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## A Fond Farewell and a Warm Welcome

After tirelessly serving on USLCA's Board of Directors for several years, Barbara Robertson, IBCLC, RLC, has resigned to spend more time on her growing professional practice and her family. Barbara made so many contributions to USLCA during her tenure that we cannot capture them all in this space. She was instrumental in moving our journal, *Clinical Lactation*, from an idea to a reality. She remains involved in the journal as an associate editor. Barbara also initiated, planned, and executed our successful educational webinar program, including innovative full-day online conferences and class series. Perhaps most notably, Barbara served as conference chair for our highly successful inaugural conference in St. Louis.

We will miss Barbara's insights and perspectives, her hard work and dedication, and her creative approach to education for the IBCLC. We are grateful for all she has done for our professional association and for IBCLCs, and are thankful that she will remain involved as a member. Thank you, Barbara!



Laurie Beck



Barbara Robertson

## Welcome Back, Laurie Beck!

Laurie Beck, MSN, RN, IBCLC, RLC, has graciously accepted our invitation to step into the Director of Education role to finish out Barbara's term. Laurie Beck has been an RN since 1984, received her Masters Degree as a Pediatric Nurse Practitioner in 1988, and focused on Maternal Child Health for her entire career. She became certified as an IBCLC, of which she is very proud, in 1999. Eutie Burnett was her mentor. Presently, Laurie works full time at Driscoll Children's Hospital as an IBCLC and also maintains a private IBCLC practice. Laurie is an adjunct faculty member for Texas A & M University Corpus Christi Nursing Program. She was on the original founding USLCA Board of Directors and served for six years. She is excited to be returning as she believes in the mission and vision of USLCA.

## New and Improved from the Lone Star State!

The Health Care Provider's Guide to Breastfeeding mobile app is now available on **both** the iPhone and Android platforms. This clinical resource for physicians, nurses, dietitians, and other health care providers can be downloaded at the following links:

[Google Play Store](#)

[iTunes App Store](#)

Please note that previous content has been expanded with this update. The application provides best practices and guidance on lactation assessment, drug interactions, and treatment of common maternal and infant conditions as well as resources for training staff and improving hospital maternity care practices. Content includes the following:

- Top Ten Issues
- Index of Conditions
- Evidence and Recommendations
- Resources
- Lactation Diagnosis Codes
- Data and Statistics
- Reference citations and quick links to journal articles, CME courses, and patient resources

### Features Include:

Keyword Search - for fast access to relevant content

Notes & Bookmarks – highlight key content and/or bookmark it for future reference

Voice Notes – use voice dictation to take notes and save for easy reminders or references

Sharing - involve your colleagues by sharing notes and comments via email

No internet connection is required.

Reviews of the mobile app are encouraged, and can be posted in both the iTunes App Store and Google Play Store.

If you have any questions or require additional information, contact USLCA member Veronica Hendrix, LVN, IBCLC, RLC, at: [Veronica.Hendrix@dshs.state.tx.us](mailto:Veronica.Hendrix@dshs.state.tx.us) or 512-341-4592.

**Members:** Do you have a favorite breastfeeding-related app that is non-commercial and non-proprietary? Perhaps there is an app that you recommend to families, or one that you as a professional find useful. Please share with us at [info@uslca.org](mailto:info@uslca.org) so that we can share with your colleagues. Thanks!

# Focus On Marketing

**Debi Ferrarello, MSN, MS, IBCLC, RLC**

This has been a great month for our profession in terms of recognition and validation for our credential. The American Public Health Association called for increased numbers of, diversity among, and access to the IBCLC in its newly published [Update to a Call to Action to Support Breastfeeding: A Fundamental Public Health Issue](#) (see related article in this issue of eNews). The California WIC Association called for "Health plans and independent physician associations (IPAs) should provide in-person visits with International Board Certified Lactation Consultants (IBCLCs)" in their [recommendations for the future](#). And three recent studies published in highly respected peer-reviewed journals specifically looked at the importance of the IBCLC in breastfeeding initiation, duration, and perceived value to mothers themselves **(2014, Bonuck, K, Steube, A, Barnett, J, Labbok, MH, Fletcher, J, & Bernstein, PS. *Effect of Primary Care Intervention on Breastfeeding Duration and Intensity*; *American Journal of Public Health*: 104(S1); 2014, Teich, AS, Barnett, J, & Bonuck, K. *Women's Perceptions of Breastfeeding Barriers in Early Postpartum Period: A Qualitative Analysis Nested in Two Randomized Controlled Trials*. *Breastfeeding Medicine*, 9(1), Mary Ann Liebert, Inc. DOI: 10.1089/bfm.2013.0063.)**

Dr. Ruth Lawrence highlighted the importance of the IBCLC in her editorial in the current issue of *Breastfeeding Medicine*. She discussed the article by Teich, et al., in which mothers talked about their perceptions. The authors of that study discussed that, "the value of an IBCLC explaining normal milk supply in the first few days was most important in avoiding formula. In each scenario, the mothers felt that it was the IBCLC who came to the rescue and found a solution to the problem. The authors concluded that the IBCLCs provided accurate information, strengthening the benefit and feasibility of breastfeeding, and, second, that they provided the support and encouragement in the actual performance of breastfeeding." Dr. Lawrence stated that, "as hospitals look at their resources and priorities in order to meet the Joint Commission mandates to provide breastfeeding support postpartum, the extreme importance of the first few days and the consistent availability of IBCLCs is once more confirmed." **(2014, Lawrence, R. editorial, *Breastfeeding Medicine*9(1), Mary Ann Liebert, Inc. DOI: 10.1089/bfm.2013.0063.)**

These documents, studies, and publications provide wonderful opportunities for the IBCLC in every practice setting to highlight her credential. Referral sources and clients deserve to know that the [IBCLC makes the difference](#). The IBCLC is the only lactation professional that can be counted on to have both many hours of classroom learning *and* clinical experience. The IBCLC is prepared to set policy, create supportive environments, and help individual families meet their breastfeeding goals.

How is this your marketing edge? There are so many ways! Some examples: A tagline on your professional email signature and business card...A "Why an IBCLC" page on your website...A brief explanation on your brochure...Sharing relevant Facebook posts from the USLCA website on your own professional site. Highlighting that the IBCLC is the credential with evidence to support its effectiveness and proudly sharing that attaining the credential requires educational coursework and clinical experience similar to many other health care professions is important for every IBCLC. It is important for your practice, for our profession, and for the health of our nation.

# Are You READY For More Insurance Industry Change?

## ICD-10 is COMING SOON!

Pat Lindsey, IBCLC, RLC

On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and patient procedures will be replaced by ICD-10 code sets. This will be major transition to the new International Classification of Diseases (ICD)-10 coding system. ICD coding system is the standard diagnostic tool tracking epidemiology, health management and clinical diagnoses. It is used to classify diseases and health problems to create vital statistic records including death certificates and health records. These vital records also provide the basis for the collection of national mortality and morbidity statistics by World Health Organization (WHO) Member Countries. They are also used for healthcare reimbursement and resource allocation decision-making.

ICD-10 was endorsed by the World Health Assembly in May 1990. Most all countries around the world have been using ICD-10 for the past decade or more. Due to the cost of implementing the ICD-10, the United States several times has pushed back their date for mandatory implementation, but Dept. of Health and Human Services is firm that it becomes mandatory on October 1, 2014. Medicaid, Medicare and all private healthcare insurance are already accepting claims with ICD-10 coding and will stop accepting ICD-9 on October 1, 2014.

What does this mean for IBCLCs in private practice or outpatient clinics? They will have to begin using ICD-10 on their billing receipts or lactation superbills. ICD-10 is not a revision of ICD-9, but a complete set of new and expanded codes. To learn more about ICD-10 click [here](#).

On the following page are a few examples of changes from ICD-9 to ICD-10 for some of the most common lactation ICD coding.

ICD-9	ICD-10
779.31 Feeding difficulties newborn	<p>P92.5 Neonatal difficulty in feeding at breast</p> <p>P92.8 Other feeding problems of newborn</p> <p>P92.9 Feeding problem of newborn, unspecified</p>
783.3 Infant Feeding Problem (over 28 days old)	R63.3 Feeding difficulties/Feeding problem (elderly) (infant) NOS
750.0 Ankyloglossia/Tongue-Tie	Q38.1 Ankyloglossia -Tongue Tie
675.04 Infection of Nipple Postpartum/Abscess of nipple	O91.03 Infection of nipple associated with lactation/Abscess of nipple associated with lactation
676.04 Dimpled/Folded/Crevised Retracted Nipple Associated With Childbirth, Postpartum Condition Or Complication	O92.03 Retracted nipple associated with lactation
676.44 Agalactia (No Milk) Failure Of Lactation, Postpartum Condition Or Complication Agalactia	O92.3 Agalactia; (No Milk) Failure Of Lactation
676.54 Suppressed (Reduced) - Suppressed Lactation, Postpartum Condition Or Complication	O92.5 Suppressed lactation
V24.1 Postpartum care and examination of lactating mother; Supervision of lactation	Z39.1 Encounter for care and examination of lactating mother; Supervision of lactation



# Scheduled Webinars

## Supporting Families in Milksharing as an IBCLC

with Amber McCann, IBCLC, RLC

February 26, 2014

More information on this webinar can be found [here](#). [Register today!](#)

[Learn More!](#)



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

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

**Accreditation:** All continuing education credit is based on a 60-minute hour. As of May 1, 2012, USLCA Webinars are approved by the USLCA as an approved provider of Continuing Education Recognition Points (CERPs) with the International Board of Lactation Consultant Examiners. Approval Number CLT112-01.

**Have Questions?** Check out the [Webinar FAQ](#) page for answers to your questions. If you have other questions, please email [info@uslca.org](mailto:info@uslca.org) or call the USLCA office at 919-861-4543.

## 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](mailto:marketing@uslca.org) and we will take it from there.

### Connect with us!

Click the Facebook and Twitter boxes below to join the conversation and stay up-to-date.



2501 Aerial Center Parkway, Suite 103 Morrisville, NC 27560 919-861-4543 [info@uslca.org](mailto:info@uslca.org)

## Infant Formula Additives Are of Little Benefit

A report commissioned by the European Food Safety Authority (EFSA) and conducted by Pallas Health Research & Consultancy found that infant formula fortified with ingredients such as prebiotics, probiotics, nucleotides, cholesterol, selenium, and DHA provides no clear benefits as compared with formulas lacking these components. Parents pay premium prices for ingredients that have been shown to do little to improve the recipient infant's health or development. The report also showed that there was no evidence that formulas for toddlers (follow-on formula) were necessary. This is a welcome piece of evidence as so much of industry sponsored research has clouded the quality of evidence in this area. This report will help counter formula company marketing efforts and clarify for policy makers, healthcare providers, and parents that infant formula hype regarding additives is misleading. The entire report can be accessed [here](#).

## American Public Health Association Issues Powerful Policy Statement on Breastfeeding Support and the IBCLC

The American Public Health Association (APHA), an association with over 25,000 members, recently published an Update to a Call to Action to Support Breastfeeding: A Fundamental Public Health Issue. This policy statement identifies that while small gains have been made, breastfeeding rates still fall far short of national goals. Specific issues such as access to care provided by the IBCLC, the need for insurance coverage for IBCLC care to make the comprehensive education and training of the IBCLC attainable, reducing disparities both in those providing and receiving lactation care, maternity practices that support exclusive breastfeeding, and ethical marketing practices on the part of industry are addressed in the statement.

The document acknowledges that the requirements for the IBCLC can be time consuming, expensive and rigorous, yet states that (while) "this training can be costly, the breadth of the classroom and clinical work required for certification results in improved outcomes; indeed, IBCLCs have been shown to improve breastfeeding as well as health outcomes" (2013, APHA Policy Statement). The policy statement also expresses concern that the relative low cost and easy path to a lesser credential may result in an increased number of lactation professionals who do not have the depth of knowledge and experience of the IBCLC, thus contributing to disparity in access to those professionals most qualified to provide assistance when the breastfeeding challenges are complex. This voices a powerful response to a complaint that is too often aired.

The policy statement closes with seven action steps, one of which is insurance coverage, including Medicaid, for IBCLC services. USLCA members are encouraged to read the entire [Policy Statement](#) and write letters of thanks to the association for its recognition of the contribution of the IBCLC to reaching national breastfeeding goals, as well as helping the 60% of mothers who do not meet their own breastfeeding goals.

## FDA Requests Comments on Updated Requirements for Infant Formula

An interim final [rule](#) has been [published](#) by the Food and Drug Administration (FDA) for infant formulas. The interim final rule amends the FDA's quality control procedures, notification, and record and reporting requirements for manufacturers of applicable infant formula products. The rule, in part, will ensure that infant formula contains all federally required nutrients. It also establishes current good manufacturing practices specifically designed for infant formula, including required testing for microbial contamination, and establishes quality factor requirements to support healthy growth. This microbial testing includes testing representative samples of finished products to prevent the distribution of infant formula products contaminated with the pathogens *Cronobacter* and *Salmonella*. The rule is accompanied by two draft guidance documents for industry. The FDA is [accepting comments from the public here](#) on the interim final rule until March 27, 2014. [Read the press release here](#).

## ICD-10 Lactation Visit Receipt, a professional receipt of lactation services, a "lactation superbill"



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Professional  
Excellence  
for the IBCLC

ICD-10 compliance becomes  
mandatory 10-1-2014

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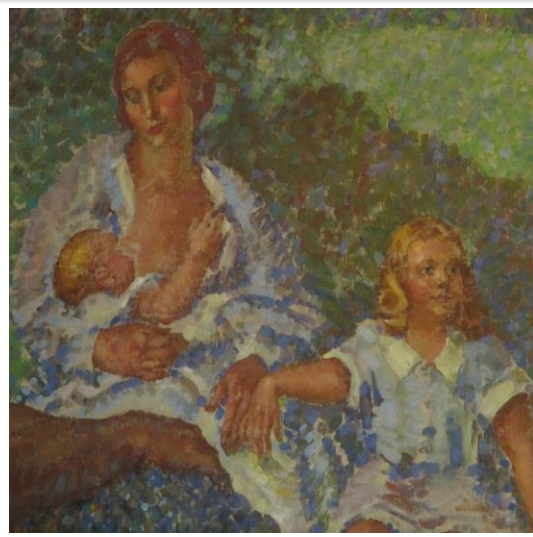


# USLCA's Advocacy Efforts



One very important benefit of your USLCA membership that might often be overlooked is that the USLCA is continuously representing you and raising awareness of the IBCLC with policy makers and elected officials. Meetings with state legislators and lobbying visits to various state capitols are essential to advancing the IBCLC credential. The USLCA's advocacy efforts are constantly going on, many times behind the scenes, to help each of you have a more prosperous career as an IBCLC. Remember that the USLCA takes great responsibility in being a strong voice for our members!

Just recently, USLCA Licensure & Reimbursement Committee Chairwoman Judy Gutowski, BA, IBCLC, RLC, represented the USLCA in a meeting with Rich Fitzgerald, County Executive for Allegheny County in Pennsylvania; Dr. Karen Hacker, Director of the Allegheny County Health Department; and Bobbi Patrizio, Chief of Maternal and Child Health for the Allegheny County Health Department. Judy discussed the benefits of breastfeeding, the role of the International Board Certified Lactation Consultant (IBCLC), the rates of breastfeeding in PA and Allegheny County, the Call to Action by the U.S. Surgeon General on breastfeeding, the need for professional licensure of lactation consultants in PA, and how breastfeeding can help combat the increase in childhood and adult obesity as well as asthma – which are all important issues in Allegheny County. With over 1,200,000 residents, Allegheny County, with its county seat in Pittsburgh, is the second most populous county in Pennsylvania.



Directly outside Allegheny County Executive Rich Fitzgerald's office in the Allegheny County Courthouse is a large mural titled "Peace" which features a mother breastfeeding her child. A local artist, Vincent Nesbert, was commissioned in the 1930s through the Federal Works Progress Administration's Public Works of Art Project for "Peace" and four other murals above the grand staircases in the Allegheny County Courthouse.

## Continued Advocacy

The USLCA Licensure and Reimbursement committee continues to advocate for the IBCLC throughout the country.

We currently have several states preparing for introduction of licensure legislation including Pennsylvania, New York, New Jersey, Minnesota. The Georgia Bill was already introduced and is under review. There are additional states still at the inquiry phase of licensure work including Maryland, Colorado and Delaware that are actively working on the issue none-the-less.

We are also relentlessly pursuing both private insurers, and Medicaid at the state and federal level, to educate about the need for lactation services for mothers and infants and the qualifications of IBCLCs to provide this service.

Be on the lookout for the launch of our new website devoted to educating the public and other stakeholders about breastfeeding benefits and the need for breastfeeding support in the healthcare system. The site will include evidence showing the need for licensure and reimbursement of IBCLCs.

## USLCA Well-Represented at United States Breastfeeding Committee Meeting January 24-25, 2014

While Laurie Beck is our official representative to the United States Breastfeeding Committee (USBC), USLCA actually had four members of the Board of Directors in attendance. While the others may have been there wearing different hats, you can be sure that their highly-tuned ears were listening for everything that could potentially impact our profession and that their passionate voices were ready to speak up for the IBCLC! Here are some nuggets of information from the meeting

Larry Grummer-Strawn, with Centers for Disease Control and Prevention (CDC) reports that the United States Congress awarded \$8 million for breastfeeding programs. The 4<sup>th</sup> mPINC Survey will close in late March of 2014. *Encourage your hospitals to reply to the survey if they have not done so.* Best Fed Beginnings Project is in its 3rd year with 32 of the 89 hospitals in final stages of becoming Baby Friendly Hospitals. CDC has changed their methodology for data collection to include cell phones and land lines to gather data for statistics.

USDA received \$60 million for WIC and Peer Counselor program. WIC is turning 40.

USBC finalized and approved a Mayors/Governors Guidance Report regarding the World Health Organization International Code of Marketing Compliance. Goal is to have document disseminated to government officials to use as a guideline.

What you need to know about the “Break Time for Nursing Mothers” Law – user friendly guide is available on the USBC [website](#). Please forward to mothers and employers.

USBC’s 2014 Coalition Conference will be August 2-4, 2014 at Crystal Gateway Marriott and new name will be “National Breastfeeding Coalitions Conference”. Theme: Transforming Barriers into Bridges: Cultivate your Community Leadership. Objectives: Develop leaders with knowledge and skills in coalition building, provide forum for sharing/exploring best practices. USLCA will be there representing YOU, our members!

Laurie Beck, USLCA Representative

Liz Brooks, USLCA Alternate Representative

Also in attendance:

USLCA Board of Directors present at the meeting:

Marsha Walker – NABA Representative

Sylvia Edwards – Southeast Regional Representative

## African American History Month

February is African American History Month, Secretary Kathleen Sebelius issued in a [statement](#) in celebration of African American History Month which highlights the Department of Health and Human Services (HHS) [Plan to Reduce Racial and Ethnic Health Disparities](#). She also renewed the HHS pledge to ensure that every child in the country has the chance to live a healthy life and reach their full potential. While breastfeeding and IBCLCs are not specifically mentioned in the document, it does call for increased education, support, and in-home services for pregnant and new mothers, programs to reduce childhood obesity, and increased emphasis on prevention. Also addressed in the document are statements related to diversity in healthcare providers and access to care. The statement leaves the door wide open for programs that promote and support breastfeeding and for access to the IBCLC. The American Public Health Association has published a new Infographic entitled [Public Health Takes on Obesity](#). Breastfeeding is included as a preventative measure.

## Confusion regarding the Affordable Care Act

The Affordable Care Act, while a welcome boost for breastfeeding, is unfortunately vague in its requirements. As the Department of Health and Human Services issued no guidelines for the implementation of the breastfeeding portions of the law, insurers were left to their own devices to figure out how they would comply with the new regulations. Lack of clarity has also caused some confusion within the breastfeeding community regarding coverage for lactation care and services. The National Breastfeeding Center has offered clarification and interpretation in a document that can be found [here](#).



## Check out our new Facebook Page, [Breastfeeding Talk With USLCA!](#)

### USLCA Board Of Directors and Staff

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