

Inside This Issue:

Toolkits
Focus on
Marketing
Coding,
Documentation,
& Billing
Meet Us In St.
Louis!
Webinars
New
Publications
It's Only
Natural
Baby-Friendly
Stories
Code Training
Workshop



Letter From The President

Alisa Sanders RN, IBCLC, RLC

In just a few short weeks a historic event will take place---The **first national conference** of the United States Lactation Consultant Association! I am looking forward to this event for many reasons. First, we have a wonderful slate of speakers and second, I will get to have personal contact with many of you.

At Christmastime I had the opportunity to go on a trip. In the center of a large celebration were some young people dressed as penguins giving away free hugs. Being a bit lonely without my family I decided to take advantage of the offer. I cannot express the surge of emotion I felt being hugged by a large penguin. With advances in technology and quick access to information promoting isolation, we lose the positive impact of personal contact. In the IBCLC role we often educate mothers about the importance of skin-to-skin contact, but how often do we remind *ourselves*? Human touch is a powerful connection. The increased hormone levels and brain activity enhance learning and relieve stress. Lately there have been many stress-inducers in my life and I'm sure that you can relate.

I hope that you will take advantage of interacting with leaders in the fields of human lactation and lactation management. Face-to-face networking is invaluable in refueling our educational and emotional tanks. Never underestimate the power of human contact. I look forward to connecting with my friends and meeting new ones. Please come to the USLCA booth in the exhibit hall and say hi!

Improving Hospital Breastfeeding Support: Implementation Toolkit

[This toolkit](#) from Kaiser Permanente contains information about breastfeeding promotion in the inpatient setting. It is designed to assist health care organizations and hospital teams in planning and implementing breastfeeding performance improvement projects. The 103 page document contains a wealth of knowledge about the change process with specific guidance on implementing approaches to improve lactation care and services in the inpatient setting. It includes information for patients including the "Got Colostrum" project, which helps mothers understand that the small amounts of colostrum meet the needs of their newborn infant. The entire document can be found [here](#).

Focus On Marketing

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

What matters most to USLCA members? For most of us it is licensure, reimbursement, and employment opportunities. Our licensure and reimbursement committee advocates relentlessly for the IBCLC and passes along advocacy alerts that require your timely action.

But what about employment opportunities? Full time benefited positions are still hard to come by. USLCA's staffing guidelines and [publications](#) highlighting the unique contribution of the IBCLC are valuable tools. Yet, regular work is hard to find. Slowly, the world is waking up to the value of the IBCLC. In several years, the opportunity landscape may look very different. But what if you need a job NOW?

There are opportunities for the entrepreneurial LC. *Entrepreneur* is a French word that literally means "one who undertakes." An entrepreneur can be any person who invests energy and initiative into developing, launching, and managing *any* enterprise---including a lactation practice!

How might entrepreneurial skills help an IBCLC create employment? Members of our field have established worksite lactation programs, contracting with employers to provide support for their workers; they have worked hard to grow private practices and have opened free-standing clinics, serving families in their communities; they have provided in-patient lactation services for hospitals that do not have their own staff in-house and have collaborated with hospitals and home care agencies to provide lactation care after discharge. There are currently opportunities for entrepreneurial LCs to partner with obstetric or pediatric practices to provide classes and consultations to their patients.

What makes an entrepreneur? Entrepreneurs tend to have certain characteristics. For example, most entrepreneurs are optimistic, self-motivated, innovative and creative thinkers, risk-takers with a lot of energy and enthusiasm. They are able to lead, motivate, communicate, and negotiate. They set goals, develop a plan to meet the goals, and follow through---learning and adjusting as their plan unfolds. They may need to learn new skills---medical billing for example---or identify areas of need and hire experts to fill the gaps.

Some hold that entrepreneurs are born, not made, but there is a developing body of thought that the skills can be taught and developed. Browse your favorite bookstore or college catalogue for titles that will help. Taking that initiative may be taking the first step to becoming an *entrepreneurial lactation consultant* with a thriving business!

Crash Course in Coding, Documentation and Billing for In-Network IBCLCs

[Donna Sinnott](#), BBA, IBCLC and Billing Adviser

In the past, way way back, doctors and nurses would pack a medical bag, travel by foot and see patients in their homes. When patients could travel, doctors set up an office and stayed in one place. The doctor could keep his records in one place, see more patients and utilize his time better. Home visits today by a doctor are practically non-existent and when available, are considered concierge services. The nature of the lactation consultant and our profession is molded by the home visit and mother- to- mother support---A concept supported by a wonderful 'let me come to your house and help you with your baby' kind of mentality. In 2013, some moms of financial means so value lactation consultant services that they are willing to pay cash for it whatever the cost. On the flip side, many new families live on tight budgets and say no to the cost and the visit – mostly because it is not covered by the insurance they pay into for all their other health services.

In our house, we utilize alternative therapies and use regular medical interventions as a last resort. Our family doctor is a homeopath and an MD, so usually we treat aches and problems with homeopathic or herbal remedies. But, a lacerated finger still needs stitches in the ER! Our family doctor charges \$90 a visit for his base fee and takes NO insurance. Just like our IBCLC business style, he hands me a receipt after I hand him a check for \$90 so I can submit it to my insurance company toward my "out of network" deductible and insurance benefits. If he was "in my network" and accepted my \$20 co-pay would we go more? Do potential patients, after learning he does not take insurance, get medical services elsewhere? Yes, but he is a family practice doctor. Breastfeeding mothers are a very small and specific group. As the IBCLC, we often get one visit. One visit to help her. One visit to make a difference. Currently, moms with Aetna health insurance can choose an In-Network IBCLC, get support and assistance, then visit with her IBCLC several more times with no out of pocket costs. Put yourself in her place, in this current economy---what would you do?

Right now, as unlicensed providers we are in two worlds. We are registered and board certified with a defined skill set. If we act within our "limited scope" and in accordance with our education and ethics, we can continue to help moms in their homes, in our own offices, in doctor's offices and NOW sign contracts with insurers like Aetna and become "in-network" providers. If we decide to sign a contract, we do basically agree to take a lesser fee for our service to get the in-network referral for business. It is simple economics, demand creates supply. That demand for in-network covered IBCLC services, in theory, should lead to more patients overall and therefore more money in your bank account. In theory. If you are great at your craft and develop a good reputation, it may not impact your wallet at all. Patients will come to you with or without cash. But if they don't know you, my hunch is most mothers will happily pick a name on their Aetna provider webpage and see an in-network IBCLC for no out of pocket cost. An Aetna insured patient can see you and not even bring her wallet. How rare is that in 2013? This is both good and bad for IBCLCs. More moms to help, more visits, more income, but will it still allow space for the out-of-network, two hour, home visit-loving IBCLC visit?

Here's the bottom line. Be great at your craft. Do the best you can, within your scope, and help people no matter how they pay. You have a choice to make, enroll in-network or not. Whether you decide to take a lesser reimbursement per visit and potentially serve more new moms or keep your all cash practice will be your decision to make. As the timeline targets for the Affordable Care Act rollout, the possibility exists that non-physician, credentialed providers will become more valuable to the healthcare system each day. This is fabulous for all of us.

Will you wait and see what happens or hop on-board? When and if you are ready, I am here to help. I can help you learn what you need to know to get paid. Curious how? Meet Me in St. Louis to find out more!

USLCA is pleased to announce our first National Conference

Meet us in St. Louis!



Friday, May 3 – Sunday, May 5, 2013 • Union Station Hotel, St. Louis MO

Check our [Facebook Page](#) for the latest news! Twitter hashtag: #USLCA13

USLCA's Upcoming Conference in St. Louis---Silent Auction and Volunteer Opportunities!

It is not too late to donate to the USLCA's first Silent Auction! Search your drawers and closets for unused gift cards (they ship easily) or other unused items. Also consider sending something that may represent your state or crafts that you make. Donate a favorite breastfeeding-related book or DVD. Please email [Annette Leary](#) by April 19th if you are shipping an item. Of course, you may hand carry an auction item...Just let us know what you will bring. Silent Auction proceeds will benefit USLCA's work to advance the IBCLC profession and the donation may be tax deductible.

Also, there are still plenty of opportunities to volunteer at the conference. All registered attendees are eligible to volunteer while attending the conference. Donating an auction item...Volunteering at the conference...These are great opportunities to give back to *your* organization! Contact [Annette Leary](#) if you have registered and would like to volunteer.

Need E-CERPs? We have them! The Conference is approved for 17.5 CERPs. USLCA is also applying to provide continuing education credits for nurses.

Saturday, May 4, 2013

10:30-11:45 am, Concurrent Session A4- The Ongoing Search For Excellence: Our Lives In The Workplace – Molly M Pessl, BSN, IBCLC, *E-CERP*, 1.25

1:15-2:30 pm, Concurrent Session B3-The Code In Everyday Practice – Liz Brooks, JD, IBCLC, FILCA, *E-CERP*, 1.25

4:15-5:30 pm, Concurrent Session D6-Referrals, Risk And Responsibility: Whose Job Is It Anyway? – Alisa Sanders, RN, IBCLC, RLC & Laurie Beck, RN, MSN, IBCLC, RLC, *E-CERP*, 1.25

Sunday, May 5, 2013

Sunday Workshop 1 – Breastfeeding and the Law

9:15-10:15 am, Litigation And Lactation: Role Of The IBCLC Expert Witness – Liz Brooks, JD, IBCLC, FILCA, *E-CERP*, 1.0

10:45-11:45 am, Case Studies Of Legal Issues And The IBCLC –Jake Marcus, JD, *E-CERP*, 1.0

Plenary #6

12:45-1:45 pm– Who's Your Daddy...Mommy, Surrogate or Donor? Modern Families And Lactation, Liz Brooks, 1.0

Sunday Workshop 2 - Sleep Like a Baby

9:15-10:15 am & 10:45-11:45 pm, Sleep Like A Baby - Diane Wiessinger, MS, IBCLC; Diana West, BA, IBCLC; And Linda J. Smith, MPH, IBCLC, FACCE; For both sessions: 1.5 L-CERP, .5 E-CERP

Scheduled Webinars

Topic	Speaker	Date & Time	Cont Ed Credit	Cost	Registration Deadline
Birth Trauma: Risk Factors, Consequences, and Its Impact on Breastfeeding	Kathleen A. Kendall-Tackett, Ph.D., IBCLC, FAPA	June 11, 2013 1:00 pm - 2:15 pm ET	1.25 L CERPs	Members \$20, Non-Members \$30, Groups 3-10 \$55, Groups of 11 or more \$75 Join USLCA and save on all of our webinars!	June 10, 2013 Register Now Webinar will be recorded

USLCA recorded webinars are available for [purchase](#).

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

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Thanks for helping to keep USLCA fresh on Facebook!



News from the Licensure and Reimbursement Committee

The Licensure and Reimbursement Committee continues to work with policy makers and insurers as advocates for providing access to IBCLC services for women in the US.

This week we added two one-page publications to our website for IBCLCs to use to educate their fellow health professionals, public policy makers, legislators, and insurers about the work we do to support breastfeeding. These colorful documents were designed to attract attention and are intentionally brief to pique the interest of readers. You can send them out electronically or in hard copy. They are best used with a brief note introducing yourself and letting the recipient know you are available to provide further information, discuss access to lactation care for mothers, and how IBCLCs are the qualified and skilled allied health professional needed to provide this service. The print copies will be available at the Conference in St. Louis.

The [first one](#) is a page summary of the longer booklet “Containing Health Care Costs Help In Plain Sight” especially geared toward private insurers who have the flexibility to *credential or contract* IBCLCs to provide lactation counseling services for women as required by the Affordable Care Act.

[This one](#) is for use specifically with Medicaid officials and insurers. States have the option of providing lactation counseling services and some managed care organizations may choose to *credential or contract* for IBCLC services to provide care.

UnitedHealth Networks in California has contacted USLCA to aid them in reaching out to IBCLCs from their state. They will be offering contracts for provision of lactation counseling services. IBCLCs will be receiving a letter in the near future to learn how to participate.

Workplace Toolkit, from New York State

From a collaboration between the New York State Department of Health, Division of Chronic Disease Prevention, and the Special Supplemental Nutrition Program for Women, Infants and Children comes the "[Making It Work" Toolkit](#)." This is a new online resource for breastfeeding mothers returning to work or school. The toolkit provides information and guidelines to breastfeeding mothers as well as tools and information for businesses and families. It is specifically designed to address the needs of low-wage workers in non-traditional work settings. The online toolkit can be printed, viewed on the website, shared with others, and downloaded onto your mobile device for easy access.

North American Code Training Workshop

INFACT Canada/IBFAN North America is pleased to announce a 3-day training/workshop together with the IBFAN International Code Documentation Centre (ICDC).

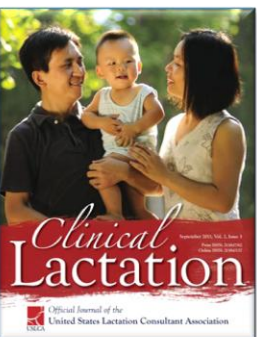
Goals for the three-day training:

- increase awareness of the importance of the International Code and relevant World Health Assembly resolutions on infant and young child nutrition as a critical tool to support breastfeeding as the norm for optimal health and development for infants and young children;
- increase capacity to monitor for Code violations and improve enforcement;
- increase political action for governments to regulate the marketing of products covered by the Code and resolutions.

This represents an important opportunity to learn more about the Code, your responsibilities under the Code, and interpreting guidance for those tricky or subtle situations.

More information can be found [here](#).

We'd love to hear your comments and input. Let USLCA know what you think via [email](#), [Facebook](#) or [Twitter](#).



Clinical Lactation Goes "Open Access"

Clinical Lactation, USLCA's journal, has gone open access. The journal is now open to everyone with all issues available online. We urge you to inform your colleagues and take advantage of this special opportunity while it lasts. Help get the word out. Links to all articles and issues can be found [here](#).

HHS Offers Moms Knowledge, Help, and Support Through a New Breastfeeding Initiative, It's Only Natural

Surgeon General Regina M. Benjamin, MD, MBA announced the launch of It's Only Natural, a new public education campaign that aims to raise awareness among African American women of the importance of and benefits associated with breastfeeding and provide helpful tips. Click [here](#) for more information.

Baby-Friendly Stories

Follow the stories of four hospitals as they begin their journey toward Baby-Friendly status in [NICHQ's Best Fed Beginnings](#) quality improvement [project](#).

Watch as Barnes-Jewish Hospital (Missouri) works on patient-centered care, Presbyterian Hospital (New Mexico) increases skin-to-skin contact, Christiana Hospital (Delaware) focuses on staff buy-in, and the University of Alabama at Birmingham Hospital catalyzes the community by changing misconceptions around breastfeeding.

To watch the 16 minutes video, click [here](#).

US Breastfeeding Committee Updated Toolkit for Joint Commission's Perinatal Care Core Measure

On March 31, 2010, The Joint Commission's Pregnancy and Related Conditions core measure set was retired and replaced with the new Perinatal Care core measure set. The new [Perinatal Care core measure set](#) became available for selection by hospitals beginning with April 1, 2010 discharges.

On November 30, 2012, The Joint Commission announced that the Perinatal Care core measure set would become mandatory for all hospitals with 1,100 or more births per year, effective January 1, 2014.

The USBC toolkit, ***Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding***, has just been revised. It addresses the exclusive breast milk feeding core measure by providing guidance for data compilation and extraction as well as a section on improving adherence to evidence-based best practices, which is ultimately reflected in rates of exclusive breast milk feeding.

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