To Micaela Notarangelo (Task Force Recognition), and to all IBCLC colleagues throughout Europe
Cc: Mihaela Nita (president of ELACTA)

Re.: Analysis of the NVL-focus group meeting (preparation for the revision of the Professional Profile)

Dear Micaela and colleagues throughout Europe,

As promised, I translated the presentation that my (then still) colleague Stephanie Sanders IBCLC, MA and I gave at the General Assembly of the Dutch professional body NVL in 2018 (see pages 7 and 8). The presentation was a concise summary of the focus group meeting with three colleagues (Ellen Kamman, Mieke Saras and Marga Wapenaar) regarding the future of the Lactation Consultant IBCLC profession. We also discussed how and with how much strength the IBCLC Professional Profile could or should reflect the present scientific insights around the work we all do.
The document at hand explains in more detail what was addressed in the presentation and broadly sketches the process we saw as a possible policy path for the NVL. Meanwhile, I have become an NVL-board member myself, so I am even more aware now of how hard it is to get complicated processes like these started and to keep them going, simply because we all have so much work to do. Nevertheless, the aspects discussed below informed the revision of the Professional Profile we did later on (finished this year). We hope that the topics and thoughts we offer, can also inspire colleagues abroad.

The IBCLCs gathering for the focus group meeting early 2018 to discuss the profession's future had very different professional and educational backgrounds. Thus, they formed a beautiful representation of what we see throughout the lactation profession: some enter(ed) through a breastfeeding volunteer organisation (LLL or national); some have a background in nursing, academia or the business world; some work within an institution, some in private practice; some focus on client care; some are specialists in certain niche topics of the profession or in policy making; and some have had their home abroad, bringing with them the lived experience of varying cultural approaches to breastfeeding. There were also differences in the extent to which pathology was the starting point of the care provided.
We saw the interesting discussion we had as colleagues as the beginning of a longer process that would first deserve an association-wide reflection on what we consider core values in our work as IBCLCs and how those values can be backed up by contemporary scientific results. The increasing insights into the impact of early childhood experiences for adult health (through concepts like 'the first 1000 days', ACEs (Adverse Childhood Experiences), epigenetic programming and biopsychosocial approaches) lend more importance to the IBCLC-profession than ever before. By including aspects of such concepts into professional profiles, the profession can legitimately take a strong stance within the healthcare system.

In 2018, my colleague and I were asked to come with recommendations for the NVL board and the General Assembly, but we felt it was too early to do so. We did try, however, to give an overview of topics discussed, from which ideas and suggestions for policies may surface. In all of this, many points are not just nationally, but internationally relevant at different analytical and policy levels. We therefore made an effort to discern between micro, meso, macro, and meta levels. A solid vision at the meta level is of great help for all the lower levels, that are directly informed by the meta level vision.
We were very appreciative of the encouragement we received by the NVL board to work on this topic and the NVL board hopes that the revision of the Dutch Professional Profile (partly based on this focus group work) may be of use and support to colleagues elsewhere. We look forward to a constructive discussion within ELACTA on the future of our wonderful and crucially important profession!

Warm regards,

Marianne Vanderveen-Kolkena IBCLC, MSc
General board member of the NVL
Member of the working group for the revision of the Professional Profile

Lactation Consultancy: care for the future!

Analysis of the NVL focus group meeting about the future of the profession of the Lactation Consultant IBCLC

'May your choices reflect your hopes, not your fears.'
Nelson Mandela
'It is easier to build strong children than to repair broken men.'
Frederick Douglass

Introduction

The Netherlands have a professional body for Lactation Consultants IBCLC since 1993: the Nederlandse Vereniging van Lactatiekundigen (NVL, the Dutch Association of Lactation Consultants IBCLC). The NVL has gained herself a place within Dutch healthcare and reimbursement of IBCLC fees is possible through additional packages of people's health insurance. The NVL contributes to (national) guidelines and other documents for the population at large and works hard to establish quality standards for its members. All of this has helped to make the added value of the IBCLC visible for parents and healthcare providers and to integrate lactation care in the Dutch healthcare system.

At the same time, certain societal developments are cause for concern. Two examples to think of are medicalisation and sexualisation of breastfeeding and the female breast. In the following, the concerns that came up in the focus group will be dealt with, broken down into the levels we feel they are at. Subsequently, those points will be discussed in more detail. In closing, some suggestions are given for how some of the topics might be followed up.
Our analysis was guided by the following question:
In what way can the Lactation Consultant IBCLC profession develop itself further in order to optimally contribute to the long-term health and wellbeing of mother and baby?

Points of concern broken down to analytical level

To make an analysis of bottlenecks, points of concern, or policy intentions, distinguishing between the different levels at which an issue plays can be very helpful. Division can differ per culture, per sector or per societal segment, but in general, there is a certain amount of agreement on the definition of these levels. See Figure 1 for some explanation.
Policies usually work top-down: what is supposed to be implemented at the lower levels depends on the vision or ideology at the higher level. For example: a national guideline on infant sleeping practices or on whether parents should let their children cry it out, is based on meta level views on children, good or bad parenting, power relations, social structures, and more, and these inform practices at the meso and micro level.
Professional bodies/organisations for IBCLCs will probably not be able to directly influence meta level views and ideologies. What they can do, however, is to write powerful professional profiles, based on scientific insights regarding infant needs for adult health. Starting from views at the meta level can help explaining the consequences for the lower levels. At the same time, encouraging and supporting change at the micro level can create a 'grassroots movement' that activates the higher levels.
(In a separate document, we will give examples of how all of this informed the revision of the Dutch Professional Profile. Important in that revision was Diane Wiessinger's well-grounded encouragement to take the biological norm as the point of reference for any kind of wording regarding breastfeeding.)

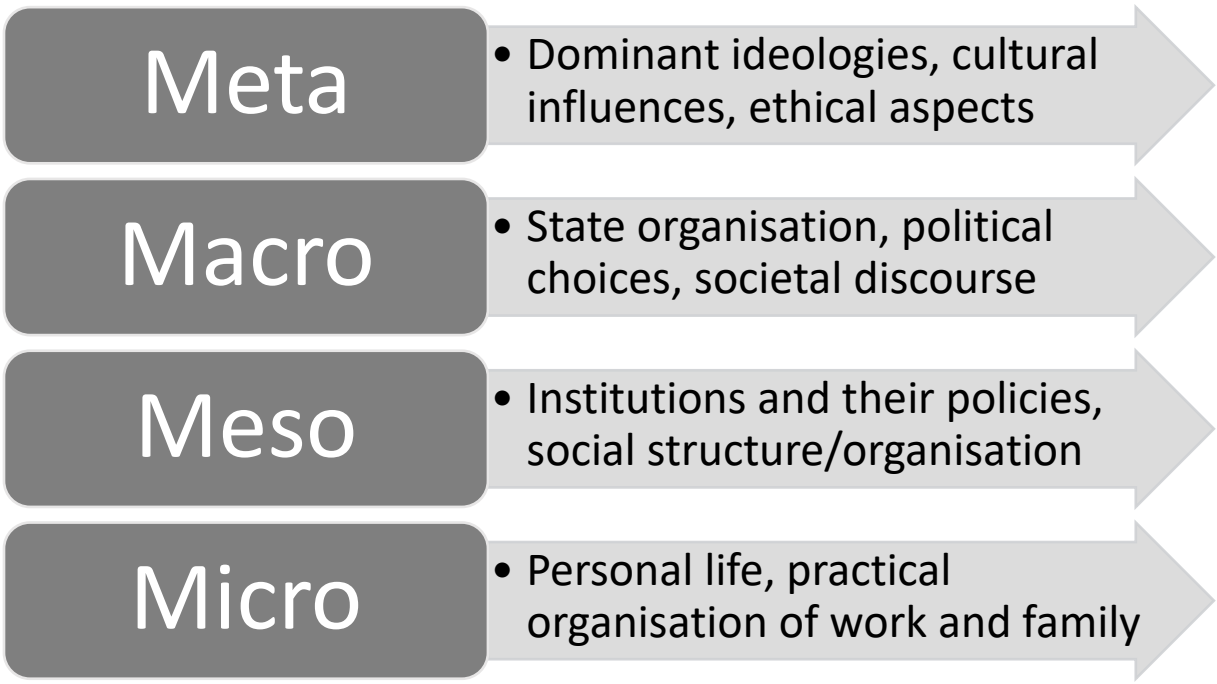


Figure 1: General representation of the different levels

One could make the schedule time and again with aspects that are valid for specific segments or sectors, for example for the way the Lactation Consultant IBCLC profession functions, for healthcare as a whole or for the target group of lactation care. A totally different example could look as follows:

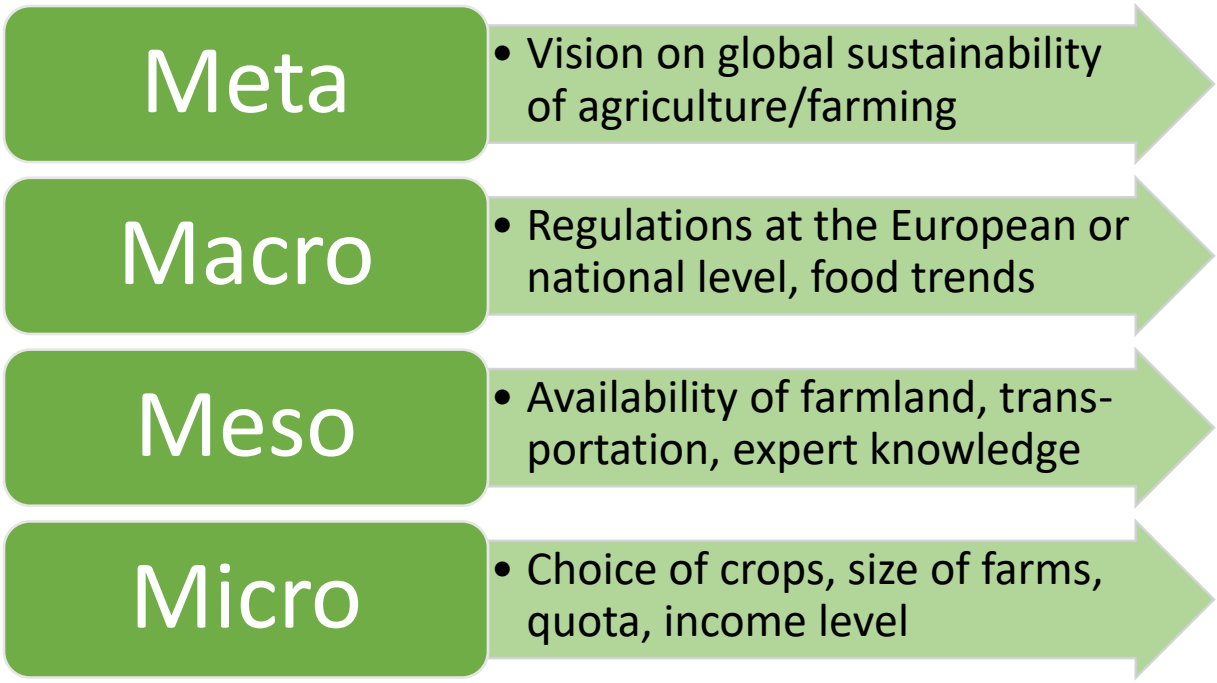


Figure 2: Influence on personal life of different regulations for agriculture/farming

Different societal views (e.g. the SDGs around sustainability) will lead to governments making different policy instruments, leading to different resources and practices for farmers.

Based on these different levels, we provide an overview of points of concern that were expressed in the focus group. No doubt, assigning certain points to certain levels is arguable, but we feel we have made a fair split. Seeing that influences often work 'top down', we start at the meta level and end with the most detailed, the micro level.

Meta level

1. Breastfeeding as the societal norm to feed babies seems to be under pressure. There is a lot of attention for human/mother's milk as a product, at the expense of emphasising breastfeeding as a relational process within the mother-infant dyad[1], the earliest form of socialisation.
2. There is a trend of an increasing medicalisation in the perinatal field, a development that also impacts breastfeeding, with much attention for the (technical) interventions and insufficient knowledge about and acting in accordance with normal, healthy perinatal physiology.
3. Adult interests often seem to carry more weight than infant needs and what they should be provided with in order to develop into healthy adults.

Macro level

1. Funding and facilitation by governments and health insurance companies remain problematic when it comes to care forms and policy measures that are aimed at long-term positive effects. Think of maternity leave and other forms of parental leave, reimbursement of lactation care, and integral implementation of the WHO-code and matching sanctions in case of violation.
2. An abundance of 'breastfeeding experts' is arising, including different sections of lactation consultants (with regard to both vision and certification). This makes it hard and confusing for clients and professionals to know who does what, what someone's qualifications are, what the price of that kind of care should be and what positive results can be expected. This begs the question of what separates the IBCLC from other breastfeeding workers and how IBCLCs can be integrated into the healthcare system as a full-fledged professional with a decent status.

Meso level

1. For the sake of recognition by other healthcare sectors, such as nursing, there seems to be a tendency to increasingly fill up the lactation profession with rules, regulations, and protocols that come from or have their origins in those other sectors, denying part of the IBCLC's unicity.
2. It is difficult to create and maintain an independent, public education system for IBCLCs at the national level that can offer continuity and accessibility comparable to other public education.

Micro level

1. Lactation care is still regularly offered 'below the price'. This harms an adult position of the profession, in which professionals should be able to charge a fee that reflects the value of their services. A fair price would support the process of giving the profession a higher, more fair status, one in which the IBCLC is taken seriously and can earn a living. Too low fees also stimulate unfair competition within the profession.
2. The NVL-document on Basic Quality Requirements (Basiskwaliteitseisen, BKE) shows increasing demands on IBCLCs, both financially and professionally. For many, the income that can be generated sometimes hardly or no longer outweighs the investments. This may run the risk of experienced colleagues with small practices but specific expertise disappearing from the field.
3. The role of the professional body is not always clear: advocating IBCLCs' interests, advocating protection, promotion and support of breastfeeding, or providing breastfeeding information for parents and healthcare providers? This can make it hard to decide on internal policies.

[1] A dyad is a two-person unit and is regarded the smallest possible sociological unity. Within this unit, the socialisation of the infant begins and with it the building of the 'inner working model' (John Bowlby).

Explanation of points of concern, with a focus on the meta level

In this section, we will elaborate on a number of considerations resulting from the points mentioned. We will focus on the meta level, but we will briefly address the other points as well.

Meta 1: The aforementioned medicalisation is not just happening within the field of lactation or in the Netherlands; it is a global trend. IBCLC bodies will not be able to reverse that trend all by themselves, but in all of their publications they can choose whether they want to conform to that medicalisation trend, or whether they team up with schools or sectors that primarily work from salutogenesis[2]. A consolidation of the medicalised approach, for example around birth, in fact only further increases the already large importance of a physiological approach in lactation, seeing its role in the prevention of serious health damage later on. There are many medical, sociological and anthropological concepts available that show the impact on adult health of harmful approaches or interventions in childhood.

Meta 2: Every healthcare provider in parent-child healthcare should be thoroughly familiar with the biological blueprint of both mother and baby. In the peri- and postnatal period, there is a lot of symbiosis going on within the mother-infant dyad. This makes the focus in diverse settings on mother's milk as a product instead of on breastfeeding as a process, quite worrying. Even if feeding at breast is not (immediately or completely) possible, all professional efforts should be aimed at approximating the *process* as closely as possible, and not only at safeguarding the *product*. Lactation Consultants IBCLC are educated par excellence to support this process and to disseminate this knowledge. Parents have a right to receive honest information about this and IBCLCs should apply the competencies they are required to have, based on, for example, the IBLCE Clinical Competencies and the Detailed Content Outline. When IBCLCs succeed in bringing this information across with empathy, parents for whom this blueprint is confronting or still unfamiliar, can seize this knowledge as an opportunity for reflection and personal growth. This will feed the sense of competence in the parents and is in the interest of mother, baby and the family: it serves their physical and mental health, both now and in the future.

Meta 3: In many WEIRD societies (Western, Educated, Industrialised, Rich, Democratic), individualism, personal freedom and personal development, as well as economic participation (both through labour and consumption) are considered highly valued principles *for adults*. Through different policies, governments often encourage these ideas. Meeting the needs and interests of completely dependent babies and infants does not always fit in with this. That constitutes a problem, as deviating from the expectation patterns evolutionarily ingrained in the biological blueprint of the baby, causes harm. Through the concept of ACEs, for example, there is increasing attention for the (neurological, immunological and epigenetic) impact of events and ways of interpersonal treatment in early childhood. The lactation profession, therefore, has an important role: does it encourage respect for the biological blueprint, or does it chime in with trends that, considering that blueprint, can justly be called 'weird'?

Macro 1: With healthcare costs becoming prohibitive, the preventive value of a healthy breastfeeding relationship should appeal to policy makers. The IBCLC should not be the last resort, but the first indicated expert.

Macro 2: The quality and transparency of what certain professions within healthcare have to offer, are of public interest. At the same time, high quality care has a price, both for the client and for policy-making for and with other parties. Documents like the Dutch Multidisciplinary Guideline on Breastfeeding, which is internationally recognised as an exemplary policy instrument, demonstrates that high quality care requires an in-depth level of knowledge on behalf of the professional.

[2] Salutogenesis is a concept developed by sociologist Aaron Antonovsky (1923-1994). According to this, one looks at the factors that proactively and prospectively stimulate health and wellbeing, instead of reactively and retrospectively focusing on factors that cause disease, which is the starting point of pathogenesis.

Meso 1: Conforming to professions that are strongly oriented towards medicalisation and pathogenesis, partly nullifies the strength of the lactation profession and denies its origins. It also bypasses many other aspects of interpersonal relationships. Empirical evidence and knowledge from non-medical fields, as described in IBLCE's Detailed Content Outline, are an integral part of the lactation profession.

Meso 2: A stable educational setting is important to monitor and maintain the quality of the lactation consultancy practice. Institutions educating IBCLCs being private companies, not embedded in the public educational structure, is a potential risk for the education of IBCLCs-to-be. If the entrepreneur would decide to end their business, the IBCLC education system might fall apart. There may sometimes be online education trajectories available, but these may not be suitable for everyone. It seems worthwhile to find out how this is done in other professions, which could shed light on future structures.

Micro 1: Dutch law does not allow price agreements. Still, a conversation may need to be had with IBCLCs who offer their services at (too) low prices to ask them about their underlying motivation for doing so.

Micro 2: Professional bodies are partly subjected to national regulations with regard to how they have to practice. It is not always clear, though, whether care for the target group benefits from these rules. If lactation services are included in basic health insurance packages, regulations may further increase.

Micro 3: Although professional bodies are usually founded to advocate for the interests of their members (Lactation Consultants IBCLC), the profession practices on behalf of the general public. If professional bodies support their IBCLCs with visionary policies, this will directly benefit the target group.

Conclusion and recommendation

The lactation consultant profession has its roots in La Leche League (LLL), a volunteer association whose core message is breastfeeding as the norm for nursing and nurturing babies. This is where the profession started, but it seems to increasingly choose a different direction: more medicalisation and protocollisation and also hesitation to take a powerful, autonomous stance within healthcare. This both raises and touches points of concern at all four levels. Dealing with these concerns requires cooperation with institutions and partners that are similarly situated at all four levels. Dealing with these concerns additionally requires a thorough conversation within all IBCLC professional bodies about aspects at the meta level, seeing that these influence the implementation of policies at the lower levels. The meta level is the level of vision and ethics, laying the foundations for rules and regulations. We therefore recommend the board to have the most important NVL-documents analysed for aspects at the meta level. This analysis can then inform the direction of possible policy changes. We recommend a stance that does not have pathogenesis as the starting point (where does disease come from and how to prevent it?), but salutogenesis (where does health come from and how to maintain it?). This leads to a very different approach, in which the biological blueprint and normal perinatal physiology are key, just like faith in babies as innately communicative and competent little persons, and faith in mothers' ability to nurse and nurture their babies and be aware of their babies' needs. Such a salutogenic approach starts from faith, not doubt, and from strength, not weakness; it starts, as the quote from Nelson Mandela says, from hope (and courage), not fear. That way, we can, as the quote from Frederick Douglass says, build strong children rather than having to repair broken [wo]men later on.
The time seems right for a confident and non-compromising wording of vision and mission in professional profiles to the benefit of our 'core business': the mother-baby dyad, the heart of our work!

Lactation Consultancy: care for the future!

Analysis of the NVL-focus group meeting about the future of the profession of the Lactation Consultant IBCLC

Stephanie Sanders IBCLC, MA
Marianne Vanderveen-Kolkena IBCLC, MSc (in 2018 still BSc)
General Assembly of the NVL in Culemborg, 14th April 2018

May your choices reflect your hopes, not your fears.

Nelson Mandela (1918 – 2013)

Presentation outline

- Introduction
- Structure of the document
- Points of concern, categorised to level of analysis
- Focus point of concern at meta level
- Conclusion and recommendation
- Discussion

Structure of the document

- Guiding question in the analysis:

  In what way can the lactation profession develop itself further in order to optimally contribute to the long-term health of mother and baby?

- Analytical levels:

Meta
Macro
Meso
Micro

Points of concern per analytical level

Meta
- Breastfeeding as the societal norm is under pressure.
- There is insufficient knowledge about healthy, normal physiology and the mother-baby blueprint.
- Adult interests seems to carry more weight than infant needs.

Macro
- Not enough integration of long-term health effects of breastfeeding in care and health insurance systems.
- Reimbursement of lactation care is insufficient.
- WHO-code is not integrally implemented.
- Unclear who sees to what in breastfeeding care.
- Status of lactation consultant profession is (too) low.

Meso
- Recognition of the lactation profession happens mostly through conforming to medical specialisations.
- Education to become IBCLC is private and not integrated in the public educational structure.
- Differences between IBCLCs with different professional backgrounds, education and vision lead to fragmentation through split-offs.

Micro
- With some IBCLCs working at unrealistically low fees, an adult position of the profession is being undermined.
- Increasingly high demands for practicing, making financial investments no longer outweigh turnover; this may lead to people leaving the profession, in turn causing loss of knowledge and expertise.
- Lack of clarity in the role of the professional organisation

Focus points of concern meta level

Meta
- Breastfeeding as the societal norm is under pressure.
- There is insufficient knowledge about healthy, normal physiology and the mother-baby blueprint.
- Adult interests seems to carry more weight than infant needs.

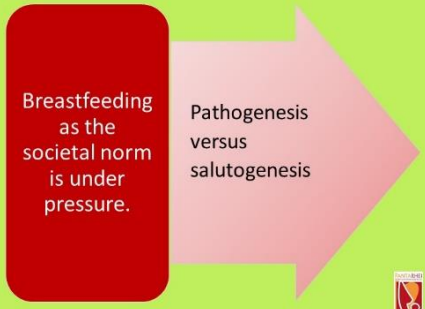
Conclusion and recommendation

- The profession of the lactation consultant IBCLC seems to be heading in a direction away from its roots: medicalisation and protocollisation instead of salutogenesis as the starting point.
- The meta level is the level of vision and ethics, being the foundation of mission and regulations. We therefore recommend to have the most important NVL-documents analysed for aspects at the meta level. This analysis can then inform the direction of possible policy changes.

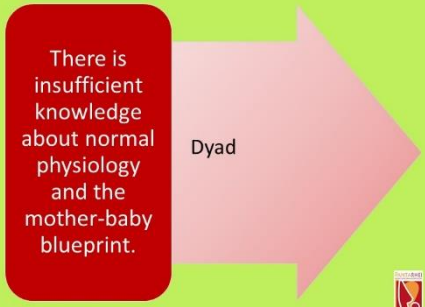
Discussion

- Do you recognise the points of concern?
- How do you feel about the conclusion?
- How do you feel about the recommendation?

Focus points of concern meta level 1



Focus points of concern meta level 2



Focus points of concern meta level 3

Adult Supremacy

- A power position in which adults consciously or unconsciously cause their privileges, ambitions, and unrecognised biosocial needs to trump child wellbeing, rendering the minor minor -

(Definition by Marianne Vanderveen-Kolkena IBCLC, MSc as part of her Medical Anthropology & Sociology studies, in line with concepts like White Supremacy and Male Supremacy, in which there are similarly many negative consequences for the subalterns in these power constellations. The results from neuroscience and epigenetics no longer allow for healthcare sectors to ignore the importance of responsive care in infancy, as advocated by the lactation consultant profession.)