

CONTENTS

- What's New
- Feature Article
- Did You Know?
- Ask Amy
- Science or Science Fiction
- It's the Law
- Educational Events
- Caught in the Web

WHAT'S NEW

AWHONN Publication Addresses Near-Term Infant

An educational brochure for parents of near-term infants is now available from the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN). [*What Parents of Near-Term Infants Need to Know*](#) contains information specific to this unique group of premature infants. Topics include feeding, sleeping, breathing, temperature control, jaundice, and infection. The brochure lists important questions parents should ask their baby's health care provider before leaving the hospital.

What Parents of Near-Term Infants Need to Know is part of AWHONN's multiyear Near-Term Infant Initiative, alerting health care providers to the risks associated with near-term birth, offering nurses resources to assess and care for these special infants, and giving parents and caregivers invaluable information.

FEATURE ARTICLE

IBLCE and ILCA: Defining Roles and Responsibilities

Nearly 20 years ago, when I was a novice IBCLC (International Board Certified Lactation Consultant), I listened closely to the discussion of the three-legged stool—a carefully constructed profession supported by a regulatory agency, a professional association, and an accrediting body.

Health care workforce regulatory agencies include licensing boards and certifying agencies. The term “licensure” typically applies to public or state regulation, while “certification” applies to voluntary or private-sector programs. “Accreditation” is the term used to describe the evaluation process applied to educational programs that meet established standards.





Over time, I have watched the growth of the IBCLC profession, along with that of the regulatory agency, the International Board of Lactation Consultant Examiners (IBLCE); the professional association, the International Lactation Consultant Association (ILCA); and the accreditation council, the International Lactation Education Accreditation Council (ILEAC). IBLCE and ILCA share a 21-year history. However, ILEAC is newly formed and currently functions as a committee of ILCA. The establishment of an independent accreditation organization will take time, but IBCLCs should be encouraged by the progress made to date.

I have learned to appreciate the essential role IBLCE, ILCA, and ILEAC play in providing balanced support to the IBCLC profession. While IBLCE, ILCA, and ILEAC share common goals, each

has distinct roles and responsibilities. When one organization takes actions that another organization perceives as encroaching on its roles and responsibilities, such actions can upset the delicate balance essential to the support of the profession. Recent examples of such actions by IBLCE include the proposed development of a second credential and the issuance of a Scope of Practice for IBCLCs.

Issues Surrounding a Second Credential

Many of the issues surrounding the development of a second credential were addressed in the [June issue](#) of *Feeding Times*. According to IBLCE, the decision to pursue a credential in addition to the IBCLC credential was prompted by two concerns: a lack of clarity on the part of consumers and health care providers regarding the similarities and distinctions among those holding the IBCLC credential; and the impact on the quality of lactation care and services and the health and safety of breastfeeding women and their children.

ILCA opposes the development of a second credential, citing as the basis for its opposition a belief that a second credential will undermine the IBCLC credential at a time when the credential is too young and not yet widely recognized as a stand-alone credential; increase confusion about the various lactation support roles; and threaten job positions for current IBCLCs.

In an effort to address ILCA's concerns, Roberta Hewat, IBLCE President, and Casey Goldberg, IBLCE

Amy's Babies is pleased to present *Feeding Times*. Published four times a year, *Feeding Times* focuses on topics of interest to breastfeeding parents and lactation professionals.

For additional information about our products and services, please visit our [website](#).

Email questions and comments to info@amysbabies.com.

Executive Director, agreed to participate in an issue forum held during the July 2006 ILCA Conference in Philadelphia, Pennsylvania. Formal presentations were made by both IBLCE and ILCA. Individuals in the audience were then invited to comment. In addition to the verbal comments, a total of 125 written comments were received and are [summarized](#) on the ILCA website.

As a follow-up to the issue forum, the ILCA Board invited all ILCA members to participate in an online survey and/or discussion board. The [results](#) of the survey can be found on the ILCA website, along with a [commentary](#) from the ILCA Board of Directors.

IBLCE has questioned the validity of the data generated at the issue forum and through the online survey, based on the fact that the participants were self-selected. Similarly, ILCA has ques-

tioned the validity of the data generated by IBLCE to justify the need for a second credential, based on the fact that the participants were non-IBCLCs.

Notably absent in this controversy is an objective analysis of the pros and cons of a second credential and a transparent dialogue between IBLCE and ILCA.

Issues Surrounding a Scope of Practice

As a recertificant, I was among those who received a copy of the newly issued *IBLCE Scope of Practice* along with my examination results. I must admit that I failed to read the document initially. It wasn't until the controversy surrounding the document surfaced that I decided to read it thoroughly.

According to Wikipedia, a popular online dictionary, "Scope of Practice is terminology used by licensing boards in various medically-related fields that defines the procedures, actions, and processes that are permitted for the licensed individual. The scope of practice is limited to that for which the individual has received education and clinical experience, and



DID YOU KNOW?

Scope of Practice Partnership Raises Concern

The recent formation of a Scope of Practice Partnership (SOPP) by the American Medical Association (AMA) has generated concern among allied health professionals. The action followed approval by the AMA of a resolution to study qualifications, education, academic requirements, licensure, certification, ethical standards, disciplinary processes, and peer review for all "limited licensure health care providers and limited independent practitioners." The SOPP will examine education, training, and the extent to which allied health professionals fill health care voids in rural and underserved areas.

As a result of the AMA actions, nursing and other allied health organizations have published a [document](#) delineating their concerns. In addition, a coalition has been formed to monitor future activity. The Coalition for Patients' Rights consists of [34 organizations](#) representing a variety of licensed health care professionals. The coalition seeks to [counter efforts](#) by the AMA to limit the range of health care services that a health care professional is educated, certified, or licensed to provide.

For information about the growing Scope of Practice controversy among IBCLCs, please see the Feature Article in this issue.

in which he/she has demonstrated competency.” Professions with defined scope of practice regulations include nursing, emergency medical services, social workers, etc. Governing bodies are generally at the state level, but in some cases federal guidelines/regulations exist.

IBLCE is a certifying agency rather than a licensing board. IBLCE is certified by the National Commission for Certifying Agencies (NCCA) and is bound by NCCA [Standards](#). There are a total of 21 Standards organized into five sections. The majority of the Standards address certification processes; one (Standard 6) addresses responsibilities to stakeholders: “Published documents that clearly define the certification responsibilities of the organization must include the following: A detailed listing and/or outline of the performance domains,



tasks, and associated knowledge and/or skills.” Performance domains, tasks, and associated knowledge and/or skills could be interpreted to be a scope of practice or could refer to content areas as reflected in the examination grid or the core curriculum.

Professional associations frequently issue a scope of practice as a companion to standards of practice, but there is no hard and fast rule. Joint statements

? ASK AMY

Q. How much calcium do I need to consume each day?

A. According to the newly released [position statement](#) from the North American Menopause Society (NAMS), the recommended calcium intake is 1,000 mg/day for premenopausal women 25–50 years old and 1,200–1,500 mg/day for most postmenopausal women.

Adequate vitamin D is required to achieve the nutritional benefits of calcium. Daily vitamin D intake should be 400–600 IU in the presence of sunlight or 800–1,000 IU in the absence of adequate sunlight.

The best source of calcium is food, particularly dairy products. Approximately 3 cups of dairy products daily provide 1,200 mg of calcium. If you prefer to take calcium supplements, choose a high-quality supplement and take it in divided doses. Calcium is available in many forms: calcium carbonate, calcium phosphate, calcium lactate, calcium gluconate, and calcium citrate. Calcium carbonate is the least expensive and the most bioavailable. It also contains the most elemental calcium.

Calcium is an important nutrient. In the presence of sufficient vitamin D, adequate calcium intake has been shown to reduce bone loss in perimenopausal and postmenopausal women. Adequate calcium intake is also associated with reductions in risk for colorectal cancer, hypertension, renal calculi, and obesity.

(ILCA/IBLCE) often carry more authority and, given the current controversy, may be the preferred course of action. Regardless of whose responsibility it is to issue a scope of practice (ILCA, IBLCE, or IBLCE/ILCA), the statements contained in the IBLCE Scope of Practice would benefit from careful review, bearing in mind that the purpose of a scope of practice is to protect the public, not to restrict the health professional.

IBLCE's Scope of Practice

Before issuing a judgment, IBCLCs may find it helpful to know the rationale behind the statements contained in the IBLCE Scope of Practice. In other words, what prompted the wording of each statement, particularly the inclusion of a list of "activities outside the scope of practice of an IBCLC"? A scope of practice typically would not include a list of prohibitions (activities an IBCLC cannot do) given the fact that the list is infinite.

ILCA's Scope of Practice

It appears that ILCA published a Scope of Practice a number of years ago. The original document was developed by the Professional Education Council, a group of educators who at the time took on special projects for the association. Much of what appears in the original Scope of Practice was used as a basis for ILCA's Standards of Practice for the IBCLC. The original document also contains a detailed framework of competencies that were later incorporated into the Clinical Competencies for IBCLC Practice, a collaborative effort between ILCA and IBLCE. Material from the original Scope of Practice was used to develop ILEAC's accreditation guidelines and to identify subject areas for ILCA's Core Curriculum. ILCA's Scope of Practice acknowledges and supports the IBLCE Code of Ethics

and defines a mandatory code of conduct expected of IBCLCs.

The question remains whether a scope of practice would be more rightly vested with the professional association (ILCA) rather than with the certifying agency (IBLCE). However, a more immediate concern is whether the IBLCE Scope of Practice legally binds an IBCLC to practices that seem to contradict the ILCA Standards of Practice as well as several sections of the IBLCE Code of Ethics.

A copy of ILCA's [Scope of Practice](#) is currently posted on the ILCA website. Until such time as a new Scope of Practice is available, ILCA encourages all IBCLCs to use the document on the ILCA website in addition to the current ILCA Standards of Practice and IBLCE Code of Ethics as guidelines for optimal professional lactation consultation.

What Can You Do?

Resolution of these important issues calls for cooperation on the part of both organizations (IBLCE and ILCA). In an effort to secure that cooperation, Amy's Babies encourages every IBCLC to contact both organizations and:

- communicate your desire for a joint meeting between representatives of the professional association ([ILCA](#)) and the certifying agency ([IBLCE](#)).
- emphasize the need for both organizations to reach consensus on these and other important issues.
- request that the minutes of the meeting be communicated to all IBCLCs.



SCIENCE OR SCIENCE FICTION

Recent Data Reinforce the Importance of “Tummy Time”

Motor performance in infants who had been sleeping prone versus supine was evaluated at 4 and 6 months of age. In 4-month-old infants, motor scores were lower in the supine group, and infants in the supine group were less likely to achieve prone extension ($P < .05$). In 6-month-old infants, there were wide discrepancies on the Alberta Infant Motor Scale (supine: 44.5 +/- 21/6, prone: 60.0 +/- 18.8, $P = .005$) and the gross motor Peabody Developmental Motor Scale (supine: 85.7 +/- 7.6, prone: 90.2 +/- 9.5, $P = .03$). Motor delays were documented in 22 percent of infants sleeping supine. Prone sleep-positioned infants were more likely to sit and roll. The authors further noted that daily exposure to awake prone positioning was predictive of motor performance in



infants sleeping supine. Their findings reinforce the importance of “tummy time.” Majnemer, A., & Barr, R.G. (2006). Association between sleep position and early motor development. *The Journal of Pediatrics*, 149(5), 623-629.

Role of Breastfeeding in the Development of Allergies: First Do No Harm

Published data from all prospective studies in developed countries that examined the effect of breastfeeding on the development of atopic dermatitis and asthma from 1966 to 2000, in which certain criteria of validity were met, were the subject of a meta-analysis. Accepted studies noted (1) blinded maternal feeding history recall of less than 12 months, (2) duration of any breastfeeding and of exclusive breastfeeding for at least 3 months, (3) strict diagnostic outcomes, (4) blind assessments, (5) time of onset of disease, and (6) control for confounding factors and effects in high-risk children.

Thirty studies of more than 12,000 subjects were included. The statistical analysis revealed a significant protective effect of breastfeeding on the development of atopic dermatitis in the cohort as a whole and especially in at-risk children. No protective effect was demonstrated in the children at low risk for allergic disease when evaluated separately. Similarly, exclusive breastfeeding for the first 3 months offered protection against the development of childhood asthma in those children at high risk for allergic disease, but not in those at low risk.

IT'S THE LAW

New Jersey Law Mandates Screening and Education for Postpartum Depression

In April 2006, New Jersey became the first state to pass a law mandating screening and education for postpartum depression, a disorder that affects an estimated 10-15 percent of women. This [law](#) is the first of its kind and represents a positive step for mothers and babies. The U.S. Navy is the only other entity that incorporates postpartum depression screening and education as a standard of care.

The authors concluded that exclusive breastfeeding for at least 4 months seems to protect against the development of atopic dermatitis and wheezing in infancy and early childhood. “Consistent with the tenets of not interfering with Mother Nature and at the same time attempting to do no harm, exclusive breastfeeding for 4 to 6 months should remain the keystone for promoting allergy health.” Friedman, N.J., & Zeiger, R.S. (2005). The role of breast-feeding in the development of allergies and asthma. *Journal of Allergy and Clinical Immunology*, 115, 1238-1248.

EDUCATIONAL EVENTS

Please visit the [babygooroo](http://babygooroo.com) website for a complete listing of upcoming events.



CAUGHT IN THE WEB

WithinReach Reaches Out

The Healthy Mothers, Healthy Babies Coalition of Washington State is now known as [WithinReach](http://WithinReach.org). The new name reflects the diverse nature of the organization and the breadth of its work, targeting not just mothers and babies but entire families. The Healthy Mothers, Healthy Babies Coalition of Washington State served over 500,000 families since 1991, providing essential health and nutrition resources. WithinReach will continue to offer a wide range of services in an ongoing effort to improve the health of all families in Washington State. Services and programs will continue to operate as before. However, the maternal-child health hotline will now be called the [Family Health Hotline](http://FamilyHealthHotline.org).

