The Lactation Consultant as Public Health Practitioner

By

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Abstract

The lactation consultant (LC) profession is a relatively new one. The field has grown over the past 25 years and, as a group, lactation consultants are trying to define their role in the healthcare team and the health system in general. As breastfeeding continues to emerge as an important public health benchmark and disease prevention strategy, the role of the lactation consultant stands to become more respected and diverse. The majority of those certified as lactation consultants come from clinical backgrounds and have most of their experience working one-on-one or in group settings with breastfeeding mothers and babies. While this will always be a large focus of the work of a lactation consultant, it is becoming increasingly evident that understanding and reducing the barriers to optimal breastfeeding is the most effective way of improving breastfeeding initiation and duration rates. Hospital, health insurance and employment policies as well as social norms and community health beliefs all impact a woman’s decision to breastfeed and her chances of successfully meeting her goals once she starts. When a lactation consultant begins to look at the social, behavioral and environmental factors that impact breastfeeding practices within the community, she begins to act as a public health practitioner as well as a clinician. What is the potential role of the lactation consultant in helping to create and interpret policies and what skills will LCs need to have to be leaders in changing breastfeeding policy and the breastfeeding environment in the community?
Breastfeeding has been shown to have many preventive health benefits for mother and child. Children who are not breastfed have higher rates of ear, respiratory and gastrointestinal infections as well as asthma, obesity, diabetes and childhood leukemia (United States Department of Health and Human Services [DHHS], 2009). The act of breastfeeding provides mothers with lower risk for diabetes, breast and ovarian cancer and postpartum depression. Breastfeeding saves on healthcare costs, reduces employee absenteeism and produces less waste than formula feeding. The US Surgeon General and American Academy of Pediatrics recommend exclusive breastfeeding for the first 6 months of life, continuing into or beyond the second year of life (DHHS, 2009).

According to the National Immunization Survey the rate of initiation of breastfeeding has increased in recent years (United States Centers for Disease Control and Prevention [CDC], 2009). However, exclusive breastfeeding and duration rates are still below Healthy People 2010 goals. This data set also shows us that there are disparities in breastfeeding rates between different racial/ethnic and socio-economic groups. There are many social and environmental barriers that keep women from meeting their breastfeeding goals and cause women to choose the less healthy option of formula feeding. Public health policies and programs are necessary to decrease societal barriers to optimal feeding and to enable women to breastfeed into or beyond their baby’s second year of life.

International Board Certified Lactation Consultants (IBCLCs) are in the front lines of this effort as they are actively involved in helping individual women develop and meet their breastfeeding goals. These professionals could also be involved in creating public policy and developing community promotion programs as part of their commitment to promoting
breastfeeding. Most lactation consultants today come from a clinical background and may not have well developed skills in the practice of public health.

This paper will examine the public health skills that are necessary to lead an effective public health movement and will identify opportunities for development of public health and leadership skills for newly certifying and currently practicing IBCLCs.

**Background**

The lactation consultant profession is a relatively new one, just about to celebrate 25 years since standardization of the professional certification by the International Board Certified Lactation Consultants (IBLCE). The certificant is known as an International Board Certified Lactation Consultant (IBCLC). The creation of this credential was supported by La Leche League International (LLLI). LLLI was started in the 1950's by a group of nursing mothers who wanted to support each other and realized that a mother-to-mother support model might increase the breastfeeding rate. By the 1980's LLLI was the leading breastfeeding advocacy group and had developed a training model for breastfeeding support. The League convened a panel of experts to create a new organization to establish standards for a new profession of lactation consulting. Under the direction of Joanne Scott, a longtime LLL Leader, this new organization offered resources for the development of the IBLCE. The first exam offering the IBCLC credential was given in 1985 (Thurman & Allen, 2008). Prerequisites for the exam have changed over the years, but the components of the requirements have remained the same: a minimum number of hours working directly with breastfeeding mother/baby dyads and a minimum number of didactic lactation education credits. After passing the exam, IBCLCs must recertify every 5 years through a combination of obtaining continuing education recognition points (CERPs) and re-taking the exam.
IBCLCs are encouraged to join the International Lactation Consultant Association (ILCA) as well as its national and local affiliates such as the US Lactation Consultant Association (USLCA) and various state and regional organizations. These organizations offer networking and career development resources as well as continuing education opportunities through webinars and conferences.

While LLLI still remains one of the major players in the breastfeeding advocacy arena, the role of the typical US IBCLC during a given workday is likely to be more clinically oriented. Many IBCLCs come from a medical or nursing background and have little formal training in public health concepts or practice. The IBLCE Clinical Competencies (2003) document makes reference to public health skills and states that one of the professional responsibilities of a lactation consultant is to “advocate for breastfeeding families, mothers, infants and children in the workplace, community and within the health care system”. Likewise, the IBLCE Scope of Practice (2008b) states that “IBCLCs have the duty to protect, promote and support breastfeeding by:

- educating women, families, health professionals and the community about breastfeeding and human lactation
- facilitating the development of policies which protect, promote and support breastfeeding
- acting as an advocate for breastfeeding as the child-feeding norm”.

The IBLCE Exam Blueprint (2008a) lists Public Health as one of the categories of test question and includes the following topics: breastfeeding promotion and community education; working with groups with low breastfeeding rate; creating and implementing clinical protocols; international tools and documents; WHO Code; BFHI implementation; prevalence, surveys and
data collection for research purposes”. However, there is no minimum education in understanding or utilization of these concepts and there are few questions on the exam pertaining to these topics.

One of the tenets of IBCLC practice is that clinical practice must be evidence based and the IBCLC is expected to stay current with the research so that he or she is giving the most accurate and up-to-date clinical advice possible. In order to best utilize limited financial and personnel resources and to have the largest impact on the health of the community, breastfeeding advocacy, breastfeeding rights and social justice, as well as promotion and protection activities should also be held to the same high standard of evidence-based practice. Approaching the task of breastfeeding promotion from a public health standpoint provides the tools to assess a community’s needs and better determine the efficacy of interventions and policies geared towards changing breastfeeding behaviors.

Methods

The primary methods used include 1) review of the literature, and 2) e-survey data collection and analysis.

Literature review

First, a literature search was carried out to identify articles relating to lactation consultants and public health science. Searches were performed using Google Scholar, ISI Web of Science and Pub Med search engines. Search terms included combinations of lactation, lactation consultant, lactation professional, breastfeeding, breastfeeding promotion, public health, public health policy, public health promotion, public health practice, program and program evaluation. Three articles were identified that directly related to the development of IBCLCs’ public health skills. Two other articles that were written for other professions were
included because of their publication in the JHL, making them likely to have been read by IBCLCs and translated to use in the field of lactation.

In addition, five years worth of issues of the Journal of Human Lactation (2005-2009) and the 2009 ILCA Conference Handbook were hand searched to assess relevance to improving understanding of the social ecological framework and public health practice. Titles, abstracts, key words, objectives and discussions were reviewed. Articles and presentations about clinical practices or the physiology, immunology, biochemistry or anatomy of lactation were excluded. Approximately 100 articles and 15 conference presentations were identified and categorized by topic related to the core functions of public health and public health leadership. The criteria that were used to determine the public health topics related to each article are shown in Appendix 1. Many articles contributed to multiple categories.

**Key Informant Questionnaires**

Email surveys were sent to six individuals determined to be key informants in the topic of public health activity within the breastfeeding promotion community. Participants were selected from a pool of current IBCLCs who are members of the Pennsylvania Professional Lactation Consultant Association (PRO-LC) and have direct experience with breastfeeding promotion or advocacy through membership or leadership roles in one of the following organizations: Pennsylvania Breastfeeding Coalition, US Breastfeeding Committee, ILCA, USLCA, IBLCE and the World Alliance for Breastfeeding Action (WABA). Interview questions were developed based on the matrix used for the literature search and public health concepts described in *Public Health Leadership: Putting Principles into Practice* (Rowitz, 2003). The list of interview questions can be found in Appendix B. The survey was submitted to the Public Health – Nursing
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Institutional Review Board at the University of North Carolina at Chapel Hill and was found to be exempt from further review.

Literature Review

Review of basic public health concepts for the IBCLC

Core Functions and 10 Essential Services of Public Health.

To be an effective part of the public health team and best affect change in US breastfeeding practices, the IBCLC must have a basic understanding of the principles of public health practice. According to the Institute of Medicine report *The Future of Public Health*, the aim of public health is to “fulfill society’s interest in assuring the conditions in which people can be healthy” (as cited in Rowitz, 2003). The three core functions that enable public health practitioners to work toward this goal are “assessment (identification of health problems), policy development (identification of possible solutions) and assurance (implementation of the solutions in the form of programs and services)” (as cited in Rowitz, 2003). Integral to this paradigm is the idea of ongoing evaluation to assess the status of the health problem and the effectiveness of policies, programs and services to continually improve upon the interventions and improve the health status of the community.

It is generally recognized that there are essential activities that must be performed by public health agencies to best fulfill the mission of public health. These activities were coined the Ten Essential Services by the 1994 Core Public Health Functions Steering Committee and are shown in Appendix C. (*CDC, 2008*). These essential services correlate to the core functions of public health as shown in Figure 1. This model shows that public health practice is a cyclical process with continual community health evaluation, policy development and program evaluation. Included in the assessment function are the practices of monitoring health and
identifying community health problems as well as diagnosing health hazards in the community. Policy development work includes efforts to inform, educate and empower the community about health issues, mobilizing community partnerships and developing policy. The assurance function is carried out through law enforcement, linking people to or providing needed health services, assuring a competent workforce and evaluating public health programs and policies. In this model, the tenth essential service of research is independent of any specific core functions but is an important foundation for each of the other services.

Figure 1. Core Functions of Public Health and the Corresponding Essential Services

(Essential Public Health Services, 2010).
Public Health Leadership.

Individual IBCLCs as well as their supporting professional organizations can serve as leaders in assuring that breastfeeding promotion is approached from a public health focus utilizing the core functions. Cocowitch and Upshaw (2006) define leadership roles to include being a change agent, team leader, mentor, stabilizer and spokesperson/advocate. Rowitz (2003, p. 46) considers the following qualities essential in public health leadership “commitment to social justice, an understanding of democracy, an understanding of the political process, communication skills, mentoring skills, decision making skills, and the ability to balance work and life outside work”. While there are many definitions of leadership, a leader must be able to identify changes that need to be made, motivate others to make those changes, know how to go about making changes and communicate community health needs well to many different groups and stakeholders. Leadership is not an inborn trait and continues to develop as part of a lifelong process. Strong leaders are a valuable asset in any health promotion effort and can directly impact the success of a program as well as mentor others to develop similar skills.

Social Ecological Framework.

Another important public health concept is that of the Social Ecological Framework. This framework outlines the reality that individuals do not make choices in a vacuum, but that many levels of society instead impact their decisions. Figure 2 (Washington State Department of Health, 2010) depicts a general representation of this framework, which shows that individual knowledge, attitudes and beliefs are at the center of health behavior decisions. As we move out from the inner circle, we encounter other factors that can impact individual decisions or beliefs. Interpersonal relationships, community norms and support systems, hospital and employer policies and local, state and federal laws can all impact the health decisions that are made at the
individual level. It is through this framework that we try to understand the problem of large disparities in breastfeeding rates along social, economic and racial parameters.

**Figure 2. The Social Ecological Framework**

Public Health practitioners often develop social ecological models to better understand specific health problems. Such a model was developed to illuminate the complexity of the social and cultural factors affecting breastfeeding behavior (Bentley, Dee, & Jensen, 2003). In this model, the inner ring includes knowledge and beliefs about breastfeeding along with breastfeeding skill. Interpersonal factors that impact a woman's breastfeeding decisions include opinions of family, friends and healthcare providers, availability of peer networks and other family responsibilities. Community and organizational elements include hospital policies; employment or education obligations and leave policies; whether the mother has a safe, comfortable place to establish breastfeeding and continue breastfeeding as she begins to resume her normal life duties; the amount of time she is separated physically from her infant or
breastfeeding toddler; access to appropriate, timely and accurate breastfeeding education and support; and whether she has access and time to breastfeed or express her milk upon return to work.

The final layer of the socio-ecological model is that of policy such as those aimed at protecting the rights of breastfeeding mothers and children; welfare reform; Women Infant and Children (WIC) supplemental nutrition programs; and insurance coverage and reimbursement. It is at this level where we can try to effect change to create the social, physical and healthcare delivery environments that are most conducive to allowing individuals to make the healthiest choices. Quality clinical services can make the difference for individual nursing mothers and babies. Quality public health programs can make the difference for entire communities of nursing mothers and babies by removing barriers to successful breastfeeding and making individuals more likely to be committed to nursing their babies.

This socio-ecological model emphasizes the impact of a media so “powerful and pervasive” (Bentley et al., 2003) that it impacts every other level of the framework. The media has the power to shape individual beliefs and knowledge, community norms, and policy at all levels. These factors influence a woman’s initial breastfeeding decisions and continue to impact her decisions throughout the course of her breastfeeding experience. The media is also largely responsible for normalizing formula and bottle feeding, and perpetuating myths about breastfeeding, over-sexualizing breasts and sensationalizing the topic of breastfeeding.

**Literature Search**

Little has been written in the literature regarding lactation consultants and the utilization of public health concepts and models. The majority of articles found through the literature
search focused on the evaluation of specific breastfeeding promotion programs or clinical interventions rather addressing the utilization of public health skills.

Two articles were identified that discussed the role of nurses in breastfeeding advocacy. Both articles were included in the literature review because of their publication in journals likely to be read by IBCLCs. One article discusses the development process and pitfalls of the controversial 2003 risk-based breastfeeding promotion campaign developed by the Office of Women’s Health (Merewood & Heinig, 2004). In addition to developing a Public Service Announcement (PSA) campaign, Community Demonstration Projects (CDP) were set up around the country to distribute and manage the risk-based public service announcement (PSA) campaign. The article lists contact information for each CDP and encourages IBCLCs to become involved in the one closest to them. Another article was found in the Journal of Gynecology and Neonatal Nurses that describes the role of nurses in breastfeeding advocacy and policy development (Humenick & Gwayi-Chore, 2001). The article gives an overview of the history of breastfeeding promotion and policy and outlines national breastfeeding goals. There is discussion regarding the effect of formula promotion on social norms and the impact of maternity protection laws. The article suggests resources available to nurses to increase their individual knowledge of breastfeeding promotion activities and gives suggestions for getting involved in promotion efforts through local coalitions, developing written hospital breastfeeding policies and working towards ending in-hospital formula marketing practices.

**Review of JHL articles from 2005-2009**

Table 1 presents the results of the hand-search of the Journal of Human Lactation for the issues published during the years 2005 through 2009.
Table 1 – Core Functions of Public Health as published in JHL during years 2005-2009

<table>
<thead>
<tr>
<th>Core Function</th>
<th>Activity</th>
<th>Number of References in JHL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Ongoing surveillance and data collection</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Research regarding:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• prevalence and rates according to demographic factors</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>• disparities</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Research regarding:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• health behaviors</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>• beliefs/community norms</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>• intent to breastfeed</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>• barriers and risk factors for not breastfeeding</td>
<td>16</td>
</tr>
<tr>
<td>Policy Development</td>
<td>General breastfeeding advocacy</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Legislative lobbying</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Policy development</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Working with stakeholders and coalition building</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Setting priorities and creating a unified vision</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Healthcare provider education</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Social Marketing</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Working with the Media</td>
<td>2</td>
</tr>
<tr>
<td>Assurance</td>
<td>Breastfeeding promotion program implementation</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Program or intervention evaluation</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Promotion or Evaluation of LC Profession</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>IBCLC training in public health concepts</td>
<td>0</td>
</tr>
</tbody>
</table>

Assessment.

Activities that pertain to the assessment function of public health are well represented in the JHL with the majority of articles relating to specific research on prevalence rates and understanding norms and barriers to breastfeeding. Articles included research on beliefs about breastfeeding and social norms, intent to breastfeed and how it affects breastfeeding success, breastfeeding behaviors and factors that can be linked to breastfeeding disparities.
Policy Development.

Policy development was the least represented core function. Two articles mention the mechanics of policy development such as prioritizing agendas, lobbying, working with other stakeholders and forming and working within coalitions. One article presents a breastfeeding advocacy-training program for nursing students. This article describes an undergraduate level course designed to improve nursing students understanding of lactation physiology, support and advocacy, and clearly outlines steps for replicating the course. The course covers the concepts of cultural competency, community assessment, and program planning, implementation and evaluation. (Spatz & Sternberg, 2005).

Another article presents a case study from Texas, which describes the process of organizing a breastfeeding advocacy group for the purpose of lobbying for a new breastfeeding bill during each legislative session. Although unlikely that many of the bills will become law, the intent was to keep breastfeeding on the agenda while providing frequent opportunities to educate legislators. The article clearly explains the process, starting with how to assemble a lobbying team and includes the topics of working with coalitions, researching and developing policy, working with legislators, finding a sponsor, forming alliances and testifying at legislative hearings. The authors share their lessons learned with the hope of encouraging other groups to follow suit (Wilson-Clay et al, 2005).

Assurance.

The majority of articles referencing activities pertaining to the assurance function are evaluations of specific programs or interventions. Less represented are the topics of IBCLC training in public health concepts and the promotion of the lactation consultant profession itself.
Heinig (2007) describes the process of promoting breastfeeding in the workplace using organizational theory. Although the author does not use public health theory, the article demonstrates how to break the promotion process into steps.

Two articles are written as how-to promotion guides for physicians. One article describes the process of developing a targeted breastfeeding promotion program for adolescent mothers and their support people. The article demonstrates the importance of intervening and supporting women at all levels of the social ecological framework (Feldman-Winter & Shaikh, 2007). Another article discusses the American Academy of Pediatrics Chapter Breastfeeding Coordinators. The author describes the role of the coordinators in patient advocacy and policy development and offers examples of successful breastfeeding promotion programs that have been carried out around the country (Shaikh, 2009).

Specific program evaluation is well represented in the literature, however when the data is broken down into which type of program is most evaluated, the majority of programs evaluated in the JHL literature are for direct clinical lactation support services. Of the 26 articles describing the evaluation of a program or intervention, 10 of them are evaluations of specific lactation programs or interventions. This is not surprising considering the audience of the journal. There were seven articles addressing evaluation of national or international policies including BFHI, HP2010 and the enforcement of the WHO Code. Eight articles evaluated programs targeting the community and interpersonal levels of the SEF including one community education program, one pump loan program, one workplace support program and five peer counseling programs. One article summarized the strengths and weaknesses of all of the US data collection and surveillance systems that contain breastfeeding data and made recommendations
for improving these systems so as to “allow for a comprehensive assessment of US breastfeeding practices from a health disparities perspective” (Chapman & Perez-Escamilla, 2009a).

IBCLC’s are required to obtain continuing education recognition points (CERPs) for recertification every five years. Each issue of JHL provides an opportunity for independent study to gain CERPS by answering questions about a specific article. Out of the 20 issues reviewed, 7 of the CERP opportunities dealt with PH concepts as opposed to clinical practice or the biological science of breastfeeding/breastmilk. CERP offerings became more public health focused in the later issues. The CERP opportunities are listed individually in Appendix D.

Leadership.

The theme of leadership in general, rather than public health leadership, was well represented in the editorial section of the Journal of Human Lactation, covering topics such as mentoring, groups dynamics and developing leadership skills that pertain to the field of lactation. In 2008, the JHL ran a 4-part series of guest editorials entitled *Essential Leadership Skills* written by the President of the ILCA Board of Directors. The series explored the concepts of vision, team building, collaboration and mentoring (Mannel, 2008d, 2008c, 2008b, 2008a).

ILCA 2009 Conference Agenda

Fifteen presentations were identified relating to public health practice. All were CERP-eligible. One common topic was that of developing a better understanding of research methods, including the topics of study design, common statistical methods and their meaning, reading graphs and tables, and analyzing research findings.

Assessment.

The presentation format allows for a more in-depth look at specific topics and certain presentations utilized this format to discuss breastfeeding from a social ecological perspective.
“The Science and Art of Breastfeeding Research: Alchemy or Alloy” (Martens, 2009) addressed the concept that “focusing on the person-level may negate important findings at the population-level when looking at risks and benefits.” The objectives state that the presenter will address intervention at different levels as well as breastfeeding inequities in the entire population. One of the plenary sessions discussed poverty, gender equality and women’s empowerment as they pertain to breastfeeding behaviors (Saadeh, Casanovas, & Creed, 2009). Chapman (2009b) presented on the topic of breastfeeding monitoring and surveillance, describing the importance of this effort and giving recommendations for improvement. This presentation was on data from the Chapman et al study mentioned in the JHL literature review.

**Policy Development.**

Two sessions aimed to help participants better understand a global public health policy or program. Smith (2009) looked at the WHO/UNICEF Baby-Friendly Hospital Initiative. The objective and abstract specifically mention the opportunities and resources for IBCLCs to be involved in local development of this policy and described in policy team building and use of assessment tools. Brooks and Walker (2009) discussed the International Code of Marketing of Breastmilk Substitutes, describing the legislative history of the code and mechanisms for reporting violations and encouraging specific changes in IBCLC practice to show support for the code. Both sessions described the program or policy in detail, outlining its importance in improving community breastfeeding behaviors and provided participants with specific skills for IBCLCs to use to implement the program or policy locally.

**Assurance.**

Another common topic was the presentation of a case study of the implementation or evaluation of a specific policy or program such as BFHI or the Business Case for Breastfeeding.
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The objectives of these presentations dealt with sharing lessons learned and evaluating effectiveness.

Promotion of the IBCLC profession was presented by Carothers and Cox (2009) in *Happily Ever After: Promoting the IBCLC when the Glass Slipper Doesn’t Fit*. Objectives included naming specific challenges to IBCLC promotion and identification specific strategies to promoting services to mothers, healthcare providers, colleagues and the media.

**Leadership.**

Morrison (2009) offered a session on leadership development for the IBCLC. Skills addressed included collaboration, team development, understanding the needs of stakeholders, managing and communicating a message, working with the media and public speaking.

**Results from Key Informant Survey**

Responses were received from five of the six identified key informants and compiled and assessed for common themes as well as unique perspectives. Respondents were asked “In your opinion, where do we go from here? What are the most important barriers to optimal infant feeding that should be addressed at the community level at this point in time?” Four themes emerged as barriers to exclusive breastfeeding: hospital policies and practices; lack of knowledge of formula risks; return to school or employment and lack of societal acceptance for breastfeeding. The respondents stated that changes in hospital policies are necessary to ensure that well mothers and babies are kept together from birth and that formula use is not promoted through free samples. A recurring theme was the need for a campaign educating the public and healthcare providers about the risks of formula. One respondent stated,

"Women do not know the damage infant formula causes to the infant gut... Our nurses are doing a good job of supporting breastfeeding, but the mothers still want to give the
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baby formula. The supplementation that goes on in our hospital is parent driven, not staff driven.”

Multiple respondents indicated work or school obligations as common barriers to maintaining exclusive breastfeeding. Short maternity leave and lack of support upon returning to work or school were both specifically mentioned. The most common theme was the lack of social acceptance for breastfeeding. Responses included:

“Mothers and breastfeeding newborns don’t seem to bug anyone. Mothers with breastfeeding toddlers at the playground do. Mothers needing pump breaks at work do.”

“People think bottle feeding is normal and breastfeeding is not... They don’t see moms and babies/toddlers breastfeeding and they see bottles everywhere. I think we need a grassroots movement to make breastfeeding more visible – confident, attractive, smiling and laughing women, nursing babies while they interact with other confident, attractive, smiling people (male and female, all races, all ages) who model acceptance and support.”

Respondents were asked, “Who are the key people that should be involved in assessing community need for breastfeeding promotion, developing breastfeeding policy and implementing and evaluating programs?” Responses included legislators, public health officials, community leaders, employers and faith communities. One respondent noted the importance of community involvement in health assessment,

“Folks in the community have to be encouraged to assess their own needs. Professionals coming in from outside are guests and don’t know how each particular community works. Professionals can provide...to complement whatever the community has identified.”
Two respondents specifically mentioned the media as a key participant in the process.

"The key people should be the TV programs. I think TV drives the nation... So if the government got behind it and forced the TV programs to change, I think it would change what we would see in the popular culture."

"We need to find a way to deal with the fact that the word “breast” conjures up images of “sex”, “immodesty”, and “cancer” in many people’s minds before they remember to think “babies,” “care,” and “milk."

Respondents were asked about what unique perspectives IBCLCs bring to the work of breastfeeding promotion. Respondents agreed that IBCLCs have a strong understanding of the physiology of lactation and the challenges women face when breastfeeding as well as a strong foundation of the workings of the healthcare system. Multiple respondents stated that IBCLCs tend to have a healthcare-oriented perspective and are less informed about politics and public health.

Respondents were asked to consider specific public health related skills and comment on whether newly certified and more experienced IBCLCs have the understanding and basic competence in these areas to successfully promote breastfeeding. Respondents tended to agree that most IBCLCs focus on providing individual clinical services.

"I think the new IBCLC is looking at the individual mother-baby pair and not at the whole picture. It is hard enough to just help the mother-baby pairs we encounter. The idea of taking on the whole system seems too overwhelming.”
“They are most frequently focused only on the lactation piece, and thus don’t gain appreciation that lactation dovetails into all public health services and programs.”

Respondents stated that individual IBCLCs who do have strong health promotion and advocacy skills acquired these skills through previous unrelated schooling or work experience rather than through their IBCLC training. Some respondents mentioned that the more experienced IBCLCs naturally developed these skills through their work as and IBCLC. Others noted that it was more a product of chance or individual personality or interests that determined whether these skills improved over time.

Lastly, respondents were asked to list the skills and background knowledge that would be beneficial to an IBCLC who is newly involved in breastfeeding promotion. Responses included specifics such as

“conducting a needs assessment, understanding theories of behavior change, marketing/advertising skills, public speaking skills.”

“training in lobbying and persuasive communication! Such as USBC “Advocacy Day in Jan. 2010. Invaluable how-to skills were described, and then we were bused to Capitol Hill to put them in motion.”

Multiple respondents stated the importance of watching and learning from those who know and use the skills well. One respondent thought it would be valuable for IBCLCs to attend a major public health conference such as APHA. Other respondents stated that internships in a public health agency or clinic would be a good method of training.

“New IBCLCs should be able to see people in action who know how to use these skills. I think it would be great to offer students or IBCLCs a chance to do an internship or an
advocacy project. This could be in some other area of MCH, where the IBCLC could bring a breastfeeding perspective to another issue. I think we have a lot to gain from collaboration on other issues whose advocates have got farther than we have got with breastfeeding.

There was one theme that occurred throughout the responses for all questions. Respondents commented on the fact that it is difficult for an IBCLC to get paid for the work they would do in breastfeeding promotion and advocacy and their time is largely filled with clinical duties.

**Conclusions and Recommendations**

IBCLCs are well placed to be leaders in this public health campaign because of their passion for breastfeeding and their experience working with nursing mother/baby dyads. If an IBCLC is fully engaged in clinical duties it clearly would limit the time available to be involved in breastfeeding promotion at every level outlined in the Core Functions and Essential Services. However, it is important for each IBCLC to understand the bigger picture and to work towards societal breastfeeding promotion at some level as part of the greater community and as a health worker. Likewise, it is reasonable that IBCLCs are represented at all levels of breastfeeding promotion and that ILCA and other professional organizations and coalitions maintain a united front on tackling the problem of low breastfeeding rates utilizing measures that are shown to work. Many IBCLCs may be unfamiliar with the big picture of breastfeeding promotion and the public health concepts and skills utilized with health advocacy at the community level. Identifying and improving on these skills is an important activity for individual IBCLCs and collectively as a profession.
Research is the foundation to the other nine essential services. It helps to define the existence of a health problem, is utilized when developing alternatives to dealing with health problems and provides the evidence to show the effectiveness of existing programs. The majority of articles and presentations reviewed were describing original research. Simply by reading these articles, the IBCLC increases understanding of some aspect of breastfeeding promotion. The importance of understanding research is reflected in the number of CERP opportunities that exist to improve understanding and interpretation of research methods and design. Another approach to improving the understanding of research is to encourage IBCLC involvement with original research. ILCA or other professional organizations could advertise existing research or funding opportunities and offer CERP credits for participation in research projects.

Assessment

There is a good amount of literature that discusses the activities of monitoring and diagnosing health problems related to breastfeeding behaviors within a community. The literature search results suggest that a lot of work is being done to understand the “who and why” of breastfeeding decisions. Each of these studies adds to the body of knowledge of the barriers to successful breastfeeding and helps us to understand a little better which groups or communities need more support or information to breastfeed more often and longer. Surveillance and data collection systems exist which allow tracking of breastfeeding rates over time and within various racial/ethnic or socio-economic groups. By adding to this body of knowledge, the lactation community is better able to identify and understand possible causes for disparities in breastfeeding rates.
The most important thing an IBCLC can do to improve hospital and community assessment is to collect high quality data. A hospital-based IBCLC could be involved in deciding what breastfeeding data is collected at the institutional level and help develop a plan to ensure that all staff are correctly collecting data and the data is being used to assess clinical practices. Beginning in April 2010, the Joint Commission will implement its new voluntary Perinatal Care Core Measure, with exclusive breast-milk feeding throughout the hospital stay as one of the reportable measures (Joint Commission on Accreditation of Healthcare Organizations [JCAHO], 2009). The lactation consultant can educate and encourage hospital decision-makers to choose to report these measures, which would force staff to approach breastfeeding as a higher priority.

Knowing where to look for existing breastfeeding data is also beneficial for the IBCLC. The previously mentioned JHL article regarding national breastfeeding surveillance is a great resource for understanding what type of data is out there and knowing what type of data is still lacking. The most up to date national level data can be found at the CDC’s breastfeeding website (CDC, 2009) where there are links to searchable databases and compiled statistics. This topic would be a valuable addition to a conference or could be offered as a web-based training through ILCA or USLCA.

One of the questionnaires noted the importance of understanding the theories of behavior change as well as knowing how to conduct a community needs assessment. Another response stated the importance of involving community members in the health assessment process. A conference session, journal article or webinar could describe these concepts and give tips on running focus groups and working with the community to determine the needs in supporting breastfeeding.
Policy development

The IBCLC working within the policy development arena of public health will need to have the skills to inform, educate and empower the public, mobilize community groups and develop policy. These interventions will be most effective if they are carefully planned to be effective and sustainable, and evaluated and adapted as needed, using the concepts of public health science. The ultimate aim of breastfeeding promotion is to normalize optimal breastfeeding in all communities while at the same time making quality support available to all women in order to achieve the desired behavior. Results from the key informant questionnaire showed that three of the four barriers to breastfeeding that were named by multiple respondents were barriers at the societal level within the realm of policy development. They included educating the public and healthcare providers, hospital policies and practices and maternal employment factors. IBCLCs with strong public health and leadership skills are an asset to the breastfeeding promotion movement and can help to ensure that breastfeeding becomes a priority health issue that remains on the legislative agenda thus receiving increased protection and funding.

Most IBCLCs are familiar with the WHO/UNICEF 10 Steps to Successful Breastfeeding, the Baby Friendly Hospital Initiative (BFHI) and the Ban the Bags Campaign. However, a hospital-based IBCLC may have limited time or power to spearhead the implementation of any of these programs. There is also likely to be resistance from hospital policy makers as implementation of these programs can be labor or cost intensive or politically charged. An IBCLC with a sound understanding of the social ecological framework can better advocate for herself and for her patients by stressing the importance of staff education in decreasing the barriers to initiating exclusive breastfeeding. Once a hospital maternity ward starts
implementing regular education for staff there can be a culture shift, which creates a more supportive breastfeeding environment as well as nurses who are more comfortable with their skills in supporting breastfeeding mothers. This can free up the lactation consultant to be utilized as more of a consultant role for the more complex cases as well as allowing her to begin to address some of the hospital policies that negatively impact breastfeeding. An understanding of the socio-ecologic model may also help the IBCLC to frame breastfeeding policies as labor or cost saving in the long run.

Much breastfeeding policy work has been hospital focused such as the Ban the Bags Campaign and BFHI. Policy work needs to extend outside of the hospital to help create an environment supportive of breastfeeding well past the immediate postpartum stage. No matter what their work setting, IBCLCs can get involved in advocacy for new policies on maternity leave, insurance coverage for pumps and lactation services and workplace protections. These policies can be lobbied for at the local, state or national level.

One respondent to the survey commented on the need for training in lobbying and political communication and shared the value of learning lobbying and advocacy skills by observing someone more experienced and practicing the skills in actual legislative situations. There is a lot to be learned by joining existing coalitions, as there are likely people of all experience levels already involved. These coalitions should not be limited to people whose main focus is caring for breastfeeding women. It is important to include business owners, insurance companies and other stakeholders. Following the work of other, well established coalitions around the country can also offer learning opportunities. They will often share what has worked well and what has not. One of these strong coalitions is the Massachusetts Breastfeeding Coalition which is a valuable resource for breastfeeding promotion materials (Massachusetts
The Lactation Consultant as Public Health Practitioner
Andrea Bulera Judge, IBCLC
Breastfeeding Coalition, 2008). The Wilson-Clay et al (2005) article is a valuable tool for teaching the legislative process. The JHL could consider running regular articles such as this one with detailed analysis and explanation of real-world use of one of the essential services of public health.

Educating the public is a large part of public health policy development. It is a two-pronged approach, first to give accurate information to expectant families to help them make informed decisions and second to change cultural norms. Multiple respondents in the survey identified social norms as a barrier to breastfeeding and the media was identified in the interviews as being a powerful and necessary tool in the attempt to change those norms. Social marketing is a very important tactic for public education. It is more than just advertising. It involves doing formative research to find out what it is the population you want to market change to actually wants and reframing your message to something that seems acceptable. There are many books and articles written about social marketing and there is government-developed software called CDCynergy which teaches the process of researching and developing a social marketing campaign and guides the user through a step-by-step process of developing a social marketing campaign. The Social Marketing version of CDCynergy has an example of a WIC breastfeeding campaign (CDC, 2006).

One topic that is notably missing from this literature is the importance of setting national priorities and creating a vision. If ILCA and its affiliates join forces with other coalitions and organizations to focus on a specific barrier to breastfeeding, the result should be more impact than if each group tackles their own issues. An example of this is seen each year during World Breastfeeding Week. WABA is a global network of breastfeeding advocacy organizations. Each
year they choose a new theme breastfeeding advocates all over the world promote the same message.

The goal in breastfeeding promotion is to reduce barriers to breastfeeding particularly around maternal employment factors and social acceptance of breastfeeding. Bringing change in both of these elements will require a strategic vision and plan that is carried out uniformly at the national and local levels. Skill is needed at the national level to prioritize messages and agendas. Once these priorities are identified, and the messages are crafted, materials can be developed to distribute to those working around the country so that all members are utilizing high quality, evidence based materials in their promotion efforts. Specific talking points and strategies for talking with the media and policy makers can be made available and easily accessible so that individuals know where to get them when they need them. This could help to create a unified vision and educate the public with clear, concise points. Having access to these materials may also strengthen individual IBCLC skills in preparing talking points and understanding how to interface with the media and legislative bodies.

A good example of this type of activity can be seen in the recent efforts to strengthen breastfeeding promotion within the WIC program. Kiran Saluja (2010), Deputy Director of the WIC Program that encompasses Los Angeles, testified before the US House of Representatives Committee on Education and Labor about the importance of promoting exclusive breastfeeding within WIC. A written copy of the testimony was circulated by USLCA to all of its members requesting that individuals follow-up with the committee using points outlined in the report. This report is a comprehensive example of the social ecological framework of breastfeeding promotion and could be used as an example from which to develop similar reports for state level policy.
The media plays such a large role in our society that to truly change norms and behaviors, the lactation community must find a way to effectively work with the media and develop and control the media message. This is where having a unified vision, a chain of command and clear, concise talking points is very helpful. Organizations like ILCA, USLCA, USBC or local coalitions can develop media kits so that IBCLCs know how to handle items such as press releases or interviews in order to relay a unified, consistent message to the public. An example of a mismanaged media opportunity can be found in the recent tragedy of the Haiti earthquake. Immediately after the earthquake there was an outpouring of concern from breastfeeding mothers who wanted to donate their milk. Because a plan was not in place to deal with this type of emergency and media event and because different organizations were talking to the press, there were many mixed messages out there. Some of these messages undermined the value of human milk, stating that formula was the best and most realistic option for these mothers and babies. What started as an opportunity for good media attention and spreading the message of the value of domestic milk donation became a confused and sometimes contradictory debate in the media.

There is a lot to be learned from breastfeeding promotion programs that have not been successful. Merewood et al (2004) spoke of this in their article about the 2003 PSA campaign. This campaign represented a shift in message from that of the benefits of breastfeeding to the risks of not breastfeeding. Proponents of the campaign claimed that breastfeeding should be considered the normal behavior by which other alternatives are measured and that risk-based messages are more effective at changing behaviors. Critics of the campaign, including the commercial infant formula lobby, claimed that the campaign unnecessarily utilized guilt and fear tactics. The article discusses the importance that breastfeeding advocates understand the rationale for the message shift to a risk-based focus as well as comprehend the process of critical
evaluation of the literature, which led to the shift in focus. The authors discuss the difficulties in changing attitudes and beliefs about a common behavior, as well as the controversial nature of shifting to a risk-based focus. “This kind of message will be highly controversial, and those who advocate it must be prepared for heavy opposition” (p.142). This points out the importance of IBCLCs having a unified vision and talking points as well as understanding the policy development process.

**Assurance**

The assurance function of public health practice encompasses the services of law enforcement, linking to or providing personal health services, assuring a competent workforce and evaluating health services and programs. When implementing new policies or programs it is important to make sure they are evidence based. The first step of the process is to do the research and then methodically develop the intervention. Only then can the program be implemented. Evaluation must be part of program implementation where it is planned for in the development stage and carried out according to plan. Information gathered from the evaluation phase is used to continually update programs and policies. The literature search mentions two articles that were specifically written to evaluate breastfeeding promotion programs delivered by physicians. Reading about the evaluation process is a valuable learning tool and helps to emphasize the importance of evaluation in public health planning and program development. Continuing coverage of these topics by the JHL and annual ILCA conference will offer the IBCLC exposure to the concepts and techniques of local and national program and policy evaluation.

The data from the literature review suggest that training for IBCLCs in public health sciences is lacking. All five respondents in the survey indicated that public health skills were an area of weakness in the skill set of the typical IBCLC. Trainings for these topics are available
but may not be as readily available as training for clinical skills. The public health focused trainings may also not meet current CERP requirements. It is important to identify strengths and weaknesses on an organizational level regarding which public health and leadership skills are well represented among members. It would be helpful to survey current members of ILCA or exam candidates to determine confidence and skill level with breastfeeding promotion at the community level. When leaders in breastfeeding advocacy or related disciplines are identified it would be helpful to know where they got their training. A review of exam blueprint and the core curriculum would be helpful in assessing how comprehensive the coverage is of public health concepts and skills.

ILCA and IBLCE could play an influential role in increasing the amount of training opportunities available to IBCLCs in the public health skills. A first step would be to develop and require a minimum number of public health CERPS covering topics such as program planning and evaluation, social marketing, coalition building, advocacy, crafting messages and talking with media. This would create more of a demand for these topics at conferences and in the JHL and might increase IBCLC attendance at public health focused conferences such as the American Public Health Association (APHA) conference or the annual Breastfeeding and Feminism Symposium offered through The Carolina Global Breastfeeding Institute (CGBI). The CGBI now offers the Mary Rose Training Initiative, including a public health-centric course of study leading towards qualification to sit the IBLCE exam. This may be the first such course available with a strong public health component. Public health concepts should be included as part of the curriculum as more formal programs for lactation education are developed. Offering courses at the bachelors or masters level will greatly impact the strength of the skills in the workforce. A course such as the one developed by Spatz et al (2005) to train nursing students in
breastfeeding advocacy skills could be adapted to lactation internships or newly developed college-level programs.

The profession would benefit from increased promotion to the public and other healthcare providers, which underscores the important role that IBCLCs play as part of the healthcare team. Presentations such as the Carothers et al. (2009) session at the ILCA conference are a good start to helping individual IBCLCs identify their local promotional needs and develop strategies to increase acceptance. To fulfill the essential service of providing health services, IBCLCs must be available to all who need them. Until IBCLC services and breastfeeding related expenses are reimbursed by insurance the clinical services will be available to only a subset of the population. Insurance reimbursement would allow IBCLCs to expand clinical services into populations at greater risk for not breastfeeding. With the expanded reach of clinical services would come expanded opportunities for public health program development in the populations who would most benefit.

Efforts should be made to create or find increased funding opportunities for IBCLCs to work in the areas of breastfeeding promotion and public health advocacy. Funding that would pay for public health tasks rather than clinical services would allow the IBCLC workforce to expand and improve upon their advocacy skills. As an organization it would be beneficial to have a goal to have more IBCLCs employed in state and local health departments, at insurance companies and in research centers as well as including advocacy tasks in the job description of hospital-based IBCLCs.

Leadership

Along with development of the skills of public health practice comes the need for public health leadership skills. Leadership skills are particularly important for breastfeeding advocates
because of an already emotionally charged climate in the breastfeeding promotion arena. Lactation advocates will be most effective if they can communicate clearly, understand the wants and needs of other stakeholders, and show that they are willing to collaborate and compromise. The lactation promotion community is working against detrimental media messages and wealthy competitors such as the infant formula industry. The breastfeeding promotion cause will likely never have the same financial resources as these other groups so they must compete with strong leadership, unified vision, strategic partnering and methods that are shown to be efficient and effective.

Leadership skills are addressed in the literature and at the annual conference and included the topics of collaboration, team building, communicating a message, creating a vision, understanding stakeholder positions and mentoring. It would be beneficial for these training vehicles to continue to offer leadership focused material as well as discussing how these skills are essential to moving the breastfeeding agenda within the public health framework.

A recurrent theme in the key informant survey was the value of and need for mentoring in public health skills, particularly in learning to advocate, lobby and communicate needs to decision. Some mentoring relationships just naturally happen, but more formal avenues are needed to match more experienced IBCLCs with those interested in improving public health skills. Once the current leadership is identified it is important to plan for the future by offering increased training to all IBCLCs and ensuring that the next generation of IBCLCs is developing their own leadership. Mentoring programs and internships that pair a more seasoned advocate with less experienced IBCLCs would offer hands on training while allowing the pair to work together on real world problems. Allowing candidates to substitute a portion of their required
clinical hours with hours spent observing experts in the field of breastfeeding advocacy would likely create a more well rounded candidate without sacrificing clinical excellence.

Although there is little formal training of IBCLCs in the art and science of public health practice, there is a strong advocacy component of the associated professional and credentialing organizations. Leaders have also emerged at the local, national and international levels with well-developed skills in advocacy, public speaking, lobbying, program development and other pertinent public health skills.

The passion of IBCLCs for the work that they do makes them ideal candidates to confront the institutional and societal barriers to optimal breastfeeding. With an increased focus on training IBCLCs in public health skills, the profession could take on a valuable new role in advancing breastfeeding promotion at the community level. The IBCLC profession has made large strides in being accepted as an integral part of the healthcare team over the past 25 years. However, to maximize their impact on breastfeeding rates and trends, the skill sets of the IBCLC must be rounded out to include a level of competency with public health and leadership skills to most effectively change social norms and advocate for policies that support breastfeeding as the right of every mother and child.
### Appendix A

#### Criteria for Literature Search

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<tr>
<th>Assessment</th>
<th>Ongoing surveillance and data collection</th>
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<td>Research regarding:</td>
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<td>• prevalence and rates according to demographic factors</td>
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<td>Research regarding:</td>
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<td>• intent to breastfeed</td>
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<td>• barriers and risk factors for not breastfeeding</td>
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<th>Policy Development</th>
<th>General breastfeeding advocacy</th>
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<td>Legislative lobbying</td>
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<td></td>
<td>Policy development</td>
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<td></td>
<td>Working with stakeholders and coalition building</td>
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<tr>
<td></td>
<td>Setting priorities and creating a unified vision</td>
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<td></td>
<td>Healthcare Provider Education</td>
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<td></td>
<td>Social Marketing</td>
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<td>Working with the Media</td>
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<tr>
<th>Assurance</th>
<th>Breastfeeding promotion program implementation</th>
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<td>Program or intervention evaluation</td>
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<td></td>
<td>Promoting or Evaluation LC Profession</td>
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<td>IBCLC training</td>
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In recent years, there has been improvement in national breastfeeding rates, although there are still disparities between breastfeeding rates of different racial and socio-economic groups. Organized public health programs such as the Baby Friendly Hospital Initiative (BFHI), 10 Steps, and Ban the Bags Campaign have helped to reduce some of the barriers in the birth setting. Yet, data shows us that women are not continuing to breastfeed for the recommended minimum duration of time. There is agreement in public health circles that there are social and environmental determinants of health that contribute to the trend of artificial feeding and early weaning of infants.

You have been identified as member of PRO-LC who is both an IBCLC and involved with breastfeeding promotion at the public health/advocacy level or involved with the credentialing of IBCLCs. Please take a few minutes to complete this questionnaire, which I developed as part of my final paper for my Masters in Public Health. The topic is “The Lactation Consultant as Public Health Practitioner”. I will look at your responses along with data on other training requirements for IBCLCs in order to craft recommendations for future training of IBCLCs in public health/advocacy skills. Your responses may be directly quoted or may be compiled with the responses of other IBCLC’s. All responses will remain anonymous in the paper.

There is a possibility that the paper will be published at a future date. If you would like to read the results of my research, I will gladly forward a copy of the final paper to you upon its completion.

If you choose to participate please complete the following questions and return to me via email (andreabjudge@gmail.com) by Wednesday, March 10, 2010. Please feel free to contact me with any questions.

Thank you for your time and sharing your thoughts!

Andrea Judge, IBCLC
MPH Candidate, UNC Chapel Hill, Public Health Leadership Program
The Lactation Consultant as Public Health Practitioner  
Andrea Bulera Judge, IBCLC

The Lactation Consultant as Public Health Practitioner  
Key Informant Survey

1) In your opinion, where do we go from here? What are the most important barriers to optimal infant feeding that should be addressed at the community level at this point in time?

2) Who are the key people that should be involved in assessing community need for breastfeeding promotion, developing breastfeeding policy, and implementing and evaluating programs? (i.e. health care providers, legislators, mothers, etc.)

3) Considering the work you have done so far in breastfeeding promotion at the community level, what unique perspective and skills do IBCLCs bring to the table?

4) Consider the following skills as well as any other skills you utilize in your work in breastfeeding promotion
   a. community health assessment
   b. policy development
   c. program implementation and evaluation
   d. understanding and changing community norms
   e. social marketing
   f. legislative advocacy
   g. health disparities
   h. coalition building
   i. utilizing the media
   j. health determinants and the concept that individual health behaviors are impacted by a variety of personal and societal factors

In your experience, do newly certified IBCLCs have an understanding and basic competence in public health concepts needed to successfully promote breastfeeding and advocate for breastfeeding dyads at the community level?

Would you answer differently for those re-certifying at the 10 or 20 year mark?

5) Please list the skills and background knowledge that you think would benefit an IBCLC who is newly involved in breastfeeding promotion/advocacy at the community (local/national/international) level.

Thank you very much for your time and for sharing your thoughtful ideas!
Appendix C

The 10 Essential Services of Public Health (CDC, 2008)

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<tbody>
<tr>
<td>1</td>
<td>Monitor health status to identify and solve community health problems.</td>
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<td>2</td>
<td>Diagnose and investigate health problems and health hazards in the community.</td>
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<td>3</td>
<td>Inform, educate and empower people about health issues.</td>
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<td>4</td>
<td>Mobilize community partnerships and action to identify and solve health problems.</td>
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<td>5</td>
<td>Develop policies and plans that support individual and community health efforts.</td>
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<td>6</td>
<td>Enforce laws and regulations that protect health and ensure safety.</td>
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<td>7</td>
<td>Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</td>
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<tr>
<td>8</td>
<td>Assure competent public and personal health care workforce.</td>
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<td>9</td>
<td>Evaluate effectiveness, accessibility and quality of personal and population-based health services.</td>
</tr>
<tr>
<td>10</td>
<td>Research for new insights and innovative solutions to health problems.</td>
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The Lactation Consultant as Public Health Practitioner  
Andrea Bulera Judge, IBCLC

Appendix D

Public Health Content offered as Continuing Education Recognition Points (CERPs) in the Journal of Human Lactation

<table>
<thead>
<tr>
<th>Article</th>
<th>Concepts addressed through quiz questions</th>
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| Predictors of preterm infant feeding methods and perceived insufficient milk supply at week 12. (Hill, Aldag, Zinaman, & Chatterton, 2007) | Interpreting research  
Understanding research process |
| Does exclusive breastfeeding increase after hospital discharge? A Greek study (Bakoula et al., 2007) | Interpreting research  
Understanding research process |
| Is Breastfeeding fair? Tensions in feminist perspectives on breastfeeding and the family (McCarter-Spaulding, 2008) | Understanding feminist perspective as it pertains to breastfeeding promotion |
| Application of the baby friendly hospital initiative to neonatal care: suggestions by Swedish mothers of very preterm infants (Nyqvist & Kylberg, 2008) | Baby Friendly Hospital Initiative  
Understanding mothers opinions of BFHI |
| Inclusion of fathers in an intervention to promote breastfeeding: impact on breastfeeding rates (Susin & Giugliani, 2008) | Cultural Competency  
Importance of including mothers’ support systems in promotion efforts |
| Reasons for in-hospital supplementation of breastfed infants from low-income families (Tender et al., 2009) | BFHI  
Better understanding determinants |
| People’s initiative to counteract misinformation and marketing practices: the Pembo, Phillipines, breastfeeding experience, 2006 (Salud et al., 2009) | Collaboration among groups  
Program design, implementation and evaluation |
| Effects of prenatal intervention on breastfeeding initiation rates in a Latina immigrant sample (Sandy, Anisfeld, & Ramirez, 2009) | Intervention evaluation  
Cultural Competency |
| How motivation influences breastfeeding duration among low-income women (Racine et al., 2009) | Applying lessons learned to program development  
Better understanding disparities |
References


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Andrea Bulera Judge, IBCLC


Saluja, K. (2010, March 2). *Testimony On behalf of the National WIC Association.*


