



**USLCA**  
United States Lactation  
Consultant Association

March 28, 2009

Dear Ms. McIntyre:

Thank you for contacting us in reference to IBLCE's decision to pursue the development of a new credential within the breastfeeding profession. We appreciate the opportunity to address this proposal.

As a relatively new profession there is still much work to be done to establish the IBCLC as a valued, recognized member of the health care team. Introducing a second credential in lactation care to a public that is already unsure of who to turn to for assistance could prove to be confusing. There is also great concern in the lactation community that a 2<sup>nd</sup> credential could potentially damage the IBCLC's ability to compete for jobs. Employers may see the individual with this new certification as a less expensive alternative to the IBCLC.

Strengthening the role of the IBCLC should be undertaken before a 2<sup>nd</sup> credential is launched. In order to reach that goal the following should be addressed and/or achieved:

1. Revision of pathways that reflect entry level requirements for the IBCLC as a Bachelor of Science degree in a health related field or an education curriculum that leads to a specialty in lactation counseling should be accomplished. Any certification pathway should include clinical supervision by a board certified lactation consultant. Current IBCLC's should be grandfathered into the profession by the same pathway requirements at which they first achieved certification.
2. Significant progress towards licensure of the IBCLC.
3. Achievement of third party reimbursement for the services of the IBCLC.
4. The inclusion of the IBCLC in state perinatal regulations (where applicable) as the provider of choice for lactation care of the mother/infant dyad during their hospital stay.
5. The development of staffing standards for IBCLC's in the hospital and WIC settings.
6. Education of the public in regards to the role and effectiveness of the IBCLC in the hospital, clinic, and private practice settings.
7. Lactation specific outcome based standards established for healthcare settings.
8. The development of accurate collection methods for lactation specific outcomes in healthcare settings.

These initiatives cannot be accomplished by one organization working alone. Please contact us concerning your interest in exploring opportunities for a collaborative effort between USLCA and IBLCE as an important first step. We look forward to hearing from you.

Sincerely,

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President USLCA

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