Position Paper on the Comparative roles and training of the IBCLC and the CLC

Aim
This position paper is intended for Certified Lactation Counselors (CLCs), International Board Certified Lactation Consultants (IBCLCs), healthcare staff, policy makers and healthcare consumers to clarify the degree to which differences may exist in training, scope of practice, demonstrated skills, or competencies between a CLC and an IBCLC.

Training
There can be significant differences in the manner in which IBCLC and CLC credentialed individuals are trained.

Becoming an IBCLC

Although the pathways to becoming an IBCLC are many and varied and have changed many times over the years, the significant aspect is that candidates must complete hours of clinical practice in lactation prior to taking the exam. The IBLCE website states that “Appropriate supervision of the candidate’s lactation specific clinical practice is required”\(^1\). Candidates are tested on knowledge with a multiple choice test that can last up to 5 hours and are not tested on competencies. Beginning in 2012, IBLCE candidates are also newly required to take 90 hours of “approved” breastfeeding education\(^2\). Candidates receiving IBCLC certification prior to 2012 were only required to have 45 hours of breastfeeding education. Only those receiving the IBCLC credential in 2012 and beyond will be required to have completed more than 45 hours since this is a recent requirement.

Becoming a CLC

The pathway to becoming a CLC is more concise. Candidates are required to successfully complete a 45 hour course inclusive of and modeled on the World Health Organization (WHO) & UNICEF 40 hour breastfeeding counselor course\(^3\). Throughout the course of study, candidates are required to demonstrate and pass competencies in lactation care. Finally, CLC candidates are given both practical and multiple choice exams administered by The Academy of Lactation Policy and Practice lasting up to 2.5 hours\(^4\). The exam
is designed in this manner so that candidates complete breastfeeding education and competency verification before they practice the skills of lactation support, and are governed by the scope of practice and the code of ethics while working with patients and clients.

The training foundation that the CLC program requires establishes a solid base of evidence-based knowledge and skill, based on the WHO/UNICEF footprint. The breastfeeding education an IBCLC completes prior to certification may come from many different sources meaning one IBCLC does necessarily have the same training as the next. There is no required continuity of training for an IBCLC.

Scope of Practice

Both CLCs and IBCLCs have clear scopes of practice. The scope of practice for IBCLCs is administered by the International Board of Lactation Consultant Examiners (IBLCE) and the scope of practice for CLCs is administered by The Academy of Lactation Policy and Practice (ALPP). The similarities between the 2 scopes are more numerous than the differences. Both identify the skills and competencies that a certificant should be able to perform. The IBCLC scope speaks of these in terms of duties, while the CLC scope speaks of them as abilities. In comparing the two documents cited above, it is clear that CLCs and IBCLCs are prepared and expected to perform the same tasks including but not limited to; assessment, advocacy, education, and counseling.

One difference in the two documents is that the ALPP acknowledges that certificants often hold other credentials and they may perform many other activities associated with the varying credentials. The ALPP scope of practice does not attempt to list all of these other possible activities. The IBLCE document makes no such acknowledgment that IBCLCs may hold other credentials that would mandate their actions or responsibilities vis a vis their scope of practice.

Healthy Children Project and The Academy of Lactation Policy and Practice believe that individual professional experience and competency should determine in which settings an individual lactation care provider should work, not credentials. It is no more appropriate to install a brand new non-medically trained CLC in the NICU setting than it would be to insist that a highly experienced physician or advanced nurse practitioner in the community become an IBCLC or CLC in order to counsel patients about breastfeeding. Individual experiential background coupled with demonstrated knowledge and competency determine one’s own ideal scope of practice. No credential currently available identifies an advanced clinician ready to provide lactation care in every setting.
Demonstrated Skills and Competencies

There is a common misconception that the CLC is an entry level certification and the IBCLC is an advanced level certification. This is simply not true. Both designations are entry level. Candidates for both certifications come with varying degrees of knowledge and practice. Practitioners with either certification become more advanced in their skills with practice after the certification is received. There is no inherent hierarchy among lactation care providers.

Furthermore, there are only two certifications at this time for an advanced certification in lactation, the Advanced Lactation Consultant (ALC) or the Advanced Nurse Lactation Consultant (ANLC), which are offered by Healthy Children Project Inc. and ALPP.\(^\text{14}\)

Counselor vs. Consultant

There has been a lot of discussion about the differences between a counselor and a consultant. As defined by Merriam-Webster, a counselor is a person who gives advice.\(^\text{15}\) A consultant is defined as one who gives advice or services.\(^\text{16}\) In fact, they are listed as synonyms. The designation consultant does not imply or bestow any advanced credential on an individual, nor does the designation as a counselor imply any lesser ability.

Independent Accreditation

The Certified Lactation Counselor® (CLC®) certification program is accredited by the American National Standards Institute (ANSI) based on the ISO/IEC 17024 Standard.\(^\text{17}\) ANSI is well-recognized within the industry as enforcing the highest standards in personnel certification accreditation. The IBCLC credential is accredited by the National Commission for Certifying Agencies (NCCA).\(^\text{18}\)

Summary

Breastfeeding is universally recognized as an important contribution to public health and mother-baby bonding. More than 4 million babies are born in the United States each year.\(^\text{19}\) Currently, 74.6% of women initiate breastfeeding in the hospital.\(^\text{20}\) Many women who choose to breastfeed are not achieving their own goals for duration and exclusivity.\(^\text{21}\) There is a great need for knowledgeable and competent lactation help to support these 3 million breastfeeding couples. In order to close the gaps and increase the chances of
women achieving their breastfeeding goals, more access to knowledgeable, competent lactation care providers – both CLCs and IBCLCs - is crucial.

Both the CLC and IBCLC credential are routes to verifying that an individual lactation care provider has demonstrated knowledge in the management of lactation. Only the CLC credential adds verification of competency in management of common breastfeeding problems and in counseling women regarding practices demonstrated to increase the success of breastfeeding.

The Healthy Children Project, Inc. embraces the concept of a community of lactation care supporters ranging from mother to mother support, trained peer counselors to nurses, speech/language therapists, nutritionists/dietitians, physicians, advanced practice nurses and beyond. It is not HCPs view that only one credentialed care provider should provide advanced lactation care, but that a range of knowledgeable, competent care providers should be available to address the needs of all breastfeeding women and babies.


