2007 International Board Lactation Consultant Examiners (IBLCE) Role Delineation Study

The purpose of this study was to examine the practices and skills used by currently certified IBCLCs and the positions (employment and volunteer) in which these skills are practiced.

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Executive Summary and Recommendations

The purpose of this study was to examine the practices and skills used by currently certified IBCLCs and the positions (employment and volunteer) in which these skills are practiced

The survey was administered online in 6 languages - Dutch, English, French, German, Korean and Spanish. Of the 8974 currently certified IBCLCs who were invited to participate, 2191 (24.4%) completed the survey. The average age of these respondents was 47.7 years and 70% had had at least 12 years of basic education while 91% had had at least 3 years of college education. Nearly two thirds of respondents (63%) had originally certified since 2001.

Respondents indicated that the IBCLC credential was more important in their primary employment compared to secondary employment, self employment or volunteer. Lactation skills were most frequently used by educators, IBCLC as an employee or in private practice, hospital nurse and volunteer mother to mother support.

Most respondents indicated a skill or practice was both important to know and was frequently used when it came to records/documentation; maternal, infant and breastfeeding evaluation; maternal and infant conditions; counseling; and professionalism.

While most respondents agreed that hand expression and breast massage were useful and essential to know, hand expression was not used as frequently as breast massage. They also indicated that while breast pumps and infant scales were more frequently used than any other devices, most stated it was useful or essential to know how to use other devices.

Respondents considered maintaining records, reading and analyzing research articles were the most essential and frequently used research skills and practices.

Many IBCLC's mentioned that they conduct antenatal and postnatal breastfeeding classes, breastfeeding promotion classes and teach their colleagues about breastfeeding. However, the Exam Blueprint does not cover this very well.

Most respondents were very proud to be an IBCLC but wanted more recognition from fellow colleagues and employers. Respondents suggested that the credential needed more promotion so it gained more recognition and respect.

Concern was expressed over the lack of practical experience required before sitting the exam. In addition, many wrote strongly about why they needed to repeat an entry level exam at 10 years to remain certified. They would prefer to do this by collecting CERPS as happens in many other professions.

There was concern over the proposed second credential. Respondents believed it would confuse the public.

The results of this survey need to be considered with some caution given the response rate is low and is biased to respondents who answered the survey in English. Many mentioned that it was a confusing survey making it difficult to complete correctly.

Recommendations

⇒ That the blueprint increases its focus on the education and teaching skills required of IBCLCs given the amount of time they spend teaching mothers, the community and health professionals about breastfeeding.

⇒ That IBLCE respond to matters that have been raised about the credential, its promotion and recertification processes in an appropriate manner.

Introduction

The primary purpose of the International Board of Lactation Consultant Examiners (IBLCE) is to benefit the public by setting standards for the lactation consultant profession.

The IBLCE is a non-profit organization governed by a Board of Directors. It was established to develop and administer the certification examination for lactation consultants. The IBLCE examination is the premier, internationally recognized measure of competence in lactation consulting. Founded in 1985, the IBLCE has administered annual examinations, in multiple languages and at numerous sites around the world. IBLCE's certification program for lactation consultants is accredited by the National Commission for Certifying Agencies (NCCA), the body which sets stringent standards for certifying organizations and accredits those programs which meet the standards.

The International Board of Lactation Consultant Examiners (IBLCE) has used the NCCA's guidelines since its inception and its certification program for lactation consultants has been continuously accredited by NCCA since initial application. NCCA guidelines require that certification organizations be administratively, financially, and corporately independent, and thus not subject to outside control. IBLCE is a completely independent organization, quite separate from the professional and mother support associations.

The IBLCE lactation consultant certification program was initially accredited by the NCCA in 1988, after having conducted the three examination administrations required as one criterion for eligibility. In 1993, 1998 and 2003 the IBLCE was reaccredited for further five year periods. As part of this process, the IBLCE periodically conducts a Role Delineation Study. IBCLCs worldwide are surveyed for details of their practice and the knowledge base they require. The exam blueprint is based on this Study and the exam therefore reflects current lactation consultant practice.

The purpose of this study is to examine the practices and skills used by currently certified IBCLCs and the positions (employment and volunteer) in which these skills are practiced.

Return Rates and Demographics

Response rates

The response rate was 24.4% (2191/8974) compared to 34% in 2000 (2751/8025).
The questionnaire was administered in 6 languages - Dutch, English, French, German, Korean and Spanish, and mailed to 9561 currently certified IBCLCs; 587 (6.1%) invitations were returned. There was a bias to respondents who answered the survey in English. As expected, most respondents (99%, n=2174) were females; 16 males responded.

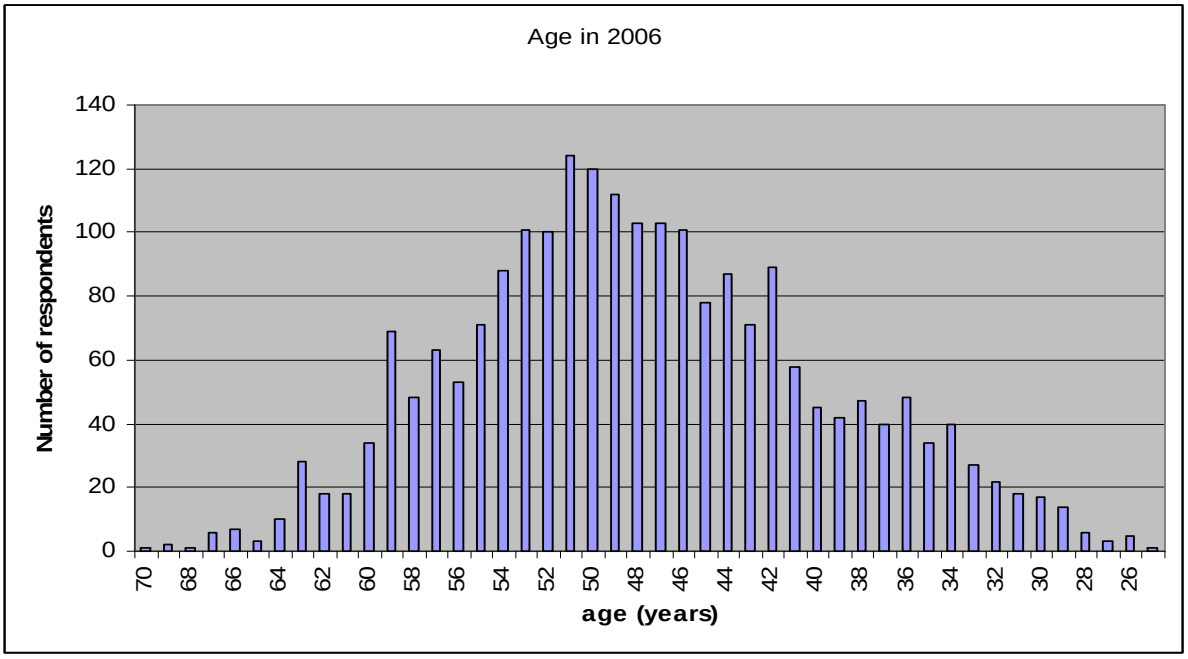
Several respondents commented on the short time frame they were given to complete this survey. This concurred with the fact that some invitations were sent out later than most. It may well be that others did not have sufficient time to do this.

Table 1: Response rates for each language are:

Language	Number of responses	Response rate (%)	% of IBCLCs who used this language in their exam
Dutch	47	2.1	2
English	1949	89	78
French	31	1.4	1.7
German	117	5.3	9.4
Korean	31	1.4	4.4
Spanish	16	0.7	0.18
Total (8974)	2191	100	

Age

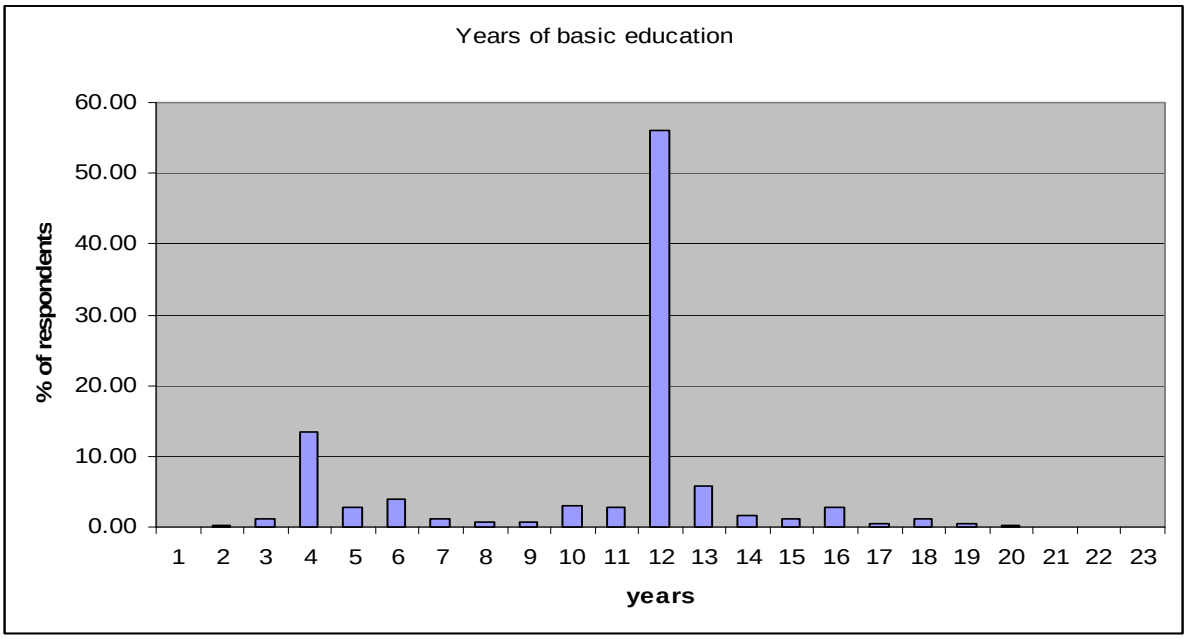
The average age of the respondents was 47.7 years and ranged from 25 to 70 years.
Figure 1 Age.



Basic education

While 17.7% had had 1-5 years of basic education, 70% had had 12 or more years of basic education. It would seem that some were not clear about what basic education meant given that 117 had had over 20 years of basic education – a dilemma of interpretation and culture?
Age at completion of basic education: 8.3% were aged between 11 and 16 when they completed their basic education and 80.5% were aged either 17 or 18 with the remaining 11.3% were aged 19 or more.

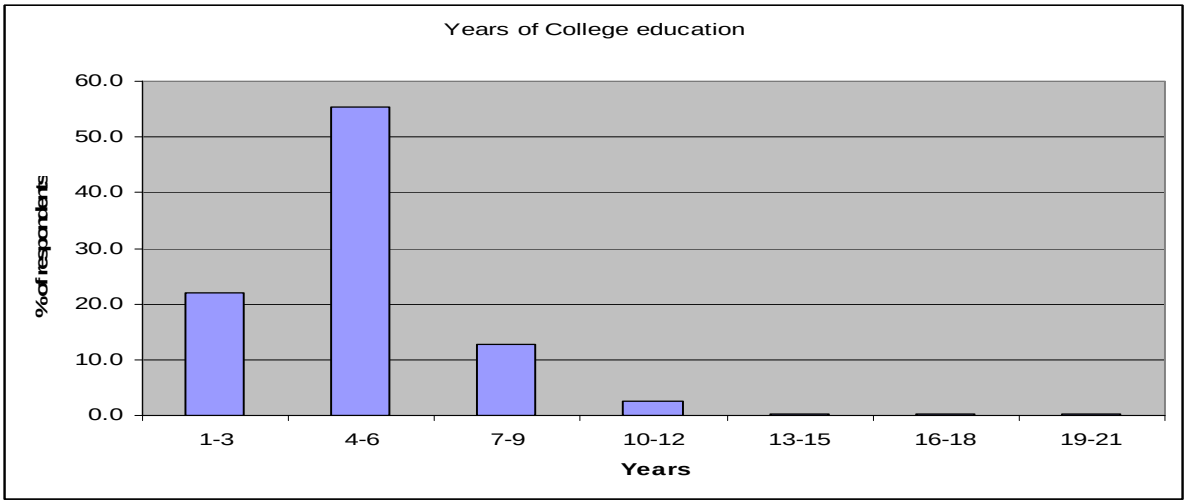
Figure 2. Basic education.



College education

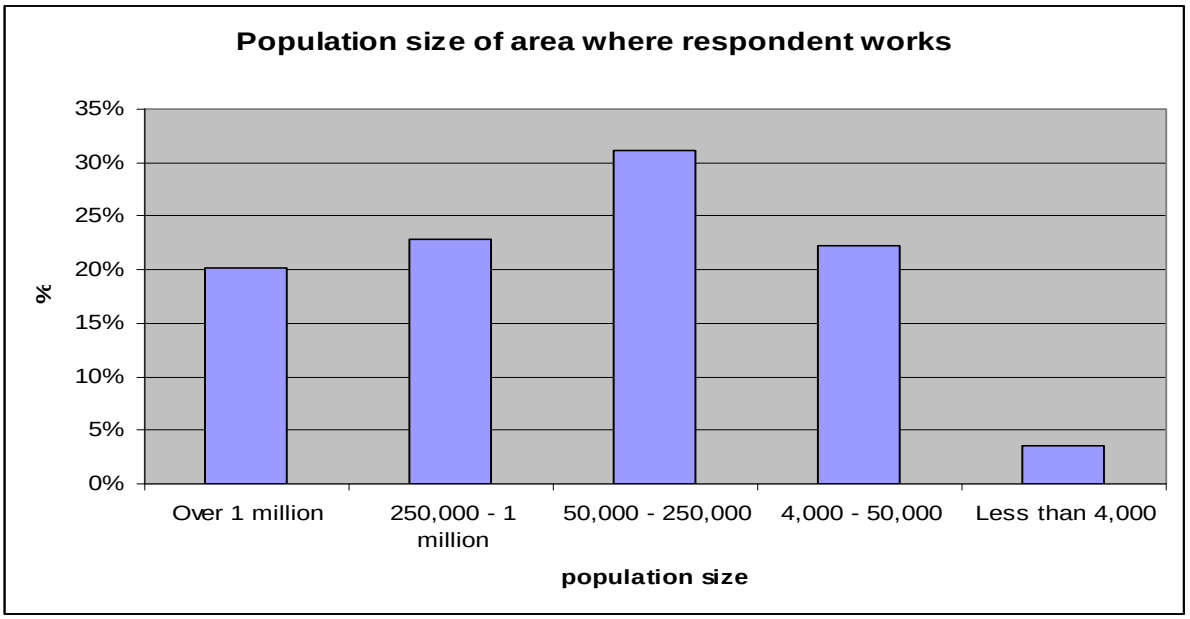
While 6.4% had had no college education, 90.7% had had at least 3 years of college education. Years of college education ranged from 1-21 years. The type of diplomas or degrees attained was not summarized although this was provided in free text.

Figure 3 College education.



Nearly one third (32.3%, n=707) had also completed additional types of schooling.
Due to the enormous variability in education around the world, the types of additional schooling were not summarized although this data was provided in free text.

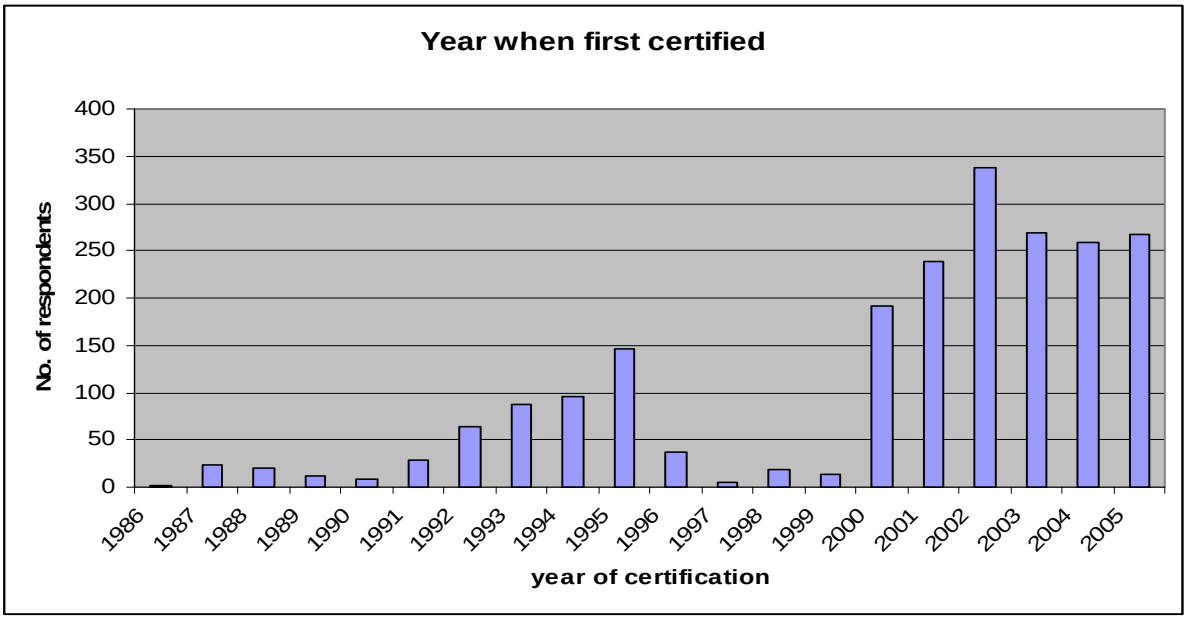
Figure 4. Population size of area where respondents work.



The current IBCLC

IBCLC Certification

Most respondents (62.6%, n= 1370) had originally certified since 2001.
Figure 5. Year when first certified.



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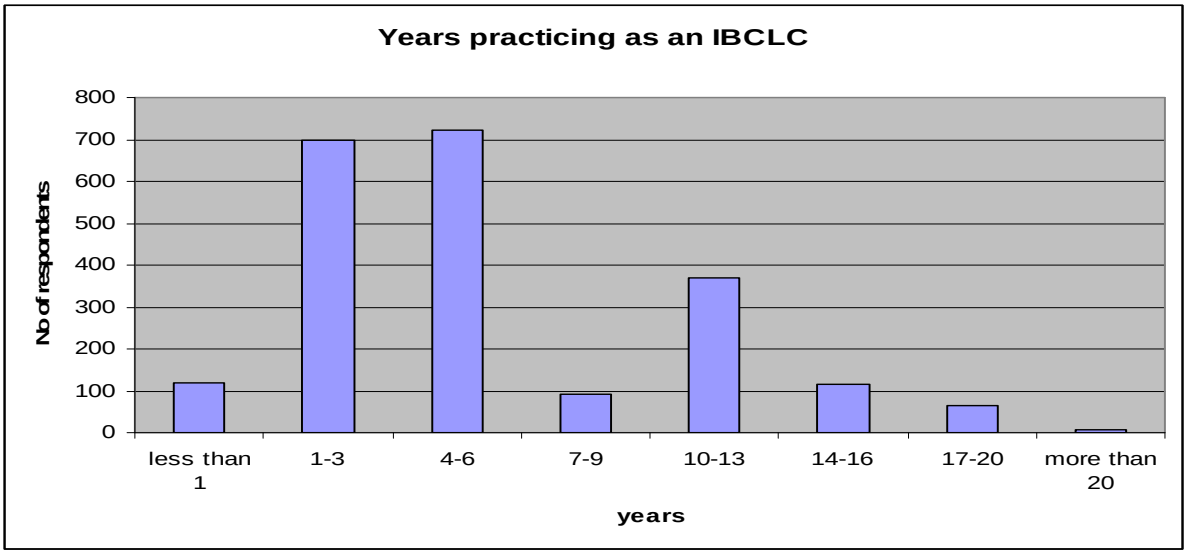
Duration of practice as an IBCLC

The participant's duration of practice ranged from less than 1 to more than 20 years. 65% (1422) had practiced from 1 to 6 years. Nearly two thirds of respondents (63%) had originally certified since 2001. Only 44 had let their credential lapse; 28 for1-3 years.
Figure 6. Duration of practice as an IBCLC.



Note that the ranges provided in the responses varied from 3 to 4 years eg 1-3, 4-6. 7-9, 10-13, 14-16, 17-20 years.

Employment and lactation skills

Primary employment: Of the 96% who were employed (or self employed), 25% worked between 21 and 30 hours and 37% worked between 31 and 40 hours. Over two thirds (68%) used lactation skills in their position, ranging from 11 hours to more then 40 hours per week.

Secondary employment: Of the 28% who also had secondary employment, 70% worked less than 10 hours and 84% used their lactation skills for less than 10 hours per week.

Volunteer: Over one third (37%) also used lactation skills in a volunteer position. Of these, 92% used lactation skills for less than 10 hours per week in their volunteer position.

Use of lactation skills and employment and volunteer positions

These series of questions were confusing since it was not possible to tell what position the respondents held. The wording was: *"In your primary employment, how often do you use lactation skills in the following position?"* This was then repeated for secondary employment and as a volunteer.

Several respondents stated that they could not answer it but were forced to answer to progress to the next question. This would account for the large number that indicated they never used these skills in that position - they have never been in these positions. Respondents were concerned that these "false" answers would affect the results.

Lactation skills were most frequently used by (1) educators, LC as an employee and hospital nurse in primary employment; by (2) educators, LC as an employee or in private practice in secondary employment; and by (3) educator and mother to mother support as a volunteer.

Figure 7 Frequency of use of lactation skills in primary employment.

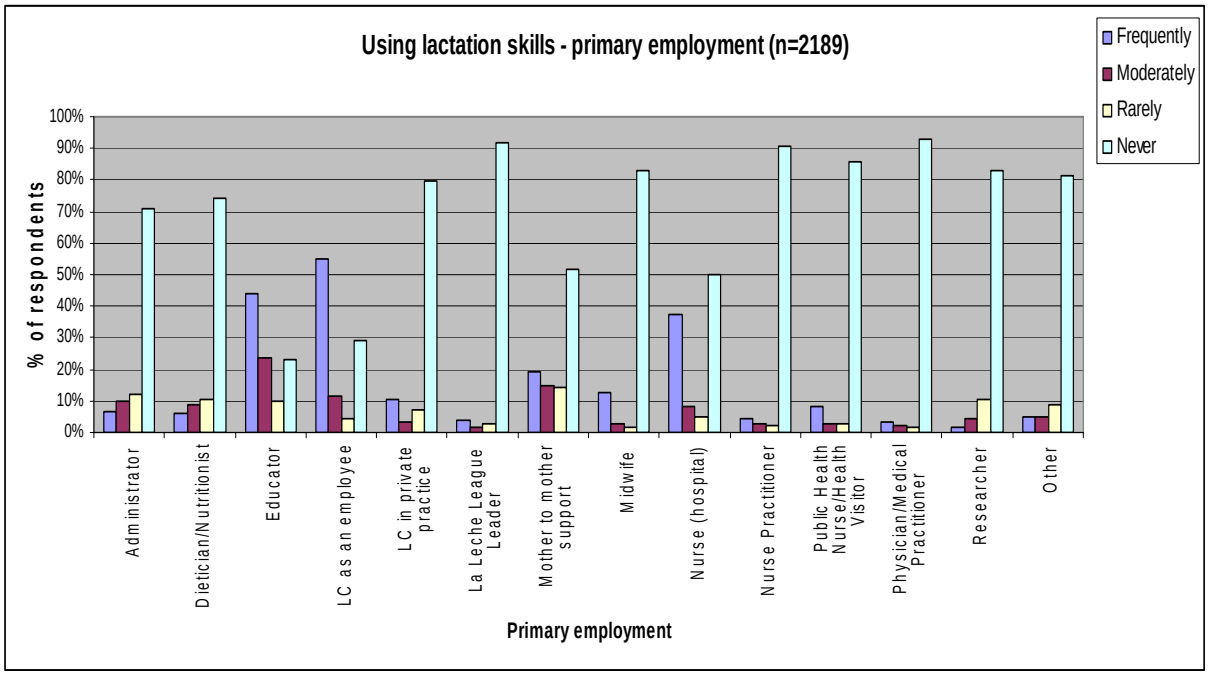


Figure 8 Frequency of use of lactation skills in secondary employment.

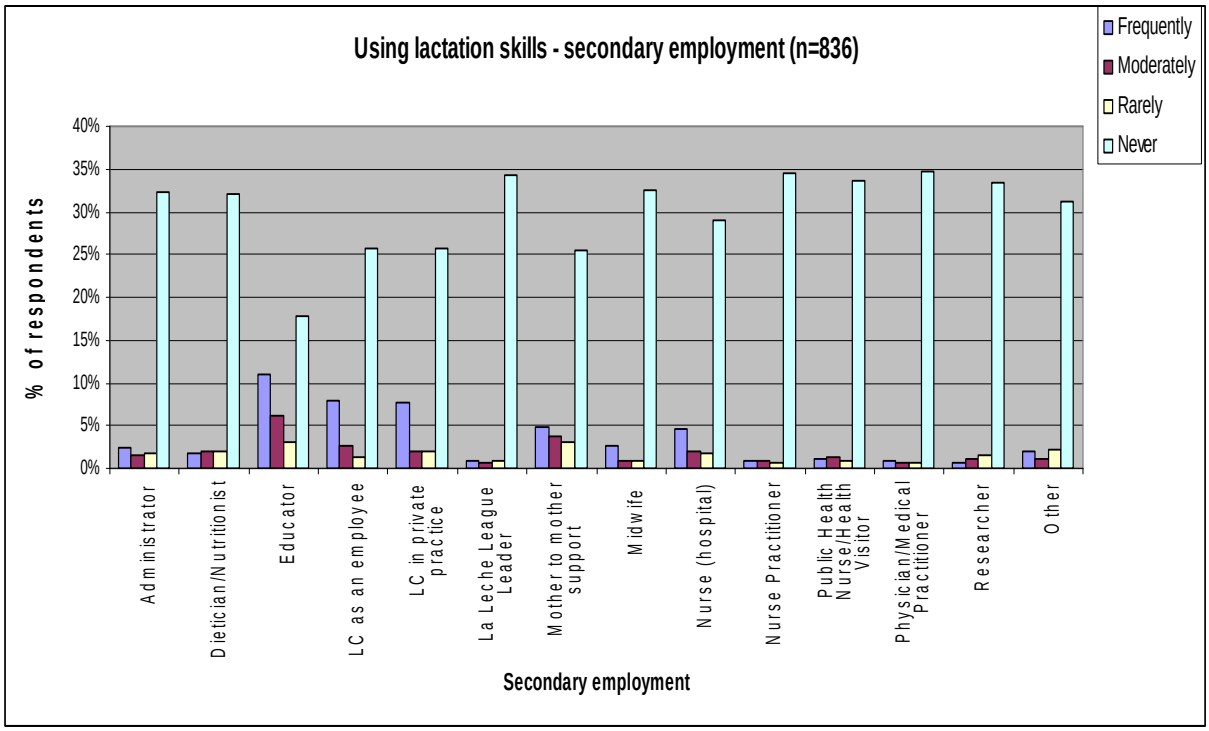
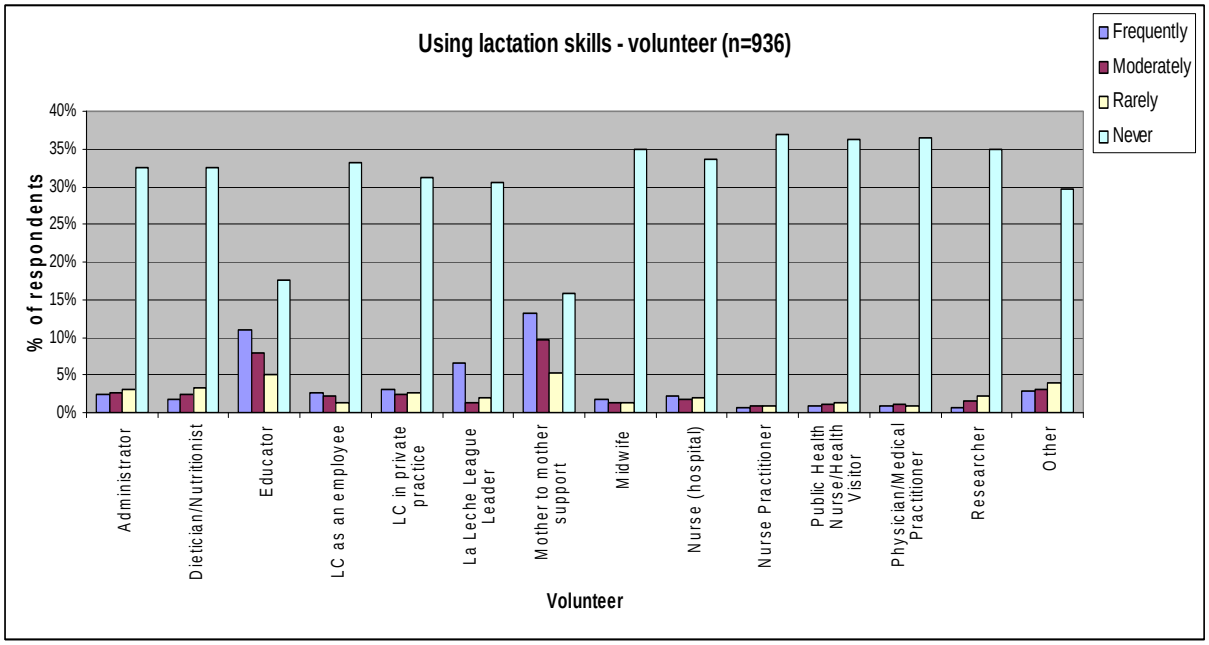


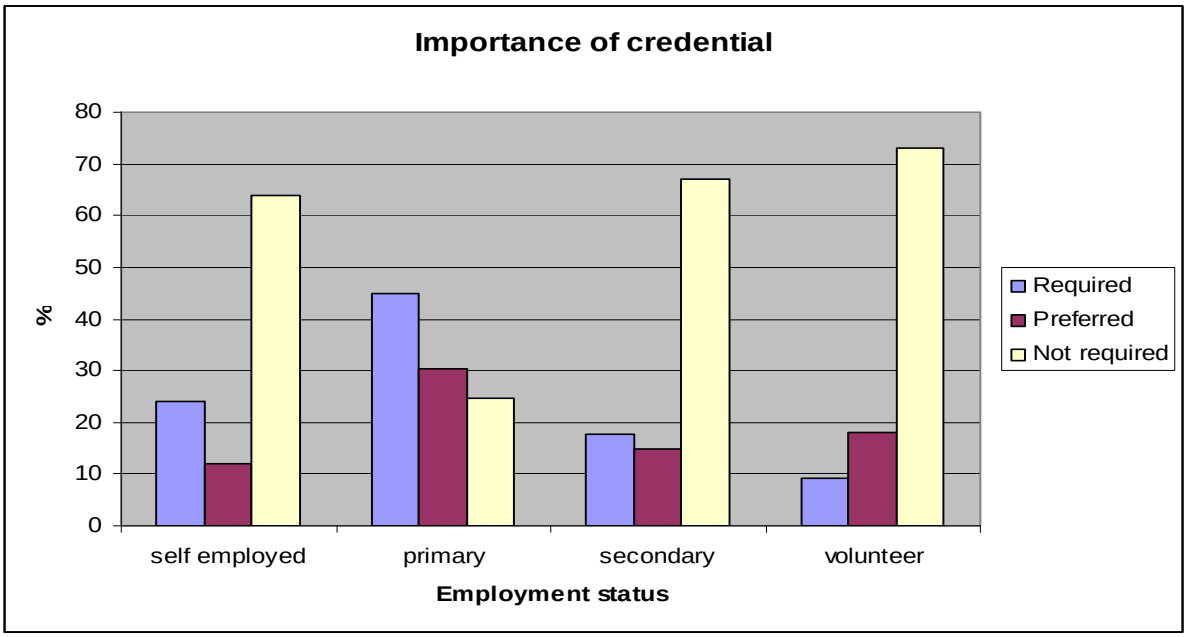
Figure 9 Frequency of use of lactation skills as a volunteer.



Importance of IBCLC credential

In positions where lactation skills are used, the IBCLC credential was more important (either required or preferred) in the respondent's primary employment compared to secondary employment, self employment or volunteer.

Figure 10. Importance of IBCLC credential in employment and volunteer positions.



Importance of knowledge and frequency of use of specific lactation skills and practices.

The figure below displays the importance (criticality) of knowledge and the frequency of use of specific lactation skills and practices.

In all cases more indicated a skill or practice was essential to know compared to using this skill or practice.

In summary:

⇒ RECORDS/DOCUMENTATION - most agreed these skills were both important to know and were frequently used.

⇒ MATERNAL EVALUATION - most agreed these skills were both important to know and were frequently used.

⇒ INFANT EVALUATION - most agreed these skills were both important to know and were frequently used.

⇒ BREASTFEEDING EVALUATION - most agreed these skills were both important to know and were frequently used.

⇒ INFANT CONDITIONS – while most agreed these skills were both important to know, not all were frequently used.

⇒ MATERNAL CONDITIONS - most agreed these skills were both important to know and were frequently used.

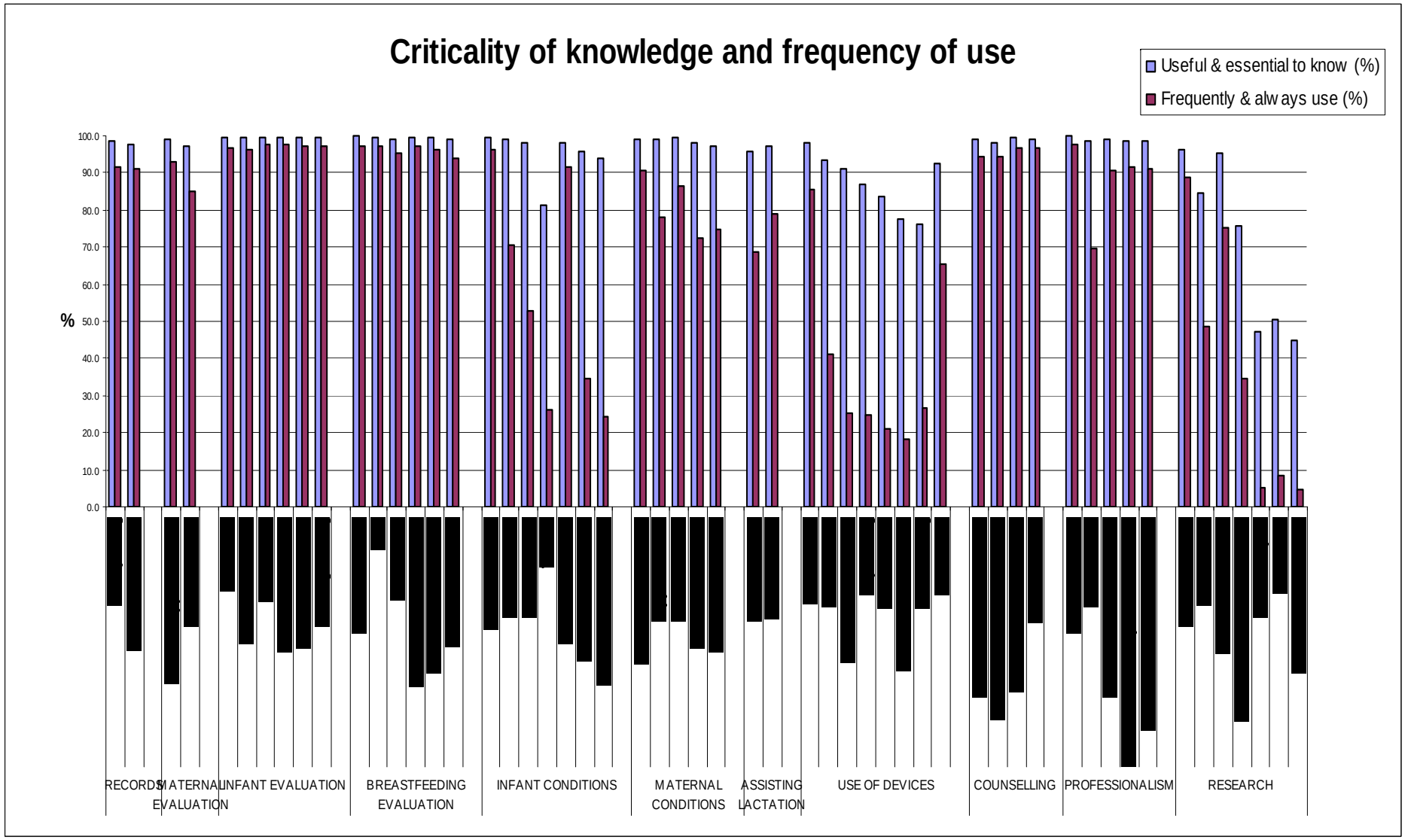
⇒ ASSISTING LACTATION –most stated that hand expression and breast massage were useful and essential to know, although hand expression was not used as frequently as breast massage

⇒ USE OF DEVICES – breast pumps and infant scales were more frequently used than any other devices although over 75% stated it was useful or essential to know how to use these devices.

⇒ COUNSELLING - most agreed these skills were both important to know and were frequently used.

⇒ PROFESSIONALISM - most agreed these skills were both important to know and were frequently used.

⇒ RESEARCH – maintaining records, reading and analyzing research articles were considered the most essential and frequently used. Less than 50% agreed that it was important to know and use research skills such as recruiting subjects, collecting data and managing a lactation study.


Criticality of knowledge and frequency of use
Useful & essential to know (%)
Frequently & always use (%)
%
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
RECORDS
MATERNAL EVALUATION
INFANT EVALUATION
BREASTFEEDING EVALUATION
INFANT CONDITIONS
MATERNAL CONDITIONS
ASSISTING LACTATION
USE OF DEVICES
COUNSELLING
PROFESSIONALISM
RESEARCH

How well did survey questions reflect exam blueprint?

In this section, a comparison was made with the skills and practices surveyed and the blueprint disciplines.

Survey skills and practices	Blueprint Disciplines*
RECORDS / DOCUMENTATION	**J**
History-taking	
Note-taking/Charting	
MATERNAL EVALUATION	**A, B, D**
Breast & Nipple Evaluation	
Health & Nutrition	
INFANT EVALUATION	**A, B, C, D, H**
General appearance	
Newborn behaviors and states	
Feeding Cues	
Suckling & Swallowing	
Adequate Milk Intake	
Stooling/Voiding	
BREASTFEEDING EVALUATION	**A, B, C, D**
Position on Breast	
Latch	
Milk Transfer	
Overall position of Mother & Infant	
Mother-Infant Interaction/relationship	
Skin-to-Skin Contact	
INFANT CONDITIONS	**A, B, C, D, E, F**
Full-term newborn	
Premature Infant	
Multiple Infants	
Toddler	
Sleepy or Crying Infant	
Orofacial abnormalities	
Neurodevelopment Problems	
MATERNAL CONDITIONS	**A, B, C, D, E, F**
Anatomical Differences	
Nipple Problems	
Breast Problems	
Maternal Medical Conditions	
Social Circumstances	
ASSISTING LACTATION	**K, L**

Hand Expression	
Breast Massage	
USE OF DEVICES	**L**
Breast Pumps	
Nipple Shields	
Tube Feeding at Breast	
Cup-feeding	
Finger-feeding	
Devices to Evert Nipples	
Bottle-feeding Infant	
Infant Scales/Weighing	
COUNSELLING	**G, J**
Foster Positive Professional Relationship with Mother and Family	
Use Mother-Centered Approach	
Facilitating Informed Maternal Decision-making	
Show Sensitivity to Mother's Culture/Beliefs	
PROFESSIONALISM	**G, J**
Build respectful relationships with colleagues and other professionals	
Make referrals to other professionals	
Search/read new evidence and apply appropriately to practice	
Self-evaluation of accountable and responsible behaviors	
Self-evaluation of consistent use of ethical practices	
RESEARCH	**I, M?**
Maintain systematic records of patients contacts	
Suggest ideas and concerns, observed in clinical practice, suitable for investigation	
Read research articles in journals	
Analyze/critique research articles	
Recruit subjects for a lactation study	
Collect data for a lactation study	
Manage a lactation study	

*** Exam Blueprint**

A. Maternal and infant ANATOMY (19-33):e.g. breast and nipple structure and development; blood, lymph, innervation, mammary tissue; infant oral anatomy and reflexes; assessment; anatomical variations.

B. Maternal and infant normal PHYSIOLOGY and ENDOCRINOLOGY (19-33):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 (10-16):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 (10-16):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 (19-33):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 (10-16):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; galactagogues/suppressants; effects of medications used in labor; contraceptives; complementary therapies

G. PSYCHOLOGY, SOCIOLOGY, and ANTHROPOLOGY (10-16):e.g. counseling 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, such as adolescents and migrants.

H. GROWTH PARAMETERS and DEVELOPMENTAL MILESTONES (10-16):e.g. fetal and preterm growth; breastfed and artificially fed growth patterns; recognition of normal and delayed physical, psychological and cognitive developmental markers; breastfeeding behaviors to 12 months and beyond; weaning.

I. INTERPRETATION OF RESEARCH (4-8): skills required to critically appraise and interpret research literature, lactation consultant 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 (4-8):e.g. IBLCE Code of Ethics; ILCA Standards of Practice; 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 (10-16):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 (19-33):e.g. breastfeeding techniques, including positioning and latch; assessing milk transfer; breastfeeding management; normal feeding patterns; milk expression.

M. PUBLIC HEALTH (4-8):e.g. breastfeeding promotion and community education; working with groups with low breast-feeding rates; creating and implementing clinical protocols; international tools and documents; WHO Code; BFHI implementation; prevalence, surveys and data collection for research purposes.

Comments on comparison of survey with exam blueprint

⇒ The survey did not cover (M) Public Health very well.

⇒ Exam Blueprint does not cover education as provided by an IBCLC very well. Many IBCLC's mentioned (in their final free text answer) that they conduct antenatal and postnatal breastfeeding classes, breastfeeding promotion classes and teach their colleagues about breastfeeding.

Comments regarding survey:

⇒ Many mentioned that it was a confusing survey making it difficult to complete correctly

⇒ Respondents had to answer against all employment/volunteer positions even if they had never worked in those roles. This made interpretation difficult if not impossible.

⇒ The results of this survey are considered with caution. They may not reflect those of the IBCLC population given the response rate is quite low and is biased to respondents who answered the survey in English.

⇒ The results of this survey need to be considered with some caution given the response rate is low and is biased to respondents who answered the survey in English.

Comments regarding credential:

⇒ Many were strongly against the need to repeat an entry level exam at 10 years to remain certified – would prefer to do this by collecting CERPS as happens in many other professions.

⇒ Respondents suggested that the credential needed more promotion so it gained more recognition and respect

⇒ Several expressed concern over the lack of practical experience required before sitting the exam.

⇒ There was concern over the second credential – that it would confuse the public

⇒ Concern was expressed over the high cost of maintaining certification.

⇒ Most were very proud to be IBCLC.

⇒ Respondents wanted more recognition from fellow colleagues and employers.

Recommendations

⇒ That the blueprint increases its focus on the education and teaching skills required of IBCLCs given the amount of time they spend teaching mothers, the community and health professionals about breastfeeding.

⇒ That IBLCE respond to matters that have been raised about the credential, its promotion and recertification processes in an appropriate manner.