



European response in infant nutrition crisis

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Content

- *European emergencies overview*
- *Covid 19 pandemic/ Ukrainian war- lessons learnt*
- *Elacta- European Lactation Consultants Alliance- network of IBCLCs*
- *Description and history of the IBCLC profession*
- *Importance of recognition of the IBCLC profession*

European emergencies overview

Every continent is vulnerable to emergencies. Europe is no exception.

Global climate and trade changes result in an increasing frequency of natural disasters and pandemics.

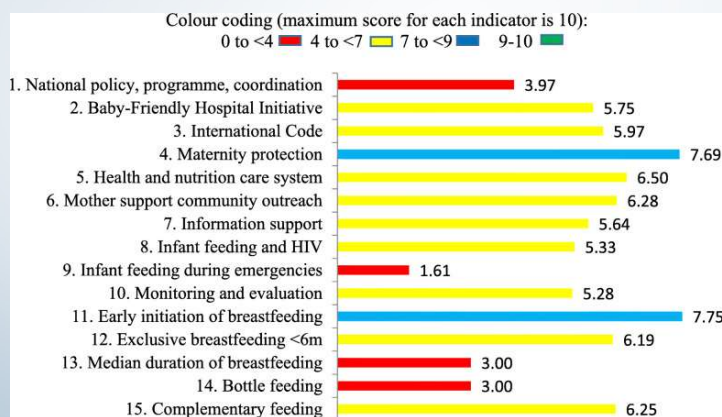
During the 20th and 21st century, countries across the European Region were devastated by man-made and natural disasters, including:

- epidemics and pandemics
- earthquakes, floods and landslides, heatwaves, forest fires
- chemical and radionuclear contamination
- war, conflict and terrorist attacks.

European emergencies overview

- The European Region is part of a highly interconnected world. An emergency in one country often impacts many of its neighbours. Diseases can spread at the speed of an aeroplane, and people fleeing emergencies often cross international frontiers in search of help.
- Striking examples of emergencies in other parts of the world which have had repercussions in Europe are the outbreaks of the Ebola and Zika viruses, and the Syrian humanitarian crisis.
- All disasters and emergencies have one thing in common. They threaten people's health, disrupt communities and impose high economic costs.
- A second thing all emergencies have in common is their impact can be greatly reduced by investing in preparedness.
- That is why WHO is working with countries in the European Region to strengthen their capacities to prevent, prepare for, respond to and recover from all types of health emergencies.

WBTI European report



WBTI European report

- According to the national WBTi reports for 18 countries, Europe is turning a blind eye to the likelihood of emergencies occurring in its territory and the inherent risks to mothers and children where optimal IYCF practices are not protected, promoted and supported
- The Operational Guidance on Infant Feeding in Emergencies provides such guidance. Despite this, only one country – North Macedonia – has a national policy on IYCF in emergencies (IYCFE) that contains all the basic components of the Operational Guidance and has appointed a person tasked with responsibility for national coordination of IYCFE with relevant partners.
- Every country is expected to have an emergency-preparedness and response plan including interventions that create an enabling environment for breastfeeding, such as counselling by appropriately trained counsellors, support for re-lactation and wet-nursing, and protected spaces for breastfeeding. Measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breast milk substitutes, bottles and teats, have been undertaken by only two countries (11%).
- Lack of allocated resources weakens the ability of a government to act in emergency situations; Turkey was the one country to report adequate resources for implementation of their emergency preparedness and response plan. Relevant health care personnel need to be trained for emergency management; not a single country reported IYCFE being fully integrated into pre- and in-service training of relevant health care personnel and emergency management staff, making this the most poorly rated criterion.



What have we learnt from COVID 19 pandemic and Ukrainian war regarding the importance of the IBCLC



CERPs International
Elacta **Online** event **7th-8th May 2021**

„Challenges for European IBCLCs during COVID time“

Register NOW!

<https://www.elacta.eu/cerps-international-2021/>



Experience from IBCLC board colleague volunteering in a refugee camp

- Lack of knowledge and confidence regarding asylum issues
- Lack of holistic insight, women as passive recipients of care
- Lack of time
- Lack of work material
- Stereotyping (asylum seeker as different)
- Language and cultural barriers
- Emotional challenges, feeling of powerless
- Racism, sometimes women wanted to receive care only from a white midwife. Maybe they thought they are more likely to find a solution for their asylum issues


Why invest in emergency preparedness?


Many health emergencies are partly or fully preventable. Where they are not, harm can often be reduced through preparedness, early detection and rapid response.

The health emergency management cycle



Trainings. How to develop a network of professionals?





Happy IBCLC Day!

Free ONLINE seminar!
For all interested ELACTA members:

„Infant nutrition in crisis“

with Michelle Pensa Branco

7th March 2022
7pm cet



Elacta- European Lactation Consultants Alliance

- ELACTA (European Lactation Consultants Alliance) is a non-governmental, non-profit umbrella organisation of European IBCLCs (International Board Certified Lactation Consultant) Associations that stands for professional lactation care to improve maternal and infant health outcomes.
- Part of the strategic and operative plan of Elacta is to support the IBCLC as a stand alone profession.
- Elacta unites more than 28 national member associations.
- The results from the surveys conducted by Elacta show the importance to recognize the IBCLC profession. Elacta translated the professional profile used in Netherlands to recognize the lactation consultant profession.



Blueprint for action

- A document developed by a project co-funded by the Directorate General for Health and Consumer Protection of the European Commission in order to protect, promote and support breastfeeding.
- In this document it is shown that : „ Increasing numbers of International Board Certified Lactation Consultants (IBCLCs) are found in many countries, which may indicate an enhanced awareness of the need for their expertise”.
- One of the recommendation the document makes is: „To encourage relevant health care workers to attend accredited advanced lactation management courses and to acquire the IBCLC or equivalent certification shown to meet best practice criteria for competence; Number of certified lactation consultants per infant born increased.”



Description of the IBCLC profession

- The IBCLC has a unique body of knowledge and skills to provide breastfeeding and lactation care in routine and high-risk situations.
- The essence of the profession is the guidance, support, advice and education of parents in all possible scenarios related to breastfeeding, including both preventative care and the resolving of breastfeeding challenges.
- The availability of IBCLCs increases breastfeeding rates, which, in turn, improves the health outcomes of the community, nation. The IBCLC plays an expert role within the healthcare system chain that includes maternity, nursing institutions, midwifery practices, maternal and child health centers and hospitals.
- On time IBCLC assistance prevents ongoing unnecessary breastfeeding problems and premature weaning.
- In some EU countries IBCLC are paid by health insurers like in Netherlands, Sweden, Finland.



History of the IBCLC

- The lactation consultant profession has a relatively short history in Europe. Traditionally, breastfeeding knowledge and skills were being passed on from mother to daughter and midwives were accompanying and supporting women through pregnancy, birth and breastfeeding, such that the healthcare system did not consider it as one of its primary duties. Due to infant formula taking preference over breastfeeding for more than half a century, society's knowledge of breastfeeding has now been threatened.
- As a response to this threatening trend to breastfeeding and its positive lifelong influence, volunteer mother-to-mother-support organizations, such as La Leche League and Breastfeeding Mothers in Australia were actively taking a lead and supported the creation of the IBCLC credential for members of the health care team, the primary source of help for mothers around birth. The International Board of Lactation Consultant Examiners® (IBLCE®) was founded in 1985 with the aim to promote, support and protect breastfeeding by creating a professional certification for professionals who work with breastfeeding families. The International Board Certified Lactation Consultant® (IBCLC®) certification was created to establish an international professional standard to protect the public and to demonstrate possession of the essential knowledge and skills to empower breastfeeding families.
- IBLCE administered its first exam in 1985 for 250 candidates from the U.S., Canada and Australia. In 1987, a handful of candidates from Europe sat the IBCLC examination when IBLCE offered the first translation of the exam in German. Soon after, the need for further translations of the exam became apparent. In the years following French, Dutch, Spanish, Portuguese, Italian, Polish, Hungarian, Croatian and Slovenian have been added. To date, candidates can choose among 17 examination languages, also including Danish, Greek, Japanese, Chinese Traditional, Korean and Indonesian.



History of the IBCLC

- Current prerequisites for the admission to the examination include knowledge in health science subjects, 95 hours of lactation specific education and, depending upon the selected pathway, 300-1000 hours of clinical experience in counselling breastfeeding families in a supervised setting in the 5 years prior to applying to the IBCLC examination. Candidates complete education about breastfeeding and lactation in a variety of ways worldwide. Certification as an IBCLC currently includes the requirement for recertification every 5 years, either by completing 75 hours of continuing education or by re-sitting the IBCLC examination. After the creation of the IBCLC certification program, professional associations for IBCLCs were founded across Europe and around the world. These associations provide a forum for continued learning and professional exchange among its certified members by organizing conferences, seminars and meetings.
- In Europe, ELACTA, European Lactation Consultants Alliance, serves as an umbrella organization for 28 national associations.
- The Association of European Lactation Consultants (VELB -Verband europäischer Laktationsberaterinnen) was founded in 1987 and became ELACTA in 2010. The first lactation training organized by VELB was held in 1992 and five years later VELB organized the first lactation conference in Europe. As more and more individuals became certified, the IBCLC certification started to gain public and professional recognition among consumers and in the healthcare system as they benefitted from the knowledge and skills of professionals in lactation and breastfeeding care. In the European Union Blueprint for the Promotion of Breastfeeding in Europe (2008), the IBCLC credential was cited as a model of best practice for health professionals who counsel breastfeeding families. The IBCLC certification program holds the prestigious National Commission of Certifying Agencies (NCCA) accreditation, which is a mark of quality for certification programs. The IBCLC program has held this prestigious accreditation continuously since 1988. To earn the NCCA accreditation, a certification program must meet defined and objective standards pertaining to numerous aspects, including with respect to its examination. The IBCLC profession has had a code of professional conduct since 1996. With the help of computer-based testing, each year IBCLC certifies 3,000 new candidates from around the world. Currently there are over 30,000 IBCLCs in 108 countries, out of which 5,500 from almost all countries in Europe.

The number of IBCLCs from Europe is steadily growing each year. The need for recognition of the IBCLC profession in Europe is thus becoming more and more crucial, as the number of well-trained professionals who go through this high standard process of certification rises and as the IBCLCs in Europe become involved in initiatives that (will once again) imbue breastfeeding in society.



IBCLC- the professional in lactation and breastfeeding care.
Importance and recognition.

Survey of Elacta member associations regarding the recognition of the IBCLC

• 2023 – (10 Associations):

Taiwan
Lithuania
Luxembourg
Slovakia
Italy
Portugal
Austria
The Netherlands
Latvia
Romania

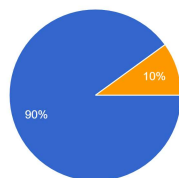
• 2018 – (13 Associations)

Austria
Poland
Rumania
Belgium
Denmark
France
Germany
Slovakia
Rumania
Netherlands
Croatia
Belgium
Luxemburg

Survey Results

Is the IBCLC already embedded in your national educational system?

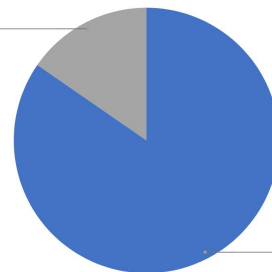
10 responses

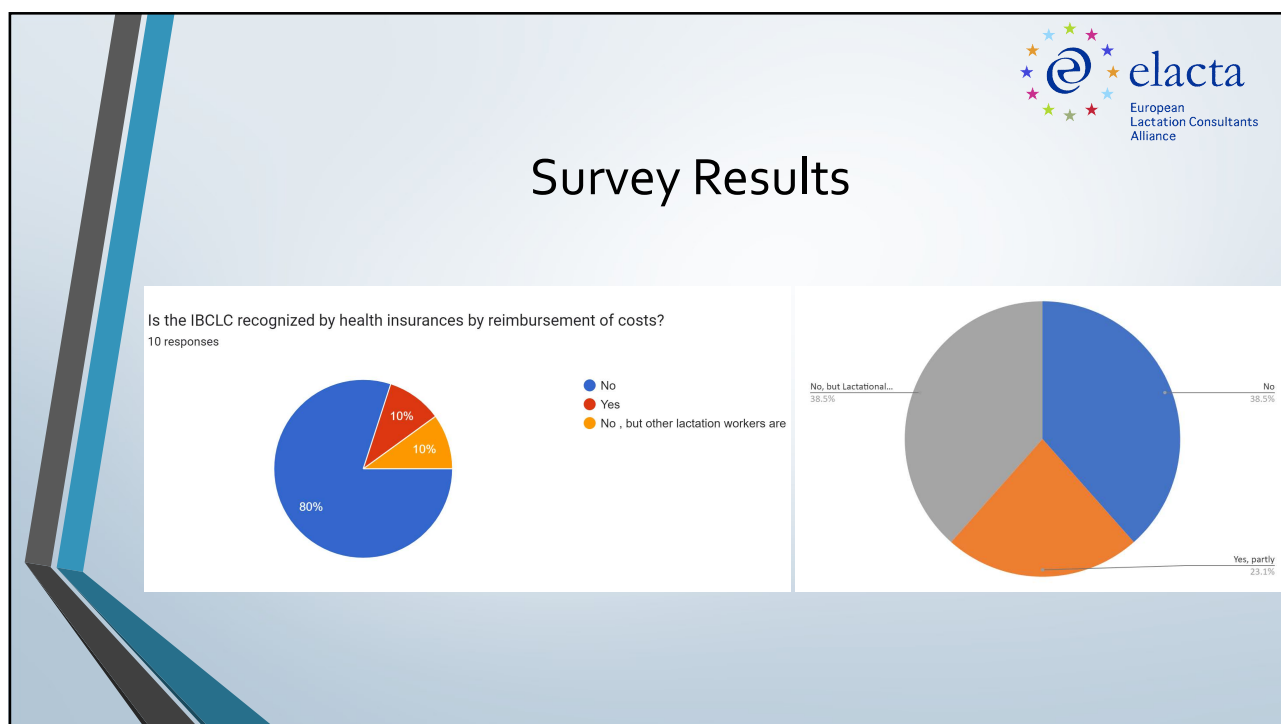
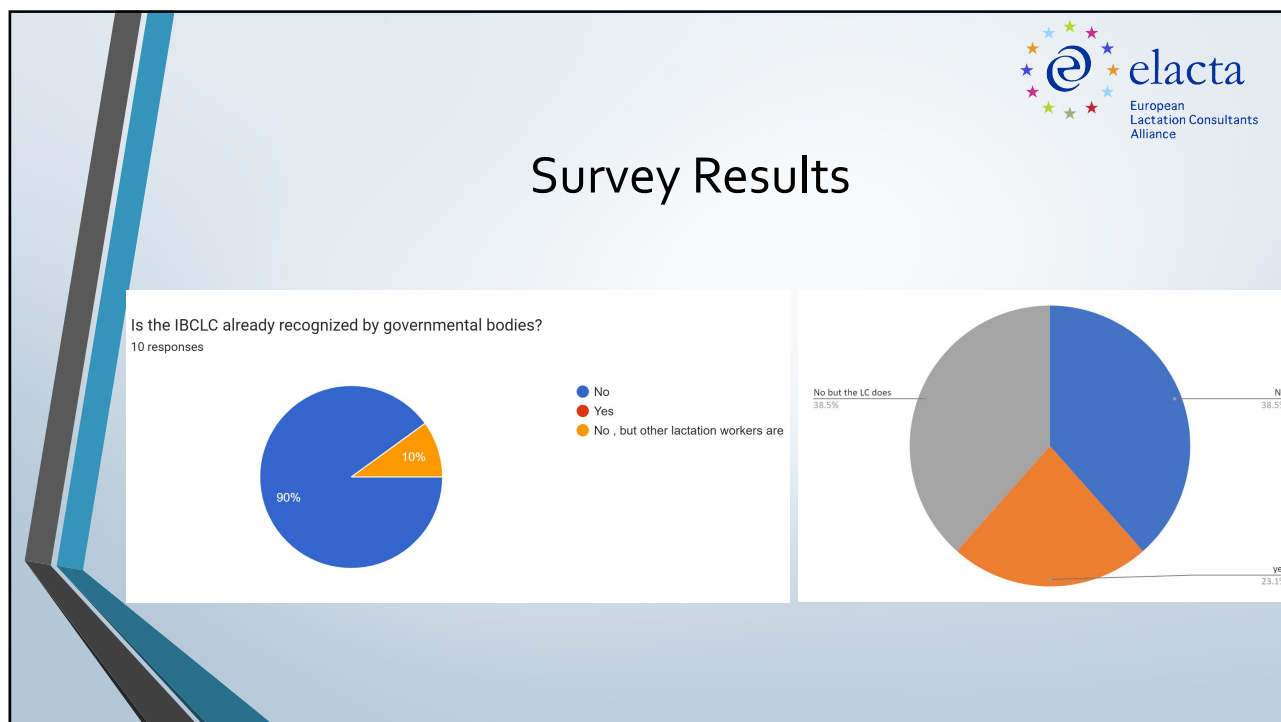


• No
• Yes
• No, but other lactation credential is

No, but the LC does

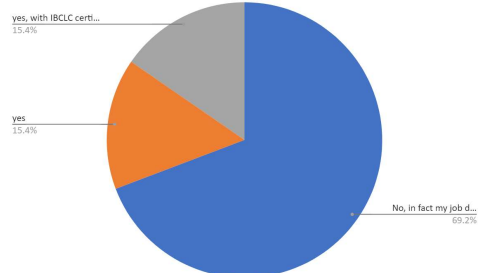
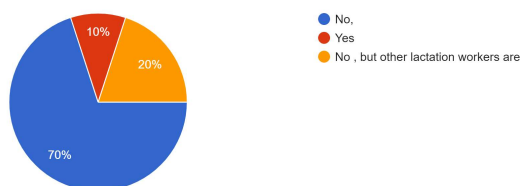
13.4%





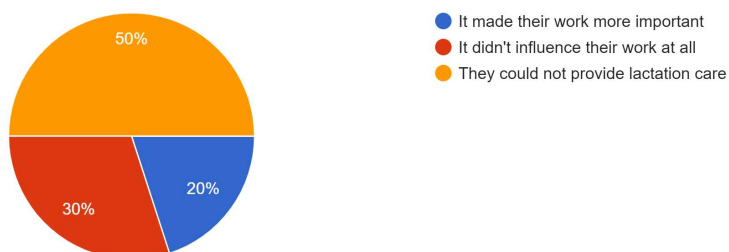
Survey Results

Is the IBCLC recognized by the health care system?
10 responses



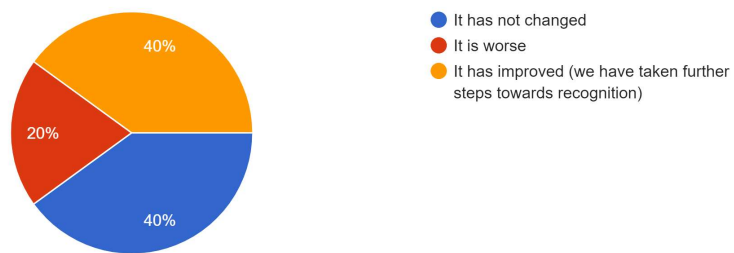
Survey Results

How did the COVID-19 pandemic influence the work of IBCLCs in your country?
10 responses



Survey Results

How has the IBCLC status changed in your country during the past 4 years?
10 responses



Petition and results

- Petition: <https://www.change.org/p/european-comission-recognition-of-ibclc-profession>



Your Input

Would you be willing to...

- send ELACTA regular updates regarding: events, research and opportunities for IBCLCs in your country?
- Enroll/ advertise the Elacta training possibilities?
- Disseminate Recognition PR materials in your professional networks?
- Advertise the petition in your country? – to IBCLC members but also parents etc.:
<https://www.change.org/p/european-comission-recognition-of-ibclc-profession>
- volunteer to work in ELACTA's TG?



Thank you!

Your feedback at: office@elacta.eu