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

September 2010

It's Back to School Time—and that means Report Cards! See page 9 for Information on **the CDC's** Breastfeeding Report Card for 2010. How did your state do?

Inside this issue:

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

The mission of USLCA is to promote the IBCLC profession. What are you doing personally to promote the profession? I am very proud of the IBCLC profession as it continues to grow and develop. The IBCLC is a part of the health care team. I personally am giving back to my profession by being actively involved in the organization. There are several exciting projects taking place and no job is too small. If you are interested in contributing your time, expertise, and talents please contact us. We actually have some fun along the way!

Another thing I am doing is submitting an application for the IBCLC Lactation Care Award by IBLCE and ILCA for my employer. I presently work full time in a hospital setting and feel it is important to get the recognition for hospitals that are hiring and utilizing IBCLCs. Hospitals are very competitive and IBCLCs do help to save health care dollars. We need to market the IBCLC to hospitals that do not use IBCLCs and praise the ones that do. If you know of a hospital that hires IBCLCs and they meet the criteria for the award, encourage them to submit their application. For more information go to www.ilca.org.

The third thing I am doing is talking actively to people I know to encourage them to join USLCA. Member benefits include cost-affordable liability insurance, cost-affordable education, newsletters, and clinical journals to keep us up to date on the latest breastfeeding information and hot issues taking place. The most valuable benefit is the networking that takes place. I find it comforting to be able to pose my questions to others when I am looking for answers or to refer a mother to an IBCLC in another city or country! I use the "Find a Lactation Consultant" weekly to find my colleagues. I don't have to know everything. I just have to know my resources.

I challenge each of your to make contact with 5 people that are not members of our wonderful and growing organization and encourage them to join. They can give us a try for one year and I don't think they will be disappointed! Print up this newsletter and share it with your colleagues. Help us to carry out the USLCA mission of promoting the IBCLC profession.

Laurie Beck, RN, MSN, IBCLC, RLC

Welcome to the Newest Member of the USLCA Team: Titania Jordan—Social Media Editor!

Titania will be keeping us up-to-date through Facebook, Twitter, and other social media outlets. Look for an introduction in next month's *eNews.* Welcome, Titania!

NEWS FROM THE USLCA BOARD OF DIRECTORS

Carolina Global Breastfeeding Institute Intern: Ellen Chetwynd, RN, BSN, IBCLC, RLC

One of the authors of the new USLCA reimbursement white paper, "Containing Health Care Costs Help in Plain Sight," is Ellen Chetwynd. Ellen is an intern with Miriam Labbok's Carolina Global Breastfeeding Institute (CGBI) at the UNC Gillings School of Global Public Health. She has been working with USLCA for the summer, and recently filed this report on her activities. Thank you, Ellen, for your hard work!

Report Abstract-

This project addressed disparity in distribution and reimbursement of lactation services by lactation consultants (IBCLCs). The student primarily worked with the Licensure and Reimbursement Committee of the United States Lactation Consultant Association to create a white paper for national distribution on this issue which served as an organizational tool for lactation consultants as well as information to be used in advocating with legislators, insurance companies, and others. Additionally, work was done on a survey for national distribution to IBCLCs to collect information on how reimbursement is currently being sought in order to direct efforts in the future. Working on these projects familiarized the student with national policy decisions, advocacy for professional status, breastfeeding trends and research, writing, editing, researching for publication, and group dynamics. This work was done at an exciting time in the field as national policies for the importance of breastfeeding support and reimbursement of those support services were implemented during the internship. The student will continue to work on these issues with USLCA in collaboration with the Carolina Global Breastfeeding Institute.

Programmatic Concepts

The certification of international board certified lactation consultants (IBCLCs) began 25 years ago. Because it is a young profession, its roots are with La Leche League (a volunteer organization), the recognition of breastfeeding as an effective preventative health measure has been slow, and the reimbursement structure for services provided by lactation consultants has been inconsistent and often ineffective.(1) As a result, there is poor recognition of the IBCLC certification within the medical and insurance communities, and often the services are not appropriately covered. This leads to disparities in the availability and utilization of services. Low income families, who have some the highest rates of lactation failure,(2) are less likely to receive the services of lactation consultants.

This internship was designed to provide an opportunity for a public health student to partner with the members of the Licensure and Reimbursement Committee of the United States Lactation Consultant Association to work on reimbursement, licensure, and access to care issues at a national and statewide level.

Background Information

The United States Lactation Consultant Association (USLCA) is a national affiliate of the International Lactation Consultant Association (ILCA). Its mission is to support and advocate for IBCLCs professionally, and to promote and protect breastfeeding.

As the cost of health care in the United States is rising, the use interventions that will promote health and prevent disease are becoming more important. Breastfeeding is quintessential to health promotion. There has been a gradual recognition of this within the medical field, and efforts have been made to increase our national breastfeeding rates. In 2007, the most recent statistics available, the US breastfeeding initiation rate was 75%, which met the Healthy People 2010 goals.(2) However, the rates for exclusivity and duration have still not met the current goals. Additionally, the Healthy People 2010 goals are set far below the recommendations from professional medical organizations who recommend that all babies exclusively breastfeed for the first 6 months of life, and receive breast milk for at least one to two years, and beyond.(3)

The US government has developed several programs to promote breastfeeding and breastfeeding support; such as the Surgeon General's HHS Blueprint for Action on Breastfeeding in 2000, the CDC's The Business Case For Breastfeeding. in 2008, and the adjustment of the WIC food packages in 2009 to provide more incentives for continued breastfeeding, among other things. The increased advocacy for breastfeeding initiation and support will

[continued next page]

require the use of experts in the field of lactation; however, it was not until the Patient Protection and Affordable Care Act in 2010 that there was any effort made to legislate for reimbursement of breastfeeding support.

Student Activities

With the recognition of the need for reimbursement for the support of lactation services, it behooves USLCA to stand ready to provide advocacy materials to their members as these professionals are likely to be called upon to recommend or initiate changes to reimbursement practices at the local levels. The student helped to address exactly this need by working with a team to create a white paper which will act as both a call to action and an easy informational handout for legislators, insurance companies, and employers. Additionally, a survey of the current reimbursement practices for lactation consultants is being created for national distribution, and will be completed during an ongoing collaboration between the CGBI and USLCA over the course of the next semester.

"Containing Health Care Costs Help in Plain Sight. International Board Certified Lactation Consultants: Allied Healthcare Providers Contribute to the Solution" was distributed at the International Lactation Consultant Annual Conference in July of 2010, and is available and being promoted on the USLCA website. It is functioning as a rallying point for the Licensure and Reimbursement Committee of USLCA, and is currently being negotiated as a potential centerpiece for a collaborative presentation with the Center for Disease Control and Prevention.

Recommendations

During the course of this internship the Patient Protection and Affordable Care Act was analyzed in a way that made it clear that coverage of lactation services without copayment had been legislated. The White House created a website explaining the legislation that covered this point, and the Obesity Campaign run by Michelle Obama's office recommended breastfeeding as a preventive measure. Additionally, the Surgeon General will be presenting an update on the Blueprint for Action on Breastfeeding at the end of October. Lactation consulting, as a profession, is at a pivotal moment in its development. It is critically important that USLCA is ready with the organizational initiative, the materials, and the leadership to move licensure and reimbursement of services forward functionally at this moment of opportunity. State and government agencies are likely to be struggling to integrate supportive services for lactation into the medical field. They will need to understand IBCLCs in order to do this in a way that insures quality care and service, and decreases disparities in service distribution. This will require creative collaboration, communication between the states, and a variety of supportive resources. Those currently working on this effort may need extra support to effectively achieve the necessary objectives.

Assessment

The learning objectives for this internship did not anticipate the creation of the white paper, which became the primary focus of the work completed over the course of the summer. However, writing the paper provided a well rounded set of experiences in research, writing, group collaboration, publication, national legislative strategies, and the functioning of a national advocacy organization. Not only was the process of writing the paper educational, but additionally the work lead to conversations with members of the profession who are well known authors and advocates of breastfeeding nationally. The internship provided a solid foundation for future work in advocacy, authorship, and organizational dynamics, particularly in the field of lactation. For instance, the survey which was originally planned as the focus point for the internship will be created and distributed in a collaborative effort between USLCA and CGBI. In summary, many of the learning objectives were met through this educational internship project.

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1. Chamblin C. Survey Results: Reimbursement for Lactation Consultants. 2007.
2. Centers for Disease Control and Prevention. Breastfeeding: Data: Breastfeeding Report Card | DNPAO | CDC. CDC: Breastfeeding. 2009.
3. APHA. A Call to Action on Breastfeeding: A Fundamental Public Health Issue. American Public Health Association. 2007.

Deciding Whether to Track the Joint Commission's Newly Revised and Expanded Voluntary Perinatal Care Core Measure Set

By Debra Bingham, DrPH, RN, Vice President of Research, Education, and Publications
Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN)

Debra is the former Executive Director of the California Maternal Quality Care Collaborative (CMQCC) and has provided technical assistance to The Joint Commission for the Perinatal Quality Measures developed by CMQCC.
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Introduction:

I am often asked whether perinatal leaders should implement The Joint Commission's (TJC) recently revised and expanded Perinatal Care Core Measure Set (TJC 2009). My response typically highlights two key points for perinatal leaders to consider.

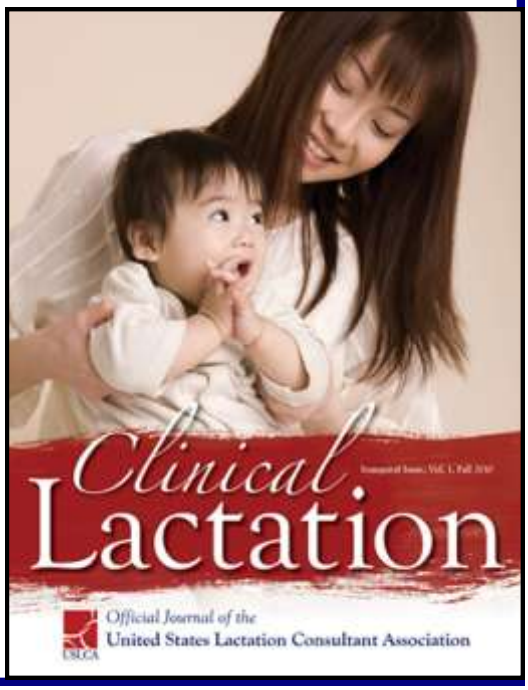
Key Point Number One: Implementing TJC Perinatal Quality Measures will benefit your hospital

Regardless of whether hospital administrators select the Perinatal Care Core Measure Set as one of their four Joint Commission core measure sets, TJC requires that perinatal Quality Improvement (QI) projects be implemented. Since the perinatal leaders need to implement perinatal QI projects, it is in their best interest to choose QI project topics that are consistent with the perinatal quality measure priorities identified by TJC. For example, if the perinatal leaders choose a QI project based on the specifications outlined by TJC they will have the option to benchmark their hospital results with other hospitals working on these same measures. In addition, these perinatal leaders will be one step ahead, since the hard work of outlining the rationale for the QI project and defining the quality measures' exclusion and inclusion criteria has already been done.

TJC Perinatal Care Core Measure Set includes five measures. These five measures can easily be divided into QI projects for different perinatal units. Antepartum leaders can focus on improving the rates of steroid administration. Labor and Delivery leaders can focus on reducing low-risk cesarean section rates and/or increasing the amount of mother infant skin-to-skin immediately post-delivery (a subset of the exclusive breastfeeding measure). Post-Partum leaders can focus on improving exclusive breastfeeding rates, and the Neonatal Intensive Care Unit (NICU) leaders can focus on reducing blood stream infections.

Key Point Number Two: Implementing TJC Perinatal Quality Measures is the right thing to do.

U.S. public health trends indicate that perinatal outcomes are worsening. For example, in less than ten years, maternal mortality ratios have nearly doubled (CDPH 2005), the number of non-medically indicated deliveries have increased the NICU admission rates of early term infants (TJC January 26, 2010; Main, Oshiro, et al. July, 2010), and maternal injuries have increased 27% (Kuklina 2009). Indeed, it is a sobering fact that for the first time in over a century perinatal outcomes have worsened rather than improved. The perinatal safety challenge that we face in the US requires perinatal leaders who are willing to work hard to improve perinatal outcomes within their spheres of influence.



In general, we have become health care providers because we want to help people. Lactation specialists and other clinicians want women and children to have good outcomes. We like to feel good about the work we are doing. When we hear that perinatal outcomes have worsened in the US, we want to find reasons for these worsening trends. When we seek for explanations, it is only natural that we would prefer to find explanations that are women-centric rather than clinician-centric. However, there are no data to indicate that outcomes have worsened so quickly only because women are less healthy. TJC has recognized that

perinatal outcomes have worsened, and out of concern for these trends has released a sentinel alert on maternal mortality (TJC January 26, 2010). TJC also convened a Perinatal Technical Advisory Panel to select which of the seventeen National Quality Forum perinatal quality measures should be the priorities for clinicians in the U.S.

The five quality measures selected by TJC address the quality and safety needs of perinatal patients and have long been recognized to be priorities by professional organizations and public health leaders. TJC has made it easier for leaders by doing the work of synthesizing research and focusing our attention on five priorities for action. Perinatal leaders who are concerned with quality and safety will want to know how they perform in these five areas. Their internal drive for excellence will move them forward.

Next Steps

Tracking and improving exclusive breastfeeding rates prior to hospital discharge has been identified by TJC to be a priority for the U.S. Thus, lactation specialists are in key leadership positions to promote utilization of the exclusive breastfeeding quality measure.

For more information:

- "Specifications Manual for Joint Commission National Quality Perinatal Care Core Measure Set."
- http://www.childbirthconnection.org/article.asp?ck=10579

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Kuklina, E, Meikle, S, Jamieson, D, Whiteman, M, Barfield, W, Hillis, S, Posner, S. (2009). "Severe Obstetric Morbidity in the US, 1998-2005." *Obstetrics and Gynecology* 113: 293-299.

Main, E., B. Oshiro, et al. (July, 2010). "Elimination of Non-Medically Indicated (Elective) Deliveries Before 39 weeks Gestational Age. (California Maternal Quality Care Collaborative Toolkit to Transform Maternity Care). Developed under contract #08-85012 with the California Department of Public Health; Maternal, Child and Adolescent Health Division; First Edition published by March of Dimes.

TJC. (2009). "Specifications Manual for Joint Commission National Quality Core Measures (20101a); Perinatal Care Core Measure Set."

TJC (January 26, 2010). "The Joint Commission Sentinel Event Alert: Preventing Maternal Death. Issue 44."

Accreditation and Approval Review Committee (AARC): The Third Leg of a Stool

The Accreditation and Approval Review Committee (AARC), in conjunction with ILCA and IBLCE, form three legs of a stool designed to ensure candidates sitting for the IBLCE exam are well-prepared. From AARC's website:

"Welcome to the Accreditation and Approval Review Committee (AARC) on Education in Human Lactation and Breastfeeding website. AARC is a member of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) for accreditation of educational programs. AARC is jointly sponsored by ILCA and IBLCE.

"CAAHEP, ILCA, and IBLCE cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Lactation and Breastfeeding and to provide recognition for educational programs that meet or exceed the minimum standards."

"AARC's mission is to recognize educational programs that meet the minimum standards of quality to prepare individuals to enter the lactation consultant profession.

"AARC Recognition: AARC recognition is a formal, non-governmental, peer-review process of voluntary self evaluation. The integrity and good faith of the program, its administration, faculty, and students are essential to the evaluative process. AARC honors a diversity of educational models such as distance education, self-paced programs, programs within large and small institutions, college-based programs and those that are not-for-profit and for-profit. Programs recognized by AARC are the leaders in the field of lactation education. Students are assured that these programs cover essential topics and skills, have a qualified faculty, and portray themselves honestly in their advertising.

"AARC either provides Approval of an individual course or formulates recommendations to CAAHEP for Accreditation of an academic program. Both distinctions provide a reliable indicator of educational quality to employers, insurers, counselors, educators, governmental officials, and the public, based on adherence to established criteria and standards of the profession."

"Luck knocked on my door when WALC started sponsoring my membership to International Lactation Consultant Association (ILCA)"

By Lisa Brock, RN, BSN, IBCLC, RLC

How did a woman in Uganda and the Wisconsin Association of Lactation Consultants (WALC) become connected?

The ILCA Partner Program helps to foster links between groups or individuals interested in lactation. If an individual or group finds it difficult to join ILCA due to lack of financial means or difficulty in sending money outside their country, they may apply to be sponsored. In establishing links with the program, priority is given to groups and individuals with aims and objectives similar to ILCA.

WALC was interested in reaching out from their northern Midwestern association to an individual who lacks financial means in her country to make a difference in the area of Lactation. Josephine in Uganda was the match WALC received upon inquiring about the ILCA Partner program. She has been an amazingly self-less woman providing energetic and passionate support to help over 300 mothers to breastfeed in her village located in central Uganda.

"A few years back, luck knocked on my door when Wisconsin Association of Lactation Consultants (WALC) started sponsoring my membership to International Lactation Consultant Association (ILCA)." states Josephine.

"Coming from a country where there are no lactation consultants with specialized services to becoming an ILCA member has been so instrumental in my work because of the benefits it comes along with. My membership is of great transformation towards breastfeeding, establishment of sustainable livelihoods through mother support groups, and children's support to breastfeed in my area. Most of the time I work with mothers support groups in less privileged communities who live on under $1 a day, where 50 mother support groups have been established and sustained. In mother support groups we learn about the art of breastfeeding, peer counseling, and home visits, and this has registered tremendous success including reduced illnesses among mothers and babies. From the individual incomes raised from the mother support group projects, we have started a revolving fund to boost the mother's incomes.

"We have also been able to link the mothers to ante- and postnatal care to the local hospital.

"However, we are constrained by the limited personnel at the hospital where the midwife sees about 30 mothers a day at the out patient, labor ward, and the maternity ward.

"Action: We are sometimes able to go and give a hand to the health worker to assist mothers on proper attachment. Health workers at the hospital lack training on breastfeeding. We have provided them with information on breastfeeding and done breastfeeding video shows for them to see how they can help mothers.

"The hospital lacks a neonatal care unit so there are no specialized services, even no incubators to keep the children at the required temperatures. A couple of babies died because of the limiting conditions.

"Action: We have encouraged mothers to use kangaroo mother care, express the breast milk and feed the baby other than using supplements.

[continued next page]

"Mothers walk long distances, about 2-4 kilometers, to access a health centre with maternity services under a qualified health worker. There are no appropriate means of transport except bicycles and motorcycles, exposing expectant mothers and babies to high accident risks.

"Action: Mother support groups are an encouragement to mothers amidst the challenges.
Plan: Fundraise for efficient means of transport – a community bus to ease the problem.

"HIV/AIDS: With the existence of a prevention of mother-to-child transmission program, health workers do not allow mothers to make the best option on how feed their babies. Mothers are finding it hard to cope with the 'do not breastfeed' option because they cannot afford supplementing the babies with animal milk.

Action: With my mother having 12 heads of cattle, we have established a monthly supply milk scheme for 5 of the 13 mothers to enable them have a constant supply of cow milk. We would love to give all but it's not possible. We plan to have each mother be able to have a head of cattle for milk production.

"Your Support Goes a Long Way in Supporting Mothers in My Community to Breastfeed, Thank you!
Josephine"

Josephine was also selected as a National Trainer in Infant and Young Child Feeding by IBFAN Uganda - recommended to the Ministry of Health of Uganda and will be attending a Trainers of Trainers program. There will be national training for health workers and Josephine will be part of the team to conduct the training.

This past Spring Josephine received this announcement from ILCA to present at the 2010 Conference in Texas: *"On behalf of the Conference Program Committee of the International Lactation Consultant Association, I am pleased to inform you that your proposal, Reaching vulnerable babies, girls, and women in Africa: An experience of Uganda, was accepted as part of a workshop session for the 2010 Conference and Annual Meeting, ILCA at 25: A Lactation Celebration!, July 21-25 at the JW Marriott Hill Country Resort, San Antonio, Texas, USA."*

WALC,as her ILCA partner, was then asked by Josephine to assist with her financial burden of $5,000 to come to Texas, and assistance in obtaining a passport/ VISA to come to the United States. Becky Krumwiede, past-President of WALC stated, "Josephine is unfailingly optimistic and was making all these plans to come but it was clear that she did not have nearly enough money to get here. Our chapter (WALC) members were so generous, so I spent hours and hours (actually whole days) finding the rest of the money she needed, asking people to host her after the conference, and making her travel arrangements. Lansinoh contributed $1500, the four sisters: Debra, Lydia, Joy, and Keren, who founded Simple Wishes, paid for her plane ticket to and from Uganda ($2187), WALC contributed $500 and matched members contributions (about another $500), equaling $1,000 from WALC for a total of $4,687 to assist Josephine to fly to Texas and present at ILCA.

Josephine was able to speak at the ILCA conference. She met many people who were inspired by her dedication and commitment to improve and increase the knowledge that breastfeeding is best.

Ugandan mothers noted that it was a whole new experience when Josephine provided her WBW lactation education and information sessions, bringing life changing knowledge to her community .

Josephine wrote:

"This is all because of WALC support! I do not know what I would have done with my work without you. God is always on my side. I am so grateful. My sincere thanks to WALC."

MORE NEWS FROM USLCA

USLCA Recorded Webinars Available for Purchase

USLCA recorded webinars are created in Windows Media Format and burned onto a CD that must be played on your computer. CERPs will only be awarded once for your purchase.

A CD for an individual includes the following:

1. A copy of the previously recorded Live Webinar which includes the speaker's PowerPoint, lecture, and any questions submitted by attendees.
2. Evaluation Form
3. Webinar Handouts if available.

A CD for Groups includes the above, plus a Group Roster.

Important information for group orders:

Evaluation forms and the Group Roster for your group must be submitted together and returned to the office in order to receive your CERP certificate. Once submitted, you will not be able to add additional attendees to your roster. CERP Certificates will be emailed within two weeks of receiving your evaluation form.

Submitting Evaluations and Group Rosters

Evaluations for individuals or groups (including the group roster) can be submitted by:
Fax: 919-459-2075 or by email to AshleyD@uslcaonline.org or by mail to 2501 Aerial Center Parkway, Suite 103, Morrisville, NC 27560.

To Order!

To order a copy of any of the Recorded Webinar(s) please click here for the order form. We have updated this order form to make it easier for our members to order multiple webinars without having to submit a separate order form for each recording. Thank you to those of you who submitted this suggestion to our office. Also, thank you for your order and for supporting the USLCA!

So What's a Chapter? An Affiliate?

We continue to get questions about the difference between chapters and affiliates, since the definitions have shifted in the last couple of years.

There are currently three National/Multi-National Affiliates connected directly to ILCA:
United States Lactation Consultant Association (USLCA)
Lactation Consultants of Australia and New Zealand (LCANZ)
Canadian Lactation Consultant Association (CLCA/ACCL)

Chapters are local/regional/state organizations, within the US. A chapter subscribes to the same mission and vision as USLCA. Before USLCA was born the Chapters were called Affiliates.

There are currently 36 USLCA Chapters. Click here for a map and links to contact information for our Chapters.

If there is not an active Chapter in your state, Click here for information on how to start one. Our goal is to have a Chapter in every state!

TIPS: TECHNOLOGY IN PRACTICE

News from the CDC:

- CDC Recommends Using WHO Growth Charts for US Children 0 to 2 years: In 2006 the World Health Organization released a new set of growth charts created using breastfeeding infants as the standard, rather than formula-fed infants as previous charts did. Data used to generate these charts came from a well-designed study of over 8500 children from six countries with many checkpoints in the first 3 months for a more accurate curve. The CDC now recommends the use of these charts for infants to 2 years instead of the CDC charts. The charts have both grams/meter and pounds/inch markings, and are intended to be used in conjunction with other determinants of healthy growth, including family history and general health and well-being.
- Breastfeeding Report Card 2010: How is the US doing on meeting the Healthy People 2010 goals for breastfeeding? The CDC's Breastfeeding Report Card tells a tale of progress, but still much work to be done. From the website:

  > The most recent CDC data show that 3 out of every 4 new mothers in the U.S. now starts out breastfeeding. The U.S. has now met the *Healthy People 2010* national objective for breastfeeding initiation. However, rates of breastfeeding at 6 and 12 months as well as rates of exclusive breastfeeding at 3 and 6 months remain stagnant and low.
  >
  > More babies in the U.S. are now born at Baby-Friendly™ facilities than ever before. However, these births still represent less than 4% of all U.S. births. Further, the CDC mPINC survey [see below] of all birth facilities in the U.S. shows that the average score for facilities nationwide is only 65 out of 100, and only 2 states' facilities scored 80 or more points.

  How did your state do? To read the report, click here.
- 2007 CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC): See how your state fared in this 2007 survey of 2690 US hospitals concerning practices that affect breastfeeding initiation and duration. Click here to see the CDC report and to access the data.

Here are three toolkits of interest:

- National Infant Mortality Awareness Toolkit: The National Healthy Start Association (NHSA) has created this toolkit to raise community awareness of infant mortality. September is National Infant Mortality Month. The kit includes statistics, fundraising ideas, tips for working with the media, PR, and marketing ideas. To access the toolkit, click here.
- Preterm Advocacy Toolkit: PreemieVoices created this toolkit, *Voices for the Voiceless: A Premature Infant Advocacy Training Guide,* to encourage groups and individuals to advocate for appropriate follow-up care for preterm infants, including specifically the late preterm infants. It, too, includes statistics, media tips, ways to approach insurance companies, legislators, etc. Click here to download this kit.
- Elective Deliveries Toolkit: Created by the March of Dimes in collaboration with the California Maternal Quality Care Collaborative and the California Department of Health, Maternal Child and Adolescent Health Division, *Elimination of Non-medically indicated (Elective) Deliveries Before 39 Weeks Gestational Age* includes a comprehensive literature review, a guide to assist hospitals' implementation, suggestions for measuring quality improvement effectiveness over time, sample forms, and hospital case studies. To download this kit, click here.

ILCA Call for Proposals

Do you have an idea for a conference session for the 2011 ILCA conference in San Diego, July 13-17? This year's theme is "Raising the Bar: Enhancing Practices and Improving Health Outcomes." The Speaker Submission site for abstracts will remain open from September 2 to October 25, 2010, at which time the Conference Program and Research Committees will review proposals. Submitters will receive notification via email by November 6 as to whether their work has been selected for presentation.

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For more information contact Scott Sherwood at ExecutiveDirector@uslcaonline.org

Great gift idea for other Lactation Consultants—Available in the ILCA bookstore

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