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European
Lactation Consultants
Alliance

Lactation Consultant IBCLC Professional Profile

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This profile has been written on behalf of the ELACTA

Contents

ELACTA Mission and Vision

All IBCLC associations within Europe are united by European Lactation Consultants Alliance (ELACTA). ELACTA stands for professional lactation care, to improve maternal and infant health outcomes.

VISION
Every IBCLC in Europe is recognized as the professional authority in lactation and breastfeeding care. ELACTA is involved in all aspects of the promotion, protection and support of breastfeeding at local, national and European levels, reaching out to the global lactation community.

Foreword

Lactation consultants represent a relatively new profession within the European healthcare system and it is continually evolving. One of the first professional profiles was developed in 2004 by The Dutch Association of Lactation Consultants (Nederlandse Vereniging van Lactatiekundigen or NVL) and the profile has been reviewed recently. Thanks to the NVL's work in this field, the European Lactation Consultants Alliance (ELACTA) could translate the profile in order to use it as a model to recognize the IBCLC profession at an European level.

With the development of this document, we hope to encourage every European country to do the necessary steps in the direction of recognizing the IBCLC profession and of introducing this profession in the health care system of the country.

The ELACTA's message is that IBCLCs contribute unique expertise to situations where breastfeeding difficulties can be prevented or resolved. The ultimate goal is that both mothers and children can breastfeed ~~and children can be breastfed~~ for as long as they wish and as such, all the relevant healthcare professionals can competently guide these mothers and children to a satisfactory outcome.

Met opmerkingen [MV-K1]: Breastfeeding is both for mothers and babies an active process. Breastfeeding is not something that is 'being done to' babies, so to say 'be breastfed' gives the baby a less actively participating role. By saying 'both mothers and children can breastfeed for as long as they want', we can do justice to the equality of the baby/child in the process and in the relationship.
It is exactly the often perceived passive role of the baby that is problematic, as it objectifies the baby instead of recognizing the baby's individuation, socialisation, and enculturation that are taking place through breastfeeding. To emphasise the fact that the baby is, from the start, a person, a full human being, we give more weight to the importance of attending to the needs of babies and infants. This is also the essence of the biological blueprint (dealt with later on), in which the infant's needs are key.

Reader's Guide

The professional profile is structured as follows. The introduction gives a short insight into the profession of the lactation consultant within the context of the European healthcare sector.

In Section 1 you will find the core description of the profession of the International Board Certified Lactation Consultant (IBCLC). The IBCLC's role and professional setting are examined in relation to other healthcare professionals, followed by a description of the initial training, an IBCLC's level of expertise and the ongoing professional development that needs to be undertaken. The section concludes with a summary of the most important current developments that impact the IBCLC's work. ~~This is significant because the IBCLC's attitudes, actions and expertise should run parallel to the developments seen in the healthcare sector at a national level as well as those internationally.~~The IBCLC has physiology as the starting point and tries to keep medicalisation at bay. Medical care is only provided as a necessary service and is supplied with the utmost sensitivity, so that the mother-baby coherence and intimate bonding, inherent to the breastfeeding relationship, can be maintained. Also, despite an increasing individualisation in many societies, the IBCLC encourages the recognition of the value of interdependence and thus of the importance for the infant of parental proximity. Therefore, it is important the IBCLC strengthens the mother's self-esteem, self-reliance and intuition in reading her baby's cues.

Section 2 is an important chapter of the profile and is compiled from the CanMEDS Framework.~~,~~ It describes the knowledge, competencies and work activities of the Lactation Consultant IBCLC.
In line with current societal developments, the choice was made to word this profile in a gender-neutral way.
~~where the IBCLC's roles, competencies and knowledge are outlined. Competencies can be interpreted as the skills and know-how that an IBCLC needs to possess to be able to effectively fulfil their tasks and adequately perform on a professional level.~~

To improve the readability of the profile, we use the female form to refer to professionals and clients. When references to 'she' have been made, please interpret this as 'he/she'.

Met opmerkingen [MV-K2]: This part was deleted in the newest version, because there are a lot of developments that deserve a countermovement, such as medicalisation and individualisation. These are developments that are worrying in and of themselves, but worse - can easily form a threat for the breastfeeding dyad/relationship. A couple of new sentences were added, implicitly acknowledging the importance of maintaining the mother-baby coherence and intimate bonding that are inherent to the breastfeeding relationship.

Met opmerkingen [MV-K3]: Not all IBCLCs are women and at least they do not necessarily have to be women.

Met opmerkingen [MV-K4]: This was deleted, because the work IBCLCs do, is much more than executing tasks through certain competencies. To really do justice to infant needs and thus to what moms/parents need to fulfil those needs, IBCLCs need an attitude towards parents and babies that honours the biological blueprint. This blueprint was missing from the previous edition and has been added in this one (a bit further down). Knowledge about the biological blueprint (the expectations a human baby is born with, such as being wired for connection and expecting loving presence of sensitively attuned adults) is crucial for a good understanding of why certain approaches in the work of the IBCLC are important. What the IBCLC can support in the early stages (in the baby and the parents), is in service of the baby's future health.
Much of the recent science around biopsychosocial approaches (or: psychoneuroimmunoendocrinology! 😉) shows this: a start in life that facilitates buffering protection against toxic stress promotes good health. Without that kind of knowledge, it is hard to provide high quality care. All of the profile now has that biological blueprint as its foundation. This way, the atmosphere that comes across from this profile to the reader, is more likely to be helpful in promoting an approach that is infant needs-oriented.

List of Abbreviations

BFHI Baby Friendly Hospital Initiative
CanMEDS Canadian Medical Education Directives for Specialists
IBCLC International Board Certified Lactation Consultant~~s~~
IBLCE International Board of Lactation Consultant~~s~~ Examiners~~ares~~
ILCA International Lactation Consultant Association~~s~~
LLL La Leche League
NCCA ~~n~~National Commission~~ttee o~~for Certifying Agencies
NVL Nederlandse Vereniging van Lactatiekundigen

Introduction

An IBCLC lactation consultant is an internationally certified healthcare professional who is specialized in attending to the needs of families (to be)~~and care of the breastfeeding mother/parent and their child~~ in the pre-, peri- and postnatal period. It is the IBCLC's role to relay information, knowledge and expertise about the biological blueprint of the mother-baby dyad and to support parents in their (breastfeeding) relationship with their child.~~to parents so that they are well equipped to avoid, recognize and resolve difficulties.~~ The profession has existed since 1985 and currently, there are 29.815 IBCLC lactation consultants worldwide across 108 countries (February, 2018).

In this professional profile, we sketch a 202018, present-day picture of the European IBCLC. By way of ~~role, know-how and skill description~~describing the competencies, knowledge and expertise, the contribution of the IBCLC to the healthcare system as a whole is clarified, as well as breastfeeding-specific care centered on mother and child.

~~A professional profile cannot be comprehensively developed behind a desk, but is formed by utilizing resources and various methodologies~~. A professional profile outlines the roles and parameters of a profession and can therefore be instrumental in placing a given role within the broader scope of the healthcare system. This professional profile ~~not only~~ gives IBCLCs a resource to ~~help them execute their professi~~disseminate information on their profession and on the scope of their~~and~~ area of knowledge.~~,~~ ~~but i~~It also clarifies to other health professionals what they can expect from the IBCLC. ~~A professional profile furthermore offers educational institutions a guideline to the standards that their training programs need to meet.~~

Met opmerkingen [MV-K5]: A baby's needs are best served if all of the family feels supported, regardless of the composition of that family.

Met opmerkingen [MV-K6]: We tried to make clear that families can ask for the IBCLC's expertise in all of these stages; this broadens the outsider's view on the scope of our work, in line with all the IBLCE documents.

Met opmerkingen [MV-K7]: As mentioned: this biological blueprint is the foundation under this profile now.

Met opmerkingen [MV-K8]: The relationship is key; in our clients, it will usually include breastfeeding, but even if it does not (or no longer) do so, the IBCLC can be of service.

Met opmerkingen [MV-K9]: Focusing on the problems did not seem the best approach, as it would, once again, present breastfeeding as a complicated thing in which problems are to be expected. We chose to focus on the characteristics of the process instead.

Met opmerkingen [MV-K10]: Check date/make update.

Met opmerkingen [MV-K11]: This was deleted, because a professional profile discusses professional competencies and scope of practice; it is not (designed as or meant to be) a guideline for educational institutions, notwithstanding the fact that these may find it a helpful resource.

The following tasks were undertaken to complete this profile:

* Document analysis;
* Meeting to plan document structure with delegates from the NVL board;
* Meeting to plan content with the workgroup consisting of seven IBCLCs, all of whom had divergent work places;
* Healthcare-professional interviews in regards to the IBCLC's role;
* Documented evaluation meeting with the attendees of the content meeting;
* Documented evaluation meeting with the members of the NVL;
* Meeting and document analysis within ELACTA's task group Recognition of IBCLC profession.

The IBCLC profession cannot be segregated from the importance that is placed on breastfeeding and breastmilk. The World Health Organization (WHO) continually emphasizes the immense importance of breastfeeding~~milk~~ as ~~the~~natural and obvious process and as the right ~~perfect~~ source of nutrition for infants and young children, which is underpinned by an abundance of research. These studies repeatedly show that healthcare costs with a lower frequency or shorter duration of breastfeeding are substantial. This loss of health concerns both mothers and babies.
~~The health benefits are specified for children as well as their mothers.~~

Met opmerkingen [MV-K12]: Throughout the document, we have eliminated reductionist approaches, where the product (milk) is mentioned without paying attention to the process (breastfeeding), because much of the value of breastfeeding is in the interactive, interpersonal process which provides the product, and not merely in the product itself.

Met opmerkingen [MV-K13]: The process of 'wiessingerising' language also includes the prevention or elimination of idealising language. People usually don't strive for 'perfect'; they feel 'normal' is good enough. This means that if we say that 'breastfeeding is perfect', formula is good enough. If we say 'breastfeeding is the right/normal process', then formula falls short (and it does).

Met opmerkingen [MV-K14]: Again: breastfeeding is the biological norm; deviating from that norm brings risks and additional costs. This is ethical science: taking the norm as the reference point and discussing the (additional) risk of the intervention or the deviation from the norm.

Met opmerkingen [MV-K15]: No benefits to breastfeeding: the norm has no benefits. An intervention can have benefits, but in the case of breastfeeding, interventions usually have mainly risks and disadvantages.

In the 10 Facts on Breastfeeding[1] the WHO states the importance of breastfeeding and highlights how strongly supporting mothers can improve breastfeeding rates worldwide. ~~Adequate guidance and support are essential for mothers and the people around them in order to create an optimal environment for breastfeeding.~~

The importance of protecting, promoting and supporting breastfeeding is recognized in the European Union and there have been a number of steps undertaken to do this.
The document 'Protection, promotion and support of the breastfeeding in Europe: a blueprint for action', developed by European Commission, IRCCS Burlo Garofolo Trieste, Italy and WHO Collaborating Center for Maternal and Child Health, provides a framework for the development of regional, local and international plans to promote breastfeeding.
Studies have been done in European countries about the reasons why mothers ceased breastfeeding.[2] Significant reasons that were indicated were low or perceived low milk supply, breast and nipple pain and return to the work environment[3]. A remark that is also commonly heard is that parents often receive conflicting information and advice from healthcare professionals, which leads to confusion and a mother's insecurity, which in turn contributes to the varying success rates. Strengthening the mother's self-esteem, self-reliance, and intuition in reading her baby's cues can be helpful in making her more resilient to the conflicting advice she may get from others. The influence of (embedded) marketing of breastmilk substitutes or product placement should also not be underestimated.

Simultaneously though, breastfeeding promotion and the recognition of the IBCLC's expertise have made great leaps in the past ten years. Societal acceptance of the fact that breastfeeding is the (bio)logical next step following pregnancy and birth and fits the basic needs of both mother and baby, has grown.~~optimal source of nutrition for children, as well as~~as Also, the awareness of effective care leading to the prevention and/or solving of breastfeeding problems is improving. Increasingly, IBCLCs are consulted and seen for their expert advice and many health insurers entirely or partly reimburse the support and guidance that the IBCLC offers in their base or additional cover.

IBCLCs guarantee, where possible, evidence-based expertise, but in any case context-based expertise[4] concerning lactation and breastfeeding. They therefore make an important contribution to the realization of the WHO vision that states that protection, promotion and support of breastfeeding are important roles of the healthcare system.

Met opmerkingen [MV-K16]: In line with the previous remarks about the undesirability of idealising language, we have deleted this sentence. In societies where breastfeeding is normal, people do not need 'optimal' or 'more or less perfect' circumstances to be able to breastfeed. Wording it like this, increases the impression of the need for ideal circumstances, which increases the barrier; it makes breastfeeding look very complicated, which is something we do not want to bring across.

Met opmerkingen [MV-K17]: In several places, we have tried to adjust the wording in such a way that it is clear that it is the *separation* of mother from baby that causes difficulties, not specifically activities for a paid job outside the home. Women do all kinds of work in all kinds of settings, paid or unpaid, and as long as they can remain together with their babies, there is not necessarily an issue with breastfeeding. It is the *separation* and the need for (proper facilities for) pumping that complicate the breastfeeding relationship. Exactly what is being done during the time of separation is less relevant.

Met opmerkingen [MV-K18]: An important, semi-government document, titled 'Without context no evidence: about the illusion of evidence-based practice in healthcare', was added to the references, because this report offers valuable insights and focuses on context-based approaches, which is very relevant to the IBCLC-work. This is fully in line with how the father of EBM, Evidence-Based Medicine, David Sackett, always emphasised the importance of the patient's lived experience and the social context. We consider this a very important addition to the profile. It might be worthwhile checking whether similar documents exist in other countries and whether they can be added to national versions of the profile.

[1] http://www.who.int/features/factfiles/breastfeeding/en/
[2] http://www.oecd.org/els/family/43136964.pdf
[3] http://www.tno.nl/downloads/Kvl-PZ-BORSTVOEDING-%20redenen%20stoppen.pdf
[4] https://www.zonmw.nl/nl/actueel/nieuws/detail/item/zonder-context-geen-bewijs/ (unfortunately in Dutch)

SECTION 1

Introduction to the lactation consultant profession

In this section the essence of the IBCLC lactation consultant profession will initially be described and the most recent developments in the field will briefly be discussed. Next, the IBCLC's position and her work setting will be defined and finally, attention will be given to the related education and training.

The essence of the profession

The IBCLC is, due to her certification, experience and expertise, the designated professional to ensure optimal care when it comes to breastfeeding and lactation. The essence of her profession is the guidance, support, advice and education of parents in all possible scenarios related to breastfeeding. ~~The IBCLC's guidance thereby includes both preventative care and the resolving of breastfeeding challenges. The IBCLC offers foresight in terms of possible risk factors and offers adequate guidance to ensure the avoidance of possible complications. Should problems arise, the IBCLC is the expert that is best equipped to make a diagnosis and to specify an optimal approach to the situation. The IBCLC can also assist with breastfeeding and lactation in special circumstances where complications such as premature birth or cleft lip occur. The IBCLC has the expertise to offer mothers the knowledge and skills needed to be able to breastfeed for as long as the mother and child desire and where possible, problem-free.~~

The field of expertise of the Lactation Consultant IBCLC pertains to the following fields:
- development and nutrition;
- physiology and endocrinology;
- pathology;
- pharmacology and toxicology;
- psychology, sociology and anthropology;
- techniques;
- clinical skills.[5]

The IBCLC has knowledge and skills that belong to these fields and is therefore the professional par excellence to contribute to the baby's possibilities of following the biological blueprint. The frame below explains this concept.

Met opmerkingen [MV-K19]: We decided to delete this whole section, because it was very problem-oriented, instead of process-oriented or baby-oriented, We also felt that there was too much emphasis on what the IBCLC is supposed to achieve, instead of acknowledging the fact that it is always *the parents* in the *relationship with their baby* who achieve breastfeeding success. The IBCLC should be the knowledgeable, yet modest facilitator in the background, offering what is needed or asked for, but not the 'hero' who comes and solves all issues. The parents or the mother are/is the one(s) who solve the issues, with the help or the expertise of the IBCLC. We added this from the ethical standpoint of parental autonomy.

Met opmerkingen [MV-K20]: We have deliberately chosen to explicitly add the categories of the Detailed Content Outline; this document was missing from previous editions, although it is the most insightful description of the breadth of the scope of practice and the disciplinary fields it addresses.

Met opmerkingen [MV-K21]: Here, in this blueprint, we have given the baby center stage.

[5] See 'Detailed Content Outline for Lactation Consultants IBCLC': https://iblce.org/wp-content/uploads/2017/05/ibclc-detailed-content-outline-for-2016-for-publication.pdf

[START OF FRAME]
The biological blueprint
A baby is born with a very complete set of instincts and reflexes that safeguard survival in and adaptation to life outside the womb. This package of evolutionary survival and adaptation mechanisms is called the human biological blueprint and in it, a number of expectation patterns is embedded.
Where adults, through cognitive reasoning, can choose to not follow their blueprint or ignore it, a baby cannot. A baby expects, especially during the first years of life, to be able to live in accordance with this blueprint. A baby needs others to create the conditions to guarantee this, and especially the mother's body for the coherence and regulation of all the transformations and development in his body and brain functions after birth. The breast, as a source of protection, comfort and species-specific nutrition is an essential part of this expectation pattern, just as physical contact with the primary caregiver (in many cases primarily the mother). These aspects together provide a sense of existential security in the infant. This experience is the foundation of a healthy biopsychosocial development of the person as a whole, with a healthy stress regulation and a competent immune system. In this, physical and psychosocial wellbeing can mutually influence one another in a dynamic and positive way. This process additionally facilitates a prosocial, empathetic attitude towards life and socially constructive behaviour in the future adult.
In essence, basic human needs, expectations and behaviours during all of a person's life are shaped by this blueprint. Many day-to-day needs derive from the need for security, recognition and comfort.
[END OF FRAME]

The Lactation Consultant IBCLC anticipates possible risk factors and give adequate guidance to prevent problems. In situations where problems have already risen, the Lactation Consultant IBCLC is, as an expert, able to reach a lactational differential diagnosis by clinical reasoning and to suggest an effective approach for the issues at hand. Also in special situations where complications may arise, such as premature birth or a cleft lip or palate, the IBCLC will proactively act as a medical expert with regard to breastfeeding and lactation. The Lactation Consultant IBCLC has the expertise to teach those directly involved the knowledge and competencies they need to optimally meet the needs of mother and baby.

~~When offering direct guidance and support to mother and child, the IBCLC strives to meet the following key goals:~~

~~* To support and encourage the mother to have the insight into her own ability to breastfeed her child;~~
~~* To support and encourage the mother to develop her breastfeeding skills;~~
~~* To support and encourage the child to develop the skills needed to feed effectively at the breast;~~
~~* To increase parents' understanding of the physical, psychological and social effects of breastfeeding and breastmilk on the health and development of the child;~~
~~* To increase the understanding and skills of the mother to stimulate and maintain breastmilk production when her baby does not feed directly from the breast;~~
~~* To encourage mothers to consider and realize the possibility of combining work and breastfeeding.~~

Met opmerkingen [MV-K22]: There was some discussion on the term 'diagnosis' and whether IBCLCs are allowed to diagnose. In the GA of 2019 it was therefore jointly decided to use the term 'lactational differential diagnosis', thus making clear that the diagnosis is based on lactation knowledge and aimed at differentiating between lactation issues and other medical issues that require a different healthcare professional and thus referral.

Met opmerkingen [MV-K23]: This part was deleted in order to shift the focus to the Biological Blueprint, towards the importance of the breastfeeding relationship as a whole, somewhat away from the more detailed instructions, seeing that this is a general document. Also, part of this bullet list was and is more or less comprised in the list on the next page.

Besides the guidance and support of the mother, child and their direct network, the IBCLC plays an important role in presenting information, advice and education to other healthcare professionals who work with and care for mother and child. With her specific expertise, she is able to relay information and advice about breastfeeding to them, as well as coach and instruct them to develop ~~appropriate~~relevant skills.
~~The essence of the profession also includes~~This task of stimulating expertise is closely related to the promotion and realization of sound breastfeeding policies within institutions to guarantee optimal guidance and support for breastfeeding. ~~The promotion of breastfeeding as an important factor for the quality of care for mother and child is a task that unequivocally falls within the IBCLC's field of work.~~

Met opmerkingen [MV-K24]: It said 'juiste' in Dutch, indeed meaning 'appropriate' or 'correct', which seemed too normative and too paternalistic. We have therefore chosen 'relevant' now, which, again, takes into consideration the context-specific needs of each dyad or family.

Met opmerkingen [MV-K25]: Too obvious, seeing this is a PP describing the field, so deleted.

~~Finally, but with no less importance, the IBCLC plays a role in encouraging the compliance of the WHO Code in respect to the marketing of breastmilk substitutes. Thanks to their knowledge and independent position, the IBCLCs can contribute to the awareness of advertising in the healthcare system.~~Additionally, the Lactation Consultant IBCLC plays a role in encouraging compliance with the WHO International Code of Marketing Breastmilk Substitutes as co-signed by the national government. The IBCLC contributes to awareness regarding the risks of the products covered by the WHO Code and to awareness regarding (the risks of) commercial influencing by the formula industry. Lack of acknowledgment of these risks undermines societal confidence in the biological blueprint of mother and baby.

Met opmerkingen [MV-K26]: We have elaborated this section and added the fact that the government has cosigned the WHO Code. All countries to whom this applies, could consider adding that as well, as an appeal to all readers of the PP to be aware of the government responsibility flowing from this signing. In this section, we have also mentioned the biological blueprint again; the constant marketing for breastmilk substitutes does not do justice to the strength of the mammalian heritage as described in the BB.

The IBCLC's contribution to the healthcare system

The IBCLC makes an important contribution to the support and guidance of breastfeeding mothers. Children, women, families, society and the entire healthcare system will benefit from the care an IBCLC can provide.

IBCLCs make a contribution by:

* promoting women's confidence in their ability to feed their infant through expert advice and counseling;
* preventing and giving support in case of~~resolving breastfeeding~~ difficulties;
* supporting the increas~~ing~~ of the number of satisfactory breastfeeding relationships;
* ensuring quality of care and client satisfaction;
* providing a complete breadth of care within the relevant healthcare institutions;
* ~~ensuring the confidence of women in their ability to feed their child by providing expert advice and counselling;~~
* improving breastfeeding policies~~guidance~~ and programs;
* limiting (indirect) advertising within the healthcare system;
* preventing health loss and thus reducing health care costs in the short and long term by applying the aforementioned practices.

Met opmerkingen [MV-K27]: We put this first to emphasise its importance.

Met opmerkingen [MV-K28]: As mentioned before: IBCLCs do *not* solve breastfeeding problems - PARENTS do.

Met opmerkingen [MV-K29]: Again: IBCLCs do *not* increase the number - PARENTS do.

Met opmerkingen [MV-K30]: We made more clear that not breastfeeding causes health loss (instead of breastfeeding causing 'better health') and that preventing that health loss is what leads to reduced costs.

The IBCLC's work environment

IBCLC lactation consultants either work independently (in private or group practice) or are associated with (academic) hospitals, maternity nursing institutions, midwifery practices or maternal and child health centers. IBCLCs work in the primary, secondary and tertiary health care systems.

The primary system refers to completely independent IBCLCs, maternity nursing institutions, midwifery practices and maternal and child health centers. Independent IBCLCs who operate their own practices are directly accessible ~~by~~for parents and healthcare professionals for guidance, support and education.

IBCLCs work on the maternity, labor and delivery, pediatric and neonatal wards of hospitals in the secondary system and in the Neonatal Intensive Care Units (NICU) of academic hospitals in the tertiary system.

The role within the healthcare system chain

The IBCLC plays an expert role within the healthcare system chain that includes maternity nursing institutions, midwifery practices, maternal and child health centers and hospitals. Breastfeeding related questions are directed to the IBCLC by parents, maternity nurses, nurses, doctors, pharmacists, dieticians, midwives and other healthcare professionals.

Even though the IBCLCs have a clear expert role, not all healthcare professionals are familiar with their expertise and, until now, they are not always included in the breastfeeding parent-child healthcare chain. The protection and promotion of the value of the role of the IBCLC will therefore require substantial attention in the coming years. When an IBCLC is not approached (on time) to assist with the guidance of the parent-child couple and partner, it can lead to unnecessary and ongoing problems in relation to breastfeeding, with the risk of premature weaning. Many of these difficulties can be avoided with the correct guidance from the IBCLCs who tailor their advice specifically to the mother, child and family.

The value of an IBCLC's sound breastfeeding advice and guidance is being increasingly recognized by healthcare professionals. Most health insurers should be interested in covering IBCLC care either entirely or partially. The membership in national associations is a guarantee that the IBCLC concerned fulfils the requirements in regards to certification and recertification, and that the client is able to submit an official complaint to a regulatory body if necessary.

Education and quality

An IBCLC lactation consultant will have successfully completed the international examination that is set by the International Board of Lactation Consultant Examiners (IBLCE). The IBLCE in turn has been accredited by the prestigious National Committee of Certifying Agencies (NCCA) in the United States for an uninterrupted period since 1988.

To be eligible to sit the IBCLC certification examination, a health sciences background is a prerequisite as well as a minimum of ninety hours of lactation specific education. In addition, a substantial ~~amount~~number of hours of lactation specific clinical experience supporting breastfeeding mothers is required. This experience may be acquired within the healthcare system and/or within the national breastfeeding and lactation organizations.

The prerequisites for the examination are defined in the IBCLE's Candidate Information Guide. After passing the IBCLE examination, examination candidates are qualified as International Board Certified Lactation Consultants (IBCLC)[6].

In 2013, the IBLCE tightened the prerequisites for the qualification. This means that there is a new generation of IBCLC lactation consultants entering the profession. With their level of education, maternity nurses are no longer accepted into the lactation specific educational programs, while members and leaders from breastfeeding groups such as La Leche League (LLL) need to complete further health sciences education before being able to sit the examination. Within the European Union, ~~T~~there is, however, a number of methods available to ~~be able to meet~~work towards meeting the IBCLE examination prerequisites ~~in the European Union~~.

Met opmerkingen [MV-K31]: This is a difficult wording. In the Dutch version, this refers to 'childbed nurses', a very specific profession for the Netherlands (they spend 8-10 days within the family where a baby has been born) that is non-existent in other countries. If it refers to nurses on the maternity ward, they are not excluded, so countries would have to check and see what the exactly right term is here for their own specific context.th

Recertification

The IBCLC lactation consultant certificate is valid for five years and can be renewed every five years by obtaining 75 Continuing Education Recognition Points (CERPs) or by re-sitting the exam~~ination~~. The aim of the recertification process is to realize continuous~~al~~ professional development and to promote life-long learning. CERPs can be obtained by attending conferences or completing professional development education offered by third parties, providing that they have been recognized by the IBCLE. ~~Every ten years, recertification is only possible by way of resitting the IBCLE examination.~~

Met opmerkingen [MV-K32]: Maybe say 'accredited'…?

Met opmerkingen [MV-K33]: Check for the latest regulations, depending on when the PP will be effectuated in each country. Probably, this sentence can be deleted in most versions, seeing that the 10-years-exam is almost at its end.

Developments in the IBCLC's work

Developments within society and the healthcare system affect the IBCLC's professional understanding and the way the IBCLC works. This section briefly outlines the most important developments that affect the IBCLC's work.

* **Prevention**

Prevention is the new keyword within the healthcare system. Scientific research has proven that ~~an increase~~a short duration or the absence of breastfeeding ~~in the number of women breastfeeding and the duration of breastfeeding~~ irrefutably leads to ~~irrefutable~~ health loss~~benefits~~. With their work, IBCLCs significantly contribute to the reduction of healthcare costs in the short term as well as the long term.

Met opmerkingen [MV-K34]: This is another spot where we have 'wiessingerised' the text: no health benefits from breastfeeding, but *health loss with LACK of breastfeeding*.

* **Cost cutting in the health care system**

In the current political climate, limited funds are available for the promotion and protection of breastfeeding and the funding of the healthcare system defines to quite an extent the IBCLC's options to employ her scope. Furthermore, the increasing popularity of public-private partnerships[7] can negatively influence independent knowledge and information about breastfeeding.

Met opmerkingen [MV-K35]: Defining the IBCLC's scope is something that IBLCE does, not the local health system.

[6] See Appendix 6 for the IBCLE Exam Blueprint

[7] A public–private partnership is a cooperative arrangement between two or more public and private sectors. An example of this is the JOGG-programme (Jongeren op Gezond Gewicht – Youth Healthy Weight Campain), where governmental departments partner with companies such as Nutricia, Unilever and Friesland Campina.

* **The changing of perspectives on health and nutrition**

More frequently than before, ~~H~~health is being ~~more frequently~~ broadly viewed from the perspective of body and spirit, while taking individual, social and community circumstances into consideration. Health should be viewed from a~~How a person does or does not function needs to be put into~~ context with various environmental factors that are all interconnected.~~,~~ ~~and h~~Healthcare professionals need to take these environmental factors into account[8]. This holistic approach is inherent to the IBCLC profession as the success or failure of breastfeeding is often (partly) influenced by such external factors. The study of lactation encourages one to have a broad outlook and an open attitude towards the interaction between individual, social and community aspects.

Met opmerkingen [MV-K36]: Altered sequence for easier reading.

* **The changing role of the healthcare recipient**

The focus of the healthcare system is shifting from ~~having~~ citizens who are 'healthcare consumers'~~being treated~~, to citizens who are supposed to take~~themselves taking~~ responsibility for (managing) their own health[9]. They do this by living 'well and healthily', but also by ensuring that they are well informed about health issues[10]. An IBCLC, being aware of this need, stands by the mother or partner and applies their~~her/his~~ expertise within a respectful collaboration with the parents to support them in realizing their wishes and goals. This attitude forms the basis of the training and the tasks that IBCLCs perform.

Met opmerkingen [MV-K37]: As mentioned before: gender-neutral wording.

[8] De nieuwe zorgprofessional (The New Healthcare Professional), 2011.
[9] See: Perspectief op Gezondheid 20/20 (RVZ 2010a) and Gezondheid 2.0: u bent aan zet (RVZ, 2010b).
[10] De nieuwe zorgprofessional, 2011.

SECTION 2

Description of roles and competency standards in accordance with CanMEDS

In the lactation consultant professional profile, the CanMEDS (Canadian Medical Education Directions for Specialists) framework for outlining roles and competency standards has been adopted. The CanMEDS framework is a reference point for all medical continuing education in the European Union. In the CanMEDS model, seven roles or competency standards are defined:

1. Medical Expert: the IBCLC as a healthcare professional;
2. Communicator: the IBCLC as a communicator;
3. Collaborator: the IBCLC as a collaborator;
4. Scholar: the IBCLC as a reflective professional and practical researcher;
5. Health Advocate: the IBCLC as an advocate for health and well-being;
6. Professional: the IBCLC as a professional
7. Leader: the IBCLC as a leader and organizer.

The seven roles are inextricably connected. The core of the IBCLC's professional practice is to be the medical expert, and all other roles are influenced by this. In describing the roles, we have made a number of practical decisions when it comes to the classification of competencies within the various task parameters. These decisions have been made to avoid the competencies being repeated numerous times in several related sections of the document.

The Medical Expert role is at the heart of the CanMEDS framework. The most important task for an IBCLC is offering support and 'holding space' for nature's self-healing capacity, and respecting the biological blueprint of the mother-baby dyad. When medical interventions are necessary, the IBCLC is the medical breastfeeding expert. This role has a direct link with the Communicator role because it demonstrates the behaviour that can be observed when the IBCLC offers guidance and support to the mother/partner and child. The Collaboration and Leader roles are also strongly linked and are framed as being important prerequisites for the delivery of optimal guidance and support. The competency standards that fall under the role of Health Advocate are described on individual, regional and global levels. We outline the roles of Scholar and Professional in regards to the professional development training undertaken and scientific knowledge obtained, as well as the professionalization of the IBCLC in clinical practice. The specific professional knowledge that an IBCLC requires is included in the Medical Expert role description. Not every IBCLC will (be able to) develop the same competencies for all roles, because the individual work settings are strongly varied.

Met opmerkingen [MV-K38]: We have added this 'disclaimer' to prevent coming across as too pretentious and creating expectation patterns that are not realistic and might cause disappointments or complaints if not met.

Role 1

Medical Expert

Description

The Medical Expert is the central role of the IBCLC and to be able to adequately fulfill it, the IBCLC must combine all the other roles outlined in this section. As a Medical Expert, she integrates her professional knowledge, skills and bedside manner to provide methodical and focused guidance and support to the breastfeeding mother/partner and child. She is *the* expert in this field. In this role, the IBCLC's opinions and advice are also sought after by doctors, midwives, obstetricians, medical nurses, maternity nurses and other healthcare professionals involved, regardless of whether they are working in a multidisciplinary capacity or not (see Role 3: 'Collaborator').

The clinical treatment includes all tasks that the IBCLC performs in response to questions regarding breastfeeding-related problems. She carries out these tasks with clients who fall under the following classifications:

* pregnant women;
* women who have experienced a normal delivery and normal postnatal recovery;
* women and/or children who have experienced a delivery/birth with complications;
* mothers and healthy children aged between 0 and 4;
* premature children;
* sick children;
* sick mothers;
* children experiencing congenital anomalies;
* children experiencing developmental disorders.

Met opmerkingen [MV-K39]: Acknowledges the process as having an impact on the child as an active participant: 'delivery' is written from the mother's perspective, 'birth' from the baby's.

Within various organizational contexts as well as independently, the IBCLC enters into a professional relationship with mother/partner and child. This relationship involves an integral guidance process: recording the mother's/partner's queries, difficulties, wishes and needs; analyzing the situation at hand, including pregnancy, the birthing process and early postpartum period; making a clear lactational differential diagnosis; drawing up a feeding plan in collaboration with mother/partner and if necessary, with other healthcare professionals; evaluating the feeding plan and making adjustments where necessary; and concluding the professional guidance relationship.

The Lactation Consultant IBCLC chooses evidence-based or context based[11] best practice interventions that are consistent with the lactational differential diagnosis, while taking into account the interest of the child and the wishes of the mother. The IBCLC uses current and professionally appropriate methods, techniques, protocols, and guidelines. The intervention may consist of guidance, advice, education, coaching, information, and/or counselling. The Lactation Consultant

[11] Raad voor Volksgezondheid en Samenleving (2017), Zonder context geen bewijs. Over de illusie van evidence-based practice. https://www.zonmw.nl/nl/actueel/nieuws/detail/item/zonder-context-geen-bewijs/

IBCLC anticipates changes to the situation and, if necessary, adjusts her planned approach, clearly outlines the treatment advice, and when needed, does this in consultation with other healthcare professionals who care for mother and child, and makes clear arrangements about this. If necessary, the IBCLC will arrange a follow-up consultation or facilitates aftercare.

The Lactation Consultant IBCLC independently monitors the parameters of their own competence and the effects of their clinical care. In case lactation support and guidance for mother and child exceed their own expertise, the IBCLC will refer to and/or consult other healthcare professionals.

Met opmerkingen [MV-K40]: In this section, the sequence was changed somewhat (so this is not new, but a shift from further below) and the text was again made gender-neutral (with 'she' for the IBCLC being eliminated).

Met opmerkingen [MV-K41]: Again: gender-neutral now.

The IBCLC's tasks when offering direct guidance and support, relate to the following core elements:

* To support and encourage the ~~mother~~parents and society as a whole to ~~have the~~gain insight into the biological blueprint of the baby and in the baby's physical, psychological, immunological and nutritional needs and the behaviour related to them;
* To support and encourage the mother in her own ability to breastfeed her child;
* To support and encourage the mother to develop her breastfeeding skills;
* To support and encourage the child to show and develop the skills needed to feed effectively at the breast, requiring the IBCLC or others to not disturb this innate capability;
* To increase parents' understanding of the physical, psychological and social effects of breastfeeding and breastmilk on the health and development of the child;
* To increase the understanding and skills of the mother to stimulate and maintain breastmilk production when her baby does not feed directly from the breast;
* To encourage mothers to consider and realize the possibility of combining ~~work~~tasks outside the home with ~~and~~ the breastfeeding relationship.

Met opmerkingen [MV-K42]: Seeing we consider this the basis for lactation care, we have added this aspect, in line with the aforementioned Biological Blueprint.

Met opmerkingen [MV-K43]: This wording was changed in line with the previous explanation about this on the difference between 'work' and 'mother-baby separation'.

~~The IBCLC selects interventions that are consistent with the diagnosis, that take the interests of the child and the wishes of the mother into consideration, and that are evidence based or based on best practice. She uses professionally appropriate and current methods, techniques, protocols and guidelines. The intervention may consist of guidance, advice, education, coaching, information and/or counselling. The IBCLC anticipates changes to the situation, adjusts the approach if necessary and clearly outlines the treatment advice, and when needed, does this in consultation with other healthcare professionals who care for mother and child. She will also arrange a follow-up consultation or after care if necessary.~~

The IBCLC independently monitors the parameters of her competence and the effects of her clinical care. If the necessary support and guidance of the mother and child in relation to breastfeeding exceeds her expertise, she will refer and/or consult other healthcare professionals.

The IBCLC's professional knowledge

The IBCLC has general as well as specific lactation and breastfeeding-related knowledge[12]. The following list is not all-encompassing, but illustrative of the breadth of knowledge she possesses:

Medical:

* Anatomy
  - The breast and the infant oral anatomy~~.~~
* Physiology and Endocrinology
  - The development of the breast and lactogenesis; endocrine/autocrine (hormonal) control of milk supply; the healthy development of the young child and the conditions necessary to achieve this~~.~~
* Nutrition and Biochemistry
  - Synthesis and composition of breastmilk and its significance to the baby~~.~~
* Immunology and infectious diseases
  - Immune factors of breastmilk for mother and child~~.~~
* Pathology
  - All breastfeeding-relevant factors regarding mother and child~~.~~
* Pharmacology and toxicology
  - Medication, drugs and environmental contaminants~~.~~

Psychological and social:

* Psychology
  - Mother-child bonding and counselling~~.~~
* Sociology
  - The effect of socio-economic issues~~.~~
* Anthropology
  - Cultural and societal aspects of~~beliefs and practices regarding~~ breastfeeding.
* Legislation and ethics
  - National legislation and the International Code of Marketing of Breastmilk Substitutes (WHO Code).
* Public health

Research and development:

* New developments in the field~~;~~
* Interpretation of the scientific literature~~;~~
* Contributions to scientific research~~;~~
* Multidisciplinary guidelines~~.~~

Techniques:

* Latching
  - Correct positioning and latching, resolving problems and the role of the baby~~.~~
* Feeding
  - Normal physiological feeding techniques and deviations from this~~;~~

[12] For a complete overview, see Appendix 6, Detailed Content Outline. Special note: depending on the work setting, knowledge in a specific role or field may be less or more thorough.
S~~ee Appendix 6 for the IBLCE Examination Blueprint~~.

- Assessing transfer of breastmilk.
* Breastfeeding management
- Frequency and duration of feeds, rooming-in and normal feeding patterns.
* Milk supply
- Establishing and maintaining milk production, Eexpressing, storing and offering breastmilk.
* Breastfeeding equipment and devices
- Breast pumps and nipple shields.

The IBCLC is able to[13]:

* adjust the support that a mother and child require to correspond with the demand and need;
* draw the correct conclusions in relation to breastfeeding and the mother/partner's questions on the basis of a complete anamnesis and analysis of the mother and child's situation;
* make a lactational differential diagnosis;
* convert conclusions into a concrete feeding plan for mother and child;
* take responsibility, together with the mother/parents, for the feeding plan;
* carry out diagnostic, therapeutic and preventative intervention methods and take into account those of other healthcare professionals;
* apply new methods and practices on the basis of scientific and practically trialed (evidence and practice-based) insights into breastfeeding;
* when necessary and substantiated, deviate from guidelines and protocols after consideration and consultation have taken place;
* identify complications and act accordingly;
* continue to perform under pressure in order to be able to guarantee the support to mother and child;
* take responsibility for the results of the clinical treatment given and for the result of the support offered on the whole;
* provide or arrange after-care;
* align the mother's and child's breastfeeding goals with the support received from other healthcare professionals and strive towards common agreements in regards to these.

[13] See Appendix 7 for the complete explanation of the Clinical Competencies.

Role 2

Communicator

Description

As a Communicator, her communication includes all forms of dialogue between the IBCLC ~~herself~~, the mother/child/partner and other healthcare professionals who work in the field of breastfeeding. ~~S~~The IBCLC clearly and transparently communicates verbally and non-verbally and in written form from the perspective of the mother/partner and child, ensuring a conscientious joint decision-making process, to therefore guarantee the quality of breastfeeding care and support.

The tasks within the role of communicator are essential for building and maintaining a positive relationship with the mother/child/partner that is based on trust and achieves optimal results. The IBCLC communicates with the parents and when necessary, with other healthcare professionals regarding breastfeeding and the resulting impact on the development of the child. In the case of difficulties, the IBCLC will clearly communicate ~~her~~the lactational differential diagnosis, the feeding plan and possible alternatives so that parents can make a decision on the basis of the information given. Based on trust and respect, ~~T~~the IBCLC coaches and supports the mother/child/partner and other parties involved by providing information, advice and instruction on breastfeeding. ~~S~~The Lactation Consultant IBCLC therefore uses current information and communication tools to help parents seek reliable and appropriate (online) information about breastfeeding. The IBCLC also ensures adequate reporting and transfer of personal data.

The IBCLC~~'s~~ has professional knowledge about~~includes~~:

* the forms of information and communication tools that are important for providing adequate support and guidance to mother/child/partner;
* the most important (motivating) conversation techniques and the different levels of communication;
* various methods of influencing behaviour;
* laws and regulations on personal data transfer;
* ~~various methods of influencing behavior;~~
* current developments within ICT in relation to breastfeeding.

The IBCLC is able to:

* create an open and constructive rapport with the (prospective) mother/child/partner and other involved healthcare professionals;
* establish a relationship of trust, respect and cooperation with the (prospective) mother/partner;
* motivate the (prospective) mother to breastfeed and utilize motivational conversational techniques such as ~~effe~~active listening, encouragements, asking questions and summarizing;
* create a safe learning environment for mother/partner;

Met opmerkingen [MV-K44]: Again: gender-neutral.

Met opmerkingen [MV-K45]: We have used this wording throughout, in line with the effort to not make the bullet lists too pretentious and also to make it grammatically correct. (Here, for example, one cannot really say: 'The knowledge includes (…) laws/developments'. The IBCLC has knowledge ABOUT these topics.

Met opmerkingen [MV-K46]: This is the correct term, based on the work of Thomas Gordon.

* empathize with the mother/child/partner and respect diversity factors such as age, ethnic/cultural background, physical and emotional experiences, language proficiency and level of knowledge and understanding;
* adapt advice, information and instruction to the situation of the (prospective) mother/partner and/or other healthcare professionals, and thereby utilize current communication techniques;
* systematically verify whether information is well understood;
* assess the impact of ~~her~~their personal verbal and non-verbal communication;
* report in clear language and document the mother-child situation according to agreed procedures and practices;
* be open for client feedback and to participate in constructive peer review;
* relate to the questions that other healthcare professionals may have about breastfeeding and know how to convince them of the importance and significance of breastfeeding;
* convert advice, information and instruction into everyday language to enable mother/partner to make their own decisions;
* professionally utilize information and communications technology (ICT);
* act as a mediator in the event of a communication breakdown in regards to breastfeeding between mother/partner and other involved healthcare professionals.

Role 3

Collaborator

Description

Within the Collaborator role, the IBCLC works as an independent professional. ~~S~~The IBCLC participates in relevant clinical consultations and partnerships, acts as a point of contact and forms an important link between all parties involved in the maternal and child healthcare system in relation to breastfeeding. Basic knowledge about breastfeeding is necessary for all healthcare professionals working in the maternal and child healthcare system such as doctors, midwives, obstetricians, nurses and maternity nurses. As healthcare professionals, they determine the quality of the breastfeeding care a mother receives by creating 'holding space', supporting self-confidence, and offering encouragement to the mother about her primal ability to breastfeed and in the innate capacity of her baby to breastfeed. On the one hand, it is important to take~~taking~~ appropriate, well-substantiated action in the early stages and thereby maximizing the chances for a successful breastfeeding relationship~~s~~, and on the other to not interfere too soon, seeing the risk of disturbing the sensitive natural process~~uccess rate~~. Clear arrangements about the use of each other's expertise as well as coordination of breastfeeding guidance and support for mother and child is therefore essential. It assists parents with their decision-making.

The IBCLC plays an educative, coaching and instructive role for individuals or teams of healthcare professionals who may have queries about and difficulties with breastfeeding. ~~S~~The Lactation Consultant IBCLC has the task ~~whether solicited or not~~ of training, advising and supporting other healthcare professionals to care for mother and child by:

* acquiring knowledge about breastfeeding and the effects of breastfeeding on the health and development of the child and the mother;
* acquiring knowledge about the role of breastfeeding with regards to the social and emotional development of the child, the mother, and the mother-child bond;
* acquiring knowledge and learning practical skills to support mothers breastfeed and learn when and how to use which breastfeeding aids;
* preventing, recognizing and contributing to resolving difficulties that may arise while the mother is breastfeeding;
* supporting the mother/partner and child in special and complex circumstances;
* taking action if the cooperation between healthcare professionals regarding breastfeeding stagnates and subsequently guiding them to a positive outcome;
* referring patients and ensuring an adequate patient transfer when the care demanded from the mother and child exceeds her own professional expertise;
* monitoring the continuity and quality of breastfeeding practices in the given situation.

The IBCLC~~'s~~ has professional knowledge about~~includes~~:

* the scope of her own expertise and the expertise of professional partners;

Met opmerkingen [MV-K47]: This was added to make the reader aware of the fact that it is not only the baby who develops. It is most certainly also the mother.
An important aspect of the early perinatal stages is what is called 'liminality' in anthropology. Liminality is about the 'no-man's-land'-period one goes through when transitioning from one social role to the other without social order itself being changed. Examples: Becoming a student after high school does not change society, but changes your social environment and position nevertheless. The same goes for becoming a 'pensionado' after a long working life, becoming a husband or wife after having been single, becoming an employee after studying. And of course, it also applies to becoming a mother after having been an adult and independent woman.
Main characteristics of liminality are insecurity, uncertainty, special rights, special obligations. There is a 'danger' in this stage for society: how will this person take up the new role… acknowledging the 'rules' or 'escaping' from them or disputing them? All of this requires 'transformative learning' in the one in liminality. It is a 'red thread' through our lives, going through liminal stages, but many western societies lack the 'rites de passage', the transition rituals that help facilitate such a process both for the liminal person and for the society they return back to.

Met opmerkingen [MV-K48]: In line with earlier remarks: it is not the IBCLC who solves the problem, but the mother/parents. The IBCLC can contribute to the solution by providing her knowledge and expertise, but parental autonomy means that *they* are in the lead.
Consistently emphasising parental autonomy also helps to prevent medicalisation and 'power abuse' by the healthcare professional.

Met opmerkingen [MV-K49]: This has to be added, while otherwise the sentence grammatically says that the IBCLC is breastfeeding. 😉

* the healthcare chain processes and the procedures within her own region and organization;
* networks within and outside of her own professional setting;
* collaboration and team processes;
* current healthcare standards and their subsequent guidelines;
* varying opinions on collaboration and current healthcare standards and subsequent guidelines;
* (potential) professional partners beyond the healthcare system;
* efficient reporting and personal data transfer, including the use of ICT and the legislation and regulations relevant to this;
* referrals and interdisciplinary cooperation.

The IBCLC is able to:

* comprehend, ~~and~~ address, and answer queries that other healthcare professionals may have about breastfeeding;
* formulate clear goals for these professionals in training activities;
* develop and implement plans for information sessions and/or educational training units for other healthcare professionals;
* evaluate the results of training activities and identify points for improvement;
* act as a work and/or clinical supervisor when inducting new IBCLCs;
* allocate tasks in a responsible manner and refer to other healthcare professionals (internally and/or externally);
* negotiate with all parties involved about the interests of mother and child in relation to breastfeeding;
* identify obstacles in the collaborations with other healthcare professionals in relation to breastfeeding and allow them to be discussed;
* oversee the scope of their own professional expertise and the expertise of other professional partners;
* convincingly assert ~~her~~themself as an independent lactation specialist within clinical consultations and collaborations;
* be a vital link and point of contact for all healthcare professionals involved in the care of mother and child in terms of breastfeeding;
* effectively participate in consultations with an open and collegial attitude within teams made up of various professionals;
* take different views and opinions on breastfeeding into account.

Role 4

Scholar

Description

The role of Scholar is characterized by the IBCLC's ambition to optimize ~~her~~personal professional knowledge and skills. The IBCLC continually follows the latest scientific developments and identifies pertinent evidence for their field. ~~S~~The IBCLC translates scientific evidence into their own profession and promotes its application in ~~her~~ clinical practice. In using evidence-based information, the IBCLC utilizes (scientifically) proven insights, methodologies and interventions. ~~S~~The IBCLC initiates or conducts (multidisciplinary) research into the effects of breastfeeding for example, or takes part in other breastfeeding related research activities overseen by other parties. ~~S~~The IBCLC collaborates and contributes to the development of multidisciplinary guidelines and protocols, ~~as well as publishing her own~~ and ~~assisting others~~can contribute to ~~with~~ (scientific) scholarly publications.

The IBCLC acquires, shares and promotes breastfeeding knowledge and expertise with (future) colleagues and other healthcare professionals who are involved in the care of mother and child. The IBCLC also plays an active role in training future healthcare professionals. ~~S~~The IBCLC regularly takes part in scholarly activities to develop ~~her~~ field-specific (clinical) knowledge as well as other knowledge areas, consequently meeting the requirements set by the IBLCE. ~~S~~The IBCLC therefore also evaluates the quality of their care by engaging in collaborative peer review with IBCLC colleagues and/or other healthcare professionals with whom ~~s~~they provide~~s~~ breastfeeding care.

The IBCLC~~'s~~ has professional knowledge about~~includes~~:

* workplace training, teaching and guidance strategies, and coaching;
* the principles of evidence-based and context-based practice and professional development;
* the principles of best practice;
* a range of research methodologies and how to execute (multidisciplinary) research;
* Evidence Based Guideline Development;
* epidemiology;
* procedures relating to peer evaluation;
* current themes and developments in their own field;
* applications of professional development and knowledge sharing;
* reflection principles on all aspects of practice;
* use of equipment and technology;
* development and implementation of clinical protocols.

The IBCLC is able to:

* actively monitor relevant scientific developments in their own field and related fields through literature, (national and international) conferences, symposiums, the Internet etc.;

* analyze and interpret the results of epidemiological research;
* assess whether newly documented (scientific) concepts, approaches and methods are applicable to their own professional practice;
* integrate critically appraised (evidence-based) research into clinical practice;
* outline and present new research to parents, other involved healthcare professionals and national bodies that play an important role in the promotion of breastfeeding within the country of profession and abroad;
* translate national and international research outcomes on lactational practice to lactation education and therefore implement new approaches, new interventions, practical guidelines and protocols;
* integrate everyday practice into the development of knowledge and research into breastfeeding, specifically into the effects of breastfeeding onto the growth and development of children under normal conditions as well as those experiencing complications;
* critically evaluate the integrity, reliability and applicability of breastfeeding related literature and educational material (also on the Internet);
* identify knowledge gaps and recognize trends in lactation-specific healthcare that lend themselves to further research and collect structured data on this;
* translate clinical problems in professional practice into focused research questions and develop research methods to address these;
* acquire the means to promote research into the effects of breastfeeding and subsequently promote the role of the IBCLC;
* collaborate on and conduct practical (scientific) research on lactation support, write (scientific) articles, oversee (scientific) discussions and contribute to the lifelong learning climate within healthcare institutions and organizations;
* organize and participate in case studies as well as clinical lessons in relation to breastfeeding in order to promote the expertise of the multidisciplinary team;
* implement various tools to standardize mother-child breastfeeding support and guidance in order to make this information easy to communicate;
* participate as an expert in the development of quality breastfeeding education for IBCLCs as well as other professionals involved in the care of mother and child, and take up the tasks that belong to supervision and intervision.

Role 5

Health Advocate

Description

The core professional competency within this role is the social responsibility that an IBCLC holds. The IBWCLC defends the interests of (future) parents and their children in relation to breastfeeding and breastmilk, and is aware of social and cultural factors that may influence these interests as well as the care received in general. She initiates and participates in social discussions about breastfeeding and the importance of breastmilk, and encourages other involved healthcare professionals, healthcare institutions, patient groups and/or the government to participate, while always remaining within the WHO guidelines.

~~The IBCLC is responsible for promoting a healthy lifestyle and responsible for influencing (future) mothers' behavior in relation to breastfeeding in general, and as critical consumers.~~ From their own field of expertise, the IBCLC identifies preventable health risks such as those specific to the individual that could jeopardize the development of the child as well as those specified at the organizational and social level. ~~S~~Wherever possible, the IBCLC takes the initiative to influence this at all levels. Furthermore, the IBCLC follows statements from various media outlets about opinions, trends and developments in regards to their professional field.

Met opmerkingen [MV-K50]: This sentence was deleted as it was considered too pretentious and problematic in relation to client autonomy. It is also hard to achieve anyway.

The IBCLC~~'s~~ has professional knowledge about~~includes~~:

* national and international healthcare systems and policies on breastfeeding;
* lifestyle and behaviour and ways to influence behaviour;
* cultures and culture-related views on health, illness and healthcare;
* epidemiology;
* prevention and health education as well as health and behavioural determinants;
* social trends within target groups;
* legal and regulatory quality requirements;
* (professional) ethical and legal/judicial factors;
* medical-ethical, judicial and social developments.

The IBCLC is able to:

* act in accordance with applicable legislation;
* act in accordance with the WHO Code and the ILCA Code of Ethics;
* represent the interests of mother/child/partner;
* take appropriate measures in the interests of mother and child in the event of an incident and inform them of relevant complaint procedures;
* develop and implement interventions and policies aimed at individual and collective prevention as well as health education;
* convey their views on quality lactation-related healthcare.
* collaborate and develop proposals for essential breastfeeding programs;

* support and strengthen national and international campaigns for the promotion of breastfeeding ~~in the Netherlands~~;
* identify health risks on an individual, organizational and social level;
* collect data in a broad context in regards to early signaling and risk assessment;
* pay attention to safe healthcare and home environments for mother and child in regular and vulnerable situations;
* follow current social and political developments and discussions about breastfeeding;
* utilize organizational, policy and management structures on lactational support and guidance at a national, regional and local level as well as within their own organization;
* collaborate and assess change management processes in terms of the improvement of lactational support, including its quality, accessibility and availability.

Met opmerkingen [MV-K51]: Not relevant for colleagues elsewhere! 😉

Role 6

Professional

Description

Within the role of Professional, the IBCLC develops and maintains their own professional position in the guidance and support for the breastfeeding mother/partner and child. Being a part of a specialized occupation, the IBCLC~~she~~ works in various professional situations and is able to demonstrate the value of the lactation-related contribution within the mother-child healthcare system. The IBCLC provides support and guidance based on scientifically proven information and examines pertinent guidelines and protocols in relation to this scientific knowledge. The IBCLC ~~She~~ systematically performs personal and professional self-reflection on ~~her~~their interaction with mother/partner as well as on collaboration with colleagues and other health professionals who work with mother and child. ~~S~~The IBCLC links this to the commitment to excellence in clinical practice and will therefore adapt and/or develops new breastfeeding policies. The IBCLC operates within the constraints of the lactation profession and competencies as described in IBLCE's Detailed Content Outline~~The IBCLC works within the constraints of her own field and competencies~~ and establishes clear agreements with other healthcare professionals about the division of tasks, responsibilities and leadership. The IBCLC works cost-consciously, transparently and is accountable for their own professional actions. ~~S~~The IBCLC has an innovative and initiative-oriented professional attitude and is an active member of professional breastfeeding networks.

The IBCLC~~'s~~ has professional knowledge about~~includes~~:

* quality healthcare frameworks;
* professional standards and current guidelines and protocols;
* current scientific observations within their field of expertise;
* the profession's vision for quality healthcare and the role that the IBCLC plays to achieve this;
* the roles of national and international professional organizations and groups;
* the awareness of their own norms and values and those of the profession as a whole;
* the awareness of boundaries of their professional role~~between personal and professional priorities~~.

The IBCLC is able to:

* find an appropriate balance between professional involvement and distance~~performance and personal well being~~;
* exhibit appropriate professional behaviour in clinical practice including respect for diversity and taking into account the ethical codes of conduct;
* ~~abide by~~respect and critically reflect on the professional codes of practice and protocols that belong to their functional ~~in order to ensure professional~~ responsibility;
* systematically and critically perform professional self-reflection and subsequently take responsibility for ~~her~~ gaps in personal knowledge;

Met opmerkingen [MV-K52]: As before: gender-neutral.

Met opmerkingen [MV-K53]: This is quite a substantial alteration. We wanted to emphasise that the IBCLC has a responsibility to check whether these guidelines and protocols actually confer with a scientific evidence base. In healthcare, many official documents still contain instructions with regard to breastfeeding that are counter-productive or even squarely in contradiction with the evidence that we do have available.
Additionally, the core of Evidence Based Medicine is not simply to work from an evidence-based perspective, but most certainly also from a context-based/context-specific attitude, as mentioned in the Introduction.

Met opmerkingen [MV-K54]: The DCO has already been added earlier in the document and is mentioned here as well, so that it is clear that the constraints are not as narrow as is often thought to be the case.

Met opmerkingen [MV-K55]: This seemed to be too much about the IBCLC, instead of on how to behave towards a client.

Met opmerkingen [MV-K56]: Same here as before: blindly following protocols, as outdated as they may be, seems not to be in the interest of the mother-bay dyad (as mentioned before: 'Primum non nocere', 'First do no harm'), so more nuance was introduced.

* openly discuss their ~~own personal well-being and~~ professional performance;
* distinguish their own expertise from that of other healthcare professionals and, with due regard for their own professionalism, manage any limitations carefully ~~with flexibility~~;
* determine their learning ~~needs gaps in her knowledge~~ through self-reflection and subsequently participate in systematically expanding their expertise after which ~~she~~they evaluate~~s~~ the professional development's effectiveness;
* develop and maintain an individualized professional development plan;
* manage their responsibilities as an independent practitioner;
* participate effectively in peer review;
* perform a clear analysis of the advantages and necessities of healthcare professionalization in general as well as the professionalization of the breastfeeding support for mother and child;
* provide a clear picture of the profession's development possibilities and outline the training strategies to achieve these;
* represent and ascertain the role and profile of their own profession within their healthcare institution.

Met opmerkingen [MV-K57]: We felt that when writing a professional profile, the text should be about professional performance, not personal behaviour.

Met opmerkingen [MV-K58]: It seemed strange, 'with flexibility', as if one can bend the rules to their own liking. This has therefore been altered to 'carefully'.

Met opmerkingen [MV-K59]: This is actually what the Dutch version says, 'learning needs', so rather speak about needs than about gaps, because needs are to be honoured, where gaps are more likely to create an atmosphere of blaming and shaming, which, in general, is not very helpful.

Role 7

Leader

Description

For this role, the core competency is the goal-oriented organization of support and guidance that the breastfeeding mother and child receive. The IBCLC works as an independent professional with their own clinical responsibility in primary, secondary and tertiary care. Within the various healthcare contexts, ~~she~~the IBCLC takes the healthcare-specific financial, economic and commercial interests into consideration as well as the tasks and activities that colleagues, other involved healthcare professionals and institutions undertake. As an IBCLC, ~~she has~~they have an organizational role in relation to the support of the breastfeeding mother and child. ~~She~~They maintain~~s~~ their knowledge of the developments in this area, estimate~~s~~ the complexity hereof and search~~es~~ independently or together with other healthcare professionals for solutions. ~~She~~The IBCLC handles materials and resources responsibly.

Met opmerkingen [MV-K60]: In the new Dutch version, we changed 'treatment responsibility' to 'support and guidance responsibility', but I notice that in English this is not an issue, as 'clinical' is more general.
What we wanted to emphasise, is that we do not primarily treat, but guide and support, as 'treatment'-like wordings can instill a sense of medicalisation, which we have tried to avoid throughout the document.
This wording also leaves more room for client/parental autonomy: being guided is different from being treated, which can have an overtone of 'objectification', turning the client into an object to whom the treatment is done.

The IBCLC's responsibilities in regard to the support of breastfeeding within healthcare organizations relate primarily to the following:

* the collaborative development of breastfeeding-friendly policies within an organization (on-site and off-site);
* ensuring the application and implementation of these policies in their own work setting;
* the collaborative development of quality management policies based on the expertise of the IBCLC;
* advising an institution's management team on the quality management policies regarding breastfeeding;
* developing an action plan for the institution in order to implement direct breastfeeding support to mother and child;
* monitoring the compliance with the WHO Code within the healthcare institution.

The IBCLC monitors how the offered support and guidance is managed. ~~She~~They identify~~ies~~ and report~~s~~ errors and incidents and subsequently report~~s~~ on ways to improve the breastfeeding support to mother and child. As an independent IBCLC, ~~she~~they establish~~es~~ their own practice by developing a business plan of substance, which includes financial and legal aspects. In the management and coordination of the support, the IBCLC applies current information and communication technologies (ICT).

The IBCLC~~'s~~ has professional knowledge about~~includes~~:

* the legal frameworks in regard to duty of care that apply within the healthcare sector, which consequently compel them~~her~~ to perform professional responsibilities within these parameters;
* the allocation of healthcare resources and cost-effectiveness;
* entrepreneurship and independent practice management;
* macro-economic developments and methods of financing the healthcare system (public and private);

* various forms of organizational structure in addition to organizational studies principles;
* business management and commercial conduct;
* organizational culture and structure as well as other factors that could potentially influence strategy within organizations;
* organizational policy in relation to breastfeeding;
* the guidelines for primary and secondary care interventions to support breastfeeding in the European countries
* the 'Ten Steps to Successful Breastfeeding' (WHO/UNICEF);
* the 'Seven Steps to Supporting Breastfeeding in the JGZ (Maternal and Child Healthcare)';
* the healthcare chain and (professional) peer network;
* the application of modern information and communication technologies (ICT);
* the Blueprint for Action in regards to breastfeeding in Europe.

Met opmerkingen [MV-K61]: Check with the exact names of the edited Appendices.

The IBCLC is able to:

* develop effective strategies with clear objectives, priorities and actions in relation to time and resources;
* prioritize and execute their own professional duties in collaboration with other healthcare professionals;
* formulate clear breastfeeding policy objectives and advice for individual healthcare professionals and groups of healthcare professionals in a multidisciplinary context;
* participate in healthcare professional focus groups to establish and develop breastfeeding policy;
* develop quality improvement proposals for breastfeeding policy within the institution;
* coordinate the support of the breastfeeding mother and child between disciplines and organizations and ensure their continuity;
* obtain relevant commercial, legal and taxation information in order to establish a private practice;
* analyze the quality of their own clinical practice, identify areas for improvement and subsequently set priorities, determine appropriate action and implement the strategy;
* supply information and negotiate agreements with healthcare insurers.

APPENDICES

Appendix 1

History of the IBCLC Lactation Consultant Profession in the European Union

The lactation consultant profession has a relatively short history in Europe. Traditionally, breastfeeding knowledge and skills were being passed on from mother to daughter and midwives were accompanying and supporting women through pregnancy, birth and breastfeeding, such that the healthcare system did not consider it as one of its primary duties.

Due to infant formula taking preference over breastfeeding for more than half a century, society's knowledge of breastfeeding has now been threatened. Not only is infant formula being strongly promoted as a legitimate option by the formula companies, but infant formula is also being represented as an equally appropriate alternative for breastfeeding by the healthcare system. Albeit unintentional, breastfeeding will often be unsuccessful in the first few weeks due to an absence of good examples among acquaintances, as well as a lack of support at ground level. Consequently, ~~M~~many women will ~~consequently~~ then switch to infant formula. Due to ~~T~~these factors, as well as the medicalisation~~odernization~~ of birth practices, mothers received little or incorrect advice on breastfeeding, resulting in very low breastfeeding rates[14].

As a response to this trend, that was threatening ~~trend to~~ breastfeeding and its positive lifelong influence, volunteer mother-to-mother-support organizations, such as La Leche League and Breastfeeding Mothers in Australia, were actively taking a lead and supported the creation of the IBCLC credential for members of the health care team, the primary source of help for mothers around birth.

The International Board of Lactation Consultant Examiners® (IBLCE®) was founded in 1985 with the aim to promote, support and protect breastfeeding by creating a professional certification for professionals who work with breastfeeding families. The International Board Certified Lactation Consultant® (IBCLC®) certification was created to establish an international professional standard to protect the public and to demonstrate possession of the essential knowledge and skills to empower breastfeeding families.

[14] Eden, A (2003), "The Professionalization and practice of lactation consulting: medicalized knowledge, humanistic care" PhD Thesis, University of South Florida

Met opmerkingen [MV-K62]: It seems that 'modernization' has a positive connotation in the sense of 'making things better', 'doing away with old-fashioned methods'. Reading the text, it seems that 'medicalisation' is what is actually meant: it has become more medical, away from the female domain. This is a factual description that allows for the inclusion of the negative aspects of the move away from physiological, unmedicated birth.

Met opmerkingen [MV-K63]: Was a hard to read sentence; seeing we have so many members whose primary language is not English, it seems good to write in a very accessible way, to make understanding easy and misunderstanding unlikely.

IBLCE administered its first exam in 1985 for 250 candidates from the U.S., Canada and Australia. In 1987, a handful of candidates from Europe sat the IBCLC examination when IBLCE offered the first translation of the exam in German. Soon after, the need for further translations of the exam became apparent. In the ~~years~~ following years, French, Dutch, Spanish, Portuguese, Italian, Polish, Hungarian, Croatian and Slovenian ~~have been~~were added. To date, candidates can choose among 17 examination languages, also including Danish, Greek, Japanese, Chinese Traditional, Korean and Indonesian.

Current prerequisites for the admission to the examination include knowledge in health science subjects, 90 hours of lactation specific education and, depending upon the selected pathway, 300-1000 hours of clinical experience in counselling breastfeeding families in a supervised setting in the 5 years prior to applying to the IBCLC examination. Candidates complete their education about breastfeeding and lactation in a variety of ways worldwide. Certification as an IBCLC currently includes the requirement for recertification every 5 years, either by completing 75 hours of continuing education or by re-sitting the IBCLC examination at 10-year intervals.

Met opmerkingen [MV-K64]: This way, it is more clear that 'complete' is a verb in this sentence.

Met opmerkingen [MV-K65]: Adjust to the latest rules!

After the creation of the IBCLC certification program, professional associations for IBCLCs were founded across Europe and around the world. These associations provide a forum for continued learning and professional exchange among its certified members by organizing conferences, seminars and meetings. In Europe, ELACTA, European Lactation Consultants Alliance, serves as an umbrella organization for 21 national associations. The Association of European Lactation Consultants (VELB - Verband europäischer Laktationsberaterinnen) was founded in 1987 and became ELACTA in 2010. The first lactation training organized by VELB was held in 1992 and five years later VELB organized the first lactation conference in Europe.

As more and more individuals became certified, the IBCLC certification started to gain public and professional recognition among consumers and in the healthcare system as they benefitted from the knowledge and skills of professionals in lactation and breastfeeding care. In the European Union Blueprint for the Promotion of Breastfeeding in Europe (2008), the IBCLC credential was cited as a model of best practice for health professionals who counsel breastfeeding families. The IBCLC certification program holds the prestigious National Commission of Certifying Agencies (NCCA) accreditation, which is a mark of quality for certification programs. The IBCLC program has held this prestigious accreditation continuously since 1988. To earn the NCCA accreditation, a certification program must meet defined and objective standards pertaining to numerous aspects, including with respect to its examination. The IBCLC profession has had a code of professional conduct since 1996. With the help of computer-based testing, each year IBLCE certifies 3,000 new candidates from around the world. Currently there are over 30,000 IBCLCs in 108 countries, out of which 5,500 from almost all countries in Europe. The number of IBCLCs from Europe is steadily growing each year.

Met opmerkingen [MV-K66]: Check for latest figures.

The need for recognition of the IBCLC profession in Europe is thus becoming more and more crucial, as the number of well-trained professionals who go through this high standard process of certification rises and as the IBCLCs in Europe become involved in initiatives that (will once again) ~~i~~embed breastfeeding in society.

Met opmerkingen [MV-K67]: More common.

Appendix 2

Legal Limitations and Responsibilities within the Healthcare System

IBCLC lactation consultants are one of many professionals in a diverse healthcare system and the title IBCLC® is a registered Certification Mark.

Laws and guidelines within the healthcare system also apply to Lactation Consultants IBCLC ~~lactation consultants and lactation consultants after all~~, as they will only function within the professional scope that the legal system permits.

In this context, the statutes applicable for each country are important.

The IBCLC:

* ~~K~~knows the legal context within which ~~she/he~~they operate~~s~~;
* ~~A~~abides by the Code of Personal Conduct;
* ~~Đ~~discusses ~~her/his~~their recommended feeding plan with the healthcare professional who has the final legal and medical responsibility, unless the parents explicitly refuse to give their permission (deviation from this is only permitted in circumstances when there is exceptional reason for concern about mother and/or child);
* ~~I~~is explicitly clear to parents and other healthcare professionals about which role ~~she/he is~~they are working in at any given time when ~~s~~they also hold~~s~~ another professional title ~~that is 'BIG' registered~~, especially in regards to reserved procedures; certain procedures are not allowed in the IBCLC role (such as cutting a tongue tie), but might be allowed in e.g. a midwife's or a doctor's role.

Met opmerkingen [MV-K68]: This sentence was deleted from the Dutch version, as IBCLCs in the Netherlands do not necessarily have to report back to another healthcare provider or doctor, as they can operate independently. Parents sometimes explicitly state they do not want the IBCLC to report to other healthcare providers, because of problematic experiences or the lack of breastfeeding support they encountered.
(See explanation with Slide 8 for more thoughts, e.g. on power distance in a society.)

Appendix 3

Ten Steps to Successful Breastfeeding (WHO/UNICEF)

Every facility providing maternity services and care for newborn infants should:

1. have a written breastfeeding policy that is routinely communicated to all health care staff;
2. train all health care staff in skills necessary to implement this policy;
3. inform all pregnant women about the benefits and management of breastfeeding;
4. help mothers initiate breastfeeding within half an hour of birth;
5. show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants;
6. give newborn infants no food or drink other than breastmilk, unless medically indicated;
7. practice rooming-in - that is, allow mothers and infants to remain together 24 hours a day;
8. encourage breastfeeding on demand;
9. give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants;
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Appendix 4

Seven Steps to Supporting Breastfeeding in the Maternal and Child Healthcare

All maternal and child healthcare institutions are expected to ensure that:

1. they have a written breastfeeding policy that is communicated to all employees;
2. all healthcare staff learn the skills that are necessary to implement that policy;
3. all pregnant women are informed about the management of breastfeeding and its benefits;
4. women who breastfeed are encouraged and supported in order to prevent and resolve difficulties that may occur;
5. it is explained to women that the child generally will not need anything other than breastmilk for the first six months and that breastfeeding can be continued in combination with solids after this time for as long as the mother and child wish;
6. they provide information about the possible options of combining breastfeeding with work and study;
7. they maintain contact with other organizations and healthcare professionals so that they can subsequently refer the parents on to breastfeeding organizations for breastfeeding support.

Appendix 5

Scope of Practice for IBCLCs

Met opmerkingen [MV-K69]: Check for most recent version, depending on moment of integration in own national Professional Profile.

International Board Certified Lactation Consultant (IBCLC) certificants have demonstrated specialized knowledge and clinical expertise in breastfeeding and human lactation and are certified by the International Board of Lactation Consultant Examiners (IBLCE).

This Scope of Practice encompasses the activities for which IBCLC certificants are educated and in which they are authorized to engage. The aim of this Scope of Practice is to protect the public by promoting that all IBCLC certificants provide safe, competent and evidence- based care. As this is an international credential, this Scope of Practice is applicable in any country or setting where IBCLC certificants practice.

IBCLC certificants have the duty to uphold the standards of the IBCLC profession by:

* working within the framework defined by the IBLCE Code of Professional Conduct and the Clinical Competencies for IBCLC Practice;
* integrating knowledge and evidence when providing care for breastfeeding families from the disciplines defined in the IBLCE Examination Blueprint;
* working within the legal framework of the respective geopolitical regions or settings;
* maintaining knowledge and skills through regular continuing education.

IBCLC certificants have the duty to protect, promote and support breastfeeding by:

* educating women, families, health professionals and the community about breastfeeding and human lactation;
* facilitating the development of policies which protect, promote and support breastfeeding;
* acting as an advocate for breastfeeding as the child-feeding norm;
* providing holistic, evidence-based breastfeeding support and care, from preconception to weaning, for women and their families;
* using principles of adult education when teaching clients, healthcare providers and others in the community.

IBCLC certificants have the duty to provide competent services for mothers and families by:

* performing comprehensive maternal, child and feeding assessments related to lactation;
* developing and implementing an individualized feeding plan in consultation with the mother;
* providing evidence-based information regarding a mother's use, during lactation, of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, and their potential impact on milk production and child safety;
* providing evidence-based information regarding complementary therapies during lactation and their impact on a mother's milk production and the effect on her child;

* integrating cultural, psychosocial and nutritional aspects of breastfeeding;
* providing support and encouragement to enable mothers to successfully meet their breastfeeding goals;
* using effective counselling skills when interacting with clients and other healthcare providers;
* using the principles of family-centered care while maintaining a collaborative, supportive relationship with clients.

IBCLC certificants have the duty to report truthfully and fully to the mother and/or infant's primary healthcare provider and to the healthcare system by:

* recording all relevant information concerning care provided and, where appropriate, retaining records for the time specified by the local jurisdiction.

IBCLC certificants have the duty to preserve client confidence by:

* respecting the privacy, dignity and confidentiality of mothers and families.

IBCLC certificants have the duty to act with reasonable diligence by:

* assisting families with decisions regarding the feeding of children by providing information that is evidence-based and free of conflict of interest;
* providing follow-up services as required;
* referring to other healthcare providers and community support resources when necessary;
* functioning and contributing as a member of the healthcare team to deliver coordinated services to women and families;
* working collaboratively and interdependently with other members of the healthcare team;
* reporting to IBLCE if they have been found guilty of any offence under the criminal code of their country or jurisdiction in which they work or is sanctioned by another profession;
* reporting to IBLCE any other IBCLC who is functioning outside this Scope of Practice.

Appendix 6

IBLCE Examination Blueprint

Met opmerkingen [MV-K70]: Change to latest version of Detailed Content Outline; copypaste from here or updated version: https://iblce.org/wp-content/uploads/2017/05/ibclc-detailed-content-outline-for-2016-for-publication.pdf

Check for most recent version depending on moment of integration in own national Professional Profile.

All examination questions have both discipline and chronological parameters. This blueprint gives you an indication of the breadth of information you need to know for the examination. The examples given are for guidance only; they are not inclusive of all aspects covered under each learning discipline.

DISCIPLINES

A. Maternal and infant ANATOMY

e.g. breast and nipple structure and development; blood, lymph, innervations, mammary tissue; infant oral anatomy and reflexes; assessment; anatomical variations

B. Maternal and infant normal PHYSIOLOGY and ENDOCRINOLOGY

e.g. hormones; lactogenesis; endocrine/autocrine control of milk supply; induced lactation; fertility; infant hepatic, pancreatic and renal function; metabolism; effect of complementary feeds; digestion and GI tract; voiding and stooling patterns

C. Maternal and infant normal NUTRITION and BIOCHEMISTRY

e.g. breastmilk synthesis and composition; milk components, function and effect on baby; comparison with other products/milks; feeding patterns and intake over time; variations of maternal diet; ritual and traditional foods; introduction of solids

D. Maternal and infant IMMUNOLOGY and INFECTIOUS DISEASE

e.g. antibodies and other immune factors; cross-infection; bacteria and viruses in milk; allergies and food sensitivity; long term protective factors

E. Maternal and infant PATHOLOGY

e.g. acute/chronic abnormalities and diseases, both local and systemic; breast and nipple problems and pathology; endocrine pathology; mother/child physical and neurological disabilities; congenital abnormalities; oral pathology; neurological immaturity; failure to thrive; hyperbilirubinemia and hypoglycemia; impact of pathology on breastfeeding

F. Maternal and infant PHARMACOLOGY and TOXICOLOGY

e.g. environmental contaminants; maternal use of medication, OTC preparations, social or recreational drugs and their effect on the infant, on milk composition, and on lactation; galactogogues/suppressants; effects of medications used in labor; contraceptives; complementary therapies

G. PSYCHOLOGY, SOCIOLOGY, and ANTHROPOLOGY

e.g. counselling and adult education skills; grief, postnatal depression and psychosis; effect of socio-economic, lifestyle and employment issues on breastfeeding; maternal-infant relationship; maternal role adaptation; parenting skills; sleep patterns; cultural beliefs and practices; family; support systems; domestic violence; mothers with special needs (e.g. adolescents, migrants)

H. GROWTH PARAMETERS and DEVELOPMENTAL MILESTONES

e.g. fetal and preterm growth; breastfed and artificially fed growth patterns; recognition of normal and delayed physical, psychological and cognitive developmental markers; breastfeeding behaviours to 12 months and beyond; weaning

I. INTERPRETATION OF RESEARCH

e.g skills required to critically appraise and interpret research literature, IBCLC educational material and consumer literature; understanding terminology used in research and basic statistics; reading tables and graphs; surveys and data collection

J. ETHICAL and LEGAL ISSUES

e.g. IBLCE Code of Professional Conduct; practicing within scope of practice; referrals and inter-disciplinary relationships; confidentiality; medical-legal responsibilities; charting and report writing skills; record keeping; informed consent; battery; maternal/infant neglect and abuse; conflict of interest; ethics of equipment rental and sales

K. BREASTFEEDING EQUIPMENT and TECHNOLOGY

e.g. identification of breastfeeding devices and equipment, their appropriate use and technical expertise to use them properly; handling and storing human milk, including human milk banking protocols

L. TECHNIQUES

e.g. breastfeeding techniques, including positioning and latch; assessing milk transfer; breastfeeding management; normal feeding patterns; milk expression

M. PUBLIC HEALTH

e.g. breastfeeding promotion and community education; working with groups with low breastfeeding rates; creating and implementing clinical protocols; international tools and documents; WHO Code; BFHI implementation; prevalence, surveys and data collection for research purposes

CHRONOLOGICAL PERIODS

1. Preconception
2. Prenatal
3. Labor/birth (Perinatal)
4. Prematurity
5. 0 - 2 days
6. 3 - 14 days
7. 15 - 28 days
8. 1 - 3 months
9. 4 - 6 months
10. 7 - 12 months
11. Beyond 12 months
12. General principles

Appendix 7

Clinical Competencies for the Practice of International Board Certified Lactation Consultants (IBCLCs)

Met opmerkingen [MV-K71]: Check for most recent version, depending on moment of integration in own national Professional Profile.

International Board Certified Lactation Consultants (IBCLCs) demonstrate specialized knowledge and clinical expertise in breastfeeding and human lactation and are certified by the International Board of Lactation Consultant Examiners (IBLCE).

The Clinical Competencies encompass the responsibilities/activities that are part of the IBCLC's practice. The aim of these Clinical Competencies is to inform the public of the field in which IBCLCs can provide safe, competent and evidence-based care. The Clinical Competencies are applicable in any country or setting where IBCLCs practice. It is understood that the IBCLC will practice within the boundaries of her/his training, expertise, culture and setting.

The IBCLC has the duty to uphold the standards of the profession and will:

* conduct her/himself in a professional manner, practicing within the framework defined by the IBLCE Code of Professional Conduct for IBCLCs, the IBLCE Scope of Practice for the IBCLC, and the IBLCE Clinical Competencies for the Practice of IBCLCs;
* critique, evaluate and incorporate evidence-informed findings into practice within the laws of the setting in which s/he works;
* obtain continuing education to enhance skills and maintain IBCLC certification.

The IBCLC has the duty to protect, promote and support breastfeeding and will:

* provide evidence-informed education through various means including development of client information fact sheets, counselling, curriculum development, and multimedia campaigns to women, families, health professionals and the community about breastfeeding and human lactation;
* participate in the development of policies at global, national, and local levels which protect, promote and support breastfeeding or breastmilk intake in all situations including emergencies;
* advocate for breastfeeding women, children and families in all settings and promote breastfeeding as the child-feeding norm globally;
* support practices which promote breastfeeding and discourage practices which interfere with breastfeeding and will:
  - promote the principles of the Baby Friendly Hospital Initiative;
  - carefully choose a method of feeding when supplementation is unavoidable and use strategies to maintain breastfeeding to meet the mother's goal;
  - promote the principles of the World Health Organization Global Strategy for Infant and Young Child Feeding.

The IBCLC has the duty to provide competent services for mothers and families and will perform a comprehensive maternal, child and feeding assessment related to lactation, such as:

History Taking and Assessment Skills

* obtain the mother's permission to provide care to her and her child;
* ascertain the mother's goals for breastfeeding;
* utilize appropriate counselling skills and techniques;
* respect a mother's race, creed, religion, sexual orientation, age, and national origin;
* obtain a lactation history;
* identify events that occurred antenatally, during the pregnancy, labor and birth process that may adversely affect breastfeeding;
* assess the breasts to determine if changes are consistent with adequate function/ lactation;
* assess maternal physical, mental and psychological states;
* assess social supports and possible challenges;

Skills to Assist Breastfeeding Dyad

* promote continuous skin-to-skin contact of the newborn and mother;
* provide education to assist the mother and family to identify newborn feeding cues and behavioural states;
* assess oral anatomy and normal neurological responses and reflexes;
* assist the mother and child to find comfortable positions for breastfeeding;
* identify correct latch/attachment;
* assess effective milk transfer;
* assess for adequate milk intake of the child;
* assess for normal infant behaviour and developmental milestones;
* provide suggestions as to when and how to stimulate a sleepy baby to feed;
* provide evidence-informed information to assist the mother to make informed decisions regarding breastfeeding;
* provide education for the mother and her family regarding the use of pacifiers/ dummies including the possible risks to lactation;
* provide appropriate education for the mother and her family regarding the importance of exclusive breastfeeding to the health of the mother and child and the risk of using breastmilk substitutes (formula);
* provide information and demonstrate to the mother how to perform manual expression of breastmilk;
* provide information and strategies to prevent and resolve painful damaged nipples;
* provide information and strategies to prevent and resolve engorgement, blocked ducts and mastitis;
* provide information and strategies to minimize the risk of Sudden Infant Death Syndrome (SIDS);
* provide information regarding family planning methods including Lactation Amenorrhea Method (LAM) and their impact on lactation;
* assist and support the mother and family to identify strategies to cope with peripartum mood disorders (prenatal depression, "baby blues", postpartum depression, anxiety and psychosis) and access community resources;
* provide information regarding introduction to appropriate family foods;
* provide information regarding weaning from the breast when appropriate, including care of mother's breasts and preparation and use of breastmilk substitutes according to World

Health Organization Guidelines for Safe Preparation, Storage and Handling of Powdered Infant Formula

* calculate an infant's caloric/kilojoule and volume requirements;
* assess the mother's milk supply and provide information regarding increasing or decreasing milk volume as needed;
* assess the breastfeeding child's growth using World Health Organization adapted growth charts;
* provide education to the mother related to normal child behaviours; signs of readiness to feed and expected feeding patterns.

General Problem-solving Skills

* evaluate potential or existing challenges and factors that may impact on a mother to meet her breastfeeding goals;
* assist and support the mother to develop, implement and evaluate an appropriate, acceptable and achievable breastfeeding plan utilizing all resources available;
* facilitate breastfeeding for the medically fragile and physically compromised child;
* evaluate how each breastfeeding dyad and situation is unique, and their effect on breastfeeding;
* provide anticipatory guidance to reduce potential risks to the breastfeeding mother or her child;
* assess and provide strategies to initiate and continue breastfeeding when challenging situations exist/occur.

Use of Techniques and Devices

* critique and evaluate indications, contraindications and use of techniques, appliances and devices which support breastfeeding or may be harmful to continued breastfeeding including alternative feeding methods;
* evaluate, critique and demonstrate the use of techniques and devices which support breastfeeding, understanding that some devices may be marketed without evidence to support their usefulness and may be harmful to the continuation of breastfeeding;
* evaluate and critique how techniques and devices may be used to ensure initiation and/or continuation of breastfeeding in certain circumstances;
* provide evidence-informed information to the mother regarding the use of techniques and devices.

Develop, Implement and Evaluate an Individualized Feeding Plan in Consultation with the Mother

* use adult education principles;
* select appropriate teaching aids;
* provide information on community resources for breastfeeding assistance;
* provide evidence-informed information regarding a lactating mother's use of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, including their potential impact on milk production and child safety;
* provide evidence-informed information regarding complementary therapies during lactation and their impact on a mother's milk production and the effect on her child;
* integrate cultural, psychosocial and nutritional aspects related to breastfeeding;

* provide support and encouragement to enable mothers to successfully meet their breastfeeding goals;
* use effective counselling and communication skills when interacting with clients and other healthcare providers;
* use the principles of family-centered care while maintaining a collaborative, supportive relationship with clients;
* support the mother to make evidence-informed decisions for her child and herself;
* provide education and information at a level which the mother can easily understand;
* evaluate the mother's understanding of all information and education provided.

The IBCLC has the duty to report truthfully and fully to the mother and/or child's primary healthcare provider and to the healthcare system and will:

* obtain the mother's consent for obtaining and disclosing of information as needed or as specified by local jurisdiction;
* provide written assessments as required;
* maintain documentation of all client contacts, assessments, feeding plans, recommendations and evaluations of care;
* retain records for the time specified by the local jurisdiction

The IBCLC has the duty to preserve client confidence and will:

* respect the privacy, dignity and confidentiality of mothers and families except where the reporting of a danger to a mother or child is specifically required by law.

The IBCLC has the duty to act with reasonable diligence and will:

* assist families with decisions regarding feeding their children by providing evidence-informed information that is free of any conflicts of interest;
* provide follow-up services as required and requested;
* make appropriate referrals to other healthcare providers and community support resources in a timely manner depending on the urgency of the situation;
* work collaboratively with the healthcare team to provide coordinated services to families;
* report immediately to IBLCE if found guilty of any offence under the criminal code of the IBCLC's country or jurisdiction in which they work or if sanctioned by another profession;
* report immediately to IBLCE any IBCLC who is functioning outside the IBLCE Scope of Practice for IBCLCs and/or not maintaining a practice which meets with the IBLCE Code of Professional Conduct for IBCLCs or the IBLCE Clinical Competencies for the Practice of IBCLCs.

Sites for acquisition of skills

Skills may be acquired in various settings including hospitals, public health units, community agencies or locations and private practice facilities.