



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.

# USLCA eNEWS

## United States Lactation Consultant Association

December 2010

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### From the President Laurie Beck, RN, MSN, IBCLC, RLC

I love the month of December! It is a busy time of year but a wonderful time for families and friends to spend time together. It also is a time of reflection on the past months and a time to plan for the next year. A look back at 2010 shows a busy and productive year for USLCA as we endeavor to best meet your needs.

Our year in review includes:

- *Clinical Lactation*, our official journal, has arrived in everyone's mailbox and is viewable online for free at [www.clinicallactation.org](http://www.clinicallactation.org). Share with your colleagues. Urge your hospital library as well as medical school and nursing school libraries to subscribe to this journal. ILCA just revealed its member survey results and members stated that they wanted more clinical and cost affordable education. USLCA is endeavoring to meet those needs with the launching of the new journal, the 2013 USLCA Conference in the works, and monthly webinars on a variety of topics to provide cost-affordable CERPS.
- USLCA issued the document *Containing Health Care Costs: Help in Plain Sight* to aid IBCLCs in securing reimbursement for their services.
- Many IBCLCs were concerned about reduction in hours or the elimination of lactation consultant positions, so USLCA provided the document *Five Steps to Improving Job Security for the Hospital Based IBCLC*.
- USLCA hired an expert consultant to help secure IBCLC licensure in the United States. We want to thank ILCA for providing licensure grant money to help this project get started.
- USLCA released hospital staffing recommendations for IBCLCs. The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) adopted these recommendations and included them in their new staffing guidelines.

It has been a productive year and we look forward to bigger and better things to come in 2011 as USLCA continues to work hard to meet the needs of its members. Share your eNews with others! Renew your membership so as to take advantage of all the member benefits. The USLCA Board of Directors are grateful for the support we receive from our members and want to thank you for being actively involved in your professional organization.

Enjoy your eNews!

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



## Licensure for the IBCLC

Marsha Walker, RN, IBCLC

The United States Lactation Consultant Association (USLCA) has licensure as a stated goal in order to fully integrate the profession of the International Board Certified Lactation Consultant (IBCLC) into the entire health care system, as well as into legislative and policy making venues. The right to practice as a recognized profession is not an absolute or unqualified right. Professionals are subject to two kinds of regulation—internal and external. Internal regulation refers to professional self-governance activities that occur at the level of the individual, work group, institution or association. Internal or self-regulation exists to primarily advance the profession in the public's interest and secondarily serves to ensure quality service and protection of the public.

External regulation occurs or arises from formal, legal authorities and includes the laws, rules and standards that require conformity by the practitioner. These sources of authority occur on the Federal level, as in Federal Drug Administration (FDA) or Occupational Safety and Health Association (OSHA) regulations; on the state level the most familiar source of authority is a Board of Registration. The state's interest is protection of the public. A license differs from certification or registration. Registration requires a practitioner only register their intent to practice within a jurisdiction. Registration does not restrict the use of the professional title; consequently an unregistered practitioner can use the title.

Licensure protects consumers, encourages quality, assigns responsibility, raises professional standards of practice, and prevents unqualified individuals from practicing. It provides consumers with the tools needed to evaluate the preparation and skills of practitioners and is a permission granted by a competent authority to engage in a business or occupation. It is the most restrictive form of professional and occupational regulation.

Licensure is generally viewed by legislative bodies as a regulatory effort to protect the public from potential harm. In the health care delivery system, an individual who is licensed tends to enjoy a certain amount of autonomy in delivering health care services and a more elevated status and voice in health care delivery. Conversely, the licensed individual must satisfy ongoing requirements which assure certain minimum levels of expertise.

Certification is a credential provided by an organization rather than the state and is usually granted after an applicant has completed an approved course of study and passed an examination. Certification does not confer the same legal rights to the holder as does a license. Some states use the term certified and registered interchangeably. As an example, early in the 20th century, nursing leaders became united in the belief that a more uniform education and credentialing system was necessary so that nursing was seen as accountable to the general public. A uniform credentialing process would allow the public to gauge the individual qualifications of each nurse and provide legally protected titles. No one could call themselves a Registered Nurse (RN) without passing a licensing examination and meeting the requirements set by each individual state. Licensure therefore would be used to protect the title of lactation consultant, provide a single set of standards for the profession, enable autonomy of practice, and increase access to care, culminating in support for billing and reimbursement. USLCA has worked to give IBCLC lactation consultants access to Universal Provider Identification Numbers (UPINs), which are necessary for billing and reimbursement and are traditionally only granted to licensed providers. We have also engaged the services of a licensure consultant to help secure licensure in the first state.

(continued on page 3)

(Licensure continued from page 2)

Most importantly, licensure will improve access to lactation care and services of which so many mothers are deprived. The services of the IBCLC lactation consultant are not reimbursed as they should be, creating a disparity between mothers who can afford the services and those that cannot. Hospitals, clinics, and physician offices, as well as IBCLCs in private practice cannot afford to offer these specialized services free of charge. Lactation services are often the first to be eliminated or reduced in hospitals seeking to decrease costs. Those who serve vulnerable populations should have more supervision, and it has been judged by all the other health professions to be an appropriate duty of the state. IBCLCs will have to pay a licensing fee but the fact that the economy goes up or down does not change the ethical duty of health care providers to be answerable to the public. To inject into this conversation verbiage such as "unfair taxation" as some have called it, is to color with political implications the motivations of those seeking to improve our standing in the health care community.

While the IBCLC credential may have stricter provisions than licensing, licensing forms the basis of autonomous practice, provides a stronger voice in health care delivery, improves the process of reimbursement for services, and is the framework upon which the US health care system bases the structure of its workforce. Continuing to operate with just certification does a disservice to the breastfeeding families that deserve and require specialized lactation care and services, but are deprived of these services because of denied reimbursement. It is time to position the IBCLC lactation consultant as a licensed health care professional, qualified to deliver needed services and to receive payment just as other health care providers do.

We want to hear from our members. Tell us about projects you are working on or programs you are developing. We all learn from each other. Submit your thoughts and comments to [eNewsEditor@uslcaonline.org](mailto:eNewsEditor@uslcaonline.org) or contact our office.



The USLCA BOD wishes to extend our condolences to Melissa Vickers, the eNews Editor.

**Melissa's mother, Juanita Stone Clark,** passed away last week in Georgia. Her obituary is online at:

<http://www.mayeswarddobbins.com/>

Melissa can be reached at:

2440 Purdy Road, Huntingdon, TN 38344 or via email, at [eNewsEditor@uslcaonline.org](mailto:eNewsEditor@uslcaonline.org)

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## **Professional Liability Insurance for IBCLCs at Discounted Rates!**

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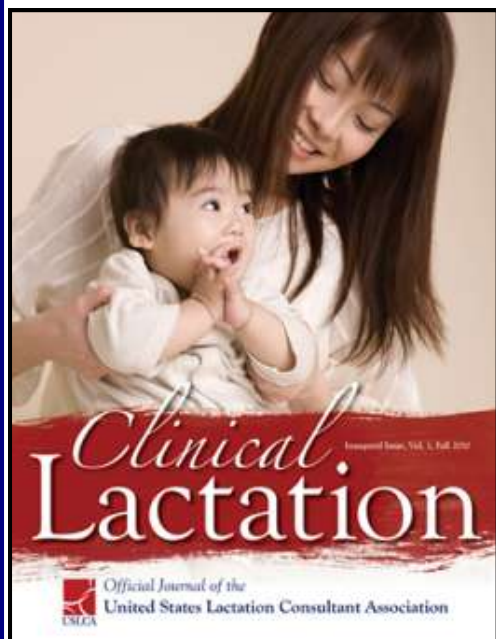
**DID YOU RECEIVE YOUR INAUGURAL ISSUE OF  
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*Clinical Lactation* makes a great companion to the *Journal of Human Lactation*, and as USLCA/ILCA members, you'll receive both!

An exciting feature of *Clinical Lactation* is that it will also be available online, and you'll be able to access the links to videos and other media content referred to in the articles.

The first (November 2010) and second issues (March 2011) are available for FREE for you to share.

Please encourage the medical libraries you frequent to subscribe to the journal. Not only will you be helping to support USLCA, you'll also be providing a way to help educate your co-workers and other staff in practical ways to help mothers breastfeed their babies. And while you are at it, encourage your co-workers to become USLCA members to get the journal as a free member benefit. Non-members can subscribe to the journal as well (see below).



Congratulations to Kathleen and the rest of the editorial staff for a job well done!

**Subscription Information**

*Clinical Lactation* is a FREE member benefit of USLCA. Not a member? Join today! [www.USLCA.org](http://www.USLCA.org)

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*Clinical Lactation: Just one more way USLCA is working for YOU!*

**NEW! From the United States Breastfeeding Committee**

Toolkit: *Implementing TJC Perinatal Care Core Measure on Exclusive Breast Milk Feeding*

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.

USBC's toolkit, *Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding*, addresses the exclusive breast milk feeding core measure. It can be found at:

[www.usbreastfeeding.org/Portals/0/Publications/Implementing-TJC-Measure-EBMF-2010-USBC.pdf](http://www.usbreastfeeding.org/Portals/0/Publications/Implementing-TJC-Measure-EBMF-2010-USBC.pdf)



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## Healthy, Hunger-Free Kids Act of 2010 Passed (Child Nutrition Reauthorization)

Marsha Walker, RN, IBCLC

On December 2, 2010, Congress passed the Healthy, Hunger-Free Kids Act which reauthorizes a number of child nutrition (and other) programs including the WIC program. It has just been signed by the President into law. It contains numerous provisions that strengthen support for breastfeeding within the WIC program, some of which include:

- **Strengthening support for breastfeeding by inserting the words “breastfeeding support and promotion” each time references to “nutrition education” are made in the legislation. This helps give equal weight to breastfeeding, normalizing it within the program to be addressed each time nutrition education is mentioned.**
- Provides \$90 million for special nutrition education such as breastfeeding peer counselors and other related activity.
- Recognizes exemplary breastfeeding support practices at local WIC agencies that demonstrate the highest proportion of breastfed infants or the greatest improvements in the proportion of breastfed infants. Monetary performance bonuses will be given based on performance measurements of breastfeeding, the effectiveness of a peer counselor program, and the extent to which the agency or clinic has partnered with other entities to build a supportive breastfeeding environment for women participating in the program.

This presents USLCA state chapters and IBCLCs with an opportunity to partner with local and state WIC agencies to help improve breastfeeding performance measures. As WIC serves almost half of the infants in the United States, USLCA members may wish to become more involved with this program to help improve lactation care and services to an important segment of the population. With their specialized expertise, IBCLCs are perfect partners to help fulfill the goals of this new legislation.

## Breastfeeding: A Vision for the Future

The USLCA is proud to support *Breastfeeding: A Vision for the Future*, a new initiative of the United States Breastfeeding Committee. Based on evidence, the *Vision* is aimed to increase awareness of the importance of breastfeeding and the support needed from all sectors of society to achieve our national breastfeeding goals. The *Vision* draws attention to the gaps in U.S. policy and outlines nine crucial objectives that must be met to fully address the barriers faced by mothers.

**USBC's goal is to reach 15,000+ individual supporters of the Vision**, before launching it as a tool to support media and legislative advocacy efforts. Add your voice to demand action by signing on at [www.usbreastfeeding.org/Vision](http://www.usbreastfeeding.org/Vision). Your support helps USBC to make a lasting impact towards the social, environmental, and institutional change needed to support our Nation's mothers.



## Healthy People 2020- New Health Goals for the Nation

Marsha Walker, RN, IBCLC

On December 2, 2010, the new Healthy People 2020 health goals for the nation were released with strong support for breastfeeding. The targets have all been increased as follows:

Targets:	Current	In 10 years
Ever breastfed	from 73.9% (babies born in 2006)	to 81.9%
6 month duration	from 43.4%	to 60.5%
12 month duration	from 22.7%	to 34.1%
3 mo exclusive	from 33.1%	to 44.3%
6 mo exclusive	from 13.6%	to 23.7%

Three new goals have been added:

- [Increase the proportion of employers that have worksite lactation support programs.](#)  
Baseline: 25% of employers reported providing on-site lactation/mother's room in 2009  
Target: 38%
- [Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life](#)  
Baseline: 25.6% of breastfed newborns born in 2006 received formula supplementation within the first 2 days of life as reported in 2007-09  
Target: 15.6%
- [Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies](#)  
Baseline: 2.9% of 2007 live births occurred in facilities that provide recommended care for lactating mothers and their babies as reported in 2009  
Target: 8.1%

The Healthy People initiative sets national objectives with a monitoring process to motivate action. In the last decade, preliminary analyses indicate that the country has either progressed toward or met 71 percent of its Healthy People targets. This is certainly true of breastfeeding initiation which met the 75% goal of Healthy People 2010. All of the objectives can be viewed at: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26>

Each state has a Healthy People 2020 coordinator which can be found at <http://healthypeople.gov/2020/consortium/stateCoordinators.aspx>. Contact your state coordinator to ask what plans are being made regarding the breastfeeding objectives. See how you can get involved with the HP2020 efforts in your state. Now is the time to renew our efforts and use these goals as tools to improve the health of our mothers and babies.

## GOOD News for Non-RN IBCLCs!

A National provider identifier category has been approved for you by the National Uniform Claim Commission and will be available in April 2011. More details to come!

See eNews from November of 2009 for an explanation of the code.



## Why I Support Licensure for LCs

Barbara Wilson-Clay, BS, IBCLC, FILCA

Health professionals are licensed to practice by the state in which they work. In order to be fully integrated into the health care provider system, IBCLCs should be, too. LCs should care about licensure because it provides an added layer of consumer protection for mothers and babies who need professional lactation care. IBLCE (located in Virginia) provides ethics and practice oversight for IBCLCs, but few consumers are aware of this. People are more familiar with state licensing boards with regard to identifying professionals in good standing in their communities. Consumers are also more aware of state licensing boards as the place where they can register complaints for unethical or impaired practitioners.

Licensure will benefit LCs as well as the families we serve. Licensure will improve job security for IBCLCs, help secure 3rd party reimbursement, and will drive professional education. Licensure will not restrict others from providing breastfeeding care. Midwives, nurses, doctors, peer counselors, doulas, La Leche League, and grandmothers may all continue to assist nursing mothers and babies. However, only IBCLCs will be permitted to use the term "lactation consultant" or "LC." This is called "title protection" and it affirms the specialized body of knowledge we possess.

Some of you may be wondering how licensure will affect you personally. The effects will be gradual and beneficial. There will be a licensing fee, assessed yearly, which, in Texas, will probably be between \$100-\$150. Fees cover the costs of record keeping and the printing and mailing of licenses. As our ranks expand (hopefully as a benefit of licensure) fees should decrease. Should licensure be achieved, I hope everyone will view this as a reasonable sacrifice to bear for the advancement of our profession.

USLCA is urging all the state chapters to investigate ways to achieve licensure, and we in Texas continue to work hard for this next step for our profession. Please join me in being willing to take a stand on our future. Support licensure.

Sincerely,

Barbara Wilson-Clay, BS, IBCLC, FILCA



## You worked hard to get your credential , so now protect YOUR profession!

Congratulations to all new IBCLCs!

Here are a few tips to get you off to a good start in your new profession:

- Review your Job Description that you have signed with your employer to ensure you are covered to work as an IBCLC.
- Do you have a Clinical Competency Checkoff list for an IBCLC? Ensure that your annual review is to evaluate your IBCLC position that you have worked hard to obtain.
- If you are now practicing as an IBCLC and have the same job, is your pay reflective of your new credentials?
- Do you have professional liability insurance?
- Plan on acquiring CERPs and keep track of all your lactation education which will have to be submitted in 5 years to IBCLE. There are many cost affordable ways to acquire your CERPs.
- Review the IBCLE Scope of Practice and Code of Ethics.
- Continue to be actively involved in your professional organization USLCA to stay current on the latest lactation issues taking place in the United States.



## CALL FOR CANDIDATES: USLCA BOARD OF DIRECTORS (USLCA BOD)

One directorship is up for renewal or vote commencing February 2011, and the election process begins with this call for candidates to submit applications to the USLCA Nominations Committee, chaired by immediate past President Glenda Dickerson.

Director of Membership and Chapters Debbie Costello completes one term in July 2011. This position is up for election in February 2011, and the Nominations Committee is actively seeking qualified candidates to run. This post concentrates on the development of chapters and membership.

The Nominations Committee will accept applications for the post up for election from November 1-January 15, 2011. After the Nominations Committee reviews applications to verify that candidates fulfill the requirements for Board leadership, they will present their slate of candidates to the full USLCA BOD for approval. The voting period runs March-May 2011, although voting takes place primarily by electronic ballot, through the Internet. Voting rights are conferred on USLCA members who are also IBCLCs. The newly-elected Director will be sworn in and commence the three-year term at the Annual General Meeting conducted in July 2011, at the annual conference to be held in San Diego, California.

Please click [here](#) to print the 2011 Nominations Application and fax to Scott Sherwood at: 919-459-2075. Should you have any additional questions, please do not hesitate to contact the USLCA Office at 2501 Aerial Center Parkway, Ste. 103 Morrisville, NC 27560

**Deadline for submitting applications: January 15, 2011.**



**Accreditation and Approval Review Committee  
on Education in Human Lactation and Breastfeeding**  
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The Accreditation and Approval Review Committee (AARC) on Education in Human Lactation and Breastfeeding is one step closer to launching accreditation services! One stage in the process is to have public review and comment on their Standards and Guidelines. The document has been submitted to the Standards Committee of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) for their review. It will be available on the AARC website at [www.aarclactation.org](http://www.aarclactation.org) from December 15, 2010 to January 15, 2011. Please visit the AARC website during that time to review AARC's Standards and Guidelines and to submit your comments.

After this period of public comment and review, the final AARC Standards and Guidelines will be submitted to CAAHEP for review at their April, 2011 board meeting. CAAHEP's approval of the document will open the door for AARC finalizing the remaining steps that will lead toward the launch of accreditation.

Allow me to take this opportunity to also invite any course directors interested in academic accreditation to please email [info@aarclactation.org](mailto:info@aarclactation.org) so that we may keep you updated on progress over the ensuing months.

Sincerely,  
Cheryl Benn, IBCLC

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Please indicate in the space provided how many of each CD you would like to order. Prices are as follows unless otherwise noted by the webinar title: USLCA Members \$20, Non-members \$30, Groups 2-10 \$45, 10 or more \$65 (for group orders please indicate how large a group you are ordering for by checking the box next to the quantity line for each webinar you would like to order).

- ☐ 1 hr July 7, 2009 **"When Worlds Collide: How Ethics Differ for IBCLCs, Peer Counselors, Nurses, & Volunteers"**

Presenter: Elizabeth Brooks, JD, IBCLC. 1 E CERP

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- ☐ 1 hr August 6th 2009 **"Code of Ethics: Time to practice what you preach?"**

Presenter: Amy Spangler, MN, RN, IBCLC, RLC. 1 E CERP

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- ☐ 1 hr June 9, 2010 **"The Golden Rule: Ethics for IBCLCs"**

Presenter: Diane Wiessinger, MS, IBCLC. 1 E CERP

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- ☐ 1 hr January 20, 2010 **"Research into Practice: Integrating New Latch Techniques"**

Presenter: Cathy Watson Genna, BS, IBCLC. (repeated April 6, 2010) 1 L CERP

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- ☐ 1 hr December 8, 2009 **"The Role of the Breastfeeding Father"**

Presenter: Tom Johnston, CNM, IBCLC. 1 R CERP

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### **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

### Mentoring our Future

Denise Altman, RN, IBCLC, RLC, LCCE

January 19, 2011

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1. Define “personal inventory” and how it relates to mentoring.
2. List four types of mentoring tracks.
3. State the process for interviewing and accepting a learner.

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