



OUR MISSION: TO BUILD AND SUSTAIN A NATIONAL ASSOCIATION THAT ADVOCATES FOR LACTATION PROFESSIONALS.
OUR VISION: IBCLCS ARE VALUED RECOGNIZED MEMBERS OF THE HEALTH CARE TEAM.

USLCA eNEWS

United States Lactation Consultant Association

June-July 2011

Send Us a Picture!

We'd love to get pictures of IBCLCs from all 50 states to use at the ILCA Conference. Send the photo to Scott Sherwood
ExecutiveDirector@uslcaonline.org.



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From the President Laurie Beck, RN, MSN, IBCLC, RLC



Summer is in full swing and can be a relaxing, lazy time of the year or busy, busy, busy. IBCLCs still continue to be busy working with all of the new summertime babies! We also know there are a lot of people out there spending hours studying for the upcoming IBLCE exam and your hard work will pay off. It feels so good when you finally get to take the test. The hard part is waiting for the results. The USLCA Board of Directors wishes everyone good luck! It is exciting to watch our profession grow larger each year!

USLCA wants to thank its members for taking time to participate in the survey USLCA recently sent to gather information on the job market. Results from the survey will be shared at the ILCA Conference in July.

Potential Job Markets for IBCLCS:

- ◆ The National WIC Association Strategic Plan recommends IBCLCs at WIC clinics. Over 50% of the babies born in the US are eligible for the WIC program. WIC Clinics can contract services for an IBCLC if they do not have an IBCLC in their clinic as staff.
- ◆ Hospitals (Inpatient/Outpatient)
- ◆ Pediatricians Offices
- ◆ Private Practice

Be sure and say hi at the USLCA booth next month! We love to put names and faces of our members together! See you in San Diego!

What's Important to You as a USLCA Member?

The ILCA conference is a perfect time to talk with USLCA Board of Directors about things that are important to you—and things that USLCA might be able to work on to help all IBCLCs. Please submit anything you want addressed at the USLCA Board of Directors meeting or during any of the Committee meetings (see p. 2). Members are welcome to attend any of these open meetings. It is a great time to meet new people or just sit in and listen. The USLCA Board of Directors wants to hear from our members, whether it's good or bad. Your input helps us do our job better!

ILCA CONFERENCE TO DO LIST:



- ◆ Stop by the USLCA booth in Exhibit Hall and talk with our Board of Directors and Scott Sherwood, Executive Director. Introduce yourself, check out our materials, and think about volunteering for a committee!
- ◆ Attend special meetings that interest you (see p. 2)
- ◆ Network! Learn new things! Have fun!

USLCA AT THE ILCA CONFERENCE!

ILCA is returning to the beautiful Town and Country Resort in San Diego next month. In addition to the usual impressive list of speakers and sessions to choose from, you'll have opportunities to meet with other USLCA members and our Board of Directors. If you are on a committee—or are considering joining one—plan on attending any of the **special meetings** listed below. Be sure and mark your calendar to attend the **USCLA Annual General Meeting** as well. Tentative meeting schedule is as follows. Check your registration materials for location:

DAY	DATE	TIME	SESSION
Weds	7/13	6-8 pm	Exhibit Hall Opening Reception—Stop by our Booth!
Weds	7/13	7-9 pm	USLCA Licensure and Reimbursement Committee
Weds	7/13	7-9 pm	USLCA Professional Development/2013 Conference Planning Committee
Thurs	7/14	5-7 pm	USLCA Chapter Meeting
Thurs	7/14	5-7 pm	Getting Published, with Kathleen Kendall-Tackett, Editor
Fri	7/15	9-10 am	USLCA Annual General Meeting
Fri	7/15	5-7 pm	An Evening with Susanne Colson
Fri	7/15	7-9 pm	Special Interest Group: USLCA Licensure and Reimbursement

CLINICAL LACTATION, Volume 2, Issue 2

By now, USLCA members should have received the next issue of *Clinical Lactation* in their mailbox. Encourage your co-workers to join USLCA or subscribe to the journal! Here's the Table of Contents for this issue:

- ◆ Is Exclusive Breastfeeding Worth the Effort? (Editorial)—Kathleen Kendall-Tackett, PhD, IBCLC, RLC, FAPA
- ◆ Can Lactation Consultants Find Appropriate Uses for World Health Organization Growth Curves?—Susan Burger, MHA, PhD, IBCLC, RLC; Sara D. Newman, JD, CLC, PCD (DONA)
- ◆ A Time and a Place to Pump—Kori Martin, JD
- ◆ The Effect of Feeding Method on Sleep Duration, Maternal Well-being, and Postpartum Depression—Kathleen Kendall-Tackett, PhD, IBCLC, RLC, FAPA; Zhen Cong, PhD; Thomas W. Hale, PhD
- ◆ New Galactagogue Protocol, New Attitude?—Kathleen Marinelli, MD, IBCLC, RLC, FABM
- ◆ A California Website Useful to Lactation Consultants throughout the United States—Jeanette Panchula, RN, PHN, IBCLC, RLC
- ◆ Media and Book Reviews—Kathleen Marinelli, MD, IBCLC, RLC, FABM
- ◆ Breastfeeding and the Use of Contrast Dyes for Maternal Tests—Kay Hoover, MEd, IBCLC, RLC, FILCA
- ◆ IRS Decision a Victory for Nursing Mothers Everywhere
- ◆ Breastfeeding Podcasts Available
- ◆ Roundtable on Posttraumatic Stress Disorder in the Perinatal Period—Penny Simkin, PT, CCE, CD(DONA); Kimmelin Hull, PA, LCCE; Kathleen Kendall-Tackett, PhD, IBCLC, RLC, FAPA
- ◆ Case Study: Difficulties in a Previous Lactation Experience Can Influence Subsequent Breastfeeding Experiences—Gail Peterson, ARNP, IBCLC, RLC

Do you have an idea for an article in the journal? Go to www.ClinicalLactation.org for submission guidelines, or contact the editor at kkendallt@aol.com.

SAVE THE DATE! USLCA'S FIRST NATIONAL CONFERENCE 2013!

The 2013 USLCA first national conference will be held Friday, May 3, to Sunday, May 5, 2013. The location is at the historical and beautiful Union Station in Saint Louis, Missouri. (www.unionstationstlouis) and the Union Station Marriott.

As preparations are made for this event, members are invited to have an opportunity to shape the program by participating in the Conference Planning Committee. Please fill out a volunteer application, located here: www.uslcaonline.org/documents/USLCAApplicationandDisclosure.pdf

Questions or suggestions are welcome and can be directed to the Conference Program Chair, Terriann Shell, IBCLC, RLC, at terriann@uslcaonline.org.

MEET US IN ST. LOUIS!



May 3-5, 2013
USLCA's
Premier
National
Conference
St. Louis, MO!

MARK YOUR CALENDAR: WEBINARS!

Here's what's ahead for USLCA Webinars:

- ◆ Sept. 16: **Breastfeeding in Combat Boots**—Robyn Roche-Paull, BS, IBCLC
- ◆ Sept. 26: **Lactation Education for the Outpatient Lactation Professional**—6 hour webinar, featuring Marsha Walker, RN, IBCLC; Catherine Watson-Genna, BS, IBCLC; Kathleen Kendall-Tackett, PhD, IBCLC, FAPA; Diana West, IBCLC; and Liz Brooks, JD, IBCLC, FILCA

SAVE THE DATE: 2011 CLCA-ACCL National Conference

Canadian Lactation Consultant
Association/Association
Canadienne des Consultants en
Lactation

October 14-15, 2011
Vancouver, British Columbia
Breastfeeding, Sleep and Drug
Use: An Update on
Controversies and Research

- ◆ Thomas W. Hale, R.Ph., Ph.D.
- ◆ James J. McKenna, Ph.D.

For more information, go to:

[www.ilca.org/i4a/pages/
index.cfm?pageid=3520](http://www.ilca.org/i4a/pages/index.cfm?pageid=3520)

TRI -AFFILIATE WEBINAR WITH LARRY GARTNER, MD, FAAP!

USLCA, in collaboration with our sister affiliates CLCA and ALCA, is pleased to host a webinar with Larry Gartner, MD, FAAP: **Jaundice in the Breastfed Infant**, on Wednesday, October 12 at 1 pm EST.

Objectives—The learner will understand:

- ◆ The physiology of physiologic jaundice of the newborn
- ◆ The effect of starvation on bilirubin metabolism and transport
- ◆ The effect of human milk on bilirubin metabolism and transport
- ◆ The optimal management of breastfeeding to prevent excessive hyperbilirubinemia
- ◆ The risks of excessive hyperbilirubinemia
- ◆ AAP Guidelines for hyperbilirubinemia management
- ◆ Optimizing breastfeeding after managing hyperbilirubinemia

ADVOCACY NEWS

Medicaid Reimbursement

Marsha Walker, RN, IBCLC

The Licensure and Reimbursement Committee has been working to make inroads for IBCLC reimbursement from Medicaid. Medicaid covers a significant percentage of births in the US—up to 60% in some states. Many other insurers use Medicaid as a model for reimbursing services, thus the emphasis on securing Medicaid reimbursement for the services of IBCLCs. Medicaid, however, only reimburses licensed health care providers (which is one reason why we are also working to secure licensing for IBCLCs). Each state independently manages its Medicaid program and has the option of applying for a waiver of the licensing requirement as well as determining if non-licensed providers require physician oversight. Hoping to introduce the concept of reimbursing for lactation care and services, we have sent a letter to the Medicaid directors in eleven states (California, Connecticut, Florida, Georgia, Indiana, Massachusetts, North Carolina, New York, Pennsylvania, Texas, and Utah). [click here to see the letter: www.uslcaonline.org/documents/Letters/Medicaid%20Letter/Medicaid_letter_6_8_11.pdf]

This will be followed up with a phone call to further discuss reimbursement options. We are also securing USLCA representatives in each of the eleven states to continue working with their Medicaid office. We hope this concerted effort not only acquaints Medicaid with the importance of reimbursing for IBCLC services, but results in more managed care and private insurers adding lactation care and services provided by IBCLCs to their list of covered benefits.

Worth Her (or His!) Weight in Gold Standard

Best for Babes recently ran a blog by Amber McCann, IBCLC, asking "Are Lactation Consultants too Pricey?" It's a well-written blog worth the read: www.bestforbabes.org/are-lactation-consultants-too-pricey. It generated interesting comments, many from USLCA members, including Marsha Walker:

While at first glance the services of an IBCLC lactation consultant may seem pricey and out of the range of many families in a tight economy, we should also realize that the return on this investment can be priceless. Most of our health services are reimbursed by insurance companies or employers who are self-insured. An up-front \$200 investment for a family can save them \$1500-\$2000 in formula costs, hundreds of dollars because they do not need to miss time off from work to care for a sick infant, hundreds of dollars because they do not need to pay co-pays for physician visits, and the savings that accrue from the avoidance of big ticket items like childhood obesity, **diabetes, and other acute and chronic diseases. That \$200 investment in a child's health lasts a lifetime.**

An insurance carrier can also save millions of dollars by reimbursing families or IBCLCs for lactation care and services. Some have figured this out and reimburse for these services. Others seem content to go right on paying for preventable diseases. One thing that consumers can do to help fix this problem is to contact their insurance carrier and employer and ask that the services of IBCLC lactation consultants be reimbursed. If lactation services are denied by an insurance carrier, appeal this decision. If that does not work, file a complaint with your state insurance commissioner's office. **These services are often not covered because of a perceived lack of demand.** We need to get feisty and ask for what we need. Since when do women sit back and not advocate for their families and themselves? If you want and need these services then demand them!

[continued next page]

The US Lactation Consultant Association is working hard every day to improve **reimbursement for IBCLC lactation consultant services. But we can't do it alone.** The voices of everyone visiting this website can go a long way to alert insurers and employers that breastfeeding families have an unmet need that is cost effective for everyone. While not every breastfeeding mother needs to be seen by an IBCLC, we would hope that hospitals, insurers, and policy makers understand that breastfeeding mothers need access to the level of care dictated by the situation. While peer counselors, other breastfeeding counselors, La Leche League Leaders, etc., are invaluable in **the services they provide, sometimes a mother's or infant's problems or situation** requires services that are outside the scope of practice of volunteers. We are seeing so many more births that are complicated by interventions, more late preterm infants born with feeding problems, more maternal diseases, and more conditions that inject complexities into the breastfeeding experience. IBCLCs have become vital to preserve breastfeeding in these and so many other situations. Mothers have the right to receive the level of care that they need.

Insurers need to hear this from those that they insure. Employers need to hear that their employees want lactation care and services as a covered benefit. More employers provide insurance coverage for acupuncture than they do for breastfeeding services. **Acupuncture was in high demand. Let's make insurance coverage for IBCLC services in high demand.** Ask for what you need and speak up when you do not receive it!

Meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020

As part of the next phase of Healthy People 2020, this Advisory Committee will hold an online meeting open to the public on June 30, from 12-2pm EDT. You must preregister by 5pm EDT on June 29, and space is limited. For more information:

<https://meetings.norc.org/hp2020/Meetings/June302011VirtualMeeting/tabid/170/Default.aspx>

Speaking of Prevention...

How often do you see a news story and think to yourself, "WHY did they not mention breastfeeding?" These oversights can lead to opportunities for the IBCLC to promote both breastfeeding and the profession. Case in point: Judy Gutowski, BA, IBCLC, recently noticed that the Preventive Medicine entry in Wikipedia failed to include breastfeeding support as a key component of preventive health care. She contacted Miriam Labbok, MD, MPH, FACPM, IBCLC, FABM, and thanks to their **combined efforts and Miriam's research, breastfeeding** now leads the list of interventions that can save lives—13% of child deaths could be prevented by breastfeeding! Check it out:

http://en.wikipedia.org/wiki/Preventive_medicine.

USLCA Benefit: Professional Liability Insurance for IBCLCs at Discounted Rates!

As a USLCA member, your benefits include an exclusive offer for professional liability insurance at a discounted rate.

This policy provides coverage for you as an International Board Certified Lactation Consultant, as well as "slips and falls" at your office location.

The CM&F Group, Inc. was established in 1919. They have provided reliable coverage to over 50 classes of healthcare providers including PAs, NPs, CRNAs, and RNs.

Please refer to the rate sheet, policy and application.

For questions, contact:

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THE POWER OF STORYTELLING: A Commentary

Melissa Clark Vickers, MEd, IBCLC, RLC

The United States Breastfeeding Committee recently asked moms to submit stories of how they were supported to breastfeed, and have received more than 500 stories in response. Have you ever thought about the story as a powerful vehicle for effecting change?

At the recent Association of Maternal and Child Health Programs (AMCHP)/Family Voices national conference, nationally-known author and motivational speaker Andy Goodman spoke about how—and why—to tell a good story, and his message is relevant to those of us seeking to fulfill the USLCA vision: IBCLCs are valued recognized members of the health care team.

Think about the news reports you remember the best, and the ones that serve as a call to action and cause you to pick up the phone, send an email, or write a blog. The reports that are the most inspiring and generate the most action are the ones with a good story that evokes a powerful emotion and the desire to share that emotion or fix that problem. Facts and figures **and research studies are important, too, but they don't impact us the way a personal story** does. A personal story puts a face on those numbers, and it is the face that we remember best, not the numbers.

Think about the stories of mothers being told they had to leave a restaurant because they refused to feed their babies in a bathroom. Think about the stories we hear from women who tried to breastfeed but gave up because of lack of support or an abundance of misinformation.

If you've been around a while, you have probably seen the picture of the Pakistani mother breastfeeding her male baby while bottle-feeding his twin sister. She was told she wouldn't have enough milk for both and girls are less valued than boys. The boy infant is healthy and obviously well-fed, while the girl is obviously starving and died soon after the picture was taken. "Use my picture if it will help," the mother said. And if you've ever seen the picture and heard the story, it is still etched in your memory.

The human brain—especially the female brain—is wired to collect, link, and *remember* stories. Goodman spoke of a research study done on five-year-olds that asked them to recall pairs of unrelated items. These youngsters remembered few of the pairs until they were asked to first put them in a sentence together. And only when they were asked to put them in a question could they recall nearly all of the pairs. Why? When put in question format, the human brain creates a story to answer the question, and it is the story that helps the recall.

Legislators are currently working on budget issues and trying to decide how to spend not **enough money on too many "priorities."** It's long been known that an effective way to reach those who make such crucial decisions is to provide stories told by those who are living them. How often have we heard of parents testifying before Congress about the impact of proposed legislation on their ability to ensure proper health care for their children? It is a technique that works, and perhaps as IBCLCs we need to be making better use of stories to further our mission. We need those facts and figures, but until they are made real—and unforgettable—by a real mother and baby and their story, they will be no more inspiring than a phone book.

USBC is still looking for stories: www.usbreastfeeding.org/LegislationPolicy/ActionCampaigns/SupportStories/tabid/198/Default.aspx.

If you'd like to see a webcast of Andy Goodman's presentation at AMCHP—as well as one by Surgeon General Regina Benjamin telling her own powerful story—See Plenary Session III at <http://webcast.hrsa.gov/conferences/mchb/amchp2011/plenary.htm>.

TIPS: TECHNOLOGY IN PRACTICE

- ◆ **Two Late Preterm Resources:** The word is getting out: nearly full term is not the same as full term. Here are two resources addressing the special issues involved in a late pre-term delivery:
 - ◆ **Late Preterm Infant Toolkit**—The Oklahoma Infant Alliance has created these guidelines for healthcare providers and families, promoting better understanding of the issues concerning these just-a-little-too-early infants, born between 34 and 37 weeks gestation. The toolkit addresses both medical issues, as well as emotional issues that impact the families. To see sample pages from the toolkit and to order a copy, go to http://oklahomainfantalliance.org/lpi_guidelines.html.
 - ◆ **Healthy Babies are Worth the Wait**—The March of Dimes' newest campaign urges mothers considering inducing labor before 39 weeks for non-medical reasons to wait: www.marchofdimes.com/pregnancy/getready_atleast39weeks.html
- ◆ **Women's Health Care Chartbook**—The Kaiser Family Foundation has created an interesting look at women in the health care system, including data on insurance coverage, affordability of and access to care, use of health care services, prevention, and family health. While there is an obvious omission in this chartbook (NO mention of breastfeeding or lactation!), some of the data is relevant to the work we do as IBCLCs—especially if we combine it with a powerful story! To see the chartbook, go to www.kff.org/womenshealth/8164.cfm
- ◆ **A Trio of Resources from the Illinois Breastfeeding Taskforce**—As mentioned on Lactnet recently, the Illinois Breastfeeding Taskforce has created three helpful resources for mothers delivering their babies in the hospital:
 - ◆ **Breastfeeding Bill of Rights:** www.illinoisbreastfeeding.org/media/951db617803effddffff8af8fffe415.pdf. This document echoes the Ten Steps to Successful Breastfeeding and does a good job of summarizing what a new mother should be able to expect as far as support for breastfeeding.
 - ◆ **Hospital Experience—"Pleased" Letter:** www.illinoisbreastfeeding.org/media/951db617803effddffff8af8fffe415.pdf
 - ◆ **Hospital Experience—"Disappointed" Letter:** www.illinoisbreastfeeding.org/media/951db617803effddffff8af9fffe415.pdf

These two letters provide an easy way for mothers to give the hospital feedback on how well they put the Breastfeeding Bill of Rights into practice—and give the mothers the opportunity to tell their stories. Mothers are consumers in the hospital business, and their experiences—and who they tell about them—can become a great marketing tool for the hospital, as well as a vehicle for improving how they support the breastfeeding mother and infant.

WHAT HAPPENED TO THE JULY eNEWS?

In case you wonder next month whether you've missed an issue of the USLCA eNews, we'll skip the July issue, since so many USLCA members will be experiencing the latest USLCA news in person at the ILCA Conference. We'll be back in August, though! See you in San Diego!



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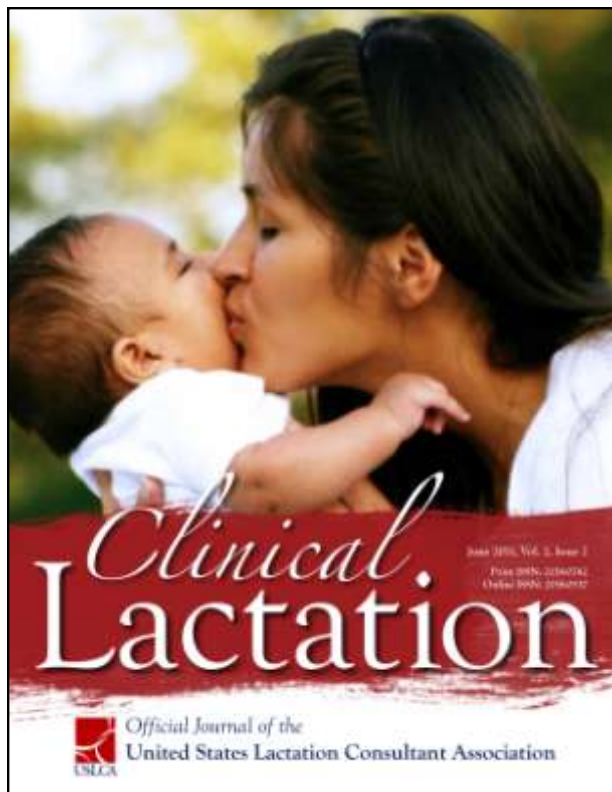


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