



The IBCLICK!

International Board of Lactation Consultant Examiners (IBLCE)
 Newsletter for IBCLCs around the world
 January 2008

Congratulations and welcome

Congratulations to all new IBCLCs. You are now part of the fast growing global body of International Board Certified Lactation Consultants who work around the world to help families breast-feed.

As an IBCLC, you have a responsibility to not only maintain your own knowledge and skills but also to work together to maintain and enhance the profession. This newsletter provides you with information to achieve this.

We celebrate the outstanding achievements of the 2007 exam highest scorers in each of the three regions. It is fantastic that so many people (over 2000) sit the exam each year.

Passing the exam is a great achievement and should be seen as the beginning of life long learning about breastfeeding. The role delineation study results reflect what you do as well as what you believe you should know. Ways in which you can continue to learn can be found throughout this newsletter. Joining ILCA would be a very easy and effective way to ensure your learning continues.

However, many IBCLCs and potential IBCLCs are financially constrained, and we ask that you consider how you can help us support these wonderful dedicated people to achieve the same dream you have achieved by donating to MILCC.

Contact IBLCE

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Bookmark your regional IBLCE website to make it easier for you to keep up to date with what is happening in your profession.

INSIDE THIS ISSUE:

Who's Who at IBLCE	2
Highest scorers in 2007	3
In Tribute – Joanne Scott 2007 Exam Report	4
MILCC	5
Why recertify	6
Recertification—what is required? E CERPs Many ways to earn CERPS One World – One CERP	7
Ethics & Discipline	8
IBLCE Board meetings Join ILCA and stay aware	9
IBLCE News around the world	10
Role Delineation Study 2007	11
Important Dates in 2008	12

Fast facts about the IBCLC exam and IBCLCs

- The IBCLC exam is taken by over 2000 candidates each year.
- IBLCE maintains a consistent recertification rate worldwide.
- The IBCLC exam has thus far been administered in 16 languages.
- More than 25% of candidates have sat the exam in a language other than English.
- There are currently over 17,000 IBCLCs practicing in 75 countries.

Who's Who at IBLCE

Our Executive Director

James Balijs, our recently appointed Executive Director started with IBLCE in October 2007. James is an experienced Executive Director who has worked in the not-for-profit sector and has a wealth of experience in similar organizations. The Board of Directors of IBLCE and Staff welcome James enthusiastically and look forward to a period of growth as IBLCE moves forward in the best interest of mothers and babies.



Our Regional Directors



Ilse Bichler
Regional Director for
Europe and the Middle
East



Karolyn Vaughan
Regional Director for
Asia Pacific and Africa



Anna Utter
Regional Director for
the Americas

The IBLCE Board of Directors:

Executive Committee

Chair: Claibourne I Dundy, MD, MPH, FAAP - American Academy of Pediatrics Delegate

Chair-elect: Ellen McIntyre, OAM, PhD, IBCLC - Australian Breastfeeding Association Delegate

Secretary: Claire Dalidowitz, MS, MA, RD, CD-N - American Dietetic Association Delegate

Treasurer: Angela Love-Zaranka, BA, IBCLC, RLC

Governance Committee Chair: Janet Fyle, MA, RM, RN - Royal College of Midwives Delegate

Immediate Past Chair: Roberta Hewat, PhD, RN, IBCLC, PhD - Researcher in Lactation

Representatives & Delegates

James Akre, BA, MPIA - Public Member

Marcia Annamunthodo Allen, RN, BScN, MS(N), IBCLC, RLC - Canadian Representative

Maureen Fjeld, IBCLC, RLC - Delegate, International Lactation Consultant Association

Doris Fok, BA, (Postgrad) Dip Ed., IBCLC - Asian Representative

Marcia Lutostanski, BA, BSN, IBCLC - La Leche League International Delegate

Jeanne Mitchell, RN, MSN, IBCLC - Hospital Based IBCLC

Wendelmoet Mulder-Baalbergen, RN, IBCLC— European Representative

Newly appointed:

Julie Wood MD, IBCLC— Academy of Breastfeeding Medicine Delegate

Paula Oliveira, RN, BSN, IBCLC - Peer Educator

Our sincere thanks to out-going Board members Victoria Nichols-Johnson, Joan Younger Meek and Egondy Onuoha (pictured below).



Congratulations to the highest scorers in the 2007 IBCLC Exam

	Asia Pacific and Africa	Europe and the Middle East	Americas
Highest INITIAL Scorer in Region	Helen Bernhardt (NZ)	Laura Brown Laubach (Spain) & Nia Wyn Williams (UK)	Stacy Kucharczk (USA)
Highest RECERTIFICATION Scorer in Region	Tracey Page (Aus)	Ineke Hartman-Gordijn (NL)	Judith Hulse (USA)
Highest Scorers in the world	Stacy D. Kucharczk (USA) and Judith M. Hulse (USA)		



Helen Bernhardt – I have a wonderful family of 5 boys aged 5 – 19 years and all were breastfed. My experience as mother and midwife has led to a passionate belief that breastfeeding is the most fundamental of health issues.



Ineke Hartman-Gordijn – As a neonatology nurse, lactation consultant educator and private practitioner, Ineke combines teaching with practice, her main passion. She studied for the exam with 5 other colleagues, all of whom passed.



Tracy Page – As a nurse and midwife, Tracy has worked in the UK, New Zealand and Saudi Arabia. Her passions are postnatal care and breastfeeding which she now does by combining teaching breastfeeding classes with follow up of breastfeeding mothers at a Sydney hospital lactation service.



Stacy D. Kucharczk, MSN, RN, CPNP, IBCLC has been a Registered Nurse for 21 years and a Pediatric Nurse Practitioner for 10 of those years. Stacy works part-time at a primary care pediatric office and has established a private lactation consulting business since receiving her certification .



Laura Brown Laubach - I have been a LLL Leader in Pamplona, Spain for 8 years, and am hoping that my IBCLC accreditation will enable me to better serve mothers here. I look forward to being part of the IBCLE European and world community.



Judith Hulse—After breastfeeding my 4 sons and being a La Leche League Leader for 10 years, I first sat the exam in 1987. Since achieving my RN, I have also worked as a Lactation Consultant and have taught prenatal breastfeeding classes for many years.



Nia Wyn Williams—A qualified midwife for 9 years, I am soon to take up a new post as Lead Midwife for a community midwifery team. I am passionate about holistic woman-centred midwifery, and am very much looking forward to using my newly acquired qualification to improve breast-feeding success and continuation in the community.

In Tribute – JoAnne Scott



It was with great sadness that IBLCE announced the passing of JoAnne Scott on September 18, 2006. JoAnne was a remarkable woman and is sadly missed by IBLCE and the profession for her knowledge, wisdom, and compassion and caring.

In what must be unusual in the history of any organization, IBLCE was fortunate to have the same Executive Director for nearly 20 years. JoAnne Scott was involved through the conception, gestation, infancy, childhood and adolescent years of our profession with all its attendant joys and challenges, and guided it safely to adulthood. She retired in March 2005, 20 years after IBLCE's inception in 1985.

During that period, there was remarkable growth, both in numbers of IBCLCs and the credential's international acceptance, due to JoAnne's vision, persistence, and hard work. From 256 candidates at the first exam, there are now over 17,000 IBCLCs helping mothers and babies with breastfeeding, in 75 countries across the world.

The members of the IBLCE Board express their gratitude on behalf of lactation consultants worldwide for JoAnne's tireless work and leadership in shaping our profession as International Board Certified Lactation Consultants. Our thanks go to JoAnne for the 20 years of selfless work, centered on keeping the mothers and babies of the world safe, and in being the visionary of the IBLCE.

2007 exam report—summary

The 2007 IBLCE examination was administered to 2,941 candidates in 140 locations across 36 countries and territories around the world. This was the seventh consecutive administration with more than 2,000 candidates. The test was taken in 11 languages - English (both American and British), Dutch, French, German, Hebrew, Italian, Japanese, Korean, Polish, Slovenian, and Spanish.

The 2007 candidate population continues a significant trend regarding its composition. For the first 14 years of the program (1985-1998), the United States alone accounted for the majority of the candidates. For six of the seven most recent years, including 2007, the United States accounted for less than half the candidates. Similarly, for the first eight years of the program (1985-1992), candidates from countries *other* than the United States, Canada, and Australia accounted for less than 10% of the candidates. The 2007 administration is the eighth consecutive year in which candidates from these other countries accounted for more than 30% of the candidates, and the first in which this reached 40%. These statistics underscore the global acceptance of the IBLCE credential as the standard of competence assessment in lactation consulting.

As the program matures, a significant number of candi-

dates take the test for recertification. 2007 was only the third administration in which candidates recertified by examination at the 20-year interval. More than 25% of the first three candidate cohorts have recertified by examination at the 20-year interval, a remarkable milestone for the individuals as well as for IBLCE and the profession. In short, the 2007 marked a continuation of important trends in the population composition.

The results of the 23rd administration of the IBLCE examination are displayed in Table 1. These statistics are based on the total population of 2,941 certification and recertification candidates. A full report is available at <http://www.iblce.org/2007examstats.html>

Summary Statistics of Overall Test Scores (%)	
Score Range	38-97
Mean Score	81.11
Median Score	82.00
Standard Deviation	7.71
Pass-Fail Data	
Pass-Fail Score	67
Candidates Passing	94.87
Candidates Failing	5.13

MILCC – be part of this important initiative

Monetary Investment for Lactation Consultant Certification (MILCC) is an international, non-profit organization that provides scholarships to exam applicants who are seeking certification or re-certification as International Board Certified Lactation Consultants (IBCLCs).

To date, over 350 candidates have been financially assisted to sit the IBCLC exam. In 2007, scholarship awards reached an all time high with 94 candidates receiving support totaling over \$29,000. We expect the requests for monetary support will increase as recognition of the importance of breastfeeding increases and the need for IBCLC services is realized.

MILCC raises money, carefully invests funds, reviews requests for support, and awards scholarship requests and awards scholarships to worthy candidates. The primary criterion for selection is "financial need". Priority is given to candidates who serve a population lacking access to the specialized services of an IBCLC. Scholarships are available for first-time applicants as well as for recertifying IBCLCs.

The number of candidates supported each year depends on the availability of funds, which have come from donations and the sale of IBCLC lapel pins. MILCC relies on your support so please donate generously.

The JoAnne Scott Scholarship Fund

As the Founding Executive Director of IBLCE, JoAnne W. Scott, MA, IBCLC, guided the organization from its inception in 1985 to 2005 with her special mix of knowledge, wisdom, compassion and caring. Due to JoAnne's vision, persistence, and hard work, this was a period of exceptional growth, both in numbers of IBCLCs and in terms of the credential's international acceptance as the lactation consultant profession's gold standard.

To honor JoAnne's contribution to the profession, IBLCE has established the JoAnne W. Scott Scholarship to fund an exam applicant from a mother-support group who, due to financial hardship would otherwise find it difficult to sit the exam. The scholarship can be used to cover exam fees, travel to and from the nearest exam site if the candidate lives more than two hours from the nearest exam site, and a lactation text book for use as a permanent resource.

Donations are being sought from interested organizations and individuals to establish an endowment fund for the scholarship under the auspices of Monetary Investment for Lactation Consultant Certification (MILCC). Your generous donations will help to keep JoAnne's dream alive. Visit MILCC at www.milcc.org to donate today.

Remember JoAnne...Donate Today

Order your IBCLC and Friends of MILCC Pins to help MILCC

IBCLC Logo pins and Bar Pins, which recognize your years of certification and the Friend of MILCC pins (pictured below) are available at many lactation conferences, from your regional office and can be ordered at the MILCC website www.milcc.org.



Initial Certification



5 Year Certification



10 Year Certification



15 Year Certification



20 Year Certification



Why Recertify?

Wendy Brodribb, former Chair of IBLCE

What is the purpose of recertification?

Most health professional groups are requiring documentation of continuing education and/or competence for registration, licensure or certification to remain current. The International Board of Lactation Consultant Examiners (IBLCE) is no different. It is no longer the case that the skills and knowledge a person acquires before, and are examined at original certification reflect the competence of that person to practice in the field in years to come. As the profession's knowledge base continues to expand rapidly and new insights and practices develop, it is essential that International Board Certified Lactation Consultants (IBCLCs) maintain their level of expertise and knowledge.

Recertification is a means of documenting the competence of people to continue to practice in the profession and so provides a safer and higher quality health-care for the public.

In asking IBCLCs to recertify, IBLCE fulfils its mandate to protect the public, particularly mothers and babies.

How does it benefit the consumer?

Mothers want to be able to identify people with the skills, competence and knowledge to help them breastfeed. The IBCLC credential was initially established with this in mind, but the requirement of recertification ensures that those holding the credential continue to up date and maintain their skill and knowledge level. As consumers of IBCLC services, mothers can therefore be sure that any IBCLC they see will be up-to-date and competent regardless of when they were first certified.

How does it benefit the profession?

Recertification increases public confidence in the profession as those not prepared to maintain the required level of skill and knowledge are no longer certified. IBCLCs and other health care professionals can assume that those IBCLCs with whom they work are current and professionally competent.

Hospitals, other employers and work colleagues can see that the profession takes the role of further education, competency and quality seriously.

How does it benefit the individual IBCLC?

While most IBCLCs are self-motivated to learn more about breastfeeding related issues, recertification highlights the need for them to remain current and proficient within a rapidly developing and changing profession. It emphasises the responsibility of all practitioners to know their own strengths and weaknesses and to identify areas that would benefit from further education, promoting life long learning. By knowing

that there are ongoing competency assessment and assurance requirements, a person's performance and practice may change to incorporate these aspects. For many people demonstrating continued competence brings a sense of pride and achievement in their accomplishment, and a sense of camaraderie with other IBCLCs throughout the world.

Why an exam?

Only practice audit and re-examination have been correlated by research to continuing competence. Practice audit is not economically or logistically practical for an international organization such as the IBLCE. Retaking the exam at least every 10 years has been chosen as the way to ensure at least ongoing entry-level competence for all IBCLC's

Retaking the exam encourages people to update their knowledge and skills in all areas of the blueprint rather than specific topics of interest. This ensures they are 'well rounded' IBCLC's.



...take pride in the fact that, by recertifying by exam every 10 years, you are participating in evidence-based best practice. (Anna Utter, Regional Director, the Americas)

What about CERPs

Attending continuing education sessions demonstrates a person's desire to keep knowledge and practice up-to-date. To gain as much as possible from CERPs activities such as conferences, work place sessions, seminars, Independent Study Modules or courses (in person, on-line or by distant education) IBCLCs should take into account the following guidelines:

- know your knowledge deficits
- find educational programs that can fill that deficit (check regional websites)
- provide evidenced based information and management
- assess knowledge attained
- acknowledge how this knowledge will affect your practice.

What do I need to do?

IBCLCs need to recertify every five years. This is by exam at least every 10 years. Recertification by CERPs can be used five years after taking the exam. Each IBCLC requires 75 CERPs to recertify. This is made up of at least 50 L (lactation related) CERPs and 5 E (ethics) CERPs. The remainder can be made up of L, E or R (related) CERPs.

Recertification – what is required?

Effective since 2007, CERP requirements for recertification are: 50 L (lactation specific) CERPs; 5 E (ethics) 50 CERPs and 20-L, E or R (related skills and knowledge that would be useful to IBCLCs in practice but are not directly on lactation or ethics).

For complete recertification information please go to our website www.iblce.edu.au, select your regional website and click on “recertification”.

The Recertification Information Guide and Application will be mailed to all IBCLCs due to recertify in the October / November /December of the year prior to when they need to recertify. If you have questions or concerns about your recertification please contact your regional office.

E (ethics) CERPs

IBCLCs recertifying by Continuing Education (CERPs) are required to include at least five (5) CERPs that address professional ethics. Some examples of ethics topics include:

- Practice Ethics for IBCLCs
- Legal Concerns for IBCLCs
- International Code of Marketing Breast Milk Substitutes and subsequent relevant WHA Resolutions
- Professional Ethics
- Conflict of Interest from accepting sponsorship from companies who do not comply with the International Code of Marketing Breastmilk Substitutes and Subsequent WHA Resolutions
- Patient Code of Rights;

These may be obtained by attending conference sessions, independent study modules, inservice programs and by writing exam questions that focus on professional ethics.

Many ways to earn 75 CERPs

To recertify by CERPs, an IBCLC must show documentation of 75 or more CERPs, including at least 50 L CERPs. These CERPs can be earned in a variety of ways:

- attendance at conferences, seminars, in-service sessions, professional gatherings or structured discussion sessions with colleagues;
- completion of an independent study module or distance education;
- preparation and presentation of a professional paper;
- published professional writing, including research;
- completion of coursework relevant to the work of an IBCLC;
- homework or research component of an academic (lactation) subject.

One World – One CERP

Effective January 1, 2007 all three IBLCE Regional Offices now use 60 minutes of education time as equal to 1 CERP. This replaces the previous system which had regional differences. These differences were initially necessary because of the challenge of implementing the program into areas where CERPs and recertification were novel concepts.

The IBLCE believes that since recertification by continuing education is now more widely accepted, all three regions should meet a universal standard. This change to 60 minutes is also consistent with the internationally recognized continuing education standards set by the International Association of Continuing Education Training (IACET).

Ethics & Discipline

IBLCE principles of ethical practice are grounded in individual accountability. The conduct of an International Board Certified Lactation Consultant (IBCLC) must always safeguard the interests of clients, justify public trust in his/her competence, protect the credential, and enhance the reputation of the profession. To this end, the IBLCE Code of Ethics specifies 25 tenets that all IBCLCs are expected to uphold. These can be found on each regional website.

Any complaint alleging an IBCLC's violation of a specific tenet or tenets of the IBLCE Code of Ethics requires the signature of the complainant. Anonymous complaints will not be reviewed. In addition, alleged violations must be based on first-hand knowledge of the conduct of the IBCLC in question.

To ensure complete transparency during the information-gathering phase of the complaint process, both the complainant – the person lodging the complaint – and the IBCLC respondent – the person accused of not adhering to the Code of Ethics – receive copies of all correspondence.

The IBLCE Ethics & Discipline Committee meets twice yearly to consider complaints, and its decisions are communicated in writing to both parties. If a respondent is found to be in violation of one or more of these tenets, the Committee will decide on an appropriate sanction, ranging from private or public reprimand to formal suspension or revocation of certification.

In addition to a Notification of Sanction, the Committee reserves the right to recommend ways that a respondent could improve his/her practice or to suggest specific continuing education. The disciplinary procedures also call for the public to be notified concerning all IBCLCs either who have received a public reprimand or whose certification has been suspended or revoked.

Most complaints received by the Ethics and Discipline Committee are lodged by other IBCLCs rather than by clients or members of the general public. While it is reassuring that IBCLCs themselves are closely monitoring their profession, a healthy disciplinary process also encourages participation by clients and the general public.

IBCLCs are thus urged to inform both clients and the general public of the complaint process and to encourage them to learn more about the disciplinary process either from the IBLCE website www.iblce.edu.au or by contacting the International Office iblce@iblce.org.

Recent decisions concerning ethics and discipline include:

- Effective January 1, 2007, IBLCE Procedures for Discipline include a detailed description of the policy and process governing review of formal signed complaints against IBCLCs.

- Also effective January 1, 2007, an initial screening procedure was introduced to vet all incoming complaints to ensure that they fall within the purview of the IBLCE ethics and discipline process.
- Effective January 1, 2008, the initial screening review panel will be composed of the Chair of the Ethics and Discipline Committee, the IBLCE Legal Counsel, and the respective IBLCE regional director (in place of the Executive Director) of the complainant's region.

The IBLCE Code of Ethics and Procedures for Discipline henceforth apply not only to currently certified IBCLCs but also to individuals who:

- have applied to take any IBLCE exam;
- are no longer certified but were certified at the time of the alleged violation;
- are no longer examination applicants but were applicants at the time of the alleged violation.

In the event of a complaint being lodged against an IBLCE director or staff member, the International Lactation Consultant Association (ILCA) will appoint an ad hoc committee of IBCLCs to review the allegation.

To ensure clarity with regard to tenet 24 of the IBLCE Code of Ethics, which deals with adherence to provisions pertaining to health workers of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions, IBLCE is developing provisions governing IBCLCs employed or otherwise remunerated by manufacturers or distributors of products within the scope of the Code.

IBLCE will not accept pre-exam education hours obtained after August 1, 2008 for sessions presented or organized by a person who has had his or her certification suspended or revoked by IBLCE, for the period of suspension or revocation.

IBLCE will not award CERP's for sessions presented or organized after November 1, 2008, by a person who has had his or her certification suspended or revoked by IBLCE, for the period of suspension or revocation.

Further details can be found on all regional websites.

Permanent Revocation of Certification

The IBCLC Certification of Heasook Kim of Seoul Korea and Irvine, California, USA, was permanently revoked effective February 24, 2005 for serious and repeated breaches of the security of IBLCE's international examination. Ms. Kim admitted that she had copied photos used in the 1999, 2000 and 2001 IBLCE examinations onto slides and retained them for her use.

Full details are available at:
www.iblce.edu.au under the Professional Domain tab

IBLCE Board of Directors meetings – keeping you informed

The Board of Directors of IBLCE meet bi-annually in March and September. To keep you informed of what happens when we meet, we post an executive summary of each meeting on the IBLCE regional websites as soon as the minutes of the meeting have been finalized.

Some excerpts from the 2007 executive summaries include:

IBLCE continues the process of developing, implementing, and evaluating a breastfeeding support credential. As part of its vision, IBLCE actively pursues all opportunities to reach out to underserved communities to create a world where breastfeeding is the cultural norm.

Candidates who take the IBLCE exam in a language other than English are required to have completed a minimum of eighty (80) documented hours of education in lactation reflecting the IBLCE Blueprint of knowledge and skills in the 3 years immediately preceding the exam. This requirement is to be effective worldwide no later than the 2010 exam and is in accordance with the requirement already in effect in Europe, the Middle East and North Africa. The rationale for this change is based on data showing that candidates taking the exam in a language other than English improved their pass rate and exam scores once the education requirement was raised.

Other matters that were covered have been raised elsewhere in this newsletter.



IBLCE Board members and staff (September 2007)

Join ILCA and stay aware—www.ilca.org

The International Lactation Consultant Association (ILCA) promotes the professional development, advancement, and recognition of International Board Certified Lactation Consultants (IBCLC) worldwide for the benefit of breastfeeding women, infants and children. Membership benefits include:

- Subscription to the *Journal of Human Lactation*, a peer-reviewed scientific quarterly publication
- Access to the Members Only section (Downloadable publications, presentations, etc.)
- Promotional materials for WBW and IBCLC Day & Bookstore discounts
- Discounted registration fees at the Annual Conference
- Independent Study Module discounts for CERP/CEUs
- Research grant and scholarship opportunities
- Opportunity to be listed in our Find a Lactation Consultant directory and/or Speaker Directory
- And much more!

IBLCE News from around the world: Beginning a Lactation Program in Addis Ababa

Judy Norman, IBCLC



In June of 2000 while working part-time in labor and delivery and doing lactation support at the University of Washington Medical Center, Seattle, Washington, I began two graduate programs in Community Health Nursing and Maternal Child Health Public Health.

Since I was interested in international healthcare my program advisor, Dr Marjorie Muecke, suggested I do a short internship in the underdeveloped part of the world to explore future possibilities for my husband and myself. The University of Washington, School of Nursing offers scholarships for this purpose.

The following August, we found ourselves in the South Omo region of Ethiopia working with SIM, a faith-based NGO. I worked with an American nurse and her four Ethiopian assistants at a small clinic where we saw birth (and death of one baby), a large wound from tribal warfare and many cases of malaria, diarrhea, STD's, etc. We also traveled to a very remote area for an immunization clinic.

In September 2006 we returned to Ethiopia also with SIM and attended Amharic language school for a year.

In August 2007 we began work in Addis Ababa with our rudimentary Amharic skills and a real desire to help these wonderful people. My husband, Dan, is teaching at a theological college and I've been "hired" as a volunteer to start a lactation program at the Myungsung Christian Medical Center (MCMC). I am also acting supervisor of the OB/NICU in this hospital.

In August 2007 we began work in Addis Ababa with our rudimentary Amharic skills and a real desire to help these wonderful people. My husband, Dan, is teaching at a theological college and I've been "hired" as a volunteer to start a lactation program at the Myungsung Christian Medical Center (MCMC). I am also acting supervisor of the OB/NICU in this hospital.



During the first three weeks I initiated team conferences for parents/families/healthcare team for all NICU babies. Encouraging exclusive breastfeeding for all is generally an easy task as this is a breastfeeding culture, but premature babies and their parents have not received needed help in the past.



I have also helped staff nurses and physicians to develop weekly in-service education, documenting good (and sometime different) standards of care for OB and NICU. Subjects covered so far have been neonatal respiratory distress care at birth and in the NICU, PIH for both mom and baby, and care for normal labor patients.

From the US, I brought one electric breast pump, a nursing stool, a breastfeeding pillow, and two nipple shields—the first that any of the staff here (including the two neonatologists) have ever seen and encouraged kangaroo care.



Role Delineation Study 2007: Executive Summary and Recommendations

The purpose of this study was to examine the practices and skills used by currently certified IBCLCs and the positions (employment and volunteer) in which these skills are practiced

The survey was administered online in 6 languages - Dutch, English, French, German, Korean and Spanish. Of the 8974 currently certified IBCLCs who were invited to participate, 2191 (24.4%) completed the survey. The average age of these respondents was 47.7 years and 70% had had at least 12 years of basic education while 91% had had at least 3 years of college education. Nearly two thirds of respondents (63%) had originally certified since 2001.

Respondents indicated that the IBCLC credential was more important in their primary employment compared to secondary employment, self employment or volunteer. Lactation skills were most frequently used by educators, IBCLC as an employee or in private practice, hospital nurse and volunteer mother to mother support.

Most respondents indicated a skill or practice was both important to know and was frequently used when it came to records/documentation; maternal, infant and breastfeeding evaluation; maternal and infant conditions; counseling; and professionalism.

While most respondents agreed that hand expression and breast massage were useful and essential to know, hand expression was not used as frequently as breast massage. They also indicated that while breast pumps and infant scales were more frequently used than any other devices, most stated it was useful or essential to know how to use other devices.

Respondents considered maintaining records, reading and analyzing research articles were the most essential and frequently used research skills and practices.

Many IBCLC's mentioned that they conduct antenatal

and postnatal breastfeeding classes, breastfeeding promotion classes and teach their colleagues about breastfeeding. However, the Exam Blueprint does not cover this very well.

Most respondents were very proud to be an IBCLC but wanted more recognition from fellow colleagues and employers. Respondents suggested that the credential needed more promotion so it gained more recognition and respect.

Concern was expressed over the lack of practical experience required before sitting the exam. In addition, many wrote strongly about why they needed to repeat an entry level exam at 10 years to remain certified. They would prefer to do this by collecting CERPS as happens in many other professions.

There was concern over the proposed second credential. Respondents believed it would confuse the public.

The results of this survey need to be considered with some caution given the response rate is low and is biased to respondents who answered the survey in English. Many mentioned that it was a confusing survey making it difficult to complete correctly.

Recommendations:

That the blueprint increases its focus on the education and teaching skills required of IBCLCs given the amount of time they spend teaching mothers, the community and health professionals about breastfeeding.

That IBCLC respond to matters that have been raised about the credential, its promotion and recertification processes in an appropriate manner.

The full report is available on the IBCLC regional websites.

We have seen women from Somalia and Kenya as well as Ethiopian clients, and I expect other foreigners will come in the future. Since I arrived, we have had two to four babies/families in the NICU (near capacity). We have had to find partitions for mother/family privacy, extra chairs for family conferences, and the most fun, extra tea cups for family/staff good-bye teas.

The Labor and Delivery head nurse, a lovely Ethiopian midwife, has agreed to help me with Amharic and Ethiopian culture while I help her with skills and knowledge to prepare for the IBCLC exam in a few years.

It is an exciting opportunity for work and I hope to open an office in the hospital soon to see outpatients as well as teach prenatal education and breastfeeding classes.

MCMC is less than three years old and has ambitious plans for expansion in Addis Ababa and throughout the

country. It is considered the best hospital in the country and is working hard to establish standards of care found in western countries.

On-site visits are welcome; emails for suggestions for this program would be much appreciated; and any donated equipment or books would be a great help since this is a mission hospital operated by Koreans, and Ethiopia is quite poor.

For more information, please contact me at judy.norman@sim.org, or call me (cell phone, 251-91-300-1288).

Important Dates in 2008

29 February 2008	Early deadline for IBCLCs recertifying by CERPs
28 February 2008	Deadline for posting MILCC Scholarship applications
31 March 2008	Early deadline for mailing complete exam applications with fees
30 April 2008	Standard deadline for mailing complete exam applications with fees
15 May 2008	Late deadline: final day for mailing complete exam applications with fees
by end May 2008	All early and standard deadline exam applications will have been reviewed and candidates with incomplete files will have been contacted by IBLCE
20 June 2008	Initial deadline for receiving exam withdrawal refund requests
end of June 2008	Candidates receive exam tickets and site information
15 July 2008	Final deadline for receiving exam withdrawal refund requests
28 July 2008	EXAM DAY
31 August 2008	Standard deadline for IBCLCs recertifying by CERPs
31 October 2008	Late deadline for IBCLCs recertifying by CERPs
mid October 2008	Exam results, score reports, etc., are mailed and placed on website
10 November 2008	Final deadline (postmark) for appeals and requests for hand scoring

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Meet the NEW IBLCE Country Coordinators Welcome to Dr Yoon and Ms Pang



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