



IBLCE®

**International Board of
Lactation Consultant Examiners**

Updated IBLCE® Advisory Opinion on Professionalism in the Social Media Age

IBLCE has received numerous communications about the issue of professional communications, particularly in light of the fact that there are an increasing number of venues for communication. As is a common practice of certification boards on matters of significance, IBLCE is issuing an advisory opinion on this matter.

The International Board of Lactation Consultant Examiners® (IBLCE®) is the global authority that certifies International Board Certified Lactation Consultants (IBCLCs), practitioners who meet the highest standards in lactation and breastfeeding care. IBLCE was founded in 1985 to protect the health, welfare, and safety of the public. IBCLCs are personally accountable for acting consistently with the [Code of Professional Conduct for IBCLCs](#) (CPC) and within their scope of practice to safeguard the interests of clients and justify public trust regardless of the format of the interaction be it in person, at a distance, or online. (IBCLCs should also comply with the [Disciplinary Procedures for the Code of Professional Conduct for IBCLCs for the International Board of Lactation Consultant Examiners \(IBLCE\)](#), updated August 17, 2022.)

This Advisory Opinion is meant to provide guidance to the IBCLC on professional practice as it relates to electronic communication. This statement supports and complements (and should be read together with) the [Code of Professional Conduct for IBCLCs](#) (CPC) (2011; updated September 2015; updated August 17, 2022) and the [Scope of Practice for International Board Certified Lactation Consultant \(IBCLC\) Certificants](#) (December 12, 2018). These documents: 1) encompass professional behaviours for which the IBCLC can be held accountable, 2) are applicable in any country or setting where IBCLC certificants practise, and 3) are meant to justify public trust in the individual IBCLC and the profession.

In many parts of the world, the use of electronic communication and social media is becoming widespread and commonplace. The term "social media" encompasses a range of online communication modalities, such as personal and public websites and blogs,

discussion boards and general content shared online, including text, photographs, images, video and audio files. "Social networking" refers to the interaction with others and relationships formed using social media. Both social media and social networking have benefits but can also have repercussions. Both the positive and negative impact has the potential to be significant, widespread, and permanent. IBLCE supports the use of social media and social networking when used responsibly and appropriately, as described below. This Advisory Opinion provides guidance to IBCLCs on the responsible use of social media in line with the requirements of the CPC and the Scope of Practice.

This Advisory Opinion sets out broad principles and issues for consideration to ensure not only the public but also the personal and professional integrity of the IBCLC is protected at all times. It does not cover every possible situation due to the dynamic nature and scope of social media. The intent is for the principles to be reapplied to new technologies as they emerge. Before utilising social media and engaging in social networking, it is appropriate for IBCLCs to familiarise themselves with how individual social media applications work and be clear about the advantages and disadvantages of using them in a personal and professional capacity. This Advisory Opinion does not represent a standard for use of social media or networking. Rather, it serves as information guidance for IBCLCs.

Provision of Care:

IBCLCs are committed to providing culturally appropriate care, without personal bias, informed by the best available evidence. Diligence and adherence to a standard of reasonable care are important for IBCLCs, and apply to both in-person and online interactions with clients. Caution must be used during interactions online as clients might be seeking consultation during both personal and professional interactions. Providers are not absolved of their clinical responsibility during these online interactions.

It is worthwhile for an IBCLC to develop a plan for how online requests for consultation will be handled. This could include ensuring clients understand the significant limitations that are present with online interactions, such as the inherent difficulties of not being able to perform an examination of the breast and infant's oral anatomy and the inability to observe the latch and feeding in person. When more than general information is being sought, perhaps clients could be instructed to call, schedule a consultation, or communicate in a closed rather than open forum to help ensure appropriate care; this also allows the IBCLC to meet professional obligations including obtaining consent for consultation, maintaining adequate medical records, and communicating with the client's other healthcare providers.

Remain professional and remember that the Internet is public and forever:

IBCLCs should always be aware of and strive to ensure behaviour, including online activities, protects both the professional reputation of the individual IBCLC and the integrity of the credential. As a member of the healthcare team, the requirements for respectable behaviour by an IBCLC apply to the use of social media. In the realm of electronic communication nothing is private, secure, or protected. Online privacy settings are not absolute and once content is posted, even after being deleted, it remains on a server permanently and possibly posted elsewhere on the Internet. Private communications can become public and erode public trust. Disparaging comments made electronically in what seems to be a private forum can easily be widely disseminated and have immediate and long-lasting consequences. IBCLCs are also encouraged to clearly identify potential conflicts of interest related to materials posted on social media, including financial or commercial dealings. It is important that content be credited to the creator and intellectual property of others respected. Social media is not a tool to be used to harass or victimise. Finally, IBCLCs are advised to monitor their Internet presence to ensure that personal and professional information is accurate and appropriate.

Above all, protect patient privacy and confidentiality:

Be aware that the standards of patient privacy and confidentiality apply in all environments, including online. IBCLCs are obligated to always preserve confidentiality of clients and their families. Be mindful that sharing information online can have the potential to be more damaging than sharing it verbally due to the speed at which it can be shared and the size of the potential audience. It is important to remember that although some information provided may not directly breach a patient's right to confidentiality when anonymised, people may still be identifiable and this behaviour may be inappropriate. This includes posting pictures of patients and people receiving care without their consent and posting inappropriate comments about patients and family. Even less egregious behaviour could be damaging. For example, when the IBCLC was not the first to share private information concerning a client in a public forum, but rather continues an exchange by asking for more details.

Information sharing:

Social media can blur important professional boundaries. It is important for the IBCLC to be aware that even without engaging with patients or service users on social media, others may still be able to access postings. A safe tactic would be to express views and opinions in a respectful manner avoiding the use of vulgar language. Online etiquette mandates that statements be appropriate for a variety of audiences. If unsure whether something posted online could compromise an IBCLC's professionalism or reputation, then platforms for expression other than social media may be more appropriate.

Acknowledgement of someone else's post could be an implied endorsement or support of the poster's point of view.

Addendum: Professional Boundaries in Online Communities

The use of social media has continued to expand, and many individuals have organised online communities of interest. Many such groups are comprised of individuals sharing a common profession such as IBCLCs. Such communities can be helpful to network and share professional information.

Such self-organised online communities can, and often do, establish a **Community Policy** setting forth clear boundaries and expectations in alignment with professional behaviour. The community's administrator(s) then maintain and manage the group in alignment with the Community Policy. Such community policies often include provisions pertaining to profanity, biased statements, and other behaviour deemed unacceptable in the group as well as consequences for violations, such as warnings as well as escalation of remedies for repeated violations such as suspension from the group or a ban from participation in the group.

IBLCE has received complaints regarding comments and activities on the part of IBCLCs occurring in these self-organised professional groups. Some of the complaints have alleged violations of the *Code of Professional Conduct for IBCLCs* ("CPC") Provision 6.3 which provides in pertinent that every IBCLC shall:

Treat all clients equitably without regard to ability/disability, gender identity, sexual orientation, sex, ethnicity, race, national origin, political persuasion, marital status, geographic location, religion, socioeconomic status, age, within the legal framework of the respective geo-political region or setting.

IBLCE notes that this provision of the CPC pertains to the treatment of *clients*. In the case of self-organised online groups, the group's Community Policy, together with associated procedures, is the appropriate method to handle disputes. It is not IBLCE's role to manage the professional behaviour, or lack thereof, in self-organised online groups, and professionals are expected to engage in professional behaviour with each other and attempt in good faith to resolve disagreements, and in those instances where commentary or behaviour derogates from Community Policy, the Community Policy and associated procedures govern the matter.

As noted in the initial Advisory Opinion: Professionalism in the Social Media Age:

IBCLCs should always be aware of and strive to ensure behaviour, including online activities, protects both the professional reputation of the individual IBCLC and the integrity of the credential.