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Roberta Hewat, PhD, RN, IBCLC, Board Chair
IBLCE
7309 Arlington Blvd., Suite 300
Falls Church, VA 22042

Re: Feedback on the IBLCE Scope of Practice

Dear Dr. Hewat:

I would like to express my thanks for the hard work I'm sure the Board has undertaken to accomplish the daunting task of developing the new International Board of Lactation Consultant Examiners (IBLCE) Scope of Practice. This document makes great strides toward clarifying the scope and limits of the work of International Board Certified Lactation Consultants (IBCLCs) to both credentialed consultants and the public.

I would also like to express my concern over some of the content of the document. First, some undefined terms are used that do not have international nor intranational consistency of meaning, for example: "alternative therapies," "health care provider," and "medical conditions." For example, in one culture or subculture, a health care provider may mean an MD, whereas in others, it may mean a *curandero*, a *shaman*, a doctor of Chinese medicine, etc. Likewise, a therapy considered "alternative" in one culture, may be considered a "legitimate"—or the only "legitimate"—form of therapy in others. Furthermore, conceptualizations of medical conditions and diagnoses vary profoundly across cultures. Which culture's meanings for these terms are to be selected as the standard against which all others must be measured? Western and westernized societies will tend (but not with adequate consistency) to define these terms relative to the culturally based and non-universal concepts, values, and structures of western allopathic medicine. However, the diversity of health and medical models within western and westernized societies—as well across the globe—requires the development of a Scope of Practice which reflects the multicultural and international nature of the IBLCE, its work, the professionals it credentials, and the families they serve. This is clearly a very difficult task.

Second, some of the requirements placed upon IBCLCs via this document are neither internally consistent within the document nor institutionally consistent within the context

of other documents produced by the IBLCE which also place requirements upon IBCLCs. This lack of internal and institutional consistency has a great likelihood of putting IBCLCs in impossible positions. That is, to abide by the requirements in one portion of the Scope of Practice, they must violate another portion of it, the IBLCE Code of Ethics, or the IBLCE Competency Statements. The statement within the Scope of Practice which is most internally and institutionally inconsistent is: “The following activities are outside the scope of practice of an IBCLC: “Contradicting or ignoring the advice of a client’s health care provider.”

Within the Scope of Practice, the above statement has a great likelihood of being incompatible at some point in an IBCLC’s practice with these statements: “Provision of holistic, evidence based lactation support and care to women and their families...”, “Education of women, families, health professionals and the community about breastfeeding and lactation,” “Advocacy for breastfeeding women...,” “Work within the...ethical framework of the IBLCE Code of Ethics,” “Work within the scope of practice and the competencies set out in the Clinical Competencies Checklist,” “Provide evidence based information regarding the mother’s use of medications (over-the-counter and prescription) while lactating: impact on mother’s milk supply,” and “Provide evidence based information regarding alternative therapies while lactating: impact on mother’s milk supply and the effect on her infant.”

Within the IBLCE Code of Ethics, the requirement in the Scope of Practice to not contradict a client’s health care provider has a great likelihood of being incompatible at some point in an IBCLC’s practice with the requirements that IBCLCs conduct themselves with honesty and integrity (Principle 4), base their practices on scientific principles, current research, and information (Principle 7), and provide enough information so as to facilitate a client’s informed decision making (Principle 11).

Within the IBLCE Competency Statements, the requirement in the Scope of Practice to not contradict a client’s health care provider, has a great likelihood of being incompatible at some point in an IBCLC’s practice with the requirement for IBCLCs to: “Integrate cultural, psychological, nutritional, and pharmacological aspects of breastfeeding into lactation consultant practice,” “Utilize appropriate communication skills in interactions with clients and health care providers,” “Maintain a collaborative, supportive relationship with clients, emphasizing individualized family care, client autonomy, informed decision making, and optimal health care,” “Act as an advocate for breastfeeding in the community, workplace, and within the health care professions,” and “Function and contribute as a member of the health care team...”

As is stated on the IBLCE website, “The IBLCE is proud of its role as an organization that: Sets standards that protect mothers and babies...Motivates health professionals to broaden their breastfeeding expertise...Raises standards of care in lactation management...Protects, promotes and supports breastfeeding worldwide.” The vision of the IBLCE is: “...a world where breastfeeding is the cultural norm.” Its mission is: “...to develop the internationally recognized certification standard and award credentials to

individuals who demonstrate competence in providing breastfeeding assistance to mothers and children worldwide.”

If IBCLCs are to engage in evidence-based practice with integrity, clinical competence, cultural competence, support the informed decision making process of the mothers they serve, and protect breastfeeding, then the IBLCE Scope of Practice must permit them to provide substantiated information to mothers whether or not that information contradicts the information provided by another health care provider. Functioning and contributing as a member of the health care team and utilizing appropriate communication skills cannot be interpreted as requiring an IBCLC’s silence or deceit when a client’s health care provider’s advice is founded upon information that is inaccurate, culturally biased, or not evidence-based. Standards of care cannot be raised, breastfeeding cannot be protected, nor can the health of mothers and their children, if IBCLCs are not permitted to speak up when they become aware of misinformation being disseminated by their client’s health care provider. The IBLCE’s vision of returning breastfeeding to the cultural norm will not be achieved if IBCLCs are not permitted to challenge ignorance and cultural bias when it is encountered.

Again, I thank the IBLCE for all of the effort its Board members have put into this challenging project. I urge the IBLCE to review the new Scope of Practice, seek more input from IBCLCs around the world, and work toward developing a document that is more globally relevant and culturally competent, as well as internally and institutionally consistent. As the document now stands, practicing in accordance with it would result in my violating my personal and professional codes of ethics.

With respect and concern,

Cynthia

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cc: Maureen Fjeld
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