

Blenkinsop, A (2002). Specialist support for breastfeeding: Becoming a lactation consultant. *RCM Midwives Journal* 5(5): 183-185.

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Key points

- International Board Certification, available since 1985, is the only internationally recognised credential in breastfeeding support
- Certification is by examination after long periods of study and practical experience in helping mothers to breastfeed
- Current care for breastfeeding mothers is inadequate — a breastfeeding qualification can help midwives to improve their own and others' practice
- Career opportunities for specialist breastfeeding consultants are increasing.

What is a lactation consultant? It sounds like a character in *The Archers* advising farmers on their dairy yield. Becoming a lactation consultant has certainly helped me to understand how milk is produced, but I have learned much more than that.

The training for this certification has greatly increased my ability to assist parents and babies in breastfeeding, and to help others to learn more about this vital aspect of physical, mental and social health promotion. While there have been breastfeeding specialists and supporters in this country for many years, lactation consultants appeared only in the last decade. What is the difference between them?

History

During the 1980s there arose an increasing appreciation of how breastfeeding works, and awareness that the process was undermined in many areas — not least the health service. The National Childbirth Trust in the UK and La Leche League International (LLL) based in the US had already existed for three decades, providing parents with practical support in childcare. They began to train mothers with breastfeeding experience to provide specialist support to nursing mothers. In 1984, LLLI called a panel of 60 international experts, representing a variety of health professions and backgrounds, to develop universally agreed standards of competency in lactation management. The aim was a formal recognition of knowledge and a defined scope of practice for those specialising in breastfeeding promotion. This resulted in the formation of the International Board of Lactation Consultant Examiners (IBLCE), which initiated the new professional role of lactation consultant (Riordan and Auerbach, 1993).

Lactation consultants' examination

The aims of the examination included the provision of standards to protect mothers and babies, evaluate competence and motivate maternity staff to broaden their expertise. The exam followed stringent guidelines laid down by the US National Commission on Certifying Agencies, which sets standards for health organisations issuing certification in various fields (Riordan and Auerbach, 1993).

In 1988, after the first three annual exams had been taken, IBLCE gained National Commission accreditation, and in the same year the International Lactation Consultants' Association (ILCA) was born. Now 24 years on, there are thousands of lactation consultants in dozens of countries worldwide — and a few of them are men!

Why are lactation consultants needed?

Everyone caring for mothers and babies should understand lactation management. For this reason, the UNICEF UK Baby Friendly Initiative has accredited several maternity units and some community Trusts for their commitment to the 'Ten Steps to Successful Breastfeeding' — one of which involves mandatory training for all staff (WHO, 1998). The Baby Friendly Initiative is now in the process of developing similar standards for health training institutions (UNICEF, 2001). Highly qualified tutors are needed for such training, and there is a long way to go before all geographical and practice areas are covered. Even when a comprehensive understanding of lactation becomes the norm, specialist breastfeeding consultants will still be needed to deal with complex or rare problems, develop high-level education and maintain evidence-based policies.

Parents may well assume that all health workers giving information on breastfeeding know what they are talking about. However, at present only the voluntary breastfeeding support agencies have high standards of practical training built into their curricula. Health visitors, for example, may gain certification having had less than half a day's instruction on infant nutrition from a baby milk company representative. A health visitor may then advise a mother whose baby is slow to gain weight to give formula supplements, rather than investigate their breastfeeding technique. GPs have a long and comprehensive training, but they may have learned nothing about lactation management. They may, therefore, simply prescribe antibiotics for mastitis, not being aware of the mother's greater need for help with positioning to ensure good milk drainage (Renfrew et al, 2000: 61). How can people give the right advice without being informed themselves?

Midwifery studies, at least, do include various aspects of breastfeeding promotion, covering anatomy and physiology, public health and counselling skills. However, clinical training may be insufficient for a midwife to recognise poor attachment to the breast, and to know how to help a ten-day-old breastfed baby with colic. So there is no guarantee that even midwives will give mothers adequate help in establishing breastfeeding. The nationwide shortage of midwives compounds the problem, and many feel very frustrated by the lack of available time for postnatal care. Voluntary breastfeeding counsellors give invaluable support, but they should not be expected to fill the gaps in health service provision and staff training.

This shortage of training is one reason why the UK breastfeeding rate is among the lowest in Europe (Renfrew et al, 2000: 1). Only two-thirds of babies receive any breast milk at birth, and by four months over half of their mothers have given up altogether, mainly because of preventable problems, rather than by choice (ONS, 1997)¹. Of course, many health workers in various roles do learn more about breastfeeding at study days and conferences, and develop practical skills. We all know midwives who can get any baby latched on, and health visitors who spend hours encouraging weary mothers to keep going. Such support by professionals with specialist skills appears to increase the length and exclusivity of breastfeeding (Sikorski and Renfrew, 1999; Anonymous, 1999).

My own interest in this subject was nurtured by Dora Henschel MBE during my midwifery training in 1974, and developed during 13 years in Pakistan (Blenkinsop, 1997) and my return to midwifery practice in England. As my knowledge increased, I realised that without proof of additional learning, I might be regarded as a mere zealot. I could not train with a voluntary agency because I had no personal

¹ For the most recent five-yearly Infant Feeding Survey, visit the website of the NHS Information Centre www.ic.nhs.uk

experience of breastfeeding, and anyway such training may not be given much credence by health workers. So I decided to become a professionally qualified zealot!

Benefits of qualification

Midwives who wish to develop their practice in breastfeeding promotion, and to be taken seriously by other health professionals, will benefit from acquiring a recognised qualification in lactation management. The knowledge needed to gain the title of International Board Certified Lactation Consultant (IBCLC) can greatly enhance the ability of midwives to support mothers and teach staff, and to make their work even more enjoyable. Moreover, the title is the only internationally recognised credential in breastfeeding support (Riordan and Auerbach, 1993), and this can give greater confidence in arguing for evidence-based practice, and lobbying for better teaching and resources.

Criteria for qualification²

The lactation consultants' examination is very challenging, and requires a great depth and breadth of knowledge and expertise. The criteria include:

- Extensive practical experience as a breastfeeding consultant — 2500 hours for a midwife (this includes a percentage of time spent in postnatal care)
- A minimum of 45 hours (from March 2003) of professional education in lactation, and proof of training in health and social sciences within the preceding three years
- Demonstration of knowledge, both scientific and practical, in three key areas: the mother, the baby and communication skills.

The format is one of multiple choice questions in two three-hour papers, which include analysis of photographs. Topics include:

- Milk synthesis and composition
- Drugs and toxins in breast milk
- Infant development and breastfeeding behaviour up to two years of age
- Interpretation of research
- Counselling skills
- Child protection and other legal issues.

The exam is held annually on the last Monday in July all over the world in different languages. The UK fee for the 2002 exam is £200 for early applications, and the final deadline is 15 May³.

Midwives wishing to take the exam need to document any study sessions already attended, and identify gaps in their knowledge and experience. IBLCE does not endorse lactation courses, so applicants should find their own pathway to ensure that all aspects of the curriculum are covered. Apart from formal study sessions and wide reading, this may include:

- Participation in breastfeeding workshops for parents and staff
- Gaining experience in the neonatal unit and paediatric wards
- Spending time at 'drop-in' breastfeeding clinics, and getting to know mothers with nursing toddlers.

My own preparation, in addition to attending many conferences and study days, included the month-long Breastfeeding: Practice and Policy Course at the Institute of Child Health in London. I had no idea how much there was still to learn! The 30 participants came from all over the world, and the course promoted a global

² For current criteria, visit the website of the International Board of Lactation Consultants Examiners www.iblce-europe.org

³ See IBLCE Europe, as above, to contact the UK coordinator.

understanding of lactation issues. For example, I learned more about the consequences of aggressive marketing of breast milk substitutes in developing countries (Rundall, 1996), which I had already witnessed in Pakistan (Blenkinsop, 1997). These include higher infant mortality, and, as the contraceptive effect of breastfeeding is lost, greater maternal morbidity from increased parity (Heinig and Dewey, 1997). A diploma of higher education in midwifery studies had already enhanced my knowledge of disciplines such as adult education, ethics and research, which are included in the IBLCE curriculum. The long-term feeding experiences of friends added to my knowledge, so I felt well prepared for the examination.

What next?

I was delighted to qualify as an IBCLC in 1999. My pride in this achievement was tempered by the knowledge that I still had a great deal to learn. I joined Lactation Consultants of Great Britain (LCGB), which was founded in 1994 and whose membership has grown from 15 to around 60⁴ — all of whom are women, so far. The support and friendship of like-minded professionals was invaluable as I worked toward a specialist role in breastfeeding promotion.

Lactation consultants do not necessarily hold a specialist post, but breastfeeding support is usually an important part of their professional work. They can be instrumental in improving services to nursing mothers within the health service and the public sector (Riordan and Auerbach, 1993). Many are employed as neonatal nurses, midwives, health visitors or nutritionists. Some are medically qualified, and others belong to voluntary parent or breastfeeding support agencies. Their extensive knowledge and increasing competence means that the breastfeeding part of their work can become more focused and effective. I have certainly noticed that mothers seem more confident in my care, as they see my enthusiasm for exclusive breastfeeding matched by research-based knowledge on how to promote it. Some lactation consultants practise privately, although few would find this sufficiently remunerative on its own. Insurance is required, but the low rate negotiated by LCGB indicates that lactation consultants are regarded as safe practitioners. The mothers that I have helped privately taught me a great deal, and their courage and determination impressed me deeply.

I finally achieved my goal of specialist practice last December, when the Ashford and St Peter's NHS Hospitals Trust appointed me as joint infant feeding advisor, based at St Peter's Hospital in Chertsey. The previous postholder, Viv Sleeman IBCLC, is the deputy coordinator of LCGB. I share the post with another midwife, Kim McHarg, who is working toward her IBCLC qualification. We are pleased that the role includes support for mothers who choose or who are obliged to bottle-feed. Our aim is to help women feed their babies enjoyably and safely, rather than to focus exclusively on breastfeeding.

This is not the end of my studies, as lactation consultants have to re-certify by acquiring Continuing Education Recognition Points (CERPS) over five years, and retaking the exam after ten years. The constant challenge of finding solutions to complex breastfeeding problems, and the pursuit of best practice, makes ongoing study very rewarding.

Conclusion

Midwifery care should be evidence-based (UKCC, 1998). Parents need up-to-date information in order to make appropriate feeding choices, but if midwives' knowledge is lacking, mothers and babies may suffer. Although all maternity care providers should be trained in lactation management, at present there are wide gaps in the

⁴ Membership in 2011 was over 250.

support given to breastfeeding mothers (UNICEF, 2001). The presence of additionally qualified lactation specialists, whether in a leadership role or not, will enhance breastfeeding promotion and management. This will make mothers and babies healthier and reduce health care expenditure considerably (Renfrew et al, 2000). As importantly, mothers who are enabled to continue breastfeeding by choice are likely to be happier and enjoy their motherhood more (LLLLI, 1997).

IBCLCs' credentials are being increasingly recognised at professional and government level worldwide. With the greater emphasis on raising the breastfeeding rate in the UK, and the rising number of Baby Friendly maternity units and community Trusts, demand for their services is likely to grow. Becoming a lactation consultant is hard work, but brings great rewards. I recommend it!

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