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FEATURE ARTICLE

Alphabet Soup

Whether you are a new parent looking for breastfeeding care or a health care provider making a referral, you must choose from a wide variety of breastfeeding specialists.

- IBCLC (International Board Certified Lactation Consultant)
- RLC (Registered Lactation Consultant)
- CBE (Certified Breastfeeding Educator)
- CLC (Certified Lactation Counselor or Certified Lactation Consultant)
- CLE (Certified Lactation Educator)
- CLS (Certified Lactation Specialist)

And another credential will soon be added to the soup. The International Board of Lactation Consultant Examiners (IBLCE) recently announced its decision to develop a second credential for "breastfeeding support personnel." So how do parents, health professionals, and even aspiring lactation consultants, educators, or counselors decide which credential is best?

The History of Credentialing

Health care provider credentialing was first introduced in the US in 1885, with the establishment of the General Medical Council. Like all regulatory bodies, the General Medical

Caught In The Web

National Library of Medicine Launches Database on Drugs and Lactation

The National Library of Medicine has established a free online database, LactMed, containing information on drugs and lactation. This new database is part of a comprehensive toxicology data network known as TOXNET. LactMed is designed for use by healthcare professionals as well as breastfeeding mothers. The database contains information on more than 450 drugs.

The creative force behind LactMed is Philip O. Anderson, PharmD, FASHP, Director of the Drug Information Service at the University of California San Diego Medical Center. Dr. Anderson is assisted by Jason Sauberan, PharmD, Assistant Clinical Professor of Pharmacy at the University of California San Francisco School of Pharmacy, Cheston M. Berlin, Jr., MD, Professor of Pediatrics and Pharmacology at Pennsylvania State University, Shinya Ito, MD, ABCP, Professor and Head of the Division of Clinical Pharmacology and Toxicology, Hospital for Sick Children, Toronto, Ontario, Canada, and Kathleen Uhl, MD, FAAP, Director of the US Food and Drug Administration's Office on Women's Health

LactMed will continue to expand with the addition of more drugs and will be enhanced by the addition of other substances including industrial chemicals and radioactive materials.

LactMed can be searched together with TOXNET.com in a multi-database environment to obtain other relevant information about specific drugs. LactMed can also be searched separately at: TOXNET.com/Lactmed

Ask Amy

Q. Can second hand smoke harm my baby?

There are many studies that suggest that ongoing exposure to tobacco smoke can increase the risk of cancer in later life. In a recent study of 144 infants living with cigarette smoking family members, researchers found detectable levels of NNAL, a cancer causing agent, in the urine of nearly one-half of the infants. In those infants with detectable levels of NNAL, family members smoked on average 76 cigarettes per week. In those infants with undetectable levels of NNAL, family members smoked on average 27 cigarettes per week. This data clearly shows the importance of not smoking around children.

Council was founded on the principle that a profession can be regulated most effectively if the regulatory mechanism is controlled by the profession itself, is financially independent of the state, and has the backing of the law.

If a regulatory system is going to be effective, it must protect the public from harm, respect the consumer's right to choose health care providers from a range of safe options, encourage a flexible, rational, and cost effective health care system, facilitate professional and geographic mobility of competent providers, and hold regulatory entities accountable to the public.

Consumers today are seeking greater participation in the delivery of health care, greater access to health care, and greater accountability from health care providers. New integrated delivery networks and increasing managed care enrollments are forcing health care providers to accept greater cost constraints and greater accountability. There is more emphasis today on primary care, disease prevention, health promotion, interdisciplinary teamwork, and clinical effectiveness research than ever before. These fundamental changes have created an expanded

need for allied health professionals (such as lactation consultants) and expanded opportunities for paraprofessionals (such as breastfeeding support personnel). It has also created an urgent need for regulatory reform. Until there is a mechanism in place for clarifying the distinctions among various credentials, parents and health professionals will continue to make uninformed decisions.

What is the IBLCE?

In 1977, in an effort to promote self-regulation in the health care industry and limit the need for government regulation, the Department of Health and Human Services founded the National Commission for Health Certifying Agencies (NCHCA). In 1985, utilizing NCHCA guidelines, the International Board of Lactation Consultant Examiners (IBLCE) became one of only two organizations accredited by the Commission on its first application. Accreditation is a process that gives public recognition to institutions that meet clearly defined standards.

As a certifying agency, the mission of the IBLCE is to foster the provision of quality care to breastfeeding mothers and their children worldwide by awarding an independent, internationally recognized certification to individuals who demonstrate their competence to practice as an International Board Certified Lactation Consultant (IBCLC).

What is an IBCLC?

An International Board Certified Lactation Consultant (IBCLC) is an allied health care provider with special skills

in lactation and breastfeeding management. Before an individual can be certified as an IBCLC, s/he must meet rigorous educational and clinical experience requirements, pass an independent examination administered by the International Board of Lactation Consultant Examiners (IBLCE), and demonstrate continued competency through a requisite recertification program.

Among those who pursue the IBCLC credential are midwives, nurses, physicians, educators, dietitians, occupational therapists, physical therapists, and mother-to-mother support counselors. Typically, individuals spend several years and hundreds of hours acquiring the experience and education that are essential pre-requisites for certification. The goal is for the IBCLC credential to be widely recognized by employers, colleagues, and consumers as the gold standard for lactation care and services. Currently there are more than 16,000 IBCLCs in 69 countries. The IBCLC certificate is the only lactation consultant certificate recognized by the International Lactation Consultant Association (ILCA), the professional association for IBCLCs worldwide.

What is an RLC?

The RLC (Registered Lactation Consultant) is a trademarked designation that may only be used by an IBCLC. The RLC designation was created in 1999 as a result of legislation passed in the State of Louisiana calling for a Registry, i.e. listing of IBCLCs. The establishment of the Registry serves as a step towards mandated coverage of lactation consultant services by insurance companies. In the US, the use of the term registration predates certification, such as the registered nurse, and is more widely recognized by health care administrators, especially those unfamiliar with the credentialing process.

Why is the IBLCE developing a second credential?

Did You Know?

U.S. Botanical Dietary Supplements Regulated as Foods not Drugs

In the U.S, botanical dietary supplements are regulated as foods rather than drugs. Just because an herbal supplement is labeled "natural" does not mean it is safe. Herbal supplements can act in the same way as drugs and can cause medical problems if not used correctly or if taken in large amounts. In some cases, people have experienced negative effects even though they followed the instructions on a supplement label. Some herbal supplements are known to interact with medications in ways that cause health problems.

Published analyses of herbal supplements have found differences between what's listed on the label and what's in the bottle. This means that consumers may be taking less or more of the supplement than what the label indicates. Also, the word "standardized" on a product label is no guarantee of higher product quality, since in the United States there is no legal definition of "standardized" (or "certified" or "verified") for supplements.

Some herbal supplements have been found to be contaminated with metals, unlabeled prescription drugs, microorganisms, or other substances. Women who are pregnant or breastfeeding should be especially cautious about using herbal supplements, since these products can act like drugs. This caution also applies to treating children with herbal supplements. It is important to consult your health care provider before using an herbal supplement, especially if you are taking any medications (whether prescription or over-the-counter). For additional information visit the Office of Dietary Supplements, National Institutes of Health www.ods.od.nih.gov

It's the Law

Mississippi Law Supports Working Mothers Who Breastfeed

April 11, 2006 Governor Haley Barbour signed SB 2419, which requires child care facilities to designate a suitable place for women to breastfeed or use a breast pump. Under the law, the location – which cannot be a bathroom stall – must have a comfortable chair, an electrical outlet, and access to running water. Day care centers are also required to provide a refrigerator for women to store their pumped milk.

Additionally, the law says that breastfeeding in a public place cannot be considered indecent exposure or disorderly conduct, and that any woman breastfeeding an infant younger than age one is exempt from jury duty. Mississippi employers are now required to allow a woman to use her lunch break or other designated break times to pump milk. SB 2419 is in effect immediately. To view the bill, visit: [website](#)

The unanimous decision by the International Board of Lactation Consultant Examiners to develop a second 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 existing credentials; and the impact on the quality of lactation care and services and the health and safety of breastfeeding women and their children.

Some members of the public, the government, and some health care professionals equate the IBCLC credential with certifications with similar sounding names. In order to protect the public, as well as to strengthen the position of the IBCLC credential, the IBLCE Board plans to establish a second credential defining the standards for breastfeeding support personnel. The Board has indicated that this credential will have a different scope of practice from that of the IBCLC and in most situations the individual will work with the guidance of an IBCLC. The IBLCE has taken this measure to try to ensure consis-

tency in standards of practice among breastfeeding support personnel. This credential will also serve to close the gap that exists in providing quality breastfeeding care to mothers in various sectors of life. It is designed for individuals who work with uncomplicated breastfeeding situations and will not compromise the role of the IBCLC, but rather is intended to give greater recognition to the role of the IBCLC.

This second credential will be available to those individuals who would like to achieve a level of expertise in providing breastfeeding support to women and their children, but who do not wish to pursue the IBCLC credential. The credential will initially be piloted only in North America, specifically, the US and Canada. If you would like additional information about the second credential you can contact Casey Ward Goldberg, IBLCE Executive Director at caseygoldberg@iblce.org

Why do some individuals and organizations oppose a second credential?

The International Lactation Consultant Association Board of Directors has expressed opposition to the decision by the IBLCE to develop a second credential. In an effort to clarify the pros and the cons, the ILCA Board will host a discussion on July 14th from 6:00-7:00pm in Philadelphia, Pennsylvania. Roberta Hewat, Chair of the IBLCE Board will be the featured speaker.

It has been suggested that the development of a second credential by the IBLCE is motivated simply by a desire

to generate revenue. However, given the time and money required to establish and promote a second credential, it is unlikely that monetary gain is the primary motivating factor. The IBLCE maintains that its action is prompted by a desire to protect the IBCLC credential and offer as a complementary alternative, a second credential approved by the National Commission for Certifying Agencies.

It is important to note that the IBLCE is a certifying agency, not an educational program. As a certifying agency, the IBLCE's mission is to protect breastfeeding mothers, infants, and children by upholding high standards through the provision of credentials that reflect standards of care recognized by a professional certifying body. Currently mothers, infants, and children cared for by an IBCLC have this protection but there are no recognized standards of care for individuals who provide complementary breastfeeding support.

Many educational programs utilize the awarding of a credential as a mechanism for attracting students. When given a choice, students indicate a preference for educational programs that offer some type of public recognition such as a credential. However, concerns have been raised over the awarding of any credential after only a brief period of instruction. It has been suggested that such action on the part of course providers is misleading at best and harmful at worst. Nonetheless, in an unregulated environment, financial considerations will continue to impact decision making as educational programs compete for available students.

In an effort to minimize confusion and protect the consumer, the International Lactation Consultant Association has asked lactation education program directors to award certificates of completion rather than credentials. While some have complied with ILCA's request, others have not.

How do consumers differentiate among the various credentials?

The general consensus among consumers and many health care providers who have not worked closely with an IBCLC is that lactation consultants, counselors, and educators are all the same. Currently, no distinction is made among the various credentials despite a vast difference in the level of preparation, number of practice hours, and quality of the examination. Some credentials are awarded to participants upon completion of a distance learning program, some upon completion of 30-40 hours of instruction and passage of a post-test, and others require hundreds of hours of documented clinical experience, 75 hours of continuing education, and satisfactory completion of a psychometrically prepared examination.

In the absence of uniform standards, it is impossible to determine individual competencies. As a result, consumers are at increased risk for inconsistent and/or poor quality care. In addition, individuals awarded a credential may have a misconception about their level of breastfeeding knowledge and skill.

A professional credential must be developed according to rigorous psychometric protocols. These protocols require that an educational program cannot also issue a professional credential upon completion of coursework; that the psychometric protocols used to design and implement the certification tool, including validity and reliability outcomes, must be published, and that the content of the test used for credentialing purposes must be validated, in part, through a statistically designed

task analysis that canvassed the profession.

What is the International Lactation Education Accreditation Council?

There are a wide range of lactation education programs available to health workers. And until recently there were no uniform standards. Today, the International Lactation Education Accreditation Council (ILEAC), utilizing standards established by the International Lactation Consultant Association (ILCA), evaluates lactation education programs and grants accreditation to those programs that meet established standards. ILEAC recognizes a diversity of educational models including distance learning, self-paced programs, and programs located within large and small institutions, both non-profit and for-profit.

ILEAC accreditation is a voluntary, non-governmental, formal, peer-review process in which the integrity and good faith of the program, its administration, faculty, and students is essential. Accreditation provides a reliable indicator of educational quality to employers, insurers, counselors, educators, governmental officials, and the public. Students are assured that an accredited education program covers essential topics and skills, has a qualified faculty, and portrays itself honestly in its advertising.

Applicants must satisfy thirteen criteria in order to be eligible for accreditation. A complete listing of the criteria and process can be found at ilca.org. Accreditation is granted for a three-year period. Accreditation fees are based upon the length of the program in clock hours. The current fee is \$10 US for each clock hour of instruction.

First do no harm

Uniform standards do not guarantee that all consumers will be protected or that all practitio-

ners will be competent. But the development of uniform standards represents a significant step toward minimizing the risks to consumers.

If health care providers are sincere in their desire to first do no harm, then they must be steadfast in their support of uniform standards for breastfeeding support and encourage parents and professional to pursue only those credentials that are recognized by a leader in setting quality standards for credentialing organizations.

SCIENCE OR SCIENCE FICTION

Breastfeeding Improves Cognitive Ability

The Agency for Healthcare Research and Quality along with researchers from the University of California, Berkeley analyzed data from the first wave (1994) of the National Longitudinal Study of Adolescent Health. They examined the relationship between breastfeeding and 15 health indicators including cognitive ability among 16,903 adolescents, including 2,734 sibling pairs. All of the correlations found in the between-family model became insignificant in the within-family model with the exception of a persistent positive correlation between breastfeeding and cognitive ability. Siblings who were breastfed had higher cognitive ability than those who were not. The findings were consistent regardless of whether breastfeeding was measured as yes/no or in terms of duration. Their effect was large enough to

matter, and it was lasting, persisting into adolescence.

This provides the strongest nonexperimental evidence to date that breastfeeding improves cognitive ability. However, the results also suggest that many other long-term health effects of breastfeeding have been overstated. Sibling studies with larger sample sizes are needed. Evenhouse E, Reilly S: Improved estimates of the benefits of breastfeeding using sibling comparisons to reduce the selection bias. Health Services Research 40(6): 1781-1802.

WHAT'S NEW

The Breastfeeding Café by Barbara Behrmann (Excerpted with Permission)

For centuries, women's wisdom and experience have been trivialized and ignored, often devalued by women themselves. It has only been in the last few decades that women have begun to reassert the value of their stories, stories that often emerge out of their embodied female experiences.

But when it comes to breastfeeding, nursing mothers often get the message that their "story," their experience, doesn't matter. They often feel alone, unsupported, unheard. And because our culture focuses more on the birth of a baby, and less on the birth of a mother, women are often desperate for connection and emotional support. Many women have never seen another woman nurse. Not having a basic understanding of what to expect creates insecurity and anxiety, but hearing other women's stories helps.

Stories reveal profound messages that are seldom expressed in most breastfeeding promotional materials. When women realize they aren't alone and unapologetically share their experiences with others, they make it that much

easier for the next woman who wants to breastfeed. Every woman has a story to be shared. And every voice that refuses to be silenced helps to create a culture that is more accepting of the rights of mothers and babies.

For more information about The Breastfeeding Café or to purchase a copy please visit breastfeedingcafe.com

EDUCATIONAL EVENTS

Please visit www.amysbabies.com for a complete listing of upcoming events. Simply click on services in the navigation bar.

PROFESSIONAL OPPORTUNITIES

Are you looking for a new employee, or new job opportunity? Use our Professional Opportunities column to streamline your search. Your advertisement will be read by hundreds of qualified professionals in the maternal and child health field and by more than 10,000 visitors during its 60 day flight. For additional information, contact us at info@amysbabycompany.com

Amy's Babies is pleased to present the Feeding Times. Published four times a year, the 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 at www.amysbabies.com

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