. *Journal of Human Lactation*, 22(2), 203-212. doi: 10.1177/0890334406286955.
- Scott, J., rev'd by A. Calandro (2008). The code of ethics for International Board Certified Lactation Consultants: Ethical practice. In: International Lactation Consultant Association, Mannel, R., Martens, P. & Walker, M. (Eds.), *Core curriculum for lactation consultant practice*, 2nd ed., pp. 5-18). Sudbury, MA: Jones and Bartlett Publishers.

continued on next page

Thorley, V. (1999-2000). Complementary and competing roles of volunteers and professionals in the breastfeeding field. *International Journal of Self Help and Self Care*, 1(2), 171-179. Retrieved from <http://www.baywood.com/journals/PreviewJournals.asp?Id=1091-2851>.

Thurman, S.E. & Allen, P.J. (2008). Integrating lactation consultants into primary healthcare services: Are lactation consultants affecting breastfeeding success? *Pediatric Nursing*, 34(5), 419-425. Retrieved from <http://www.pediatric-nursing.net>.

United States Breastfeeding Committee. (2010). *Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding, rev ed.* Washington, DC: United States Breastfeeding Committee. Retrieved from <http://www.usbreastfeeding.org>.

U.S. Department of Health and Human Services (DHHS), Office of the Surgeon General. (2011). *The Surgeon General's Call to Action to Support Breastfeeding.* Washington, DC: U.S. Department of Health and Human Services. Retrieved from <http://www.surgeongeneral.gov/topics/breastfeeding/calltoactiontosupportbreastfeeding.pdf>.

Wambach, K., Campbell, S. H., Gill, S.L., Dodgson, J.E., Abiona, T.C. & Heinig, J. (2005). Clinical lactation practice: 20 years of evidence. *Journal of Human Lactation*, 21(3), 245-258. doi: 10.1177/0890334405279001.

World Health Organization (WHO), Department of Child and Adolescent Health Development, Department of Nutrition for Health and Development. (2003). *Implementing the global strategy for infant and young child feeding.* Retrieved from http://www.who.int/child_adolescent_health/documents/924159120X/en/index.html.

World Health Organization (WHO). (2007). *Evidence on long term effects of breastfeeding: systematic reviews and meta-analyses.* Geneva: World Health Organization [WHO].

© 2011 International Lactation Consultant Association. Approved by the ILCA Board of Directors, June 2011. Copies of this document may be freely made, so long as the content remains unchanged, and they are distributed free-of-charge.



ILCA

INTERNATIONAL LACTATION CONSULTANT ASSOCIATION

2501 AERIAL CENTER PARKWAY, SUITE 103 • MORRISVILLE, NC • 27560 • USA
PHONE: 919.861.5577 • FAX: 919.459.2075 • E-MAIL: INFO@ILCA.ORG • WEB: WWW.ILCA.ORG