2014 Lactation Summit:
Addressing Inequities within the Lactation Profession

Executive Summary

2014 Lactation Summit Design Team

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Suggested citation: 2014 Lactation Summit Design Team, *Summary Report of the 2014 Lactation Summit: Addressing Inequities within the Lactation Profession.* Morrisville, NC: ILCA, December, 2014.

Executive Summary

This report is submitted by the 2014 Lactation Summit Design Team to summarize the 2014 Lactation Summit, *Addressing Inequities within the Lactation Profession,* held July 27, 2014 in Phoenix, Arizona USA. The Lactation Summit was one part of a larger strategy to address inequities that make it difficult for all people, particularly those in underrepresented communities, to attain the International Board Certified Lactation Consultant® (IBCLC®) credential. The initiative was launched in 2013 by the leadership of the International Board of Lactation Consultant Examiners® (IBLCE®), International Lactation Consultant Association® (ILCA®), and the Lactation Education Accreditation and Approval Review Committee (LEAARC).

The 2014 Lactation Summit

The 2014 Lactation Summit was the result of a year-long planning effort by a 22-member design team made up of diverse representatives from seven countries of the world. [*See Appendix A, Design Team.*] Hosted jointly by IBLCE, ILCA, and LEAARC, the purpose was to listen and learn from the missing voices of the profession so that strategies for dismantling institutional oppression within the profession can be developed. A total of 120 individuals from 12 countries attended and provided thoughtful reflections to guide the process moving forward. Attendees also included representatives from organizations who can help make a difference in addressing barriers, including medical, professional, and governmental organizations. [*See Appendix B, Summit Organization Attendees.*]

The focus of this Summit was to listen and learn. The design team recommended a structure to hear from 26 individuals representing the following categories:

- African Americans in the U.S.
- Hispanics[1] in the U.S.
- Native Americans in the U.S.
- North and South America
- Asia Pacific
- Russia and Europe
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[1] Note: for the purpose of this report we will use the term “Hispanic” to denote peoples in the U.S. from predominantly Spanish-speaking countries and their descendants. The word “Latino/a” is another term commonly used by many in the U.S. The term “Hispanic” is used here to more widely embrace all peoples from Spanish-speaking countries and/or cultures. We recognize that individuals have the right to self-identify according to their own preferences.

- Communities that cross geographic and ethnic lines (males, lay breastfeeding support groups, those working in remote regions of the world, and the LGBTQI[2] community)

General Findings

While there are specific barriers unique to various racial, ethnic, geographic, and other groups, several general themes emerged that were common to many of the groups. These findings will help guide future discussions and action plans needed to dismantle institutional oppression.

Passion for Advancing the Profession

Panel presenters and Summit participants alike strongly support the profession of IBCLCs, and want to assure that the profession remains viable and continues to grow. This will involve engaging missing voices of the profession to strengthen it and assure continued vitality.

Institutional Oppression

Panelists and attendees from the U.S. and other countries reported societal patterns of ongoing and pervasive oppression against certain races, ethnicities, and other social groups that are deeply embedded in countries around the world. The result is a societal system that is disproportionately dominated by those who hold privilege. This is evident within the lactation profession, as well. Those who hold privilege – those with resources, opportunities, and connections – are better positioned to meet the educational, financial, and clinical experience requirements of the profession. While barriers to accessing the profession are found in all groups, including the dominant culture, these barriers tend to be disproportionately magnified among marginalized groups and can be nearly impossible to overcome.

Application Process

Many Summit participants noted significant confusion over the process of becoming an IBCLC. Factors include navigating the organization websites, finding relevant application materials, and understanding the process of becoming an IBCLC. Simplifying communications and providing helpful tools to make it easier for prospective applicants are crucial.

[2] Note: For the purpose of this report we will use the acronym "LGBTQI" (lesbian, gay, bisexual, transgender, queer, intersex). We recognize that the LGBTQI "community" is not a homogeneous community; as such, this acronym does not represent all gender identities and sexual or affection orientations, and any acronym is problematic. We respect the right of every individual to self-identify and welcome feedback on the descriptors and language used in referring to LGBTQI people.

Educational Requirements

Panelists and participants throughout the day noted challenges attaining the required educational coursework. Courses for non-degree students are often not available in many countries, and/or are difficult to access in many resource-deprived communities. Where they are available, they are often very costly, often require college/university enrollment, may not be available without enrolling in a full degree program, or are not available in the required language. The lack of established college majors and diplomas or degrees in lactation consultation also poses a barrier that disproportionately affects those from resource-deprived communities because it limits access to the kinds of student financial aid more commonly available for standard established courses of study.

Clinical Requirements

Required clinical experience is often challenging, if not impossible, to acquire if applicants are not already on staff at a hospital or health clinic. Requirements favor those who are already health care providers with a job in the health care field, which tends to be made up primarily of professionals from the dominant culture of privilege. Thus, the cycle continues to perpetuate inequities. In situations where a prospective IBCLC candidate is able to access a clinical setting for gathering clinical hours, the families served may not always be open to care from someone who is outside their racial/ethnic group.

Pathways

Panelists and participants from countries outside the U.S. noted that traditional pathways to the IBCLC credential are not always relevant to all populations and regions of the world.

Lack of Qualified Mentors

Many participants noted the absence of potential clinical mentors who were qualified, willing, and encouraging to assist exam candidates in meeting Pathway 3 requirements. (*See the IBLCE website at* http://iblce.org/certify/pathways/ for more details about pathways.) Underlying the issue is the lack of settings in which mentorship is allowed to occur; many IBCLCs who might be willing to serve as mentors are not allowed to do so by the institutions within which they work. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in the United States is one such setting, as are many U.S. hospitals. This is a special concern for potential mentors from within underrepresented communities. Some countries of the world have only one or two IBCLCs in the entire country, and access is virtually impossible for many. In the U.S., having available qualified mentors is a challenge even in predominantly Caucasian communities. The challenge is disproportionately greater among vulnerable and underrepresented communities due to the low numbers of IBCLCs of Color.

Language Barriers

Many participants experienced roadblocks and expressed frustration over widespread language issues, including availability of lactation textbooks, continuing education events, and required coursework in their native language. Exam preparation and requirements listings, as well as application materials on the IBLCE website, are also problematic, as they are not consistently available in appropriate languages other than English. For example, French resources are noticeably lacking in parts of Canada, and Spanish materials are often not available in the U.S., Mexico, and South America. Language barriers are also special concerns throughout Russia, Europe, and the Asia Pacific regions. Participants reported they feel the current process favors English speaking people; English is the language of people of privilege in many countries and communities. In many underrepresented populations across the world, literacy in the native language is also an issue, and many do not speak English.

Financial Constraints

All panels discussed serious financial hardships involved in becoming credentialed as an IBCLC. Financial constraints include the cost of the exam, related expenses to travel to the exam site (which can be greater if the candidate needs to travel to another country due to insufficient numbers of exam candidates in the applicant's home country), costs to acquire study resources and continuing education, and costs to acquire mandated coursework and clinical experience. Once the IBCLC credential is attained, ongoing financial resources are required to maintain the credential through continuing education and renewal fees to recertify by Continuing Education Recognition Points (CERPs). ILCA offers limited conference scholarships, and the nonprofit organization, Monetary Investment for Lactation Consultant Certification (MILCC), offers limited IBCLC certification exam scholarships. However, these scholarships do not fully meet the need.

Lack of Jobs as IBCLCs

A widespread concern is the lack of job security for IBCLCs. Many aspiring IBCLCs are hesitant to enter a profession where jobs are limited or nonexistent. For example, in some countries jobs are only available for IBCLCs who are also physicians. Many U.S. hospitals only staff IBCLCs who are also nurses. Attendees reported misunderstandings within the health profession in general about the role of the IBCLC and value to the health team, the need for licensure and reimbursement within the U.S., and the need for the U.S. Department of Agriculture Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to encourage state and local agencies to hire IBCLCs and establish structured referral programs to IBCLCs.

Next Steps

The 2014 Lactation Summit resulted in a number of recommendations for next steps, including:

Organizational: Both the host organizations and other lactation-related organizations and government groups should begin a systematic process of internal examination of policies, practices, and structures to identify and dismantle systems of oppression. This process should include engagement and leadership from individuals from underrepresented communities.
Individual: Each individual can begin or continue their journey toward understanding equity and ways to address oppression. Individuals can personally provide mentorship opportunities to individuals in underrepresented communities. They can offer scholarships for lactation courses and IBCLC exam fees, and contribute to existing scholarship funds. They can encourage peer counselors and others with lactation education to move toward IBCLC certification and offer practical support. Each person can also examine their own perspectives of privilege, and join with others in bringing about equity within the profession.

Continued Engagement: A process to continue listening and learning should be developed, with solid action plans to address identified barriers. This listening and collaboration might need to include a second in-person Summit; if so, the design team should include adequate representation of, and leadership from, marginalized groups to assure that project goals will be met.

SPECIAL NOTE ABOUT THIS REPORT

This summary report of the 2014 Lactation Summit provides an overview to the process and a summary of experiences and perspectives as reported by Summit attendees. The issues and recommendations reported by attendees do not necessarily represent the views of the sponsoring organizations or other attendees.

The Summit was *not* audio or video recorded out of respect to the individuals who courageously shared their truth. The details outlined in this summary report were based on extensive notes collected by summit leaders, notes provided by speakers in their PowerPoint™ presentations, and numerous written reflections provided by small groups as part of reflection periods conducted throughout the day. Individual names and stories are not included in this report out of respect to the presenters.

The initial draft of the report was prepared by Cathy Carothers, IBCLC, Chair of the 2014 Lactation Summit Design Team, and reviewed by the Summit Facilitator, Sherry Payne, IBCLC, and the 22 members of the design team who planned and participated in the event. All speakers who presented at the Summit were also provided an opportunity to review the report and verify accuracy. Finally, this report was presented to the three host organizations, the International Board of Lactation Consultant Examiners®, International Lactation Consultant Association®, and Lactation Education, Accreditation and Approval Review Committee prior to public release.

The 2014 Lactation Summit design team encourages wide dissemination of this report via organization websites, newsletters, and social media. It may be freely copied, shared, linked and distributed by others under its Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

2014 Lactation Summit Design Team
December 2014

NOTE FROM SPONSORING ORGANIZATIONS

The three sponsoring organizations greatly appreciate the opportunity to listen and learn from the speakers who presented their experiences and perspectives at the 2014 Lactation Summit. Our role was to listen openly and without judgment to the speakers' thoughts and feelings, and we were appreciative of the opportunity to do so.

While we recognize that the content of this report reflects issues present in society as a whole, the three sponsoring organizations also recognize the responsibility to address issues of inequity that are within our spheres of influence. The three sponsoring organizations will explore individually as organizations and collectively as a profession the "Next Steps" set forth on page 31 of the report to accomplish this. The sponsoring organizations are, and remain, committed to fairness.