



USLCA eNEWS

United States Lactation Consultant Association

December 2009

The challenges of change are always hard. It is important that we begin to unpack those challenges that confront this nation and realize that we each have a role that requires us to change and become more responsible for shaping our own future.

—Hillary Rodham Clinton

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From the President Laurie Beck, RN, MSN, IBCLC, RLC Passion Keeps Us Going

“If you want to go quickly, go alone. If you want to go far, go together.” —African proverb

The holiday season is upon us and another year is behind us. As I reflect upon the year I often wonder how I got to where I am today. I did not plan 25 years ago to be an IBCLC. Somehow my career has just evolved. I am grateful everyday for my education, my family and friends, and my health. I cannot imagine a career for me that does not involve mothers and babies on a daily basis. What keeps us going everyday is our passion. I do believe in what I do. I do believe I am making a difference. I do believe that together through USLCA amazing things are happening. USLCA continues to grow larger each day as new members join and new chapters sign on. Enjoy your newsletter. Share it with a friend or colleague. Post in the lounge at work. We need to let others know who we are and what we are doing.

Laurie Beck, RN, MSN, IBCLC, RLC
USLCA President



Not sure what to get your staff or fellow IBCLCs for the Holidays?

USLCA has provided you with a unique opportunity to keep yourself organized at work, at your children’s activities, and at home with this stylish clipboard. Professional and clean, this clipboard will not only keep you organized but will show your support for a *nationally recognized organization*, **USLCA**. This clipboard comes with:



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For more information contact Scott Sherwood at:

ExecutiveDirector@uslcaonline.org

NEWS FROM THE USLCA BOARD OF DIRECTORS

Call for Committee Members: The USLCA Nominations committee is actively seeking members to serve on the USLCA Nominations Committee. The nominations committee is chaired by the immediate past president of the Board of Directors. The qualifications, term, and duties are as follows (from USLCA PPM):

Minimum Qualifications –

- **USLCA** Voting Members
- Must be member of **USLCA** in good standing for at least two years
- Must be an IBCLC
- Demonstrates teamwork skills
- Has been involved in regional or national networks and is well connected with **USLCA** members geographically

Term of Office: One year and may be extended yearly at the discretion of the Committee Chair

Duties

- Maintain confidentiality of all **USLCA** Board of Directors' and Committee communications.
- Participate in Committee communication via email and/or telephone.
- Plan to respond to email within 72 hrs or by alternative deadline if provided.
- Notify the Chair as far in advance as possible prior to a planned absence of more than five days. This is particularly important during December and January.
- Attempt to find appropriate nominees for the ballot before November 15th to ensure at least two weeks for the nominee to complete the application questions, before the Nomination deadline, November 30th
- If able to attend the **USLCA** July conference, circulate with the delegates and encourage nominations and possibly meet with the committee as organized by the chair.
- Communicate with as many individual members as possible within circle of colleagues and encourage colleagues to assist in finding suitable nominees.
- Communicate with local Chapter board members and/or past local Chapter board members to recommend suitable nominees.
- Approach individuals who express interest; ensure they have a copy of the Nominations Form and respective job descriptions, as provided by the Chair (and available from the website)
- Once the relevant materials are provided by the Chair, review and score each nominee based on the selection criteria. For security reasons the completed chart for scoring must be communicated confidentially to the Nominations Committee Chair.
- As needed, participate in Committee discussion until a consensus has been reached regarding the final slate of candidates to be presented to the Board for approval
- Follow additional security protocols deemed necessary by the Board or the Committee Chair
- Participate in the evaluation process held after the final ballot has been approved by the board
- Encourage colleagues to vote on line and/or by mail

If you are interested in serving on the nominations committee, please contact Scott Sherwood at ExecutiveDirector@uslcaonline.org.

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. Visit our website at www.uslca.org.

For questions, contact:

USLCA

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99 Hudson Street 12th Floor
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USLCA WEBINAR NEWS

USLCA Monthly Webinars Continue! Barbara Robertson, Professional Development Director, has lined up more exciting, informative webinars for our members. BOD Secretary Karen Querna has made one-page flyers for upcoming webinars to copy and put on a bulletin board to entice your co-workers to sign up. See pp. 9-11.

Webinars: Step By Step for the Techno Phobes Among Us!—Barbara Robertson, Techno Phobe, IBCLC

Are you a bit of a techno phobe? So I am! I did however participate in the October 2009 webinar with Marsha Walker. I was shocked at how easy it was. Here's how it worked:

1. Go to the USLCA website. (Even I can do that!)
2. You can register right through the website.
3. Go to "Educational Resources" on the side bar of our homepage. This will take you to the webinar choices.
4. Once you are on the educational page, and have made your choice, you can sign up for the webinar in a few ways. You can call 919-861-4543, or email ScottSherwood@uslcaonline.org, Executive Director for USLCA, to register, or you can use the **Click Here** button to sign up right then for that webinar. Scott is very kind. He is good at helping to reassure you if you have any questions, so don't hesitate to call. (He helped me!)
5. You pay during your registration process. Have a credit card handy.
6. You will then receive easy-to-follow instructions and log in information by email. It will tell you the speaker, the topic, the date and time. Don't forget, if you get confused, call Scott!
7. The emailed instruction gives you a link to copy and paste onto your browser, right before the webinar starts. You can go there a little early, to feel assured you are in the right place. This link takes you to our webinar hosting site and then you just follow the instructions for logging in. You can see the presentation on your computer. The presenter changes the slides as they are talking so you can just relax. You can either listen on your computer speakers with (that's what I did) or with ear buds, or you can call and listen on your telephone.
8. After the presentation, you can ask questions.

It really was easy! I was able to get CERPs and valuable information for our profession without even leaving my home! So, I encourage you to give it a try. There are some great topics coming up, take a look!

Did You Attend the CDC H1N1 Webinar, led by Katherine Shealy, MPH, IBCLC? Barbara Robertson Comments:

The CDC has two very powerful recommendations that can help promote breastfeeding and lactation support. They recommend mothers be separated by six feet from their babies at birth, if they are suspected of having the H1N1 flu. This recommendation of separation is strongly paired with the recommendation to have high quality lactation support to help those mothers express their breast milk as soon as possible, in the most effective way for their babies. They acknowledge the risks of formula feeding in their statement. They also stress, that as soon as mother is able to be with her baby, again, the best lactation support be available to get her baby to breast and transfer milk effectively. Kat points out that this is a time to push for proper IBCLC staffing in hospitals. As she says, "You have the ear of those who make these important decisions."

The other very important point is that parents want to protect their babies from this flu. Babies cannot be vaccinated until at least six months of age. What are parents to do? There are several things they can do.

1. Careful hand washing practices of all those coming in contact with their babies.
2. Control coughs.
3. **BREASTFEED THEIR BABIES!** This gives us a tremendous reason to share with parents to breastfeed. It is not a matter of, "Oh, they will be fine on formula." The CDC states that formula feeding increases the odds of getting the flu and breastfeeding **PROTECTS** the baby from getting the flu.
4. Finally, they suggest that all caregivers of babies get the H1N1 vaccination themselves.

Let's take these recommendations and use them to their full advantage and have even more mothers and babies breastfeed. [Click here](#) to see the PowerPoint presentation for that webinar.

DON'T FORGET TO PAY YOUR ILCA DUES BY DECEMBER 31, 2009, TO KEEP JHL COMING IN A TIMELY MANNER!

HEALTHCARE REFORM BILL AND BREASTFEEDING

Marsha Walker, RN, IBCLC, Director Public Policy

As most of you know, the healthcare reform bill is currently being debated in the Senate. It has been renamed as the Patient Protection and Affordable Care Act, with the complete text available at <http://democrats.senate.gov/reform/patient-protection-affordable-care-act.pdf>

The Senate bill contains a section on worksite support for breastfeeding mothers on page 1239 in Section 4207, added by Senator Jeff Merkley (D-OR).

An employer shall provide—

- a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk;
- a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.
- an employer shall not be required to compensate an employee receiving reasonable break time under paragraph (1) for any work time spent for such purpose.
- an employer that employs less than 50 employees shall not be subject to the requirements of this subsection, if such requirements would impose an undue hardship by causing the employer significant difficulty or expense when considered in relation to the size, financial resources, nature, or structure of the employer's business.
- nothing in this subsection shall preempt a State law that provides greater protections to employees than the protections provided for under this subsection.

This section was removed from the House version of this bill and has been the recent subject of two articles on the Internet, with employer groups already indicating opposition.

See a [Wall Street Journal blog](#) and an [article from Kaiser](#) on this topic.

Currently, 24 states have laws related to breastfeeding in the workplace, but they are not uniform or mandated, resulting in a haphazard approach to support for working mothers.

To demonstrate support for the inclusion of this provision in the healthcare reform act, USLCA has signed on as an organization to the letter from the American Academy of Pediatrics (AAP) sent to Senator Reid, Senate Majority Leader, in support of retaining the child preventive services mentioned in the bill, including the breastfeeding section. [Click here](#) to view the AAP letter.

USLCA has also sent Senator Reid its own letter, supporting the inclusion of the workplace support section and urging Senator Reid to retain it as the Senate debates the bill. [Click here](#) to read USLCA's letter.

Once the Senate has concluded its debate and offered its version of the bill, a committee will be formed of members from the House and Senate to reconcile both versions of the bill. During this time it will be important to demonstrate support for the retention of the breastfeeding provision. This will present an opportunity for advocacy. Stay tuned!

REMEMBER TO CHECK THE USLCA ADVOCACY PAGE FREQUENTLY FOR UPDATES ON THIS AND OTHER TOPICS OF INTEREST TO IBCLCS: www.uslcaonline.org/Advocacy.html

The Joint Commission Exclusive Breast Milk Feeding Core Measure – Implications for Practice—Christine Curto, BSN, RN, IBCLC, RLC, USLCA Joint Commission Liaison

In November, The Joint Commission (TJC) announced the anticipated release of a set of Perinatal Care core measures that TJC-accredited hospitals will be able to collect and forward to TJC beginning April 2010.

The five Perinatal Care core measures represent three domains of care: assessment/screening, prematurity care, and infant feeding. They are:

- Elective Delivery
- Cesarean Section
- Use of Antenatal Steroids
- Health Care-Associated Bloodstream Infections in Newborns
- Exclusive Breast Milk Feeding

Hospitals are expected to voluntarily choose to collect and transmit data to The Joint Commission for a minimum of four core measure sets “or a combination of applicable core measure sets and non-core measures based on the patient population they serve.”¹ The Perinatal Care core measure set is one of 10 sets available for selection by TJC-accredited Hospitals. The requirement to collect and report data on core performance measures began in 2002 and focuses on the process and results of care. This information is integral to improving health care quality and patient safety. TJC is not prescriptive beyond stating the number of measure sets that are required and allows the organization to select the core measure sets for which it will collect and report data to TJC ORYX initiative.

The Exclusive Breast Milk Feeding measure was one of several different measures submitted for consideration by the California Maternal Quality Care Collaborative (CMQCC) to the National Quality Forum (NQF) when NQF and TJC announced that quality measures for perinatal care were being considered to replace the pregnancy and related conditions measure set. After review by a Technical Advisory Panel, the five measures noted above were identified and the previous set of measures was retired. Immediately, specifications for data collection were developed and continue to undergo intense scrutiny to insure data quality.

The Exclusive Breast Milk Feeding measure, described as exclusive breast milk feeding during the newborn’s entire hospitalization, is defined by TJC as “a newborn receiving only breast milk and not other liquids or solids except for drops or syrups consisting of vitamins, mineral, or medicines” and is classified as a process measure². The data is expected to be collected retrospectively for the required data elements which include administrative data and medical records. Many of the data elements include ICD-9-CM codes. The numerator for rate development will be “newborns that were fed breast milk only since birth” and the denominator will be “newborns discharged from the hospital” and will be reported as an aggregate rate generated from count data reported as a proportion². The excluded populations include:

- Discharged from the hospital while in the Neonatal Intensive Care Unit (NICU)
- ICD-9-CM Codes for galactosemia
- ICD-9-CM Codes for parenteral infusion
- Experienced death
- Length of Stay >120 days
- Enrolled in clinical trials
- Documented Reason for Not Exclusively Feeding Breast Milk²

These reasons are due to a maternal medical condition for which feeding breast milk should be avoided.

1 Information regarding the Specifications Manual for the Perinatal Care (PC) measure set can be found at <http://www.jointcommission.org/NR/exeres/5A8BFA1C-B844-4A9A-86B2-F16DBE0E20C7.htm>.

2 Hospital performance measurement is integral to the pursuit of high quality care and patient safety. The information derived from the data provided for these measures affords health care providers the opportunity to focus

[continued next page]

Joint Commission, Cont.

on processes related to the care of mothers and babies. Breast milk feeding rates, when reported, can inform nursing and medical queries in order to improve the breast milk feeding practices that exist in organizations. IBCLCs can certainly take the lead to influence organizations in their decisions to commit resources to collect and report perinatal core measure data, emphasizing the relevance to their organization's quality improvement activities, address the organization's accountability to its patients, and advance research in the care of mothers and babies. These rates will empower maternity healthcare providers and nurses to explore practice through research and collaborate to identify 'best practices' in order to influence patient care quality in their hospitals.

An excellent resource for questions about the core measure set selection process and how lactation consultants might influence the performance measurement leadership in their hospitals to begin collecting perinatal core measure data is Mr. Frank Zibrat at TJC at fzibrat@jointcomission.org or 630-792-5992. Additionally, questions and comments regarding the exclusion criteria or the development of the exclusive breast milk feeding measure can be sent to Debra Bingham, DrPH, RN, LCCE (CMQCC Executive Director) at bingham@cmqcc.org.

1. News Release: The Joint Commission Introduces Perinatal Care Core Measures, TJC Media Relations, November 20, 2009
2. The Joint Commission: [Specifications Manual for Joint Commission National Quality Core Measures \(2010A1\)](#), October 2009



**Southeastern Lactation Consultant Association
Georgia, Carolinas, & Alabama
www.selca.info**

SELCA helps you help moms and babies breastfeed.

SELCA GOALS

Networking:

Provide a network for lactation professionals

Growing:

Enhance the reputation, image and credibility of International Board Lactation Consultants (IBCLC)

Educating:

Provide professional lactation education

Connecting:

Serve as a local chapter of the United States Lactation Consultant Association (USLCA)

2010 SELCA Meetings

One location:

Northside Hospital Building 980
Auditorium on Ground Floor
Atlanta, Georgia

One time:

9:00 Board Meeting
10:00-12:00 Speakers
12:00- 12:30 Business Meeting
12:30- Networking & lunch on your own

One day: Saturday

2010 Dates are:

March 27 August 21
May 15 November 20

COME TO OUR MEETINGS!!!

ACTIVE Members receive CERPS

Check out the press release about the new DVD that the NW Georgia Breastfeeding Coalition has just produced. Amy Spangler, RN, IBCLC, has featured it in her [BabyGooRoo blog](#).



Greetings from MALC (The Michigan Association of Lactation Consultants)!

We are the very first Affiliate to ILCA.

We have provided breastfeeding education conferences to our state for over 20+ years.

We have provided sponsorships to:

- Black Mothers Breastfeeding Association
- La Leche League of Michigan
- Wayne County Mother- to-Mother Breastfeeding Initiative Program
- The Michigan Breastfeeding Network.

You can contact us via our website at www.malinfo.org

LEGISLATIVE NEWS: MICHIGAN HB 5515

Mary Kay Smith, RN, IBCLC, FILCA

Henry Ford Hospital, Detroit MI

On December 2nd, 2009, along with representatives of La Leche League, a pediatrician from Grand Rapids MI, and the Michigan Breastfeeding Network, I presented testimony to the Judiciary Committee of the Michigan House of Representatives in support of HB 5515 which allows women to breastfeed wherever they are legally entitled to be.

How ironic, that two days before the Committee Hearing, a woman from a Detroit suburb was asked to leave a Target store for breastfeeding her four-week old baby. My statement emphasized the rights of mothers who may need to feed her baby at various places in the community.

Following is part of the letter I sent to the committee prior to testifying:

"I am a registered nurse, lactation consultant, and former breastfeeding mother. When nursing my children, I was asked to stop or told many times 'you can't do that here' at restaurants, the public pool, the public library, and shopping centers, even though we were nursing discreetly. Such a law would prevent mothers from experiencing shame and exclusion from public places where she has a right to be. This is a civil rights issue.

I urge you to consider strong support of this bill for a number of reasons:

1. Breastfeeding is a public health issue; much as the use of seat belts, car seats, not smoking, safe sex and other health promoting issues that benefit society. Research has proven that not breastfeeding places mother and baby at risk for life long health deficits. By breastfeeding, women not only provide the best nutrition for her baby, they are contributing to reduced use of energy resources. Most mothers begin to breastfeed but quit sooner than they would like because of poor support in the community.
2. Mothers live a faster paced life than 20-30 years ago; babies go with mom when she is shopping, taking care of the needs of her other children such as doctors appointments, school activities, going to the library or other activities of daily living and they need to eat frequently.
3. Supporting the rights of mother and her children to be together will help strengthen the moral fabric of our society which is stretched to the limit. Love begins in mother's arms and children should feel loved and welcome wherever they go.

Thank you for your time and consideration."

The bill passed out of committee with a vote of 11-2 and now goes to the entire House of Representatives of the State of Michigan. Our job is not done until Governor Granholm signs this into law!

USLCA LICENSURE REIMBURSEMENT COMMITTEE UPDATE ON ICD-9-CM CODING

Judith L. Gutowski, BA, IBCLC, Committee Chair

It is the goal of the USLCA Licensure and Reimbursement Committee “To establish the lactation consultant as a *stand alone allied health professional* with full duties, benefits and consideration in health care and third party payer organizations.”

In order for the USLCA to meet this goal the Committee is working simultaneously in several areas to make it possible for lactation consultants to bill for their services. A large obstacle for IBCLCs is the lack of recognition of our title and of the credentialing process. We have much to do in order to enlighten the public, health care providers and government officials about our work and our credentials.

It is also important that we learn to work within the processes of the operating health care systems where we work. In the US, this involves standardized coding for billing to third party payers for health care services.

ICD-9-CM: All health care providers must use ICD-9-CM Codes to bill third party payers for services. This applies to IBCLCs regardless of their work setting. It is imperative to Code correctly for services provided or the claims will be denied.

“The International Classification of Diseases, Clinical Modification (ICD -9-CM and ICD-1—CM) is used to code and classify morbidity data from the inpatient and outpatient records, physician offices, and most National Center for Health Statistics (NCHS) surveys. Currently, the ICD -9-CM is the coding system used for billing third party payers for services in the United States.

The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is based on the World Health Organization's Ninth Revision, International Classification of Diseases (ICD-9). ICD-9-CM is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States.

The ICD-9-CM consists of:

- a tabular list containing a numerical list of the disease code numbers in tabular form;
- an alphabetical index to the disease entries; and
- a classification system for surgical, diagnostic, and therapeutic procedures (alphabetic index and tabular list).

The National Center for Health Statistics (NCHS) and the [Centers for Medicare and Medicaid Services](#) are the U.S. governmental agencies responsible for overseeing all changes and modifications to the ICD-9-CM.”

The ICD-9-CM Codes are updated to increase accuracy and more specifically identify diagnosis for reimbursement, data analysis and research purposes. A number of codes which are commonly used to bill for lactation services changed as of October 1, 2009. If you submit bills using the old codes your claims will be rejected. For example,

779.3 – Feeding problems in Newborn is now an invalid diagnosis code.

It has been replaced by:

779.31 Feeding Problems in Newborn

779.33 Other vomiting in newborn

779.32 Bilious Vomiting In newborn

779.34 Failure to Thrive

The American Academy of Pediatrics has updated their pamphlet “*Supporting Breastfeeding and Lactation: The Primary Care Pediatrician’s Guide to Getting Paid*” with the appropriate new codes that are relevant to lactation consultations. The document is available online at: <http://www.aap.org/breastfeeding/files/pdf/CODING.pdf>

“A conversion table for diagnostic and procedural code changes between 1986-2009 is provided to assist users in data retrieval at the link below from the CDC. The table shows the date the new code became effective and its previously assigned code equivalent. New codes effective October 1, 2009, are shown in bold.”

<http://www.cdc.gov/nchs/data/icd9/icdcnv10.pdf>

ICD-10-CM: ICD-10-CM is planned as the replacement for ICD-9-CM, volumes 1 and 2 on October 1, 2013. At this time it is not necessary to take any action on the new codes, but it is good to be aware of impending changes.

“The ICD-10 is copyrighted by the [World Health Organization \(WHO\)](#), which owns and publishes the classification.

WHO has authorized the development of an adaptation of ICD-10 for use in the United States for U.S. government purposes. As agreed, all modifications to the ICD-10 must conform to WHO conventions for the ICD. ICD-10-CM was developed following a thorough evaluation by a Technical Advisory Panel and extensive additional consultation with physician groups, clinical coders, and others to assure clinical accuracy and utility.

The clinical modification represents a significant improvement over ICD-9-CM and ICD-10. Specific improvements include: the addition of information relevant to ambulatory and managed care encounters; expanded injury codes; the creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition; the addition of sixth and seventh characters; incorporation of common 4th and 5th digit sub classifications; laterality; and greater specificity in code assignment. The new structure will allow further expansion than was possible with ICD-9-CM.

An [updated 2009 version of ICD-10-CM](#) is now available for public viewing. However, the codes in ICD-10-CM are not currently valid for any purpose or use.”

Content excerpted from the Centers for Disease Control ICD and ICF web pages: <http://www.cdc.gov/nchs/icd.htm>

MEMBER NEWS

Congratulations to Sallie Page-Goertz, MN, CPNP, IBCLC! It pays to have IBCLCs in “high places”:

“I was appointed by the Secretary of the US Department of Agriculture to the Advisory Council on Maternal, Infant and Fetal Nutrition. The appointment is for a three year term as an expert on breastfeeding promotion. The council advises the USDA related to WIC and Commodity food programs. NAPNAP (National Association of Pediatric Nurse Practitioners) put me forward as a candidate for this position. I'm very pleased that an IBCLC will be on this panel of 24 persons, which also includes industry, consumers, and experts in obstetrics and pediatrics.”

Sallie Page-Goertz, MN, CPNP, IBCLC, Kansas City, Kansas

Angela Jacobi, RN, MN, APN/CNS, IBCLC, FILCA: Lucky Number 13! Here's a little bit of ILCA history from a long-time ILCA member—still contributing to the profession!

“I'm Angela Jacobi, the first ILCA member to join after the original 12 who created ILCA, so my first membership number in 1985 was #13. I took the IBCLE exam in July of 1985, and during that Labor Day weekend, Dr Kathy Auerbach called me and asked me to join the staff of the newsletter, *Consultants Corner*, but was about to be changed to the *Journal of Human Lactation*. I was on the OB nursing faculty at Rush University School of nursing here in Chicago and spent 10 years on the editorial staff as editor of the “Recent References” column. But in 1992 Dr Kathy asked the journal staff to make phrases or slogans to put in the Journal. Bill Clinton was president at that time, and was working on health care reform. So the phrase I created and published was ‘AFFORDABLE HEALTH CARE BEGINS WITH BREASTFEEDING.’ Many ILCA chapters made bumper stickers or buttons with that phrase to wear (back then.) But I was wondering if putting that phrase out there with the current members of USLCA might be helpful for both President Obama's health reform plans and for increasing breastfeeding initiation and duration.

“I've sent an email to President Obama regarding my suggestions to include breastfeeding as a health care reform strategy. I've also sent an email to Scott Sherwood, USLCA Executive Director, and a number of other political and health care organizations.

“Even though I'm 62 and a grandmother, I'm still a part-time lactation consultant at a local hospital, and full time Director of Nursing of Home Care of Newborns & Families, Inc., an RN, IBCLC business which does home phototherapy for newborn jaundice and home visits for breastfeeding. It's time for the next generation of LCs to take over and keep increasing breastfeeding.”

Angela Jacobi, RN, MN, APN/CNS, IBCLC, FILCA, Skokie, Illinois



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

Lunch and Learn Webinars -Earn IBLCE CERPs

“The Code, Companies, and LC's”

Marsha Walker, RN, BSN, IBCLC

Thursday January 14, 2010

1pm Eastern, 12pm Central, 11am Mountain, 10am Pacific

60 Min program,

1 L CERP

Certificates are
emailed to
attendees

Prices:

USLCA Members

\$20

Non-members \$30,

Groups 2-10 \$45,

10 or more \$65

Objectives

1. Participants will be able to describe the LC's relation with companies manufacturing or distributing products within the scope of the Code.
2. Participants will be able to discuss the elements of the WHO Code as they relate to companies that manufacture or distribute products covered within the scope of the Code.

United States

Lactation Consultant Association

2501 Aerial Center

Parkway

Suite 103

Morrisville,

North Carolina 27560

Sign up now for a USLCA Webinar!

1. Download the sign up sheet for the appropriate webinar. [Click here](#) for list of scheduled webinars.
2. Submit your sign up sheet and payment information to our headquarters using these options:
Attention: USLCA Webinar
email ScottSherwood@uslcaonline.org
or fax 919-459-2075
3. You will then receive an email invitation to register for the webinar. Please complete this as soon as possible. You will not be able to sign on to the webinar until this registration is submitted, and approved.



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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

Lunch and Learn Webinars -Earn IBLCE CERPs

"Research into Practice: Integrating New Latch Techniques"

Cathy Watson Genna BS, IBCLC

Wednesday January 20, 2010

2pm Eastern, 1pm Central, 12am Mountain, 11am Pacific

60 Min program,

1 L CERP

Certificates are
emailed to
attendees

Prices:

USLCA Members

\$20

Non-members \$30,

Groups 2-10 \$45,

10 or more \$65

Objectives

1. Describe the changes in thinking about infant attachment to the breast in the past 20 years.
2. List 3 ways to facilitate infant and maternal innate feeding capabilities.
3. Describe the importance of contact and gravitational stability for human breastfeeding
4. Detail strategies for optimizing latch when breastfeeding tools are needed.

United States

Lactation Consultant Association

2501 Aerial Center
Parkway
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Morrisville,
North Carolina 27560

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2. Submit your sign up sheet and payment information to our headquarters using these options:
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email ScottSherwood@uslcaonline.org
or fax 919-459-2075
3. You will then receive an email invitation to register for the webinar. Please complete this as soon as possible. You will not be able to sign on to the webinar until this registration is submitted, and approved.



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.

2501 Aerial Center Parkway, Suite 103
919-861-4543

Info@uslcaonline.org

USLCA Board Of Directors

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A LITTLE BIT OF HISTORICAL PERSPECTIVE...

If you'd like a little insight into the historical basis for many of the neonatal practices in place today, check out the Neonatology on the Web "Diversions" page, at: <http://www.neonatology.org/neo.diversions.html>. You'll find a fascinating collection of medical texts and articles on infants—including feeding practices—that date back as far as the 1600s.

Sometimes knowing where we've been helps us understand where we are—and what it might take to get to where we need to be!

WHAT'S ON YOUR MIND?

The USLCA eNews is YOUR newsletter. If you have comments, ideas for articles, links to helpful resources, or maybe you'd like to write an article about the work you do, contact me at EnewsEditor@uslcaonline.org. Please keep in mind that the focus of our organization—and therefore the eNews—is promoting the IBCLC, as opposed to promoting breastfeeding per se. Let me hear from you!

Melissa Clark Vickers, MEd, IBCLC, RLC—eNews Editor