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Abstract: Presentation 17 August 2018 by Elizabeth C. Brooks JD IBCLC, part of
Three-person panel at Reaching Our Sisters Everywhere (ROSE) Summit (Atlanta, GA)
Topic: “IBCLC State Licensure (legal and equity implications)

Maya Angelou is frequently quoted: “When we know better, we do better.” It is time the IBCLC profession recognize it has been advocating for IBCLC-only licensure laws the wrong way in the last three decades, and we must now do better.

The International Board Certified Lactation Consultant (IBCLC) profession has pushed since the late 1980s for state licensure for IBCLCs in the United States. Licensure (to complement the international IBCLC credential) was “marketed” as the way to have skilled lactation care covered by health insurers, to improve employability of IBCLCs, and to enhance professional recognition and credibility.

At the close of 2018, vigorous legislative efforts were underway in several states to seek licensure for IBCLCs. Four states (Rhode Island, Oregon, Georgia, and New Mexico) have already passed laws for IBCLC licensure within their borders. But each of the existing licensure laws is quite different from that in the other states … negating the claimed political benefits, and putting the public’s health, safety, and welfare at risk.

The narrow political goal of seeking IBCLC-only licensure is *not* growing the profession’s reach or respect. It is not building community-based care for families, to provide help and support so they meet their infant feeding goals. It is dividing and marginalizing the profession itself. It is time to do better.

Breastfeeding and human milk use are a public health imperative. Most families do *not* need the highly-skilled care of an IBCLC to address their breastfeeding and lactation problems. Most families simply need support from a compassionate, culturally-sensitive counselor, who is trained to recognize when a referral to someone like an IBCLC is warranted. These counselors' services should earn them a decent wage and should be reimbursed by the healthcare/insurance behemoth. And when the care of a clinical lactation specialist like an IBCLC is warranted, families ought to be able to easily find one close by, and have the visit covered by their insurance.

There is enough work to go around. Breastfeeding initiation rates are rising, but exclusivity and duration rates continue to present challenges. The increasing number of designated Baby-Friendly Hospitals has helped with hospital-based care. But there is a lack of community-based care especially in communities of color. And it will require a broad-brush, collaborative effort to redress the disparities: “Community agencies seeking to provide breastfeeding promotion, education, and support services in black and low income communities in an effort to ameliorate breastfeeding disparities must operate with the understanding that suboptimal breastfeeding rates among these populations are influenced largely by

social and systemic barriers that exist outside the parents' sphere of power."[1] The report by the National First Food Racial Equity Cohort, under the auspices of the Center for Social Inclusion (CSI), put it this way: "Given the limited accessibility of lactation services in communities of color and other under-resourced communities, all types of breastfeeding support providers must be seen as valuable contributors in the field of lactation."

Race- and class-based oppression erect barriers of entry into the IBCLC profession (and every other profession). Institutional racism isn't about ME being a "bad person" who is prejudiced against YOU. It is about recognizing the historical economic framework, in the USA (and elsewhere ... we hardly hold a monopoly on this), that inures to the benefit of White folks with unearned privilege. Dr. Joy DeGruy discusses the concept compellingly. While part of a longer session, this 3-minute You tube is worth a watch.

The IBCLC profession, in 2018, is overwhelming comprised of aging, white, college-educated, women, with good incomes. The need to reduce barriers of entry into the profession was first given a "deep dive" by the Lactation Equity Summit (hosted by profession's three powerful organizations overseeing certification, education, and professional development). Several relevant articles and links are still available on the International Lactation Consultant Association (ILCA) website, including the final report.

There continue to be equity-based barriers to IBCLC training, certification, and subsequent licensure. The system defaults to providing access and opportunity primarily to those with unearned privilege, while presenting significant road blocks to people of color. African American families in the USA have the lowest rates of breastfeeding initiation, exclusivity, and duration, begging the question of why we aren't doing more to provide meaningful and equitable access to the IBCLC profession by members of non-dominant culture.

Pushing for licensure for IBCLCs, under the system we have today, means we perpetuate the race- and class-based system that oppresses marginalized groups from equitable participation in the profession in the first place. Zealous advocacy for licensure for IBCLCs does *not* require opposition to licensure for (or compensation to) other lactation support providers. It is overly simplistic to suggest that IBCLCs should narrowly focus on seeking licensure for IBCLCs, while suggesting other lactation support providers can just go and seek their own licenses and reimbursement. It perpetuates the harm for an institution (IBCLC professional associations) to seek remedies (licensure) which are contrived -- at a structural and institutional level -- to benefit those of privilege.

The challenge for 2019 going forward is to tackle the problem of HOW to pay (for lactation care for all families), not WHO to pay (which focuses political capital on protecting professional labels, rather than increasing provision of care).

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1 Reis-Reilly, H., Fuller-Sankofa, N., & Tibbs, C. (2018). Breastfeeding in the Community: Addressing Disparities Through Policy, System, and Environmental Changes Interventions. Journal of Human Lactation, 34(2), 262-271, p. 267.