Letter From The President
Alisa Sanders RN, IBCLC, RLC

As promised, your USLCA Board of Directors has begun preparing for our strategic planning fall board meeting. One thing has become painfully obvious thru the planning process. We are missing one key ingredient---YOU!

During our spring meeting at the USLCA conference we showed a map containing all of our local chapters. We noticed areas of the country that contained no chapters at all---zero, zilch, nada! I was a bit shocked when it was presented that way. On the other hand, some areas of the country had multiple chapters in many locations throughout their states.

As IBCLC professionals, we want to increase the number of job opportunities and grow our profession. We want licensure and reimbursement. We want all mothers to have access to our services when needed. We want to affect policy and procedures and laws in our states. We want to increase the numbers of clinical mentoring sites for prospective IBCLC candidates. The list can continue for days.

The bottom line is that strategic initiatives are being developed and we need to grow our grassroots efforts to implement them. We need our members to grab friends and form a chapter. It may seem a daunting task to form a “chapter” but all it takes is a small group of lactation professionals to unite and USLCA can help you do the rest. We are designing new ways to strengthen chapter affiliations and help grow your local chapters.

Some of you may think, “I am the only IBCLC for a hundred miles”. First of all, you must be from Texas and second, if you think you are too small to be effective you have never been in the dark with a mosquito.

This is the perfect time to start organizing a chapter and renewing your membership. Come on and jump in with both feet. There are many new and exciting opportunities to grow your profession and your opportunities as a professional. None of them will work without YOU!

For more information about starting a “chapter”, contact Regina Camillieri.
How the Ten Steps Can Help Grow Your Business-Part 2

As IBCLCs, we support the Ten Steps to Successful Breastfeeding every day in our practice, but may not have considered how they might also help build our profession and market our personal businesses. Let’s look at steps six through ten for some ideas. Who is more creative than an IBCLC? Use these suggestions to fire up your entrepreneurial spirit and out-of-the-box thinking. There is so much we can do to advance the IBCLC in the United States.

Step 6- Supplementation

- Develop a tracking tool based on the Joint Commission Perinatal Care core measures for Exclusive Breastmilk Feeding
- Host a workshop for pediatricians to include education of model policy to support supplementation
- Develop a belly ball kit and distribute to local hospitals with your business contact information
- Give a workshop on paced-feeding the bottle fed baby and stress the importance of proper education for the mother who chooses to formula feed

Step 7- Rooming-In

- Host a booth at a community health fair and pass out information on the importance of rooming-in.
- Encourage facility staff to consider a “Golden Hour of Rest” or Nap time with mom during the day

Step 8- Feeding On Cue

- Teach a baby behavior class to help new parents interpret feeding cues- this can be done prenatally or after discharge
- Offer education on Kangaroo Care for mothers of NICU infants
- Start a YouTube channel with short video clips of infants you’ve worked with demonstrating feeding cues (receive appropriate permissions before posting)

Step 9- Artificial Nipples/ Pacifiers

- Develop an “award” for your clients that promotes exclusive breastfeeding (no bottles/ pacifiers)
- Give an informal talk to a local mother’s group on the importance of exclusive breastfeeding and provide alternative ways to soothe a fussy baby
- Create a script for nurses to use that addresses when mothers ask for supplementation or bottles

Step 10- Discharge Care

- Offer to help your local hospital create an outpatient lactation clinic
- Start a breastfeeding support group for mothers and/ or family or start a Facebook support page
- Consider starting a Baby Cafe
- Create a community resource list for local hospitals or offer to keep the list updated
- Help your local facility create a warm line and ask other IBCLC colleagues to help man the line

For other effective ideas on how to market and promote your profession, visit the ULSCA’s Practice Building Toolbox page here.
Critical Information: Mother/Baby Assessment
with Lisa Marasco, MA, IBCLC, FILCA, RLC, Beth Myler, BSN, RN, IBCLC, RLC, & Alison Hazelsbaker, PhD, MA, IBCLC, RLC
September 27, 2013
Register here.

Beginning Spanish for Lactation Consultants
with Dorothy Potter Snyder
October 7, 2013 and October 9, 2013 (2 modules, 10 consecutive weeks)
Register here.

Baby-Friendly Bedside Care for Low- and High-Risk Infants: A Shared, Sustainable, Proactive Model
with Jane Morton, MD
October 30, 2013
Register here.

Join us as Dr. Jane Morton reveals her evidence-based research of the A,B,C's as the mechanism needed to implement the changes required to provide excellent bedside care for both low and high risk infants. She will present her "Share the Care: 4-point plan" along with tips to support exclusive breastfeeding. We will learn guidelines to support the use of individual postpartum care for the at-risk mother-infant dyad, including uninterrupted contact, unlimited breastfeeding and individualized supplementation plan. All this along with preventative management guidelines to enhance your practice. Don't miss this wonderful opportunity.
Healthcare Insurers Receive Report Card on Breastfeeding Support

The National Breastfeeding Center has just released its Breastfeeding Policy Scorecard which assesses health insurance companies’ published policies and guidelines for breastfeeding support and equipment coverage and assigns a grade based on the adequacy of coverage provided. Research was conducted to see how the insurance industry is responding to the breastfeeding support provision in the Patient Protection and Affordable Health Care Act (PPACA) which went into effect on August 1, 2012. Anthem and Aetna both score highly. One hundred healthcare insurance companies were evaluated. Thirteen companies received an F while only 4 received an A or A-. This scorecard along with a companion Model Payer Policy can be used to urge insurance providers to do a better job in supporting breastfeeding mothers and babies. Readers may wish to send both the Scorecard and the Model Policy to insurers in their state, asking that insurers use the Model Policy to upgrade their coverage of lactation care and equipment and move toward a grade A. Mothers and babies deserve better than what they are getting.

September is Emergency Preparedness Month

Did you get a chance to read USLCA’s press release? You may be asking how an IBCLC can help. It is important to be involved in your local communities. If an emergency should hit your area, just being an expert in lactation does not put you in a position to help. Former USLCA President Laurie Beck, MSN, IBCLC, RLC, has taken the time to register with her local Medical Reserve Corps. While she isn’t able to go to all of the trainings or meetings, she knows that if a disaster strikes, she is cleared to help.

If your area does not have a Medical Reserve Corps, they may have emergency preparedness teams through the Red Cross or faith-based groups. The IBCLC is a service-oriented professional. Take a moment to learn about opportunities to help in an emergency in your area.

Breastfeeding Action Guides from the CDC

The Centers for Disease Control and Prevention (CDC) has issued 6 new Action Guides to help implement recommendations from the Surgeon General’s Call to Action to Support Breastfeeding. Each publication describes what public health professionals, doctors, nurses, health care leaders, communities, and researchers can do to advocate for and implement programs and interventions that make it possible for mothers and infants to breastfeed and overcome obstacles. The guides can be downloaded and used as starting points to improve breastfeeding support and promote the inclusion of the IBCLC in the health care team caring for breastfeeding mothers and babies. For access to all of the guides, click here.
CDC Urges Child Care Facilities to Support Breastfeeding

The Centers for Disease Control and Prevention issued a special article on breastfeeding and early care and education (ECE) for World Breastfeeding Week. Support for breastfeeding is important in all areas of our communities, including in (ECE) facilities, including child care centers, nursery schools, and family homes. ECE providers and teachers influence the lives and health of the families they serve and have an important role in supporting breastfeeding mothers and babies. As of December 2011, only six states (Arizona, California, Delaware, Mississippi, North Carolina, and Vermont) have licensing regulations that meet the national recommendations for encouraging and supporting breastfeeding. Resources and examples of exemplary child care programs that support breastfeeding are provided in the article including one resource on the ten steps to breastfeeding friendly child care centers!

CDC Launches Updated Guide to Strategies to Support Breastfeeding Mothers and Babies

Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies has been updated from the 2005 CDC Guide to Breastfeeding Interventions. This Guide builds upon the research evidence demonstrating effective intervention strategies and offers relevant information for 9 venues including hospitals and birth centers, worksites, and community programs. Numerous examples and resources are provided.

US Department of Labor Issues Break Time for Nursing Mothers Card

The Department of Labor has made a card available detailing nursing mothers' rights in the workplace. Breastfeeding employees' rights are detailed on the card as well as where to call to file a compliant. Readers may wish to download copies of the card and distribute it to mothers.

Check out our new Facebook Page, Breastfeeding Talk With USLCA, too!
Advocacy Opportunity: Time to Take Insurers to Task

How many mothers have you heard complain that their insurer will not cover IBCLC services or will only cover a breast pump that is inappropriate for the particular situation? Have you had difficulty obtaining insurance reimbursement from the insurers in your state? Since these scenarios are becoming more and more commonplace, it seems an appropriate time to contact insurers and ask for more consistent coverage based on evidence based best practices. The chaos surrounding the implementation of the Affordable Care Act's breastfeeding support requirement has left mothers without the level of support they need to meet their breastfeeding goals.

Two documents from the National Breastfeeding Center can be used to inform insurers of the need to do better. The joint publication from the National Breastfeeding Center and the US Breastfeeding Committee, *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*, identifies best practices for payers that appropriately meet the requirements of the ACA and ensure adequate delivery of support for breastfeeding. The other document, *Breastfeeding Policy Scorecard*, from the National Breastfeeding Center, assesses commercial insurance companies’ published policies and guidelines and assigns a grade based on the adequacy of coverage provided.

Given the low scores of so many major insurers, it's time to take action! Here are several ideas:

1. Send both of the above documents to each commercial insurer in your state. Ask that they adopt the Model Payer Policy as guidelines for implementing the breastfeeding support section of the Affordable Care Act.

2. Send both of these documents to your state insurance commissioner's office. Explain that mothers are not receiving the level of lactation care that they need nor the type of breast pump that is appropriate for their situation. Ask that the insurance commissioner urge commercial insurers in their state to adopt the Model Policy.

3. Ask the mothers with whom you work who have experienced difficulty with breastfeeding coverage issues to register a complaint with their insurer and the state insurance commissioner's office. If the mother's (or mother's husband's) employer is the insurer, ask that the mother contact the employer with these 2 documents and request more appropriate coverage.

4. Pitch the problem as a potential story to your local media outlets such as newspapers, radio, and television. Send them the 2 documents and ask why breastfeeding mothers are getting D+ services from so many insurers.

5. Post the problem on the social media sites of the insurers in your state and ask mothers to do the same. Refer to the 2 documents and let the insurer know that a D grade is not acceptable.

Let's see if we can generate enough exposure to the problem to cause change to happen.
USLCA’s new Facebook Page for mothers, breastfeeding advocates, and other lay people is now reaching over 65,000 people each week. USLCA member Lisa Davidson Sheer, IBCLC, is posting and sharing material that strikes the hearts of viewers. This is proving to be a valuable vehicle to get the USLCA name out there, encourage breastfeeding mothers and advocates, and promote the IBCLC. Please like us on Facebook and encourage your own followers to, as well.

Attention Chapters!
Having a Conference? Let us help you spread the word! Send your conference information to USLCA and we will post it on our website. There is no charge for this chapter benefit. Send your information to marketing@uslca.org and we will take it from there.

Advocacy Opportunity
From our colleagues at the US Breastfeeding Committee
Action Alert: Help us send 5,000 letters telling Congress that breastfeeding success shouldn't depend on a mom's job type!
Currently, federal law requires employers to provide nursing mothers who are hourly wage-earners ("nonexempt" employees) reasonable break time and a private, non-bathroom location to express breast milk for one year after the child's birth. Yet this provision does not cover "exempt" or salaried employees. The Supporting Working Moms Act would ensure a fair and uniform national policy by extending the existing federal provision to cover approximately 12 million executive, administrative, and professional employees, including elementary and secondary school teachers.
We're already halfway to our goal! Help us reach 5,000 messages to Congress by sharing this link with a friend, family member, or coworker today.

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