

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.



Note From the President

The USLCA Board of Directors met in Raleigh, North Carolina on October 28th and 29th to plan and approve the 2012 USLCA Budget. We also took time out to renew our 2012 ILCA/USLCA memberships as a group!! Renew your membership now and recruit new members so our profession can continue to grow. You do not have to be an IBCLC to join ILCA/USLCA. If you are an IBCLC, USLCA appreciates your professional responsibility by joining or renewing your [membership](#).

As an IBCLC you should be aware of the newly released Code of Professional Conduct (CPC) by the International Board of Lactation Consultant Examiners and was effective November 1, 2011. Please take the time to read the [document](#) and to address any questions you may have with IBLCE.

At the board meeting it was announced that Alisa Sanders, RN, IBCLC, RLC of Texas will be the new incoming USLCA President in July of 2012 as I step down. Karen Querna, RN, BSN, IBCLC, RLC and myself will leave the USLCA Board of Directors in July and nominations are open for Treasurer/Secretary position and External Affairs position. Nomination Ballots will be sent out for final voting in February of 2012.

As we head into the Holiday Season the USLCA BOD is thankful to all of our members for their support and we are looking forward to our future promoting the role of the IBCLC in the USA.

[Laurie Beck](#), RN, MSN, IBCLC, RLC
USLCA President

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Focus on Marketing: The Web and Social Media

Kathleen Lopez, guest author, student lactation consultant and aspiring IBCLC

More than ever before, the world is truly at our fingertips. “Let your fingers do the walking” no longer refers to that giant book that immediately makes its way to the recycling bin, but to the world of always-on information that is available to us with a click of the mouse and the touch of a pad: the Web.

As lactation professionals, we have the unique opportunity to use online and social media channels to both reach and support our clients. While there are many breastfeeding issues that require an in-person consultation, there are also many that do not. The use of the Web and social media in an IBCLC’s private practice should serve to consolidate the accurate, reliable, and current information on breastfeeding. Streamline and maximize your efforts to engage with mothers – all while minimizing your “hands-on” work time. Think of it this way: answering the phone less will help you spend quality time with the clients who truly need it. Used wisely, social media can act as a valuable back-up assistant.

So what is “social media?” The term Social Media refers to the use of web-based and mobile technologies to turn communication into an interactive dialogue.¹ For IBCLC professionals, it’s a way to use these technologies and channels to engage directly with clients – as well as other lactation professionals and maternity care providers. It is dynamic, existing in real time, and is constantly updated, just like an ongoing conversation. It’s also extremely popular: a 2009 Pew study examining how people access the web specifically for health-related information showed that up to 42% of adults searching for this information online say that they or someone they know have been helped once they’ve followed medical advice found on the internet.² This number is almost double the same statistic from just three years earlier – and as of this writing, Facebook alone has over 800 million active users.³

What does this have to do with my practice as an IBCLC? According to Scott Public Research, Generation X (to an extent) and Generation Y women (born roughly between 1965-1990) tend to rely on the Web and peer contact for their information needs. Scott also shows that the younger adult generation simply does not pay attention to more traditional forms of health marketing promotion. Women who use social media on a daily basis often turn to this as their first line of defense. Perhaps more importantly, these generations are often doubtful of advice that comes to them from outside their realm of social contact. Younger, socially savvy mothers may be more willing to listen to their peers than seek the advice of an (older, more experienced) lactation professional.

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So where do I start? Let's take a quick quiz: Where do you look first when seeking information or professional services? Draw a mental circle around all that apply – and then think about where your clients or other local new moms might be looking for information and support. It may be very different than what you think!

Word of mouth	Phone book	Internet search	Reference book/magazine	Journal publications
Facebook	Twitter	Blog posts	Chat rooms or Instant Messaging	Message boards
Telephone hotline	YouTube Videos	SMS text messaging	iPhone/iPad or Android App	Webinar

Is the list longer than you thought? Did some of the items surprise you? It is interesting to note that *more than 421 hospitals have YouTube channels*, and that companies making products for the moms you serve *are on Twitter, Facebook, or have blogs*.

Consider the amount of time it takes for a mother to get the information or support she needs. **Without quick turnaround, a mom may feel unsupported.** Those lonely, isolated overnight hours can leave a new mom feeling especially vulnerable – and more and more, they're using iPads or laptops to find information and commiseration.

If your clients can “reach” a part of you after hours, chances are they'll feel a deeper connection to you and your practice and as a result will feel more supported. Don't forget – *to a new mom with breastfeeding issues, every question can feel like an emergency*. Waiting even 3-4 hours for an answer can be an eternity. Through the use of online channels like Facebook and Twitter, or dedicated informational Web pages and apps, IBCLCs can provide searchable answers or have quick, direct engagement that takes less time than a phone call or office visit.

Perhaps most importantly: **we can disseminate information, gain visibility for the IBCLC credential, and add commentary to (and sometimes even correct) information that already exists.** While the ever-changing landscape of technology can at times seem overwhelming, it's important to remember that reaching new mothers is most effective when we engage them in the places they're asking questions.

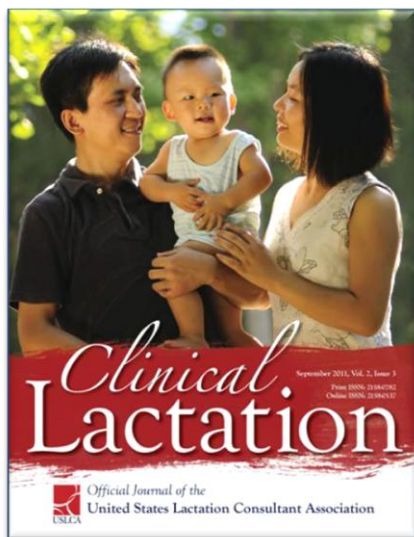
¹ http://en.wikipedia.org/wiki/Social_media

² <http://www.pewinternet.org/Reports/2009/8-The-Social-Life-of-Health-Information/01-Summary-of-Findings.aspx>

³ <http://www.facebook.com/press/info.php?statistics>

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It is membership [renewal](#) time and also a good time to recruit new members. 2012 will be a big year for USCLA and you won't want to miss out on the journals, webinars, conferences, and the other member benefits that exist. Sign up today before the holidays and busy time of the year!



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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Essential Health Benefits

Marsha Walker, RN, IBCLC

The Patient Protection and Affordable Care Act (ACA) requires that all individual and small group health insurance policies cover “essential health benefits.” It does not define “essential health benefits” by statute, but instead grants authority to the Secretary of Health & Human Services to determine which benefits must be provided. Unfortunately, the statutory language provides very little guidance regarding how to meaningfully distinguish between services that ought to be considered essential and those that ought not. The Affordable Care Act defines essential health benefits to include at least the following general categories and the items and services covered within the categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care. This set of health care service categories must be covered by certain plans, starting in 2014. Preventive services, including those services recommended with a grade of A or B by the Task Force on Clinical Preventive Services are to be provided with no cost sharing. The following items relative to breastfeeding received a grade B and must therefore be covered.

- Formal breastfeeding education for mothers and families
- Direct support of mothers during breastfeeding
- Training of primary care staff about breastfeeding and techniques for breastfeeding support
- Peer support

The Department of Health and Human Services (HHS) is working with a number of partners to develop the essential health benefits package. In the fall of 2011, HHS will launch an effort to collect public comment and hear directly from all Americans who are interested in sharing their thoughts on this important issue. USLCA members received an announcement of opportunities to attend listening sessions around the country and some of our members have already done so. There is also an opportunity to provide written comments. USLCA has already provided input on the necessity of covering the services of the IBCLC credentialed lactation consultant. [See the letter](#). Insurance coverage for the services of the IBCLC should be a covered benefit and you have the opportunity to speak up. Send in your comments to externalaffairs@HHS.gov and let our policy-makers know that IBCLC services are an essential health benefit and should be included in insurance plans. Use our [letter](#) as a source of talking points. There will be another chance to provide formal comments when HHS calls for comments through the Federal Register.

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USLCA CLIPBOARD

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- Calculator Educational sheets

- Inserts

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Members:

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2 for \$40.00. + SH;

Non-members:

\$25.00 +SH

Contact [Scott Sherwood](#) to get yours.

Great gift idea!

[Available in the ILCA bookstore.](#)



USLCA is looking for speakers to donate their expertise and time. Submit your topics today by [email](#).

USLCA Webinar Thursday, December 1, 2011

Topic	Speaker	Time	Cost	Deadline to Register
"Human-milk sharing: getting a grip on a fast-evolving reality"	James Akre, BA, MPIA	1pm Eastern 12pm Central 11am Mountain 10am Pacific	USLCA Members \$20, Non-members \$30, Groups 2-10 \$55, 11 or more \$75.	November 30, by 12:00pm (EST)

Cerps awarded for webinar: 1 Lactation ("L" CERPs)

USLCA Webinar Tuesday, December 13, 2011

Topic	Speaker	Time	Cost	Deadline to Register
"Infant Tongue Tie: Assessment, Effect on Breastfeeding, Treatment"	Diana West BA, IBCLC	1pm Eastern 12pm Central 11am Mountain 10am Pacific	USLCA Members \$20, Non-members \$30, Groups 2-10 \$55, 11 or more \$75.	December 9, by 12:00pm (EST)

Cerps awarded for webinar: 1 Lactation ("L" CERPs)

USLCA Webinar Thursday, May 7, 2012

Please note that this is a 90 min program

Topic	Speaker	Time	Cost	Deadline to Register
"Breastfeeding the Older Baby and Tandem Nursing"	Diana Cassar-Uhl,	1pm Eastern 12pm Central 11am Mountain 10am Pacific	USLCA Members \$20, Non-members \$30, Groups 2-10 \$55, 11 or more \$75.	December 9, by 12:00pm (EST)

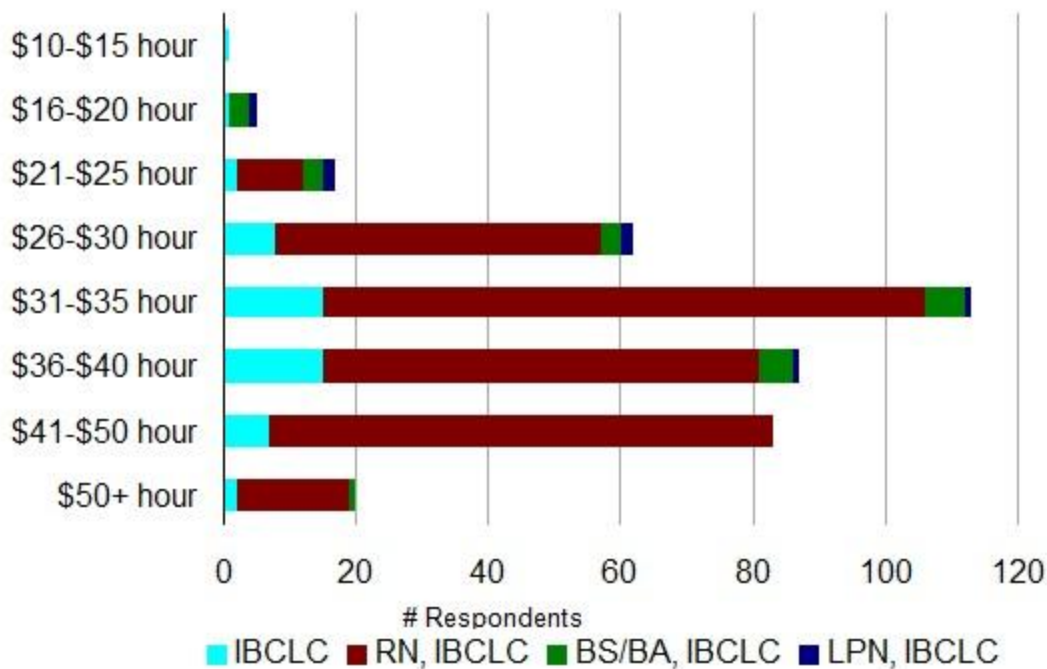
Cerps awarded for webinar: 1.5 Lactation ("L" CERPs)

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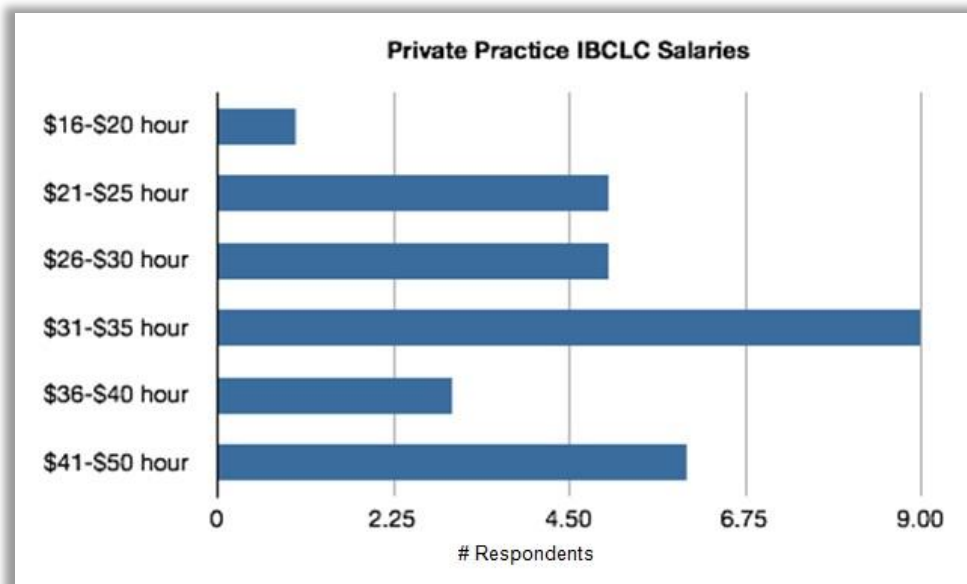
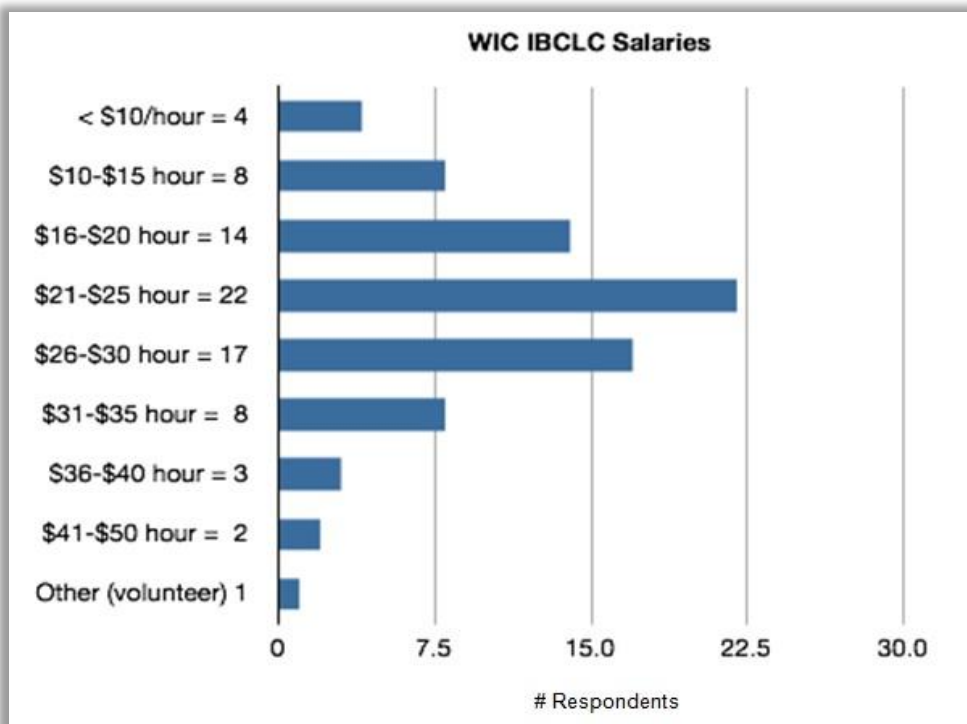
The 2011 USLCA Survey asked respondents their salary range based on their position requirements. WIC salaries for IBCLC are less on average. Twenty-nine Private Practice IBCLCs responded to the survey.

Thoughts? Comments? Check out the USLCA [Facebook Page](#).

IBCLC Salary Range Based on Position Requirement



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Get Involved

Judy Gutowski, BA, IBCLC, RLC Chair, USLCA Licensure and Reimbursement Committee

The USLCA Licensure and Reimbursement Committee continues to strive toward its goal of fully integrating IBCLCs into the US health care system. For IBCLCs, this means you will be a valued and recognized member of the health care team for breastfeeding mothers and babies. The services you provide will be eligible to be covered by third party reimbursement, including government or private insurance. You will become a licensed professional, like all other types of health care professionals such as physicians, nurses and therapists.

IBCLCs have been recognized in numerous public health policies as the qualified provider of lactation services; including the Surgeon General's Call to Action to Support Breastfeeding, the Centers for Disease Control Breastfeeding Report Card, and the Joint Commission Exclusive Breastfeeding Core Measure. Other recommendations from the US Preventive Services Task Force and the Affordable Care Act have made provision of lactation "counseling" services a required part of preventive health care. What remains is to bring these two components together to make it possible to do the work we love and that we are trained to do. Additionally, we have a great deal of evidence which shows improved outcomes when IBCLCs provide lactation care. We also have established staffing guidelines for in-patient care.

We have learned that it is imperative to become a licensed profession because of laws governing Medicaid which oblige only licensed providers to be reimbursed. About 40% of all US births are covered by Medicaid, so 40% of the mothers who most need IBCLC assistance, could not receive our help without it unless they paid us out-of-pocket. These are the individuals who are least likely to have the means to do so. Additionally, Medicaid often serves as the model for private insurers so they are more likely to cover IBCLC services once Medicaid does so.

In several states we have a handful of individuals working on these initiatives, but there are 50 states. It will be up to IBCLC, specifically, the USLCA Chapters in each state to take the lead in this work. Each chapter should consider establishing a Licensure and Reimbursement Committee whose members will, at the very least, stay informed of all relative activities and recommendations in their own state and federally, with the responsibility to report this information to the group. Many individuals and groups require education about our profession including the public, our own co-workers, other members of the health care team, educators in public health and medical related fields, public health administrators and insurance providers.

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They need to know:

1. That we exist and work among them
2. What type of training and skill we possess
3. What makes us different from other kinds of lactation certifications

4. Why our services are needed:

- a. 75% of mothers are choose to breastfeed
- b. These mothers cannot achieve their breastfeeding goals due ot lack of available and qualified breastfeeding support
- c. IBCLC are uniquely and ideally suited to provide the necessary lactation care and services

Additionally, these committees should consider being proactive, to initiate work in the state, or partner with anyone already doing so. This work will include:

1. Learning about the licensure process in your state (all 50 states are different)
2. Reaching out to state legislators to seek support for licensure
3. Identifying an existing licensure board to house our profession and communicating with that board to gain acceptance
4. Reaching out to state public health officials and Medicaid administrators to educate them about the existing recommendations and where IBCLCs fit into their system
5. Identifying and communicating with allies and asking for their support
6. Networking, networking, networking with others

This is your profession, be proud of what you do. The USLCA will help you. Doors are opening, don't be shy – go right in! If you or your chapters are interested in facilitating Licensure and Reimbursement efforts please contact [Judy Gutowski](#), Chair -Licensure and Reimbursement.

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What's in a Name?

[Debi Ferrarello](#), RN, MS, IBCLC

This is the time of year when many add five powerful letters after their signature for the first time- I.B.C.L.C. International Board Certified Lactation Consultant. It's a daunting title, to be sure. Who hasn't gotten that blank look, clouded by confusion, when you say that you are a Lactation Consultant? It's no wonder that we have been called by many other names. Names such as:

- Lactitioner
- Lactaid Nurse (*Lactaid?* Really? And not necessarily a nurse.)
- Location Consultant (is that like a realtor?)
- Lactition (cousin to the electrition)
- Lactating Consultant (often true, at least for some part of our career...)

After a satisfying visit in the hospital or at home, we may be called by other names---Godsend, Angel, and Gift come to mind.

I do wish that our title was a little more catchy, a little less of a mouthful, but still, it is with pride and thanksgiving that I call myself an IBCLC. For those of you who are new to those letters, welcome to the best of professions!

We should be approaching these entities and on the lookout for this toolkit!

Reprinted with permission from the WIC-talk listserv:

"IBCLCs provide a vital role in WIC clinics. If WIC staff are trained in basic bfing support, IBCLCs can be utilized for more complex problems. Additionally they can provide staff training, both to establish a baseline of training for staff, and for ongoing training. They are also helpful in developing relationships with Medical Providers, and other organizations that provide services to young mothers like community clinics and hospitals.

With [health care reform](#) requiring clinical preventive services in commercial health plans and Medicaid, which includes breastfeeding support, and more federal emphasis on Baby Friendly hospitals, IBCLCs should be approaching medical offices, health plans and community clinics to work out contracts and agreements to provide services. With reduced budgets and layoffs, community organizations, including WIC agencies, can work to collaborate on creative ways to share the IBCLC workforce, and tap health plans/Medicaid plans for coverage of IBCLC services. CA WIC Assn. will release a toolkit and policy brief in early 2012 that details ways to utilize IBCLCs, and nutritionists.

Karen Farley, RD, IBCLC
California WIC Association"

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USLCA BOD Summary Oct. 2012

USLCA Board Meeting was held on October 29 - 30, 2011 in Morrisville, NC. All current BOD members were present. The main focus of this meeting was to finalize and approve the budget for 2012. Other discussions included:

- Planning for the management contract with ILCA which is up for renewal in the spring of 2012
- Strengthening and growing USLCA Chapters
- Continuing to working on licensure and reimbursement
- Developing the educational calendar for 2012
- Planning for the 2013 USLCA Conference "Gateway to Excellence" to be held in St. Louis, MO
- Launching the new USCLA website

It was announced that Alisa Sanders would be the incoming President as Laurie Beck will be leaving that position in July of 2012 as her term will end. Open board positions will be Director of External Affairs and the Secretary/Treasurer (Karen Querna will be leaving in July of 2012 also.) The Nominations committee is currently [selecting](#) a slate of candidates for these positions.

Board Meeting Dates for 2012 were determined they will be:

- March 3-4, 11:30-7 Eastern Time, to be held via Webinar
- July 22-23, in Orlando
- Oct 27-28, in St. Louis

At the closure of the meeting on Sunday the motion was made to approve the 2012 USLCA Budget and it was approved by a unanimous vote.

Karen Querna, RN, BSN, IBCLC, USCLA Secretary/Treasurer

Connect with us!
Click the Facebook and Twitter boxes below to join the conversation and stay up-to-date on the latest information.



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- President: [Laurie Beck](#), RN, MSN, IBCLC, RLC—Texas
- Secretary: [Karen Querna](#), RN, BSN, IBCLC, RLC—Washington
- Director of External Affairs: [Alisa Sanders](#), RN, IBCLC, RLC, CCE—Texas
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