2014 Lactation Summit:
Addressing Inequities within the Lactation Profession

Summary Report

2014 Lactation Summit Design Team

2014 Lactation Summit Design Team:

Cathy Carothers, Chair
Judi Lauwers, Summit Coordinator
Sherry Payne, Primary Summit Facilitator
Kendall Cox, Satellite Summit Facilitator
Cheryl Benn
Maya Bolman
Liz Brooks
Carole Dobrich
Cynthia Good Mojab
Roberta Graham de Escobedo
Kiddada Green
Joshua Johannsen
Euphemia John
Kathy Kendall-Tackett
Phyllis Kombol
Sara Lake
Becky Mannel
Jeanette McCulloch
Gwen Moody
Richard Padlo
Regina Roig-Romero
Yuwen Ren

2014 Lactation Summit Hosts:

International Board of Lactation Consultant Examiners®
International Lactation Consultant Association®
Lactation Education Accreditation and Approval Review Committee

December 2014: This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. It may be freely copied and shared if the content is not changed, it is not used for any commercial purpose, and the 2014 Lactation Summit is cited as the source.

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

2014 Lactation Summit:
Addressing Inequities within the Lactation Profession

TABLE OF CONTENTS

Executive Summary	1
Background and Process	7
The Real World for Missing Voices of the Profession	17
Recommendations and Next Steps	31
Evaluation	34

Appendices:

Appendix A: Design Team
Appendix B: Stakeholder Organizations
Appendix C: Resource List
Appendix D: Summit Agenda

Executive Summary

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

The 2014 Lactation Summit

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

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

- African Americans in the U.S.
- Hispanics[1] in the U.S.
- Native Americans in the U.S.
- North and South America
- Asia Pacific
- Russia and Europe
-

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

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

General Findings

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

Passion for Advancing the Profession

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

Institutional Oppression

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

Application Process

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

---

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

Educational Requirements

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

Clinical Requirements

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

Pathways

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

Lack of Qualified Mentors

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

Language Barriers

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

Financial Constraints

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

Lack of Jobs as IBCLCs

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

Next Steps

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

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

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

SPECIAL NOTE ABOUT THIS REPORT

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

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

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

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

2014 Lactation Summit Design Team
December 2014

NOTE FROM SPONSORING ORGANIZATIONS

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

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

2014 Lactation Summit 2014
Addressing Inequities within the Lactation Profession

Background

Addressing issues of diversity and equity are a key health imperative across the world. The World Health Organization (WHO) notes that there are significant gaps in health outcomes within countries that are "rooted in differences in social status, income, ethnicity, gender, disability or sexual orientation."[3] In particular, the report notes a 36-year discrepancy in life expectancy between countries of the world, with "no biological or genetic reason for these alarming differences in health and life opportunity." Disparities in maternal and infant mortality and morbidity are among chief concerns.

In the U.S., the Centers for Disease Control and Prevention (CDC) has published its 2013 CDC Health Disparities and Inequalities Report as part of the *Morbidity and Mortality Weekly Report,*[4] calling on organizations and individuals to "work to identify and address the factors that lead to health disparities among racial, ethnic, geographic, socioeconomic, and other groups so that barriers to health equity can be removed." In 2011, the U.S. Surgeon General issued the first ever national *Call to Action to Support Breastfeeding,* citing the "unacceptable disparities in breastfeeding that have persisted by race/ethnicity, socioeconomic characteristics, and geography."[5] The report calls for 20 actions to address disparities in breastfeeding rates, including Action 11, "Ensure access to services provided by International Board Certified Lactation Consultants." Noting the extremely low numbers of IBCLCs of color, the report provides a specific recommendation to "Work to increase the number of racial and ethnic minority IBCLCs to better mirror the U.S. population."

Historical Perspectives

The joint decision by the three lactation organizations (IBLCE, ILCA, and LEAARC) to collaborate on measures to improve access to the IBCLC credential was timely, with the 30th anniversary of the profession approaching in 2015. The young profession has grown rapidly over its short

[3] World Health Organization. World Congress on Social Determinants of Health: Fact File on Health Equity. Available at www.who.int/sdhconference/background/news/facts/en/

[4] U.S. Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*. November 22, 2013;62(3):1-187. Available at www.cdc.gov/minorityhealth/CHDIReport.html

[5] U.S. Surgeon General. *Surgeon General's Call to Action to Support Breastfeeding.* 2011. Available at: www.surgeongeneral.gov/library/calls/breastfeeding/

history, expanding to over 26,500 certificants in 96 countries of the world. Although the profession originally grew out of the mother support realm, a shift occurred over the years with rapid growth in the profession among hospital-based nurses who see families in the pivotal first hours and days after birth. Today, nearly 80% of lactation consultants in the U.S. are hospital-based nurses. In other countries of the world, lactation consultants are predominantly physicians, midwives, and other health providers. Even in the U.S., the IBCLC credential has long been viewed by many as an "add-on" rather than a stand-alone credential. This has spurred some of the changes in certification requirements to standardize and improve the educational background and the professional status of IBCLCs.

As the profession grew, so did recognition of inequities in access to becoming an IBCLC. In many of the 96 countries where IBCLCs practice, the overall numbers of IBCLCs remain low. There are still countries of the world where there are no IBCLCs. In the United States, where the majority of IBCLCs reside, African American, Hispanic, and Native American communities are disproportionately excluded from the profession. Worldwide, the profession has failed to adequately engage males and younger members. The lesbian, gay, bisexual, transgender, queer, questioning, intersex (LGBTQI) community also has disproportionately low access to the IBCLC credential. Passionate lay breastfeeding support counselors without professional health care credentials, who were the underpinning of the profession from its inception, have found access to the profession increasingly difficult.

The result is a system that is disproportionately dominated by those who hold privilege – those from the dominant culture with the resources, opportunities, and connections that enable them to meet the educational, financial, and clinical experience requirements. This ongoing and pervasive global pattern of inequitable access is institutional oppression in the field of lactation consultation.

Cynthia Good Mojab addressed this in her recently published article in the *Journal of Human Lactation,* "Pandora's Box is Already Open: Answer the Ongoing Call to Dismantle Institutional Oppression in the Field of Breastfeeding."[6] She wrote, "Institutional oppression is inequitable access to products, services, opportunities, and power based on sex, race, class, gender identity or expression, sexual orientation, and other characteristics. It is encoded—intentionally or unintentionally—in institutional policies, procedures, practices, customs, and structures." She further wrote, "Although it is not in our power to erase history, it is in our power to see and

[6] Good Mojab C. Pandora's box is already open: Answering the ongoing call to dismantle institutional oppression in the field of breastfeeding. *J Hum Lact.* 2014. Published online at: http://jhl.sagepub.com/content/early/2014/10/08/0890334414554261.

engage with the reality of which we are all a part. We can learn to understand and effectively respond to the unconscious cognitive processes and emotions that are so often triggered in ourselves and in others when we work to help change the status quo…and take the actions that are essential to dismantle institutional oppression in our field."

This process of dismantling oppression will require honest scrutiny of barriers and the policies and practices that have favored those with privilege across the world. The 2014 Lactation Summit was one step in this larger vision, designed to listen to the missing voices of the lactation consultant profession and learn about their barriers so a process of true change occurs. The Summit was held in Phoenix, Arizona, USA on July 27, 2014 following the ILCA international conference.

The Process and Preparation for the Summit

The Process

The process for the overall initiative, of which the 2014 Lactation Summit is a part, initially began during early routine phone conversations between the leadership of the three lactation organizations, IBLCE, ILCA, and LEAARC, as they explored factors that inhibit or prevent access to the education and clinical requirements of the profession. They discussed the possibility of an in-person gathering of thought leaders to build collaborative work to increase access to those education and clinical requirements. Cathy Carothers, former ILCA president, was asked to chair the initiative because of her intimate understanding of the three organizations, her experience with the U.S. Breastfeeding Committee's parallel collective impact effort on race and equity initiatives, and her experience in facilitating large collaborations.

As ideas for this in-person gathering began to unfold, it soon became clear that education and clinical barriers were actually symptoms of much deeper racial, ethnic, gender, geographic, and other inequities that are embedded in the lactation consultant profession worldwide. Many of the barriers seen are disproportionately magnified in underrepresented communities, creating a system of institutional oppression that has resulted in inequitable access. What these inequities are and how they play out in the lives of individuals seeking to access the profession was not well known or understood by the three organizations. Rather than hosting a gathering with the original narrow focus, the organizations began to view the process from a larger health equity perspective, requiring a mechanism to listen and learn from the missing voices of the profession. A broader Summit became an important strategy as part of this overall process to address inequities.

It should be noted that these early conversations within the lactation organization leadership came on the heels of the June 21-23, 2013 Inequity in Breastfeeding Support Summit, "The Impact of Institutional Racism, Power, and White Privilege on Breastfeeding Rates and Maternal Infant Health." This independent conference was hosted in Seattle, Washington, USA by the Breastfeeding Coalition of Washington, Mahogany Moms Breastfeeding Coalition, and the Native American Breastfeeding Coalition of Washington. The event helped foster the often difficult conversation about institutional oppression within the breastfeeding support community.

Design Team

A pivotal strategy to prepare for the July 27, 2014 Lactation Summit was the formation of a 22-member Lactation Summit design team composed of representatives from a variety of underrepresented communities both in the U.S. and across the world. [*See Appendix A, Design Team.*] The role of the design team was to provide overall guidance in planning and executing the Summit.

Recommendations for members of the design team were initially made by the Summit leadership, members of the three lactation organizations, and the first members of the design team. The final design team, which continued to grow throughout the year as new perspectives and champions within that group were identified, included members from seven countries (Australia, Canada, China, Mexico, New Zealand, Russia, and the U.S.), and key underrepresented communities in the United States, including African American, Hispanic, and Native American communities. As chair of the design team, Carothers provided overall direction. LEAARC's Executive Director, Judi Lauwers, assisted by coordinating all Summit logistics with ILCA office staff. The Summit facilitator, Sherry Payne, provided additional guidance on the structure and design of the Summit.

The team met monthly throughout 2013-2014 via web-based meetings to thoughtfully consider effective approaches. Because little was understood by the three organizations about barriers to accessing the profession, the design team advised that the 2014 Lactation Summit focus on *LISTENING* and setting priorities for further crucial conversations.[7] Continued listening was facilitated through various communication vehicles by the three host organizations reaching out to members, including listserv messages, blogs, social media, and newsletters.

[7] Carothers C. 2014 Lactation Summit: Addressing inequities within the lactation consultant profession. *Clinical Lactation Journal.* 2014;5(3):86-89.

Stakeholders

The three organizations launched a membership-wide search through blast emails, blog articles, and social media posts to identify and embrace those who wanted to participate in the process. A lengthy stakeholder list was compiled by the design team to identify individuals within marginalized communities who could share experiences, perspectives, and/or analysis regarding barriers to the IBCLC credential. Organizations in a position to address inequities were also identified. [*See Appendix B, Summit Organization Attendees.*] Invitations were sent to all identified stakeholders to gauge interest in the initiative. Continued calls for others interested in participating were also conducted via listservs, blogs, and newsletters to assure widespread visibility and involvement. After the master list was compiled, the design team established priorities, with representatives from each of the targeted communities providing recommendations on the key stakeholders within their communities. The design team worked to assure maximum representation of racial and ethnic backgrounds and geographic locations across the world. Once those targeted stakeholders were identified, additional interested parties were accommodated on a first-come, first-served basis.

Funding

The three host organizations each contributed initial seed funding to help defray travel costs for speakers and individuals from underrepresented communities to attend the Summit. The organizations also contributed significant in-kind contributions such as staff time to organize and coordinate logistics and staff registration, facility fees, audio-visual expenses, printing fees, office supplies, and other expenses. IBLCE hosted a reception for all attendees the evening before the Summit to provide a welcoming environment for attendees, and help them feel comfortable participating in the difficult conversations to come.

A widespread fundraising campaign was launched to solicit donations, 100% of which was used to provide travel reimbursements for members of underrepresented communities to attend. The generous outpouring of support enabled the Summit to bring together significant voices by providing for their airfare, hotel, ground transportation, and limited food expenses on the day of the Summit. Several members of the design team also donated time and materials/supplies for items such as the "2014 Lactation Summit" buttons and supplies used on the day of the Summit. Funding received from individuals and organizations to support travel reimbursements of individuals from underrepresented communities to attend the summit were received from:

Individuals	Cheryl Benn
	Angela Bowen Bond
	Michelle Branco

Elizabeth Brooks
Suzanne Campbell
Cathy Carothers
Diana Cassar-Uhl
JonaRose Feinberg
Michelle Fonte
Peggy Hinkle
Marissa Honey-Jones
Vergie Hughes
Kathleen Kendall-Tackett
Michelle Kinne
Phyllis Kombol
Judi Lauwers
Rachelle Lessen
Katy Linda
Amber McCann
Jeanette McCulloch
Laurie Nommsen-Rivers
Terriann Shell
Amy Spangler
Tamara Taitt

Organizations

Bright Future Lactation Resource Center, Ltd.
Cincinnati Children's Hospital Medical Center
GOLD Lactation Online Conference
Hale Publishing
Health e-Learning
iLactation
International Institute of Human Lactation
International Lactation Consultant Association
International Board of Lactation Consultant Examiners
Lactation Education Accreditation and Approval Review Committee
Lactation Education Consultants
Lactation Education Resources
Mohawk College
Pennsylvania Resource Organization for Lactation Consultants
Praeclarus Press

Pre-Summit Activities

- *Reading Materials*. Attendees were provided pre-Summit reading materials recommended by members of the design team to help them prepare. [*See Appendix C, Reading List.*] Summit attendees expressed appreciation for the reading materials and commented that these readings helped them better understand the necessary common language and background for the issues that would be presented.
- *Pre-Summit Webinar*. A crucial part of preparing for the Summit was a pre-summit webinar, "Ready, Set, Listen! Preparing to Hear the Missing Voices of the Lactation Consultant Profession," hosted on July 12, 2014 by GOLD Conferences International and the GOLD Lactation Conference. A recording was available for attendees unable to participate in the live presentation, and GOLD will be making an archived version of the webinar available for public viewing at www.GOLDLearning.com starting January 1, 2015. The webinar was presented by Cynthia Good Mojab, an IBCLC, mental health care provider, and member of the Design Team. Ms. Good Mojab defined cognitive dissonance and how it affects the way we process difficult information; the need to develop a common language with regard to prejudice, oppression, privilege, and bias; and our ethical rationale for helping to dismantle oppression in our field. She also laid out a roadmap of initial steps that can help eliminate inequity in access to the lactation profession, and presented models of individual and institutional development in anti-oppression work.
- *Conference Presentations*. The ILCA Conference held just prior to the Summit featured well-attended plenary and breakout sessions, as well as a full-day workshop on breastfeeding equity and addressing disparities.
- *The Gathering*. On the evening of July 26, 2014, an informal gathering was held to prepare hearts and minds for the next day's Lactation Summit. More than 30 participants gathered in a procession to sing prayers, pronounce blessings, and offer moments of silence to honor those who would present the following day. Each individual was invited to share a prayer or blessing from their own tradition. The result was an amalgamation of diverse spiritual offerings. The sharing of praises was preceded by drumming and a ritual dance and shared blessings. The time ended as participants hugged and pronounced their well wishes upon one another. The gathering itself was impromptu and had not been a planned part of the conference or Summit events, but grew organically from a desire to focus energy and positivity toward the important work of the Lactation Summit.
- *Reception*. Following "The Gathering," a light reception sponsored by IBLCE enabled attendees to meet one another on a more informal basis and begin building relationships before the Summit began.

The 2014 Lactation Summit

The full-day Lactation Summit was held on Sunday, July 27, 2014 in Phoenix, Arizona USA at the conference hotel site for the ILCA International Conference. A total of 120 participants attended from 12 countries (Australia, Canada, China, Ireland, Italy, Japan, Latvia, Mexico, New Zealand, Russia, Saudi Arabia, and the U.S.). ILCA arranged for free CERPs to be awarded to those attending the Lactation Summit.

Accommodating Attendees

Because the Summit room could only accommodate 80 people, an adjacent satellite room was opened to enable an additional 40 people to participate via live audio streaming. A facilitator was provided in both rooms to accommodate and encourage discussion throughout the day. Sherry Payne served as facilitator in the main Summit room. Kendall Cox facilitated conversations in the satellite room. Throughout the day, ideas and reflections from the satellite gathering were incorporated into the overall Summit conversations, and representatives of small groups in the satellite room were brought into the larger room during all discussion periods. This process assured that stories and perspectives from all individuals attending the Summit could be heard and integrated into the final recommendations.

Summit Structure

The Summit agenda was structured by the design team, and included panel presentations from underrepresented communities both in the United States and across the world. [*See Appendix D, Summit Agenda*.] A panel facilitator was selected from amongst the design team representing that community. Each panel facilitator worked with other members of their racial, ethnic, geographic, or other social community to help identify and engage speakers/presenters for their panel. They worked with presenters to devise the approach for their panel, welcomed presenters when they arrived in Phoenix, and led the panel. The communities and their panel facilitators were:

- African Americans in the U.S. (Facilitator: Kiddada Green/US-Michigan)
- Hispanics and Native Americans in the U.S. (Facilitator: Regina Roig-Romero/US-Florida)
- North and South America – Canada, Mexico, and South America (Facilitator: Roberta Graham de Escobedo/Mexico)
- Asia Pacific – Australia, New Zealand, Japan, and China (Facilitator: Cheryl Benn/New Zealand)
- Russia and Europe – Russia, Latvia, Ireland, and Italy (Facilitator: Maya Bolman)

- Communities that cross geographic and ethnic lines (males, youth, lay support groups, those working in remote and isolated regions of the world, and the LGBTQI community) (Facilitator: Jeanette McCulloch)

Reflection Periods

A reflection period followed each panel discussion to enable Summit participants to consider what they had heard and to discuss reactions, stories, and important priorities. Reflection questions included:

- What barriers to becoming an IBCLC did you hear described by this panel?
- What experiences of privilege or oppression have you had within the system(s) of privilege/oppression that create barriers to becoming an IBCLC for the community/communities that are the focus of this panel?
- Do families in your community have access to a culturally appropriate, affordable, knowledgeable support structure after breastfeeding is initiated? Where does that support come from?
- Can you provide appropriate referrals for all people in your community?
- What most surprised, disturbed, or inspired you about the information shared?

Listening Companions

Several individuals representing diverse groups were on hand to serve as "Listening Companions" throughout the Summit. These individuals were identified by the design team or volunteered to serve in this capacity. Their role was to provide support in a safe space for participants who were feeling overwhelmed or emotionally stressed by the discussion and needed to step away to process what they heard. The listening companions were trained by Summit Facilitator Sherry Payne the day before the Summit.

Opening Presentation – Kimberly Seals Allers

The Summit was opened by Kimberly Seals Allers, an award-winning journalist, author of the *Mocha Manual™* series of books, and founder of www.MochaManual.com, a pregnancy and parenting lifestyle destination and blog for African Americans. Ms. Seals Allers provided attendees with a powerful reminder that inherent inequities within the profession pose both ethical and business dilemmas. Race, gender, and sexual orientation matter, not just in reducing health disparities, but in the survival of the profession. As a business interest, lactation professionals must be willing to change and the organizations representing the profession must be willing to make the shift. Ms. Seals Allers presented the "business case" for diversity, reminding participants that this is not a savior mission. The future of the profession is dependent on us "saving ourselves" by recognizing the way our destinies are inextricably linked

to one another. She also addressed the issue of racism, noting that education and income alone do not protect from the stress of racism. Research has shown this stress to be so profound that it affects the growth of a fetus *in utero*.

Ms. Seals Allers challenged participants, “We don’t have to reinvent the wheel. But we have to ROLL it. And that wheel won’t move if we don’t PUSH it.”

The Real World for the Missing Voices of the Profession

Numerous heartfelt stories and real world examples were shared throughout the day to help increase understanding of systemic and institutional barriers that make access to the profession difficult for the missing voices of the profession. Actual stories and names are not shared in this summary report out of respect for the individuals who courageously shared their sometimes deeply personal stories. Their experiences gave voice to the widespread reality of inequities. Summit attendees voiced that the work of dismantling those inequities must not be delayed or stop with these crucial first steps of listening and discussion, but that actions must be undertaken to address the institutional barriers that exist. While the information shared points to significant obstacles and difficulties, the Summit attendees also recognized that significant opportunities exist for collaboration to address the identified issues.

U.S. – African American Panel

Racism in the United States permeates all aspects of American society. As Cynthia Good Mojab wrote, “Eliminating inequity in the field of breastfeeding requires that we understand that racism and all other systems of privilege/oppression exist at various levels: personally mediated, internalized, institutional, and systemic.”[8] Racism is evident where white privilege affords opportunities that are disproportionately less available to people of color. In the lactation profession, the original systems and processes set up to develop the IBCLC credential were based on values, understandings, and resources common among whites, the dominant racial group in the United States. Rethinking those systems and processes based on other values, understandings, and resources will be critical to begin an authentic process of dismantling barriers and welcoming people of color into the lactation profession. This goes beyond simply having diverse representation in the leadership of the lactation organizations, although this is a critical element. It also requires facilitating a process whereby people of color are actively engaged and taking the lead in addressing those barriers.

Many participants described overcoming intense struggles to attain and retain the IBCLC credential, and expressed that many African Americans are unable personally to fight the challenges that make it so difficult. Common barriers include:

[8] Good Mojab, 2014.

- *Lack of diversity* – on all of the lactation profession organization boards and within the profession itself. With no African Americans at the table when processes and structures are developed that affect people of color, assumptions continue to be made based on the dominant race: white. The lack of diversity within the profession often leaves African Americans feeling uncomfortable and not truly welcomed.
- *The application process* – needs to be simplified. One person put it this way: "Trying to figure out how to get into the lactation profession was like going on a road trip across the country without a map or a GPS." Suggestions were made to create an interactive smart-logic website to allow applicants to chart their best course and track their progress toward designation based on their background/prior learning and experience in a simple format.
- *Educational and clinical prerequisites* – are elusive to those who cannot afford postsecondary education or return to college to acquire the required courses. Suggestions were made to develop high-quality, affordable educational modules that do not require college enrollment. It was further suggested that verifiable work and life experiences could count toward educational requirements.
- *Recertification process* – is confusing to maintain, CERPs are difficult to track, and the cost is often out of reach to many in the African American community. Suggestions were made to regularly update current IBCLCs with information about their status obtaining and maintaining certification requirements with an online tracker system similar to the one instituted by the American Board of Pediatrics when it transitioned to a complicated Maintenance of Certification process.
- *Significant cost barriers* – for all aspects of obtaining and maintaining the IBCLC credential and participating in the life of the profession. Some must sacrifice multiple paychecks to afford coursework and pay for exam fees. Because many African Americans are underpaid and must work more than one job to make ends meet, this poses significant financial hardships. Suggestions included providing scholarships for lactation courses, high level advocacy by the lactation organizations for employer reimbursement of exam fees, and improved marketing of the importance of the IBCLC credential so aspiring African American IBCLCs will value it enough to make it a priority.
- *Clinical pathways* – have become so structured that they are now obstacles to anyone outside the medical field. One person said, "Women have been breastfeeding since the beginning of time. When did something so natural become so clinical?" The highly structured approach makes assumptions that devalue the role of community and social support that has been a vital part of the African American community for generations.
- *Accessing clinical hours* – is difficult for African Americans who do not hold professional credentials. The medical field is dominated by those of privilege (for example, over 83%

of nurses in the U.S. are non-Hispanic whites[9]), adding layers of inequity to African Americans wanting to become IBCLCs. Many hospitals are unwilling to hire aspiring IBCLCs for the purpose of gaining clinical hours, and many African Americans do not have the professional credentials to be hired in the health care field. Opportunities for volunteer positions are scarce. Other potential sources of clinical experience (for example, the WIC program) are often not sufficiently funded to hire peer counselors who simply need to work long enough to obtain clinical hours. Many WIC agencies hire Caucasian peer counselors, even in predominantly African American communities, so there are inherent inequities within WIC, as well.

- *Recognized lay breastfeeding support organization*s – have been touted as one way aspiring IBCLCs can gain their needed clinical hours, working as volunteers or paid staff. Historically, many lay breastfeeding support organizations have not been racially inclusive or diverse; thus many African Americans do not feel comfortable seeking support through currently recognized organizations. Additionally, the process of a lay breastfeeding support organization becoming certified by IBLCE is based on a structure that does not value the role of experience and peer learning. This adds layers of inequity through processes that are not attainable to African Americans participating in newly developed lay support organizations geared toward the needs of underrepresented minorities.
- *Clinical mentors* – are scarce among the African American community. Finding relational mentors is pivotal for African Americans to be able to relate culturally to those in their community. In addition to identifying African American mentors, it was recommended that lactation conferences, including ILCA, make a concerted effort to have non-dominant lactation consultants speak on clinical topics, not just topics related to diversity and cultural issues.
- *IBCLC exam* –features photos that primarily depict Caucasian mothers and babies. Summit attendees were reminded that many clinical conditions manifest differently depending on the degree of pigmentation of breasts. The exam needs to reflect cultural sensitivity and the diversity of families served.
- *Inherent racism* – continues to exist throughout American society. The ramifications are seen throughout the African American community, impacting their ability to become IBCLCs. Some Caucasian families do not want to be cared for by an African American breastfeeding counselor, making it difficult for an African American to obtain the needed clinical hours or to practice in the field after becoming an IBCLC. Some white

[9] U.S. Department of Health and Human Service. *The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses.* 2010. Rockville, MD: HHS Health Services and Resources Administration. Available at http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf, p.7-5.

lactation consultants make assumptions that African Americans will not be able to pass the IBCLC exam, and therefore do not provide the needed mentorship support.

- *Lack of jobs* – remains a significant barrier. Some African American IBCLCs reported that navigating the changing requirements was difficult enough, and some colleagues made assumptions that they would not be able to achieve them. Yet once they overcame these obstacles and achieved the IBCLC, they then faced new hurdles to employment. The doors to employment are often disproportionately closed to African Americans. Many hospitals continue to require additional professional credentials such as R.N. While this is a common concern of other ethnicities, it adds another layer of difficulty for African Americans who are underrepresented within the nursing profession, as well. Achieving employment thus means they must face the additional obstacles of penetrating yet another system of inequity within the nursing profession before they can practice as an IBCLC. Many WIC agencies do not have funding or internal structures to allow former peer counselors who have attained the IBCLC credential to do the work they are educated and qualified to do. Those who *are* able to get limited employment within WIC find that they must continue to work as peer counselors within the peer counselor scope of practice and at peer counselor pay even though they now have the IBCLC credential.

U.S. – Native American Panel

Issues affecting Native American aspiring IBCLCs are similar to those of the African American community in some aspects. However, other unique barriers were also identified.

- *Rampant poor health outcomes* – including high rates of diabetes and obesity, can impact breastfeeding success, and can also be decreased and/or prevented through breastfeeding if rates were higher.
- *Breastfeeding rates are low* – the by-product of generations of abuse against Native peoples, including forced sterilizations and systematic removal of Native children from their homes. Alcohol became a coping mechanism for many Native communities. Lack of family structures and support as a result of institutional racism contributed to the decline in breastfeeding rates. Where once breastfeeding was an historical norm in the Native community, it has now become a lost art for many.
- *Lack of IBCLCs* – in a community where breastfeeding is not the norm. In the U.S., it is believed that there are only about a dozen IBCLCs within the entire community of Native American tribes across the country. The lack of data breaking down ethnicity among IBCLCs was reported as a continuing concern in being able to identify accurate

numbers of population groups within the profession, and being able to track progress in addressing inequities.

- *Hard to develop new IBCLCs* – in a culture where there are so many vastly different Native reservations across the country and so few IBCLCs. In the Native culture, whites are often not trusted due to the painful history of injustice. This makes it hard to prepare new IBCLCs without adequate mentors to model the profession.
- *Myths about Native Americans* – continue to abound, tokenism continues, and assumptions are often made that are incorrect.

Solutions for addressing the unique barriers of aspiring lactation consultants within the Native American community were suggested to include increasing breastfeeding rates, such as outreach with tribal leaders and elders, engaging culturally relevant extended family supports such as grandmothers and "aunties," and incorporating more Native American IBCLCs as breastfeeding conference speakers to speak as knowledgeable experts about clinical topics rather than just "token" cultural sensitivity topics. This would help heighten visibility of the profession and the contributions of Native American professionals.

U.S. – Hispanic Panel

A multitude of barriers impact access to the lactation profession within Hispanic communities in the U.S. Although similarities were found with other groups, unique issues were noted among Hispanics in the United States.

- *Generalizations about Hispanic groups* – are frequently made, clustering all groups that speak Spanish into one category of "Hispanic." In fact, the word "Hispanic" is widely used to denote a single population group in national data, research methodologies, and general policies and programming. However, "Hispanics" are *not* a single group and are, instead, a diverse body of peoples from many different countries, traditions, and cultural practices. Even language variances are noted within Spanish-speaking cultures. One attendee noted, "Knowing one type of Hispanic means…knowing one type of Hispanic."
- *Anti-immigrant/anti-Hispanic attitudes* – are pervasive throughout the United States, and begin at an early age. Typical assumptions include the myth that people from Spanish-speaking countries (or for whom English is a second language) lack the education to attain the profession or cannot communicate in English and cannot perform well. These assumptions are hurtful and degrading, and result in a lack of the support that aspiring IBCLCs need to pursue the profession. Hispanic immigrants do not feel welcomed; the social, cultural and professional discomfort that many IBCLCs from

the profession's dominant culture feel about Hispanic immigrants erects barriers to their certification as IBCLCs, and to their advancement to positions of power and leadership within the IBCLC profession.

- *The immigrant experience* – A fundamental lack of understanding of the immigrant experience is widespread throughout the dominant culture of the United States. The typical immigrant's story is filled with human drama, with characteristics and qualities such as sacrifice, courage, loss, hope, tragedy, principle, fear, character, and sorrow. These qualities permeate and define every immigrant's relationship to the U.S., its residents, and as a result, the IBCLC profession. To fail to understand this is to fail to understand immigrants.
- *Structural barriers* – that keep mothers and babies from breastfeeding in traditional "Hispanic" cultural groups also keep people from becoming IBCLCs. Acculturation contributes to a significant decline in breastfeeding rates among people from Spanish-speaking countries.
- *Language barriers* – are major issues in the United States among Spanish-speaking and English as a Second Language (ESL) communities. Often health providers do not know Spanish and rely on translation or interpretation services at health facilities, which are not always personal. These same language barriers make it difficult for Spanish-speaking people to access required coursework, appropriate clinical mentors, clinical hours, and continuing education.
- *Lack of knowledge* – among those in the dominant culture about the educational opportunities in other countries. This lack of knowledge has led to assumptions that Spanish-speaking people are not well educated.

North and South America – Canada, Mexico, South America

Many real-world stories were shared, noting similar barriers already described. Additional issues of transportation, costs, and language were noted. It should be noted that the South American representative to the Summit was unfortunately unable to attend; input from South America will be critical moving forward.

Canada

In the world's second largest country, travel and transportation costs, as well as distance and access to appropriate resources were identified as significant barriers to accessing the profession.

- *Exam site assignments* – do not always accommodate everyone. Some Canadians reported they had to take the take the exam in the United States, requiring passports

and often significant travel expenses for airfare or mileage, hotel, meals, child care, and work replacement. Carpooling is often not possible as people are frequently assigned to take the exam at different sites in the U.S.

- *Language barriers* – pose hardships for many aspiring lactation consultants. This is further complicated when office staff for IBLCE and ILCA do not speak French, making it more challenging to register for the exam.
- *Racism* – is a significant issue in Canada. For example, a painful history of killing First Nations children and outright abuse of aboriginals in Canada has resulted in continuing issues of discrimination and lack of access to appropriate health care among underrepresented groups. There is a great need for families to heal from intergenerational trauma.
- *Cultural practices* – of First Nations peoples are not recognized or valued by those from the dominant culture in Canada.
- *Lack of IBCLC mentors* – is a special concern within aboriginal communities. Because many aboriginals lack trust in the dominant culture, this is a significant need. Currently there is only one IBCLC in Canada from a First Nations tribe.
- *Cost and lack of jobs* – are significant challenges to motivating people to become IBCLCs in Canada.

Mexico

Despite the large population of Mexico (over 20 million in Mexico City alone) there are relatively few IBCLCs (only 20). There are 67 native languages spoken in Mexico, and there are wide variances in beliefs and practices surrounding breastfeeding, with significant issues impacting the lactation profession.

- *The profession* – is mostly unknown in the country. Lactation is not incorporated into medical training, and health providers are not knowledgeable about the profession.
- *Lactation knowledge* – is lacking. Many health workers believe they are already lactation experts. Unified evidence-based standards are not shared between health providers, resulting in inadequate lactation care. There are few Spanish language lactation courses and continuing education programs available to educate health professionals and aspiring IBCLC candidates and help them maintain the credential.
- *Breastfeeding promotion* – is challenging. Aggressive formula marketing practices have penetrated the indigenous communities in Mexico. Complementary feeding practices are not based on best practices in nutrition. While the Baby-Friendly Hospital Initiative is gaining momentum in the country, the public health department added 15 additional steps (for example, vaccinations) that make acquiring BFHI designation much more cumbersome and difficult to attain.

- *Time constraints and high turnover* – add to issues of lack of motivation and knowledge about the profession.

Asia Pacific – Japan, China, New Zealand, Australia

As in many other parts of the world, the needs and issues of both predominant and underrepresented communities vary throughout the Asia Pacific region. While enormous strides have been made to advance the lactation profession in this region of the world, access to the profession is difficult even for dominant cultures and those with socioeconomic resources. Inequities experienced by underrepresented aboriginal, Maori, and Chinese communities make access even more difficult.

Australia

It was noted that 240 years ago the population of Australia was mostly aboriginal. Today, 95% of the population of Australia consists of immigrants or descendants of immigrants. The cultural diversity throughout the country and large distances between communities means that lactation education must be taken to the people. While there are more than 1,000 IBCLCs in Australia, significant barriers abound, including:

- *Distance, transportation and cost* – are barriers to acquiring required lactation education and clinical instruction.
- *Fears* that the IBCLC exam is too hard or difficult to attain.
- *Discrimination against aboriginal populations* – make inequities an ongoing reality and concern.

China

Significant barriers to the profession exist in China. Despite the large geographic size and population of the country, only a small handful of IBCLCs exist there. This represents both a challenge and an opportunity. Common barriers identified include:

- *Language barriers* – exist, with no comprehensive breastfeeding education texts in Chinese. This makes it virtually impossible to advance the profession in culturally appropriate ways unless people also speak English.
- *Education and exam costs* – are prohibitive. In China, health care providers are not paid at levels similar to those in the United States.
- *Lack of educational opportunities* – result in breastfeeding education not being readily available for health providers. This means it is also not available for aspiring IBCLCs.

- *Low numbers of IBCLCs* – create a noticeable gap in professionals who can provide training and mentorship opportunities. Lack of knowledge about the IBCLC profession makes it hard for others to understand and accept it.
- *Enormous strides* – have been made in a relatively short period of time. Over 200 peer counselors have been trained, and this core group is now energized to want to become IBCLCs. Another avenue for outreach is the field of mother-infant care specialists who provide breast massages, the only certificate that the government of China has issued. IBLCE has now included a simplified Chinese section to the IBLCE website, and a Chinese blog on lactation now has nearly a million followers from across the country. An online chat group has begun purchasing English texts and each member of the study group translates a portion of the book and then shares what they learned to help one another prepare for the IBCLC exam.
- *Resources and education* – are desperately needed for Chinese IBCLC candidates. These aspiring IBCLCs need books and educational resources in Chinese, online training opportunities in Chinese, and opportunities in hospitals and private practices to acquire clinical experience hours. In addition, the IBCLC exam needs to be translated into Simplified Chinese in order for more people to be able to sit the exam. Lactation consultants from other countries are welcomed in China to provide training and assist in the growth of the profession.

Japan

Japan experienced phenomenal growth in the lactation profession from 1995 when the first IBCLC was certified to 2013, when there were 891 IBCLCs in the country. Much of this rapid growth was attributed to targeted outreach. Nonetheless, significant barriers make expanding the profession quite difficult.

- *Heavy reliance on the profession grounded in the medical field* – makes it more difficult for others to feel welcomed into the profession. The majority of current IBCLCs in Japan are also midwives or nurses; 11% are also physicians.
- *Recertification* – is a significant barrier for current IBCLCs. The time, energy, and cost required for continuing education are significant. The value of having become IBCLC certified is not always appreciated among current members of the profession in the country.
- *Exam entrance requirements* – are difficult. The health science education required is expensive and difficult to locate and access. Many resources and training programs, including online programs, are not available in Japanese.
- *Significant language barriers* – exist in Japan, making it difficult for many members of the community to access the education required. This is of special significance for

minorities in Japan who often do not speak English and lack literacy in Japanese, as well. Internal communications remain a challenge in Japan.

New Zealand

In New Zealand significant issues exist with regard to the monetary exchange rate, which often makes it impossible to access U.S. based lactation courses, ILCA membership, and other resources. The Maori are the largest native community within New Zealand, yet they are not well represented in the profession of IBCLCs. High rates of teen pregnancy and lack of access to traditional resources, including basic Internet access, pose additional challenges.

Europe and Russia

The panel addressing issues in Europe and Russia noted that the three lactation organizations must be committed to truly being international. The processes to establish the profession and maintain it reflect the lens of the United States, and do not play out as intended in many countries of the world. Some of the significant issues addressed include:

- *Few number of IBCLCs* – creates challenges in Russia and Europe. In Russia, where there are 146 million people, there are only 10 IBCLCs. In Italy, where there are 60 million people, there are only 198 IBCLCs. In Latvia, a country of 2.1 million, there are 3 IBCLCs. In Ireland, with 4.6 million people, there are 167. When the numbers are small, it is harder to promote the profession and access appropriate education and clinical mentorship opportunities.
- *The size of Russia* – with 10 time zones within the borders of the country, access to education and clinical requirements is an uphill battle for aspiring IBCLCs.
- *Few resources and training opportunities* – are available in the Russian language. Currently only those who also speak English are able to take the exam as it is not yet translated into Russian or many other languages. Also, there are no educational materials in Russian; candidates must call sites with English-speaking operators to register for the exam.
- *Only 13 of the 24 official languages approved by the European Union* – are listed on the IBLCE website and only some information is translated; most key documents are not. ILCA has even fewer resources available in appropriate languages. English is spoken by around 50% of the peoples in Europe. Although many Europeans speak more than one language, English may not be one of them, or their understanding may be only at VERY basic levels. This is a significant issue since key documents and resources related to the exam are not available in the languages needed.

- *Financial costs* – in Russia, the dollar to ruble exchange is currently 1 to 50, where it was 1 to 33 before. That means the cost for preparing for and taking the IBCLC exam has become much less affordable. There are similar concerns in European countries, as well.
- *Eligibility requirements* – have affected many prospective IBCLCs. The required coursework is not readily available as individual courses, or affordable in Europe, and many online opportunities are available only in English.
- *Access to education and training resources* – in the appropriate language and at an affordable cost remains an ongoing challenge. This affects not only initial entrance to the profession, but also maintenance of the certification once it is attained. Many Europeans and Russians do not own credit cards, making it difficult to access online education such as webinars, and exchange rates can make overseas learning prohibitive, especially for Eastern Europeans. One 100-hour breastfeeding course has been developed in Russia for web-based learning to address these issues.
- *Pathways* – are limited in Europe. Pathway 1 is effectively limited to health care professionals due to unavailability of individual university courses and limited range of required lactation education courses. There are no Pathway 2 programs, and mentorship through Pathway 3 is limited due to lack of mentors. This effectively blocks non-health care professionals, including experienced lay breastfeeding support counselors, from accessing the exam.
- *The IBCLC is not yet a recognizable profession in Russia* – There is a certain mistrust that the profession is coming from western societies with certain rules and regulations that are not appropriate to other countries.
- *Making a living as an IBCLC* – is rare in Europe. Many aspiring lactation consultants question whether navigating the significant obstacles is worth the cost and effort if they cannot support themselves or their families with a job in the field.

Other Perspectives Crossing Cultural and Geographic Lines

A general panel addressed other important perspectives that are not unique to particular cultural, racial, and ethnic groups or countries/regions of the world.

LGBTQI Community

The lesbian, gay, bisexual, transgender, queer, questioning, intersex (LGBTQI) community is present in all communities of the world. However, acceptance is far from universal and affects how “out” or visible LGBTQI people can be. Non-acceptance such as social stigma and the lack of recognition, legal rights and protection, etc. can lead people to hide their sexual orientation

(and relationship or family make-up) and/or their gender identity, due to fear of repercussions, including violence.

The diverse members of the LGBTQI community may have intersectional identities, so they will suffer discrimination in different and layered ways. For example, gay and lesbian members of the community may suffer less discrimination than transgender and bisexual individuals. LGBTQI people of color face complex layers of discrimination. Transgender people of color have been described in the literature as the most oppressed group in the United States.

Legislation still restricts activities of LGBTQI people worldwide. For example, one U.S. state (Arizona) recently proposed legislation that, if passed, would have allowed businesses to refuse to serve people from the LGBTQI community. Rampant discrimination, often under the guise of religious beliefs, has resulted in high stress levels, higher rates of breast and ovarian cancer, substandard health care, and refusal to be provided health care. Many families report they do not want to receive lactation care from a LGBTQI provider. Lack of knowledge among members of the profession about the needs and issues of the LGBTQI community are a confounding factor, making it more difficult to provide mentorship opportunities. Lactation texts and exam preparation materials barely acknowledge the existence of LGBTQI people.

Lay Breastfeeding Support Counselors

Although the lactation profession had its earliest beginnings in the lay breastfeeding support movement, the profession has taken on more clinical approaches through the years. Individuals representing the lay breastfeeding support field identified difficulties for peer support counselors to access mentors and afford clinical education opportunities. Several reported that the U.S. Special Supplemental Nutrition Program for Women, Infants and Children (WIC), which supports a robust peer support program nationwide, does not encourage advancement of peer counselors to IBCLC positions, and many local WIC agencies do not provide positions or funding for peer counselors who become IBCLCs. Many also reported that they do not feel "wanted" by the lactation profession. They desperately seek recognition and support.

Remote Regions of the World

Many aspiring lactation consultants live in remote regions of the world and find it extremely challenging to access education, clinical experience, and resources. Transportation can be challenging and costly. Lack of community resources often means that few IBCLCs are available.

Male Lactation Consultants

Men comprise an extremely small proportion of the total numbers of IBCLCs worldwide. Major barriers include lack of acceptance among primarily female supervisors and directors, lack of male-friendly environments in health clinics and hospitals, and a feeling that males are not welcomed in the mostly female lactation consultant profession. For example, most lay breastfeeding support organizations completely exclude males. Even when infants are born, health providers tend to ignore the father, focusing most of the care and attention to the mother. The sense of feeling "invisible" causes many men to feel the lactation consultant profession is not for them.

Ten Tips for Better Allies

At the conclusion of the panel presentations, facilitator Sherry Payne offered her "Ten Tips for Better Allies" to assist attendees in considering positive steps to individually combat racism moving forward.

Tip One: Try this experiment: for the next twenty-four hours, capture every thought, word, and deed. Examine each for signs of underlying belief that presuppose your superiority or privilege. Ask yourself, *how would this play out differently if I were a person of color?*

Tip Two: When you interact with a person of color, take a moment to consider the context of your interactions. Is it in your context or theirs? Who is being made to feel comfortable?

Tip Three: Use your privilege to benefit those who lack it, by speaking up when you see injustice. Begin to notice the small injustices all around you.

Tip Four: Do you want to make small change in yourself or large change in your organization? Then take anti-racism training, alone or in a group. Begin to grow an awareness of what you do not often see.

Tip Five: Give way to a person of color. Find some small or large way to put them ahead of yourself. Notice how it feels. Notice the last time you felt that way.

Tip Six: Advocate for scholarships to benefit under-represented communities and communities of color for events and activities within your organizations.

Tip Seven: See your replacement in the community you serve. Groom your next professional generation from under-represented communities and communities of color.

Tip Eight: When entering a client room, make a note to acknowledge everyone in it. Begin to see and hear everyone who is present.

Tip Nine: When you are with a client, particularly a client of color, pull up a chair, sit down, look into their eyes (unless direct eye contact is culturally contraindicated). Notice the color of their eyes. Begin to really see them.

Tip Ten: Resist the urge to justify yourself. Give in to the notion that we are all culpable in the society we have created. Do not become defensive when the subject of white privilege comes up, but purpose to listen without defending.

Recommendations and Next Steps

Listening and learning about identified barriers took center stage at the 2014 Lactation Summit. Common themes included economic issues, education and clinical requirements, training in appropriate languages, accessibility, the need to broaden and find more flexible ways to verify background knowledge and skills to include life experience and culturally sensitive options, and the need to dismantle institutional oppression in the field. These very real barriers are, for some, insurmountable. At the same time, attendees reported that jobs and appropriate pay as an IBCLC are shrinking. The IBCLC credential is highly valued; but promotion and marketing to wider audiences is needed. Also, approaches need to include global perspectives, not just U.S. issues. Attendees agreed that meeting these challenges will not happen overnight, and that the 2014 Summit was a critical first step to help identify the most important issues. All three professional lactation organizations — IBLCE, ILCA, and LEAARC — followed up the Summit with a joint letter of commitment furthering this important initiative. This letter was published on the organization websites and in the November 2014 issue of the *Journal of Human Lactation.*[10]

> A historic day occurred on July 27, 2014, when the International Board of Lactation Consultant Examiners®, International Lactation Consultant Association®, and Lactation Education, Accreditation and Approval Review Committee joined together to host the 2014 Lactation Summit, *Addressing Inequities within the Lactation Profession*, in Phoenix, Arizona.
>
> We are profoundly grateful to those who came from around the world speaking in support of the underrepresented voices by courageously sharing their own truths. We also recognize the organizations and individuals who came to hear and honor these stories, and appreciate the respect and professionalism shown. This summit was an important first step, and there is more to hear, to learn, and to do.
>
> We are deeply committed to continuing this conversation and dismantling the barriers that prevent access to the International Board Certified lactation Consultant® profession worldwide as we work together for equitable solutions. We call on all of our constituents and partners to join us in this important work.
>
> Sincerely,
> International Board of Lactation Consultant Examiners®
> International Lactation Consultant Association®
> Lactation Education Accreditation and Approval Review Committee

[10] Joint Statement Regarding the 2014 Lactation Summit. *J Hum Lact.* 2014;30(4):498.

Identified Gaps

Attendees noted several additional questions and gaps, including:

- Turf issues within the profession (for example, potential mentors who are hesitant to train their future competition)
- Discussion of specific barriers of African and Middle Eastern countries (Note: a representative from Saudi Arabia attended the Summit; however, the Summit did not specifically focus on issues of the Middle East or Africa.)
- Perspectives and engagement of doulas
- Perspectives of young aspiring IBCLCs
- Barriers of age

Next Steps

A number of priorities and next steps were put forth. These include:

Public Response to the Lactation Summit Summary*.* Once the summary report is prepared, it should be made available to the broader lactation community as part of a public comment period.

Organization Direction. Each of the lactation organization should begin a systematic process of internal examination of policies and practices to include engagement with stakeholders from underrepresented communities. Potential areas of collaboration between organizations and stakeholder groups should also be identified to address identified priorities.

Greater Visibility and Engagement of Underrepresented Communities. All organizations should examine their governance practices to assure greater representation of underrepresented communities in their organization leadership. In addition, lactation conference committees should make a proactive effort to bring in speakers from underrepresented communities to present clinical lactation topics, not just those related to cultural issues.

Continuing Conversations. Based on the feedback received and noted gaps, a plan should be developed for continued listening opportunities to expand awareness of issues and barriers, and to identify successes and creative solutions that are already underway that can be replicated and magnified. It should be noted that many opportunities for continuing the conversation are already underway, including viewing the pre-Summit webinar (when it is made available by GOLD), a *Journal of Human Lactation* (JHL) special issue on equity planned for

February 2015, and JHL articles by various presenters and attendees at the Summit published in the November 2014 issue, as well as articles in the USLCA *Clinical Lactation Journal* and ILCA lactation blogs.

Continued Collaboration. Because inequities exist in many health care professions, not just the lactation field, the lactation equity initiative poses unique opportunities for collaboration with other professions (such as nursing) that are working on similar processes to dismantle inequities. Opportunities to collaborate with organizations that provide lay breastfeeding support (such as Black Mothers' Breastfeeding Association, Breastfeeding USA, La Leche League International, Reaching Our Sisters Everywhere, Uzazi Village, and the WIC program) could help address issues of peer support counselors who want to prepare as IBCLCs.

Action Plans. As conversations continue, specific and detailed action plans to address identified barriers need to be formulated. This could include a second summit in conjunction with the 2015 ILCA Conference in Washington, D.C. This could provide more opportunities for a larger web-based reach.

Design Team. If a second summit is planned, the composition of the design team should be revisited to assure adequate representation and leadership from other groups underrepresented in the field of lactation consulting and to assure that the goals of the initiative will be met. Attendees of the 2014 Lactation Summit were given an opportunity to self-identify their interest in serving on a 2015 design team should a second summit be planned.

Personal Actions. Each person was encouraged to reach out to underrepresented communities personally to provide mentorship, offer scholarships for courses and exam fees, to contribute to existing scholarship funding such as MILCC, and to encourage peer counselors and others with lactation education to move toward IBCLC certification. Sherry Payne's "Tips for Better Allies" provides a roadmap of actions to implement.

Ms. Payne also provided additional thoughts on the Summit in the *Journal of Human Lactation* article, "A Call to Action: Lactation Equity through Diversification."[11] In the article, Ms. Payne described the Summit as a "clarion call" to diversify the profession, and called for "decisive action" to make the credential "more accessible to those who seek it."

[11] Payne S. A call to action: lactation equity through professional diversification. *J Hum Lact.* 2014;30(4):396-397.

Evaluation of the Summit

Two separate evaluations were conducted following the Summit to capture additional feedback from attendees and speakers. The first evaluation was available electronically the day after the Summit. It was provided to all attendees as a link in a follow-up email thanking them for their participation. The second evaluation was provided to all Summit speakers to identify their perspectives on the Summit and priorities moving forward.

The evaluation findings, based on a Likert scale of 0 to 5, showed that participants were overwhelmingly positive about the experience, and felt that the Summit increased their awareness of inequities within the profession. In addition, 76.9% indicated they want to attend a follow-up summit, if it occurs, to continue the conversation.

Answer Options	Disagree Completely	Disagree Somewhat	Neutral	Agree Somewhat	Agree Completely	Rating Average
Pre-summit correspondence was helpful.	0	2	0	9	28	4.62
I understood how I was expected to participate during the summit.	1	0	3	10	25	4.49
The summit format enabled me to participate comfortably.	2	1	0	10	26	4.46
I found the information to be valuable in understanding inequities within the lactation consultant profession.	0	0	0	4	35	4.90
My awareness of racial and cultural issues related to the profession has increased.	1	0	0	8	30	4.69
I learned information that will be useful in my practice.	1	1	3	9	25	4.44
I can identify at least one goal to help address the issue of inequity within the profession.	0	0	1	5	33	4.82
Overall it was a positive experience.	1	1	1	1	35	4.74

Common themes in response to what participants will do differently as a result of the experience included the desire to learn more and to exercise greater sensitivity to issues of equity. Representative comments to the open-ended question included:

- *I will work hard on listening, really listening, first.*
- *I have realized more than ever that you have to involve the people affected by inequality to address solutions and make changes.*
- *I need to think outside the box about how I can assist others who want to come into our profession.*

- *The inequities are structural, and thus, while individual change is helpful, it will take all of us pushing to make structural changes to how the program is set up to truly solve the inequities.*
- *Tender the perspective through which I look at situations and individuals. Try to be aware of personal reactions, biases, discomforts so that I may act better in a variety of situations.*
- *I knew disparities existed but I had no idea how wide they were or what the most recent research is saying about the causes.*
- *As someone who enjoys the privilege of the dominant culture and rarely thinks about my race, I was surprised and saddened to find out how much others are forced to consider their own race and how it might be affecting their treatment or opportunities.*
- *Continue to speak about racial inequalities.*
- *Provide scholarships for students of color.*

Appendix A
2014 Lactation Summit Design Team

Name	Organization
Cheryl Benn	Lactation Education Accreditation and Approval Review Committee (LEAARC)
Maya Bolman	Lactation Consultant (Russia)
Liz Brooks	International Lactation Consultant Association® (ILCA)
Cathy Carothers, Chair	Every Mother, Inc.
Kendall Cox, Satellite Facilitator	Every Mother, Inc.
Carole Dobrich	Health-e Learning
Cynthia Good Mojab	LifeCircle Counseling and Consulting, LLC
Roberta Graham de Escobedo	ILCA Director of Membership and Affiliate Services
Kiddada Green	Black Mothers' Breastfeeding Association
Joshua Johannsen	Reaching Our Sisters Everywhere (ROSE)
Euphemia John	Cherokee Nation WIC Program
Kathy Kendall-Tackett	U.S. Lactation Consultant Association (USLCA)
Phyllis Kombol	ILCA Clinical Instruction Subcommittee
Sara Lake	International Board of Lactation Consultant Examiners® (IBLCE) Executive Director
Judi Lauwers	LEAARC Executive Director
Becky Mannel	IBLCE
Jeanette McCulloch	ILCA Media Coordinator
Gwen Moody	Lactation Consultants of Australia/New Zealand (LCANZ)
Richard Padlo	ILCA Executive Director
Sherry Payne, Primary Summit Facilitator	Uzazi Village
Regina Roig-Romero	WIC Lactation Consultant
Yuwen Ren	Lactation educator (China)

Appendix B
Summit Organization Attendees

2014 Lactation Summit participants included those from the following governmental, medical, and professional organizations and lactation course providers:

- Academy of Breastfeeding Medicine
- African American Breastfeeding Alliance
- Black Mothers' Breastfeeding Association
- Bright Future Lactation Resource Center
- Canadian Lactation Consultant Association (CLCA)
- Carolina Global Breastfeeding Institute
- Evergreen Perinatal Education
- Every Mother, Inc.
- GOLD Lactation Conferences
- Health e-Learning
- International Board of Lactation Consultant Examiners® (IBLCE®)
- International Lactation Consultant Association® (ILCA®)
- *Journal of Human Lactation*
- La Leche League, International
- Lactation Consultants of Australia/New Zealand (LCANZ)
- Lactation Education Accreditation and Approval Review Committee (LEAARC)
- Lactation Education Resources
- Lamaze International
- Latvian Lactation Consultant Association
- MomsRising
- National Association of Hispanic Nurses
- National WIC Association
- Native American Breastfeeding Coalition
- New York City Department of Health and Mental Hygiene
- Quebec Association of Lactation Consultants (AQC)
- Reaching Our Sisters Everywhere (ROSE)
- United States Breastfeeding Committee
- United States Lactation Consultant Association (USLCA)
- U.S. Centers for Disease Control and Prevention
- U.S. Department of Health and Human Services, Office on Women's Health
- Uzazi Village

Appendix C
Pre-Summit Reading List

Articles:

- Camara Phyllis Jones: "Levels of Racism: A Theoretic Framework and a Gardener's Tale" (available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/pdf/10936998.pdf)
- Peggy McIntosh: "White Privilege: Unpacking the Invisible Knapsack" (available at: http://amptoons.com/blog/files/mcintosh.html)

Online Resources/Blogs

- Sherry Payne (*Lactation Matters*): http://lactationmatters.org/2014/04/17/q-a-with-sherry-payne-msn-rn-cne-ibclc-an-innovator-in-lactation-equity/
- Kimberly Seals Allers (Womens enews): "Lactation Consultants Need to Diversify Yesterday" at http://womensenews.org/story/sisterspace/120802/lactation-consultants-need-diversify-yesterday
- Gender Normative Privilege: www.umass.edu/stonewall/uploads/listWidget/8754/Nontrans%20Privilege.pdf
- Heteronormative Privilege: http://wmpeople.wm.edu/asset/index/safezone/heterosexismandheterosexualprivilege

Video:

- *When the Bough Breaks:* Episode 2 of the 7-part documentary, "Unnatural Causes." Available for free viewing through the Midwives Alliance of North America (MANA). To learn more and find out how to access the video, visit: http://www.mana.org/to-view-when-the-bough-breaks.

For Deeper Reading, if desired:

- John A. Powell: "Poverty and Race through a Belongingness Lens" (available at: http://www.nwaf.org/content/uploads/oldsite/FileCabinet/DocumentCatalogFiles/Other/PMpowell.pdf)
- Paula Braveman: "What is Health Equity: And How Does a Life-Course Approach Take Us Further Toward It?" (Excellent article, but requires purchase at: http://link.springer.com/article/10.1007%2Fs10995-013-1226-9#page-1; free access may be available through your local library)
- CDC *Morbidity and Mortality Weekly Report*: "Progress in increasing breastfeeding and reducing racial/ethnic differences – United States, 2000-2008 Births" (2013) http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6205a1.htm?s_cid=mm6205a1_w

Appendix D
Summit Agenda

7:30-8:00 am	*Registration and Networking*	
8:00-8:15 am	Welcome / Housekeeping / Opening remarks	Cathy Carothers, Design Team Chair Sherry Payne, Summit Facilitator
	Tribute to Terry Jo Curtis, IBCLC	Kimarie Bugg
8:15-8:45 am	Opening Address	Kimberly Seals-Allers
8:45-9:45 am	**Panel 1 – African Americans in the U.S.**	**Facilitator: Kiddada Green** Sahira Long Renee Pearson Brandi Gates Lydia Adams
9:45-10:00 am	Small Group Reflection	
10:00-10:15 am	BREAK	
10:15-10:30 am	Large Group Discussion of Reflections	Facilitator: Sherry Payne
10:30-11:30 am	**Panel 2 – Other Underrepresented Groups in the U.S.** ▪ Native American communities ▪ Latina communities in the U.S.	**Facilitator: Regina Roig-Romero** Cami Goldhammer Jolie Black Bear Regina Roig-Romero Mireya Patricia Roman
11:30-11:45 am	Small Group Reflection	
11:45 am - 12:30 pm	**Panel 3 – General Issues Beyond Geographic and Cultural Lines** ▪ LGBTQI community ▪ Males entering the profession ▪ Lay breastfeeding support counselors ▪ Challenges of remote settings and isolation	**Facilitator: Jeanette McCulloch** Alice Farrow Muswamba Mwamba Johanna Iwaszkowiec , Dalvery Blackwell Tara Kaplan
12:30-2:00 pm	LUNCH ON YOUR OWN	
2:00-2:30 pm	Discussion of Morning Reflections	Facilitator: Sherry Payne
2:30-3:15 pm	**Panel 3 – North and South America** ▪ Mexico ▪ South America ▪ Canada	**Facilitator: Roberta Graham de Escobedo** Mariana Colmenares Castaño Lizbeth Gonzalez (Venezuela) Stephanie MacDonald Odile Lapointe
3:15-3:30 pm	BREAK	
3:30-4:15 pm	**Panel 4 – Asia Pacific** ▪ Australia ▪ New Zealand	**Facilitator: Cheryl Benn** Gwen Moody Cheryl Benn

	▪ China ▪ Japan	Yuwen Ren Tomoko Seo
4:15-4:45 pm	**Panel 5 – Russia and Europe** ▪ Russia ▪ Europe	**Facilitator: Maya Bolman** Maya Bolman Sandra Lase (Latvia) Alice Farrow (Italy) Geraldine Cahill (Ireland)
4:45-5:30 pm	Final Reflections, Establishing Priorities, and Next Steps	Facilitator: Sherry Payne