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Letter From The President

I was fortunate enough to be with some friends on July 4th in Austin, Texas. Tradition dictates that when in Austin on July 4th you must listen to Willie Nelson. While sweating profusely and trying to look cool and collected, nostalgic thoughts came rushing in. I thought about Hellen Sullivan, a friend and colleague well known in Texas for breastfeeding education and training.

Hellen could make even the most boring areas of training seem like fun. I always wanted to hear her opinion about the latest and greatest innovations in lactation management and breastfeeding tools. Once I asked her how she knew some trivial piece of information. She looked at me quizzically and said, "Well you have to read the **whole** book." She never missed any new update or pertinent information. There were always the resistant attendees in her training sessions who left wanting to know how to become a lactation consultant. Her passion was contagious.

USLCA is committed to growing and increasing the diversity in our profession. Specifically, diversity related to ethnicity and age. We have traditionally been a middle-aged, white woman demographic. For this profession to continue to progress, we must begin to address this issue. Educating ourselves on cultural sensitivity is timely. Former Surgeon General Regina Benjamin's Call to Action to Support Breastfeeding calls for immediate action steps for increasing diversity among IBCLCs so that we mirror the population. USLCA has strategic goals to increase access to mentoring for all interested candidates. Individual IBCLCs can make an immediate difference. If you have never considered mentoring, think again. Mentoring is personally and professionally rewarding, providing the opportunity to affect future generations of the IBCLC as well as mothers and babies. Resources are available to help you get started [here](#). Most of us have a passion and desire to ensure the profession moves forward with younger people and a more diverse population. Think creatively to afford the opportunity for others to pursue our passion and leave a lasting legacy like Hellen.

As you may know, ILCA will be meeting in Melbourne, Australia. Being in Melbourne sounds like heaven with temperatures in the 40's. If you have the opportunity to attend the conference, please keep your USLCA colleagues apprised of the happenings via Facebook or Twitter. I know it will be an exciting and refreshing time for those lucky enough to attend. Until next month,

Alisa Sanders RN,IBCLC,RLC

Have you visited USLCA's new [website](#)? We have taken "Find a Lactation Consultant" to the next level just for you, our members. Log-in to the site using the same user name and password that you use for ILCA's site. Once you are "in", you can now add valuable information to boost your visibility to potential clients. You can link to your own website, and feature any additional languages you speak or insurance companies that you work with. Only material that you add will pull through to the site for mothers to see. In other words, there is only mention of a website or insurance participation if you add the information. No gaping holes or glaring omissions. So take this opportunity to add information about your practice. **If you *don't* have a website for your practice, maybe this opportunity will be the little push you need.** New mothers are online and you want them to find YOU!

**Check out our new
Facebook Page,
Breastfeeding Talk
With USLCA, too!**



Remember that famous old quote, "To tweet or not to tweet? That is the question!" Ok, so I may have rephrased it a bit, but if you find you've asked yourself that once or twice, have no fear- [Twitter](#) can be your friend. It can open you and your IBCLC practice to a whole new world. It can connect you in real time with topics of interest all over the world. It can keep you present (in real time) with what is happening at conferences and events you wouldn't normally have access to and it can help to spread an important message or call to action within seconds. The best part is- it's FREE. If you are not currently utilizing Twitter, you are missing out on a wonderful chance to share, network, learn and engage with colleagues, organizations and clients alike. More importantly, you are missing the opportunity to market your business and the IBCLC profession. The possibilities of its use and reach are endless.



A quick Twitter lesson of some basic terminology:

Tweet- a brief message or callout that you want to share

Hash tag- Essentially what we used to call the "number or pound sign" (#) back in the old days! Adding this symbol and combination of special words in a tweet allows you to pull all the tweets that include the hash tag and topic of interest in one spot. For example, USLCA used the combination #USLCA13 for this year's conference in St. Louis and collected every tweet used by attendees in one place. If you didn't attend the conference, you could still learn about all that happened from those that were there. Using the hash tag is a great way to direct people to a certain topic.

At- sign- looks like this @, and using that before your Twitter handle (name you've chosen) sends a call-out to whoever you are tweeting about. For example, @USLCA is how you would tweet about this professional organization. When you include this in your tweet, USLCA is alerted that someone has mentioned them.

Retweet- When someone reposts something you've tweeted; quotes your tweet directly, for the purpose of sharing among their followers.

Twitpic- adding a photo to your tweet.

There is some basic information to know when using Twitter. When you create a tweet, you only have 140 characters that can be used to get your message out, so tweet efficiently. Fortunately, a running total is visible so you know when you've hit the max and incorrect spelling IS encouraged in order to facilitate keeping it brief. Because space is limited, it is also important to know what to do when you want to include a URL in your Tweet. There are services that "shrink" the link down to a more twitter-friendly size. Just place "shrink URL" in your web browser and you'll be directed to several options that will work just fine.

If you are looking for a new way to market your private IBCLC business or want to announce some news or advertise a new service, consider hosting a Twitter party! Twitter parties are virtual parties that you invite guests to at a designated time to meet and discuss the news or topic at hand. A hash tag is assigned to the event, again to direct the discussion among those particular attendees. Utilizing services like [TweetDeck](#) during the party makes organizing all the incoming tweets really easy to follow. Other hosting services are available to help plan and develop the party if you are launching something really big! The parties usually last a few hours and can be held at any time of the day, although keep in mind work policy regarding cell phone/ social media use for some which may limit your attendance.

So what are you waiting for? Give it a try-you've got nothing to lose. Just think of a great Twitter handle- maybe the name of your practice or something that describes you- and join the millions of us that have already begun to engage with each other virtually. Happy Tweeting!

By the way-Check me out on Twitter! [@thebusynest](#)

Scheduled Webinars

Breastfeeding Without Birthing

with Alyssa Schnell, IBCLC, RLC

August 26, 2013

More information on this webinar will be available soon! [Register here.](#)

[Learn More!](#)

Breastfeeding The Late Preterm Infant: The Great Impostor

with Marsha Walker, RN, IBCLC, RLC

September 13, 2013

More information on this webinar and registration found [here](#).

Critical Information: Mother/Baby Assessment

with Lisa Marasco, MA, IBCLC, FILCA, RLC Beth Myler, BSN, RN, IBCLC, RLC & Alison Hazelbaker, PhD, MA, IBCLC, RLC

September 27, 2013

More information on this webinar will be available soon! [Register here.](#)

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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Baby-Friendly Bedside Care for Low- and High-Risk Infants: A Shared, Sustainable, Proactive Model

with Jane Morton, MD

October 30, 2013

More information on this webinar will be available soon! [Register here.](#)

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

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

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 and we will take it from there.

[The Milky Way](#): Every Mother Has A Story

Chantal Molnar RN MA IBCLC RLC

Every mother has a story. Have you ever listened to mothers talk about their nursing experiences? Because nursing a baby is such a deeply felt experience, one that affects us profoundly on every level possible, it becomes part of who we are. Our nursing story becomes OUR story.

When I was in graduate school, I did a study on moms who breastfed their babies. I wanted to determine how important this life event was to them. I went into the study with the thought that it was significant and that women would want to talk about it. What I did not realize is **how** much nursing meant to them - and the kind of detail that they remembered. I included two elderly women, one in her 70s with eight children and one in her 80s with five children. These lovely mothers gave such intricate details about each and every child they nursed. It was truly amazing. Many mothers in the study expressed regret when they spoke of following their doctor's advice to give formula. Each one spoke with heavy emotion, as if it was happening in the present.

Why is this important? For us as lactation professionals, it is essential that we recognize that women heavily identify with how they feed their babies. When a woman asks for help, it is important that we approach them as a guide, and helper; to assess the problem and determine, with the mother, how she feels most comfortable solving the issue. I have heard so many complaints from mothers online, in "anti-breastfeeding" pages and groups, that the LC did not listen to her, did not seem concerned with whether or not the solutions fit into her life style and just kept saying, "It will get better. Just stick with it." In some of these cases hypothyroidism or tongue-tie was missed and other solvable problems were not addressed. This kind of situation leaves mothers embittered and angry toward LCs and breastfeeding. They become very defensive that we in the breastfeeding community are judging them for formula feeding. Spend some time on the [Fearless Formula Feeder's Facebook page](#) and you will get a heavy dose of angry and defensive. In our zeal to encourage breastfeeding, the mother's story may get overlooked; her voice silenced.

Far more frequently it is hospitals, doctors and nurses, who are not versed in the importance of breastfeeding, that do major damage. Labor and birth procedures, like excessive IV fluids, separation, even for a short time after birth, and many other seemingly benign routines, undermine the majority of women who want to breastfeed. Their stories can be heard in many of us, who became lactation professionals, to help others avoid similar, and all-too-common, pitfalls.

Jennifer and Chantal, producers of [The Milky Way](#), are passionate about empowering mothers. We want women to have accurate information about their bodies and their babies. *The Milky Way* reveals the real power vested in women's bodies and how that affects their babies - even the tiniest of preemies. One of the primary goals for the film is to assure women that they have the tools they need to trust their instincts, and to know that each mother is truly the expert regarding her own baby.

Nursing is a normal, ordinary yet extraordinary, experience; one which will become the story of every mother's life. We want to help make it the best it can be.

We'd love to hear your comments and input.



Let USLCA know what you think via [email](#), [Facebook](#) or [Twitter](#).



Model Policy: Payer Coverage Of Breastfeeding Support And Counseling Services, Pumps, And Supplies

The Affordable Care Act requires coverage of preventive health services for women including “breastfeeding support, supplies, and counseling.” This is defined as “comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.” These preventive services must be covered in conjunction with each birth, beginning in the first plan year (in the individual market, policy year) that begins on or after August 1, 2012. While this has been an important benefit for breastfeeding mothers, few guidelines exist for how insurers are to implement these requirements. Insurers have little experience in covering lactation services, which without guidance has resulted in spotty coverage and the issuance of inappropriate breast pumps. The inconsistency in coverage of lactation services (often by unqualified providers), untimely delivery of care, or inappropriate equipment has resulted in mothers left without access to the level of care that they need.

The US Breastfeeding Committee and the National Breastfeeding Center have jointly written guidelines that identify best practices for payers. Readers are encouraged to share these guidelines with insurers in your state, as well as with mothers who are experiencing difficulty in obtaining needed care and services. To access the guidelines see [here](#).

Editorial regarding the Model Policy for Payer Coverage for Breastfeeding Support

Many of us have felt disappointed by the lack of specific language in the Model Policy endorsing coverage for services provided by an IBCLC. We know that when a mother is struggling to overcome breastfeeding challenges, an IBCLC is the health care professional most likely to have the experience, education and background she needs to succeed. We want mothers to have access to our care and to benefit from our unique qualifications. At first glance, the Model Policy does not specifically endorse coverage for IBCLC care.

Unlike USLCA, the mission of the US Breastfeeding Committee and the National Breastfeeding Center is not to promote the IBCLC, but rather to promote and support breastfeeding. We were well represented and, as experts in breastfeeding care, had considerable input into the document. However it was not without challenges from those who seek to blur the distinction between the IBCLC and all of the other combination of letters. Yet, to protect mothers and babies and recommend that they receive the most appropriate care, the model policy uses language that is familiar to payers. What does the model policy say? It recommends coverage for non-licensed providers “who have individual certification awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies (NCCA) and the Institute for Credentialing Excellence (ICE).” And who fits that description? The IBCLC.

Here are some other points to keep in mind, as offered by Liz Brooks, JD, IBCLC, FILCA, ILCA's president and USBC Board Member:

(1) This is a Model Policy for private insurers, encouraging them to do what we IBCLCs want them to do. Bear in mind ... this only covers 20% of the insurance-carrying population. 30% have self-insurance; ACA rules for self-insured entities are different. And 50% of American women of child-bearing age are Medicaid-eligible.... Medicaid rules at the federal and state level DO require licensure...IBCLCs have little leverage to "make" private insurers reimburse our care; this Model Policy is the argument for why that is a very good idea. (editor's note-This is one reason why we are fighting for licensure!)

(2) The Model Policy was drafted specifically to encourage that IBCLCs, if they do not have some other licensure, are appropriately reimbursed. The IBCLC STANDS APART from other breastfeeding helpers without a license precisely because of the public-safety-protecting requirements under a certification process that is awarded by an independently-accredited organization. This is exactly what IBLCE does for IBCLCs. See the language on page 5.

(3) Healthcare practices have, for years, allowed for reimbursement if it is offered "incident to" the care provided by an MD. That is how many non-RN IBCLCs have been able to cobble together reimbursement before ACA. This Model Policy simply mentions what already occurs, and may continue to occur.

The Model Policy does not have everything we want. But it lays a strong foundation for reimbursement for IBCLC services and sets "best practice" guidelines for insurers seeking direction as to how to comply with the new law. Ultimately, both families and the IBCLC profession have much to gain.

From Our Colleagues At The US Breastfeeding Committee National Breastfeeding Month Webinar: Action for the Summer Recess

During August, members of Congress will be home in their districts to hear the priorities and concerns of their constituents. It is critical that we use this opportunity to elevate the importance of policies and programs that support breastfeeding and to educate legislators on the importance of maintaining resources for breastfeeding support. [Join the USBC, MomsRising, National Partnership for Women & Families, and National WIC Association](#) on August 8 from 2:00-3:30 p.m. ET, to learn about action YOU can take this National Breastfeeding Month to support breastfeeding families. This webinar will provide key information and resources that individual and organizational advocates can use at this critical time, including:

- Discussion of the latest developments on breastfeeding-related legislation/policy from Capitol Hill and Washington DC;
- Talking points and messages that lift up the importance of policies and programs that support breastfeeding;
- Outreach tools and materials to use during the August recess to educate legislators.

To register see [here](#).

Breastfeeding Messaging Webinar, from WKKF

Effective messaging is critical to advancing your organization's goals and affecting change at the community or systems level. Join the W.K. Kellogg Foundation on Tuesday, July 30 at 12 p.m. ET for a "Let's Talk Breastfeeding" webinar to learn about recent qualitative and quantitative research to inform breastfeeding messaging. To register see [here](#).

Guidelines For The Care Of Late Preterm Infants

The Multidisciplinary Guidelines for the Care of Late Preterm Infants from the National Perinatal Association is now available as a free download from the Journal of Perinatology [here](#). Breastfeeding and care by the IBCLC are prominent and important aspects of the guidelines. The guidelines provide a methodical approach to the evaluation and management of late preterm neonates supported by 118 current references. This offers an important addition to the clinician's toolkit.

Insufficient Milk: The Insulin Connection

Insufficient milk (real or perceived) persists as the major reason for the early abandonment of breastfeeding. Researchers are looking at insulin dysregulation as a contributing culprit. Previous research has shown that mothers with markers of sub-optimal glucose metabolism, such as overweight or obesity, advanced maternal age, or having a large for gestational age baby took longer to experience lactogenesis II, the milk coming in. This suggested that insulin might have a more important role in lactation physiology than previously thought. Using a non-invasive method to corral mammary gland RNA (chains of molecules that serve as blueprints for making specific proteins), a picture developed of an exquisite orchestration of genes being turned on and off during each phase of lactation--colostrum, transitional milk, and mature milk. One particular gene which is known to suppress intracellular signals that are usually triggered by insulin binding to its cell surface receptor may serve as a biomarker linking insulin resistance with insufficient milk supply.

Since insulin signaling in the breast has proven to be of significance, a clinical trial is being planned to see if a medication used to control blood sugar in type 2 diabetes might enhance insulin action in the breast and improve milk production. While prevention is always best, future research may hold the promise of some help for mothers and clinicians when all other interventions to improve milk supply have been exhausted. The full study is available for free [here](#).

Danielle G. Lemay, Olivia A. Ballard, Maria A. Hughes, Ardythe L. Morrow, Nelson D. Horseman, Laurie A. Nommsen-Rivers. **RNA Sequencing of the Human Milk Fat Layer Transcriptome Reveals Distinct Gene Expression Profiles at Three Stages of Lactation.** *PLoS ONE*, 2013; 8 (7): e67531
DOI: [10.1371/journal.pone.0067531](https://doi.org/10.1371/journal.pone.0067531)

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