



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

September 2011

**To Chris
Mulford:
Thanks for
"Smoothing
OUR Way"!
You will be
missed.**



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

"Our rewards in life will always match our service."

—Earl Nightingale



USLCA recently lost a valued member, Chris Mulford. I had the pleasure of being able to have several conversations with Chris at multiple events and meetings. As USLCA President I get invited to several meetings and Chris was always there with a smile to promote breastfeeding and the IBCLC. When I think of Chris I am grateful that she was brave and courageous enough to sit for the first IBLCE exam. She was a leader with a vision for our wonderful IBCLC profession and an excellent role model who gave of herself daily.

In memory of Chris Mulford, what can you do to strengthen and grow the IBCLC profession that Chris helped to start over 25 years ago?

In Memoriam: Chris Mulford, August 23, 2011 Marsha Walker, RN, IBCLC

The breastfeeding community has suffered a profound loss with the sudden passing of Chris Mulford. Chris succumbed to a stroke while hiking in the mountains of Wyoming with her husband George. My initial memories of Chris start when we served together on the ILCA board of directors during the early years of the organization. Chris was always the voice of reason, something especially appreciated by those of us who tend to engage our mouth before our mind. Chris has served the breastfeeding community for decades as a La Leche League Leader, as a hospital lactation consultant, and with the WIC program. She was deeply involved with WABA (World Alliance for Breastfeeding Action) and the US Breastfeeding Committee, chairing breastfeeding and employment committees and projects for both. Chris was a steady presence at conferences and meetings, offering calm, rational, and gentle guidance. We could always tell the temperature of a meeting by watching Chris. Her trademark knitted hat and scarf would come out as soon as the air conditioning kicked on. Her legacy lives on in the song *Smoothing the Way*, written by her daughter Zoe for ILCA's 25th anniversary. She stays with us in her writings. Chris, you will be sorely missed not only by your family, your colleagues, and the breastfeeding community, but also by all of the mothers and babies you have helped and will continue to help through the years.

Chris is survived by her husband George, daughter Zoe, and son Toby. Memorial donations in Chris' name can be made to WABA at www.waba.org.my. Read tributes to Chris—and add yours at: <https://sites.google.com/site/chrismulfordmemorial/>

FOCUS ON MARKETING—Debi Ferrarello, MS, RN, IBCLC

As you know, U.S. Surgeon General Regina Benjamin, MD, issued her Call to Action to Support Breastfeeding (SGCTA) in January of this year. She challenged the nation to a multi-pronged approach to removing barriers to breastfeeding addressing mothers and their families, communities, health care professionals, employers, and the public health infrastructure.

IBCLCs are critical to the success of this call to action, playing key roles in breastfeeding support in every area addressed. You will find us working directly with mothers and families, providing prenatal education, initial breastfeeding support after birth, and continuing guidance and assistance as needed throughout the breastfeeding years.

IBCLCs work with other health care professionals, providing education and relevant clinical experiences, collaborating in patient care, and working to make institutional changes to support breastfeeding families.

We are the professionals best qualified to assist employers as they develop breastfeeding-friendly workplaces and provide guidance and support for mothers in the workplace.

And yes, you find IBCLCs at the table in Washington, DC, in state capitols, and in local health departments, working to create policies and infrastructure to protect, promote, and support breastfeeding.

To a large part, the nation's health depends on our success. For the first time in history, the greatest health threats facing our nation are not communicable diseases but chronic conditions such as obesity and diabetes. We know that breastfeeding is primary prevention and forms the foundation necessary for a lifetime of good health.

The alphabet soup of breastfeeding helpers is growing. Only IBCLCs are credentialed in lactation care, and only the IBCLC credential requires comprehensive education and documented clinical hours. Mothers, employers, and policy makers need to know that IBCLCs are the lactation professionals best qualified to provide the essential breastfeeding support needed to help individual mothers achieve their feeding goals, to answer the Surgeon General's Call to Action, and to move toward a healthier nation.

How do we do this? USLCA is committed to marketing our IBCLC credential to each area specified in the SGCTA. It is a big job and is multi-faceted. But if each one of us does one small piece, our current will be swift and the momentum unstoppable. There is a role for each and every one of us! The USLCA Marketing Committee is now forming and with many voices (typing fingers, texting thumbs...) we will make the critical difference. Contact us now to ask how you can help. DebiFerrarello@uslcaonline.org

Infant Nutrition: Supporting Breastmilk Feeding In the NICU and Beyond

November 3-4, 2011 (13.2 CEUs and 11 CERPs applied for)

Sponsors: Alabama Lactation Consultant Association, Alabama Breastfeeding Coalition, Breastfeeding Education Support Team, and UAB Neonatology.

Speakers: Jae Kim, MD, PhD, Assistant Professor of Pediatrics at University of California, San Diego, Medical Director: SPIN (Supporting Premature Infant Nutrition); Linda Pittman, BSN, RN, IBCLC, Executive Director, Mothers Milk Bank of Mississippi; Glenda Dickerson, MS, RN, IBCLC, Women's Support Services Manager, Brookwood Medical Center.

For more information: contact the Conference Committee: Cher Sealy, cnsealy@baptistfirst.org; Patty Landry, Patricia.Landry@chsys.org; or Brenda Hallmark, brendahallmark@windstream.net

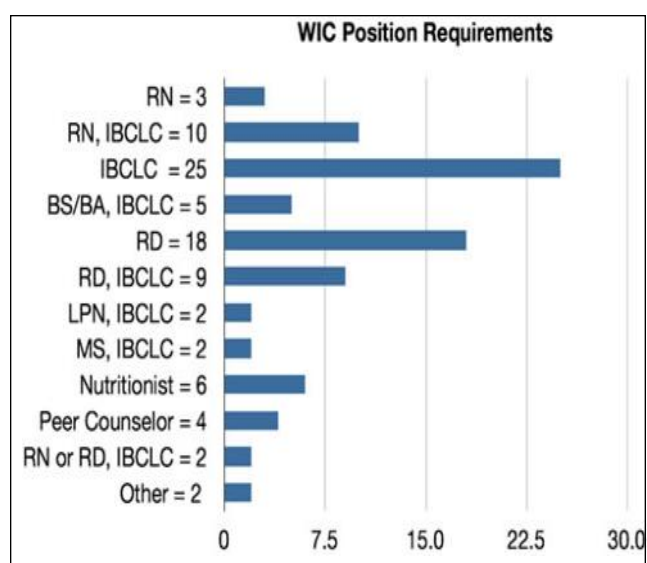
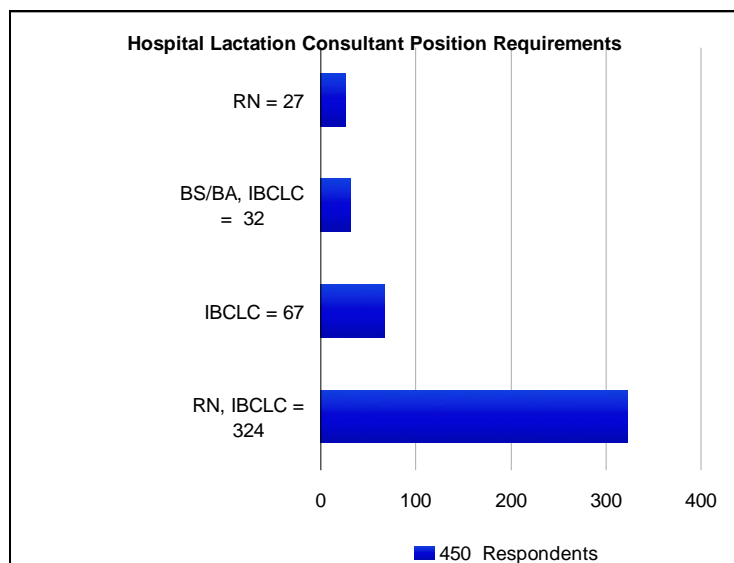
ORPHAN DRUG DESIGNATION OBTAINED FOR DOMERPIDONE IN THE US**Marsha Walker, RN, IBCLC, RLC**

Over the last few months, USLCA has been working in conjunction with Dr. Thomas Hale from the Infant Risk Center at Texas Tech University towards obtaining approval from the Food and Drug Administration (FDA) for the use of Domperidone for breastfeeding mothers experiencing insufficient breastmilk. U.S. Clinicians have long been unable to (or only with difficulty) offer this option to selected mothers experiencing insufficient milk production. The first step in this process was to obtain orphan drug status for Domperidone. The [Orphan Drug Designation program](#) provides orphan status to drugs and biologics, defined as those intended for the safe and effective treatment, diagnosis, or prevention of rare diseases/disorders that affect fewer than 200,000 people in the U.S. The approval of an orphan designation does not alter the standard regulatory requirements and process for obtaining marketing approval. Safety and efficacy must still be established through adequate and well controlled studies, but the orphan status qualifies for grants to conduct such studies. The FDA granted orphan drug status to domperidone for "treatment of hypoprolactinemia in breastfeeding mothers, and in some hypoprolactinemic conditions following the use of cabergoline or bromocriptine in mothers who wish to return to breastfeeding." Once the required studies are conducted, they are submitted to the FDA for final marketing approval. USLCA and Dr. Hale are working on the next stage of this process which is to apply for grants to conduct the FDA required clinical trials with the hope of eventually obtaining marketing approval for Domperidone. Dr. Hale has been instrumental in collecting the required information and filing the application for orphan drug status. His intense work and command of the subject were invaluable in making it this far. While the process for FDA approval of the use of Domperidone is a lengthy one, we are well on our way to hopefully being able to provide this option for the mothers who may need it so desperately.

AND THE SURVEY SAYS. . . More from last spring's USLCA Member Survey

The 2012 USLCA Survey asked WIC respondents what was the primary position requirement for their job helping families with breastfeeding. 88 WIC employees responded. From most of these respondents having the IBCLC credential was the most common requirement.

The RN, IBCLC was required 66% of the time for the Hospital Lactation Consultant position. As state licensure efforts move forward having the IBCLC as the primary position requirement should increase.



IBLCE'S CODE OF PROFESSIONAL CONDUCT FOR IBCLCS: USLCA Responds **Marsha Walker, RN, IBCLC, RLC**

The United States Lactation Consultant Association (USLCA) wishes to commend IBLCE for providing the opportunity for public comment regarding the *Code of Professional Conduct for IBCLCs* (CPC) which will replace the *Code of Ethics for IBCLCs*. USLCA wishes to comment as follows:

1. The Preamble should contain the following language:

"It is in the best interests of the IBCLC profession and the public it serves that there be a Code of Professional Conduct to provide guidance in professional practice, and to ensure the health, welfare, and safety of the public through the accreditation of certification programs that assess professional competence." This aligns the CPC with the standards of NCCA which assure public protection. IBLCE was not founded to further human rights but to administer an exam that assures the protection of the public by certifying competence in lactation care and services.

2. The removal of mandatory support of the International Code of Marketing of Breastmilk Substitutes by the IBCLC is of grave concern.

The WHO Code is an important public health policy document designed to protect breastfeeding from the unscrupulous marketing of breastmilk substitutes. While IBLCE may have concerns over the enforceability of Code adherence by IBCLCs, removing the mandatory requirement to adhere to the Code is certainly not the answer. Support of the WHO Code is exactly the sort of high standard of ethical conduct and protection of public health and safety that distinguishes the IBCLC from other health care professions. IBCLCs have always given highest priority to respecting ethical marketing practices, and have been willing to abide by an ethical code requiring it, since the inception of the profession. The mandatory language of the original IBLCE Code of Ethics Principle 24 has bolstered many IBCLCs to cause change in their institutions. IBCLCs have used the old Tenet 24 to avoid ethical dilemmas regarding:

- ◆ Attending continuing education programs sponsored by formula companies
- ◆ Distributing formula discharge bags from hospitals
- ◆ Using patient educational materials from formula companies
- ◆ Accepting gifts or incentives from formula companies to promote their products

Removing the mandatory support of the Code opens the door to Code-violating companies to place IBCLCs in a compromised position, weakens the IBCLC's ability to adhere to the WHO Code principles, and allows Code-violating companies to gain a stronger foothold in hospitals, agencies, and institutions. USLCA is not aware of any challenges to Tenet 24 by IBCLCs nor any court cases arising because of it. The lactation consultant profession is increasingly more visible. The U.S. Surgeon General's Call to Action to Support Breastfeeding identifies IBCLCs as the premier healthcare providers for human lactation, and it recognizes the WHO Code principles of ethical marketing. Baby Friendly Hospital Initiative reviews are surging world-wide, in which WHO Code compliance is required. Research papers and policy initiatives, discussing the dangers of mixing public health and commercial interests, are being published in all areas of healthcare – not just human lactation. For IBLCE to weaken its support of the WHO Code sends a message that protection of breastfeeding from commercial interests is not of value. WHO Code adherence by IBCLCs should remain a mandatory element in any code of ethical behavior for the IBCLC.

To read the proposed Code of Professional Conduct, go to:

www.iblce.org/upload/downloads/CodeOfProfessionalConduct.pdf

To read the original Code of Ethics that the CPC will replace, go to:

www.iblce.org/upload/downloads/CodeOfEthics.pdf

PROTECTING, PROMOTING, AND SUPPORTING YOU, THE IBCLC

Melissa Clark Vickers, MEd, IBCLC, RLC

Usually, when you hear about protecting, promoting, and supporting, it is in context of doing those things for breastfeeding. Have you thought about how USLCA protects, promotes, and supports YOU, the IBCLC? In the 5 years since USLCA appeared on the scene, it has grown from just an idea of how to address the special needs of the U.S.-based IBCLC into an exciting organization that is truly making a difference for the IBCLC profession.

USLCA PROTECTS the IBCLC: By working on such issues as licensure and reimbursement, and staffing issues, USLCA is working to protect your position and status as an IBCLC.

USLCA PROMOTES the IBCLC: Through advocacy work with other professions, participation in the United States Breastfeeding Committee, and alerting members of opportunities to make their voice heard, USLCA is working to make the IBCLC the standard for lactation care.

USLCA SUPPORTS the IBCLC: The successful IBCLC needs three kinds of knowledge: subject knowledge—how breastfeeding works and how to fix problems; counseling knowledge—how to deliver that breastfeeding knowledge to the mother in a way that she hears and understands it and can incorporate it into her lifestyle; and professional knowledge—how to dot the I's and cross the T's so that all rules and regulations are being followed. USLCA addresses all three of those skill sets—through *Clinical Lactation*, through webinars and conferences, listserv announcements, and the *eNews*.

This is my last issue of the *eNews* as your Editor. My other-than-LC work has stepped up to nearly fulltime, and so I need to let go of this position. Equally important, for the good of USLCA, it is good to have "new blood" step up and take the *eNews* in perhaps a new direction. If you have that creative spark and a willingness to work with the USLCA Board of Directors and members to help move the profession forward, I hope you will apply for the position.

To Scott and the USLCA Board of Directors—Thank you for allowing me to help USLCA grow into the vital organization it is today! And to USLCA members, thanks for all you do day in, day out, for the mothers and babies you work with. Each of your successes helps strengthen the profession as a whole.

Are YOU the next USLCA *eNews* Editor?
Contact Scott Sherwood at
ExecutiveDirector@uslcaonline.org
if you are interested!

The USLCA Board of Directors will be meeting at USLCA headquarters in Morristown, NC, on October 29 (all day), and 30 (half-day). These meetings are open to members. If you have issues you'd like the Board to address, please contact Scott Sherwood, Executive Director.

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:

USLCA

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USLCA's Mission:

To build and sustain a national association that advocates for
lactation professionals

USLCA's Vision:

IBCLCs are valued recognized members of the health care team

Spend the Day Online with USLCA!

Lactation Education for the Out-Patient Lactation Professional

Monday, September 26, 2011: 10:30am—5:30pm Eastern

6 Hour Online Program;

4.5 L CERPs;

1.5 E CERPs

Certificates are
emailed to
attendees

USLCA Members
\$65

Non-members
\$95

Groups 3-10
\$250

11 or more \$400

[Click here](#) for the
outlines.

United States Lactation Consultant Association

2501 Aerial Center
Parkway
Suite 103
Morrisville,
North Carolina
27560

This program is designed to provide tools and guidance to help change policies and improve services for breastfeeding families during their hospital stay.

- 10:30am—11:30am: **"Nighttime Parenting and Postpartum Depression"** Kathleen Kendall-Tackett, PhD, IBCLC, will describe nighttime parenting issues—for the baby and his mother.
- 11:30am—12:30pm: **"Breastfeeding After Breast Reduction and Augmentation Surgeries"** Diana West, BA, IBCLC, will describe the potential impact of these surgeries on a woman's breastfeeding experience.
- 12:45pm—2:00pm: **"Nipple Nuances: From Pain to Peppermint and What the Textbooks Don't Cover"** Marsha Walker, RN, IBCLC, will discuss nipple problems and their resolution.
- 2:30pm—4:00pm: **"Assessing for Deal or No Deal? A Game Show Approach to IBCLC Ethics"** Elizabeth Brooks, JD, IBCLC, FILCA, will give an ethical overview for the practicing IBCLC.
- 4:15pm—5:30pm: **"Assessing for Tongue-Tie"** Catherine Watson Genna, BS, IBCLC, will describe how the tongue is supposed to work during breastfeeding, and what happens when the baby is tongue-tied.

This cutting edge program will be a must attend for anyone who works with breastfeeding families!

Register Now—Space is Limited.
[Click here](#) for Registration Form.



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Lunch and Learn Webinars -Earn IBLCE CERPs

"JAUNDICE IN THE BREASTFED INFANT"

Larry Gartner, MD, FAAP

Wednesday, October 12, 2011

1pm Eastern, 12pm Central, 11am Mountain, 10am Pacific (90 minutes)

This Tri-Affiliate Webinar is co-sponsored by USLCA, CLCA-ALCA, and LCA NZ.

1.5 Hours; 1.5 L CERPs

Certificates will
be emailed to
attendees

Prices:

USLCA Members
\$20

Non-members
\$30

Groups 2-10
\$55

11 or more \$75

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

To Sign Up for this USLCA Webinar:

New: [Pay online and receive your online registration form in one step.](#)

1. Pay Online by [Clicking Here](#).
2. To submit your sign up form via email, fax or mail [Click here](#).
3. Participants will pay up front and then receive instructions to register via GoToWebinar to attend the live webinar.
4. After registering a confirmation email will be sent by GoToWebinar, to the email address you registered with. This email will contain the link to join the webinar.
5. If you have questions please call 919-861-4543 to speak with Ashley or email Ashley at ErinB@uslcaonline.org

United States Lactation Consultant Association

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Parkway; Suite 103
Morrisville, NC
27560



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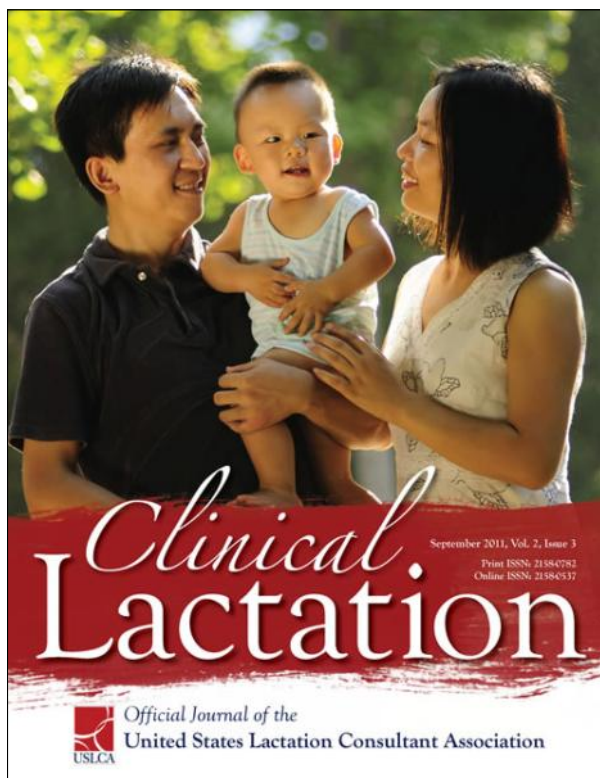


Members: \$22 for one 2 for
\$40.00. + SH;

Non-members 25.00 +SH

Contact Scott Sherwood at
ExecutiveDirector@uslcaonline.org

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