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).

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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

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References


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