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much more!**



## Letter From The President

Alisa Sanders RN,IBCLC,RLC

Happy National Breastfeeding Month!

August just kind of snuck up on me. There was so much activity in August with World Breastfeeding Week that I got behind getting my column to our eNews production group. I have been reading about the celebrations some of you had on the USLCA Facebook page--- you are so creative. I usually get stuck doing the same boring thing every year. I have some great ideas for new things to try next year.

Autumn brings about the USLCA fall board meeting. Our fall board meeting is pivotal for our organization because it is our strategic planning and evaluation meeting. This is my favorite of all of our board meetings. We can be creative and develop new programs and evaluate current activities. Each program and activity is aligned and measured against our mission and vision.

Our organization is a “member” organization. We are here to provide services to our members. We need your valuable input. Our new [website](#) and Facebook pages ([here](#) and [here](#)) are really active. Analytics reveal the activity has increased by thousands. WOW!! A big thanks to Lisa Davidson Sheers and Debi Ferrarello who update and monitor our Facebook pages. (Lisa takes care of our page for lay-people: [Breastfeeding Talk with USLCA](#). Read [her bio](#) in this issue.) Over the next few weeks, we will use our [USLCA Facebook](#) page for professionals to begin asking questions directly related to strategic planning. We are asking our members to post their answers to the questions on Facebook. Let your voice be heard. We constantly monitor the Facebook page because your input is pivotal to the services provided and the direction of the organization. Social media is about listening. USLCA is listening to you. Please take the time to visit our pages if you have not. If you are a regular there, please let us know what you think. If you do not Facebook, feel free to email me with any comments or suggestions or questions you may have.

USLCA is YOU!

Until next month,  
Alisa

# Focus On Marketing

Veronica Hendrix, LVN, IBCLC, RLC

Ten Steps to successful breastfeeding form the foundation of Baby-Friendly Hospitals, and these ten steps can add value to your status as a lactation professional. USLCA member Veronica Hendrix, lactation activist, media specialist, and practice catalyst tells us how.

## How the Ten Steps Can Help Grow Your Business

As IBCLCs we support the Ten Steps to Successful Breastfeeding every day in our practice, but have you ever considered how they might also help build your profession or market your personal business?

In hospitals across the nation finding a job as an IBCLC can be hard. If you aren't a nurse-IBCLC, then it can feel downright impossible as many facilities will not consider hiring someone they cannot utilize in a dual role on the floor. Lactation departments, mostly understaffed to begin with, have undergone even further downsizing as the IBCLC seemed to be the most "expendable" role in maternity services. This might have seemed like a logical solution to administrators that needed to make financial cutbacks. It might have even worked if the staff education was then boosted to include more breastfeeding education so that front line nurses could better support mothers. That didn't happen- in fact, it seemed as if lactation support fell off the map completely and mothers were the first ones to figure this out- usually on day two, when their infant is especially challenging and they really need help.

With the new Joint Commission recommendations, the Surgeon General's Call to Action, the Affordable Care Act, and a host of other national organizations and recommendations which have been developed and released over the last few years, what we are left with now are many hospitals that need our help. It is time to capitalize on that need and approach the marketing of our profession as any other business would- using smart, effective and influential ideas.

In an age where bright, shiny and new is attractive and in- demand, maternity services are no exception. Mothers are consumers. They want an attractive "maternity experience" and they will shop around until they find it. Hospitals know this. Mommy-baby gear companies know this. It's time for the lactation world- especially the IBCLC to know this. Our services are attractive- we offer the most unique experience that a mother (and father) can have with their newborn infant- one that they are not likely to forget for the rest of their lives. We empower women to trust their bodies and build self-esteem with every visit. This power is used as a foundation by many which they continue to build further strengths upon in their roles as new mothers. We offer a low cost, completely tailored consultation that leads to better health outcomes for mom, baby and I would venture to say, dad or partner, too. Why the partner? Well, have you ever heard the saying, "if mama 'aint happy, 'aint no one happy?" I'm sure you've collected qualitative data to support that statement in your own practice. Mothers play the central role to the family, and we are helping to guide more successful and satisfied women back to the ones they love.

So how do we get the word out that we are here and ready to fill these gaps in care to the facilities in our service areas? How do we help hospitals create environments which best support mothers' breastfeeding goals while increasing patient satisfaction? In the Ten Steps to Successful Breastfeeding, we've got an evidence-based bundle of practices outlined by the WHO/ UNICEF, supported by every major professional organization, written into every recommendation as "best practices" that are supported by mountains of research right at our fingertips.

# Focus On Marketing

Veronica Hendrix, LVN, IBCLC, RLC

Here are some suggestions as to what you can offer to facilities and the community that need you right now. These Ten Steps can help educate the masses about what an IBCLC can offer and can be used to help build your practice.

## **Step 1- Policy**

- Offer to be a part of the policy making team, or lead a breastfeeding task force
- Bring a sample policy to share with nursing administration
- Help to create a worksite lactation policy for employees
- Review mPINC/ CDC Report Card or share local/ state breastfeeding data in a power point or poster session to support development of policy

## **Step 2- Staff Education**

- Provide lunch-n-learns, poster sessions, in-services “on the run” on skin-to-skin (STS), rooming-in, the WHO code, newborn stomach capacity, etc.
- Offer education to local physicians and office staff tailored to their clients (OB, FP, Pedi) with a focus on how your services help their office run more efficiently by educating mothers who might currently be calling for breastfeeding help
- Negotiate to partner with a local pediatrician in the office one day a week to offer consults to their clients that can be advertised as a benefit to mothers who choose their practice
- Offer local maternity or pediatric office nurses the opportunity to shadow you in private practice to increase their breastfeeding and communication skills

## **Step 3- Prenatal Education**

- Provide prenatal breastfeeding classes to the community- focus on separate class topics like: surviving the first two days, the first two weeks, back to work, pumping success, etc.
- Offer to rotate teaching breastfeeding classes with the hospital educator to provide a break in her schedule each month
- Be a guest speaker at a local women’s or mothers’ group (Junior League, LLL, MOPS) and provide information on what services you offer/ what an IBCLC is
- Make one page fact sheets/ flyers to offer community clinics or create a newsletter that mothers can sign up for via email

## **Step 4- Skin-to-Skin**

- Make a video montage of mothers discussing their experiences of having the opportunity to do STS in a facility and share that with administration/ nursing staff
- Provide education to the community on how STS is beneficial to all infants regardless of feeding method
- Ask your local high school nurse to allow you to provide class for pregnant students and their partners- specifically focusing on STS education

## **Step 5- Show Mothers How to Breastfeed**

- Offer to assist with staff competencies or provide a skills clinic
- Create or share a competency form for staff focusing on latch/ position/ hand expression
- Create a refrigerator magnet with your business contact information that contains guidelines for storage of breastmilk
- Offer a post-discharge breastfeeding class for NICU mothers to teach hands on pumping, proper pump guidelines and handling/ storage of breastmilk

These five will get you started this month...And next month there will be five more! The national focus on breastfeeding provides opportunities for the IBCLC. It is time to be creative, self-motivated, and proactive.

# Advocacy Opportunity from the US Breastfeeding Committee During World Breastfeeding Month

On August 6, 2011, the USBC officially declared that August is National Breastfeeding Month. During the month of August 2013, the US Breastfeeding Committee will conduct a campaign to address 4 areas for breastfeeding advocates to address:

- **August 4-10: Peer Counseling**
- **August 11-17: Paid Family Leave**
- **August 18-24: Maternity Care Practices**
- **August 25-31: Employer Support**

During August, members of Congress will be home in their districts to hear the priorities and concerns of their constituents. It is critical that we use this opportunity to elevate the importance of policies and programs that support breastfeeding and to educate legislators on the importance of maintaining resources for breastfeeding support. The USBC, MomsRising, National Partnership for Women & Families, and the National WIC Association held a webinar on August 8 to learn about action that you can take during this National Breastfeeding Month to support breastfeeding families.

This webinar provided key information and resources that individual and organizational advocates can use at this critical time, including:

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

The webinar was recorded and all materials, including slides, talking points, and handouts are available at the USBC website [here](#). Please take this opportunity to visit your legislators and make your voice heard, especially how the IBCLC contributes in each of these areas.

First and foremost, I am Mom to a daughter (14) and son (11). I live in Zanesville, Oh which is about an hour east of Columbus. I currently work as the Breastfeeding Coordinator for Muskingum Co WIC but started in this career 14 years ago as a breast pump rental & retail station. It was through that work and the Coalition I belonged to that I found out about the opportunity to become a Breastfeeding Peer Helper with the WIC Program in Ohio. I started there 10 years ago in another county, then moved to this area in 2009. The first year here I worked at Nationwide Children's Hospital in the NICU as a Breastfeeding Peer Advisor, helping moms with pumping for their little ones. A year later, I started work as a Peer Helper, got my IBCLC in 2011, and became Coordinator for my County. I am absolutely in love with the work I do and feel blessed to do what I love for a living. This year I became President of the Ohio Lactation Consultant Association and look forward to becoming more and more involved with breastfeeding education and advocacy throughout my career. Thank you for this opportunity to reach out to more Moms and Breastfeeding Advocates through Facebook/Social Media!

USLCA  
Welcomes  
Lisa Davidson  
Sheer!



## Scheduled Webinars

### [Breastfeeding Without Birthing](#)

with Alyssa Schnell, IBCLC, RLC

**August 26, 2013**

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



[Learn More!](#)

### [Breastfeeding The Late Preterm Infant: The Great Impostor](#)

with Marsha Walker, RN, IBCLC, RLC

**September 13, 2013**

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

### [Critical Information: Mother/Baby Assessment](#)

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

**September 27, 2013**

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

#### Connect with us!

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



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

### [Baby-Friendly Bedside Care for Low- and High-Risk Infants: A Shared, Sustainable, Proactive Model](#)

with Jane Morton, MD

**October 30, 2013**

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

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

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

## Attention Chapters!

*Having a Conference?*

Let us help you spread the word! Send your conference information to USLCA and we will post it on our website. There is no charge for this chapter benefit. Send your information to [marketing@uslca.org](mailto:marketing@uslca.org) and we will take it from there.

## Hospital Breastfeeding Toolkit Provides A Wealth Of Information

The Hospital Breastfeeding Toolkit from the state of Illinois is a set of resources and tools for maternity hospitals working on breastfeeding quality improvement projects as well as those striving for the Baby Friendly Hospital designation. The toolkit reflects lessons learned, identifies challenges, and illustrates strategies discovered during the project. It is full of valuable guidance and support, forms, scripts, and evidence for all of the recommended interventions. To download the entire toolkit click [here](#).

## ACOG Issues Committee Opinion On Increasing Initiation And Duration Of Breastfeeding In Underserved Women

The American College of Obstetricians and Gynecologists (ACOG) has issued a Committee Opinion on increasing the initiation and duration of breastfeeding in underserved women. ACOG encourages a multidisciplinary approach to helping underserved women overcome obstacles, access support including that provided by lactation consultants, and assure that hospitals have lactation programs in place. The document can be downloaded free [here](#).

Citation:

Breastfeeding in underserved women: increasing initiation and continuation of breastfeeding. Committee Opinion No. 570. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;122:423–8.

## New Infographic For The *It's Only Natural* Campaign

The Office on Women's Health in the Department of Health and Human Services has created a new infographic for the *It's Only Natural* campaign. This campaign is an effort to improve breastfeeding rates among African American mothers by helping raise awareness of the importance of breastfeeding and providing helpful information. See the infographic [here](#). Information about the campaign can be found [here](#).

## CDC to issue updated *Guide to Breastfeeding Interventions*

The Centers for Disease Control and Prevention (CDC) will be launching its new and updated *Guide to Breastfeeding Interventions* during a webinar scheduled for Monday August 26 from 2:00 to 3:00 pm EDT. To register for the webinar click [here](#).

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



# USLCA's Diversity Taskforce

Michele Bunker-Alberts, CFNP, IBCLC, RLC, USLCA Secretary/Treasurer

Over the past few years, there has been much discussion about breastfeeding equity and equity/representation within the lactation profession itself. There have been articles, blogs, discussions at ILCA/USLCA, and conferences dedicated to addressing this issue. Personally, this is one of the reasons I became involved with USLCA. I work in a large urban community, exclusively with vulnerable populations. Traditionally, access to lactation care in communities like mine has been limited (Chapman, 2004), and more readily available in more highly-resourced communities (Heinig & Prochaska, 2002). In my county, with the increased emphasis on breastfeeding within WIC, and our hospital's preparation for Baby-Friendly designation, that tradition has been changing. Two of our federally-qualified health centers have undertaken grant-funded initiatives to better support breastfeeding in their clinics. I have also been privileged to serve on a statewide advisory board that is working hard on recommendations for a similar Baby-Friendly-type designation for community health clinics. Of course, those designated health center programs are only a part of what it will take to expand access. In environments with larger numbers of vulnerable patients, the Baby-Friendly designation, with its emphasis on education and support for staff and patients, has been shown to reduce breastfeeding disparities (Merewood, 2005). It stands to reason that within the community clinic setting, the same would be true.

Opportunities for support and mentorship for the aspiring IBCLC falls short of where it needs to be as we implement lactation services for all patients in our transforming national healthcare system. As a profession, we have a unique opportunity to support not only the current IBCLC, but also the IBCLC of the future. We have a responsibility to ensure that our profession is well-versed in the realities of working with a truly diverse and ever-changing patient population. There are days when none of the clients I see are from the same continent, let alone the same country or community. Every day I am thankful that I am able to work well with each of them as a well-rounded citizen who works hard to connect with them in any language/from any culture, loves to learn, asks lots of questions, and lives in an incredibly diverse area of the country. And, yet, that said, it is still our collective responsibility to ensure that our profession's diversity comes as close as it can to reflecting the diversity of our patients. We must go further. To do that, we need to develop an infrastructure to ensure that we are providing opportunities not just for education, but also for clinical mentorship and workforce development for all aspiring to be an IBCLC.

To that end, part of USLCA's strategic plan is the development of a taskforce to develop this infrastructure. We need volunteers who are especially interested in participating in this process and who are committed to expanding lactation access for patients and for the IBCLC profession. If this is you or someone you know, [we need to hear from you](#).

# ¿HABLA USTED LACTANCIA? / Do You Speak Lactation? (15 R-CERPs)

## Overview:

The Hispanic community is the fastest growing group in the United States, so speaking basic Spanish has become a huge career asset to Lactation Consultants from Long Island to Seattle! USLCA announces the Fall semester of its ongoing webinar "**Beginning Spanish for Lactation Consultants**". This webinar is open to both USLCA members and non-members (see below). Ten (10) 90-minute webinars will focus on vocabulary and phrases for connecting with Spanish-speaking mothers in the setting of a lactation consultation, as well as offering important cultural information. Regular attendance, participation, and completion of a post-course evaluation are required to receive your CERPs.

## Start Dates and times:

**Module 1:** Starts Monday, October 7, 2013. Meets for 10 consecutive Mondays at 6:30 PM EST.

**Module 2:** Starts Wednesday, October 9, 2013. Meets for 10 consecutive Wednesdays at 8:30 PM EST.

## Requirements:

No background in Spanish is required. Those who speak some Spanish can benefit from studying lactation-specific vocabulary and learning more about Hispanic cultural traditions relating to motherhood, breastfeeding, baby-care, health and nutrition.

## Preparation:

During the 10-week course, students will be asked to complete some work on their own time in between weekly sessions. A minimum of 20 minutes a day outside of class is suggested.

**Goals:** To have an encouraging first Spanish learning experience, to learn some basic language skills, and to gain tools for continuing to acquire career-enhancing Spanish language skills outside the scope of the webinar.

## Specific topics to be presented include:

The sounds of Spanish (A Lactation ABC)

Social phrases that put clients and their families at ease

Techniques for working with interpreters and controlling the flow of the conversation

Information on Hispanic culture in the context of family, motherhood, diet and breastfeeding

A basic lactation vocabulary including words and phrases that occur in 6 common consultation scenarios (e.g., greetings and small talk, talking with the new mother, handling pain, basic emotion, breastfeeding positions, giving directions).

## Tuition:

**USLCA Members:** \$250.00; **Non-Members:** \$300.00. All study materials included in tuition and available for download.

## Your Teacher:

This class will be interactive with a very personable and experienced teacher, [Dorothy Potter Snyder](#). Dorothy developed and taught medical Spanish curriculum in the New York City area for many years with clients including Montefiore Hospital, Jacobi Hospital, New York College of Medicine, Catholic Medical Centers, and Einstein College of Medicine. She has created content and taught Spanish for Lactation Consultants for this unique USLCA webinar since 2011, and she continues to refine the 15-hour course for simplicity and utility.

**Interested?** Space is limited to 10 students per section, so don't delay!

## Register here:

[Module 1](#) (Beginning Oct. 7)

[Module 2](#) (Beginning Oct. 9)

**Questions?** Contact the USLCA at [info@uslca.org](mailto:info@uslca.org).

## EMPLOYMENT OPPORTUNITIES: BABY-FRIENDLY USA, INC.

Join a team of professionals who are committed to improving the health of mothers and children throughout the United States. Baby-Friendly USA, Inc. is a growing organization whose mission is to improve maternity care practices that support breastfeeding.

**4-D Pathway Reviewers** – Full time or part time employment to evaluate materials for compliance with BFUSA Guidelines submitted by hospitals moving through the 4-D Pathway to BF Designation. Some travel required.

**Assessment Manager** – Manages the team of assessors that conducts on-site assessments at birthing facilities being considered for Baby-Friendly designation. Travel required.

**On-Site Assessors** - Conducts on-site assessments at birthing facilities being considered for Baby-Friendly designation. Compiles and creates a report on observations and assessment. (Location is anywhere in the US. This work is on an “as needed” basis.) Extensive Travel required.

**Candidates must have a BS in nursing or related field and have a minimum of 40 hours of credit in the field of breastfeeding and lactation management, preferably IBCLC. Candidates must have experience in the field of maternal/child health and up to date knowledge of evidence-based care to support lactation.**

### Additional skills/ requirements:

- Ability to work as a team player
- Critical thinking, time management, organizational skills and a high level of personal integrity
- Excellent verbal and written communications skills
- Experience with interviewing for data collection purposes

Please respond with cover letter and resume to: [hr@babyfriendlyusa.org](mailto:hr@babyfriendlyusa.org)

EOE

## CDC 2013 Breastfeeding Report Card Shows Breastfeeding At All Time High

According to the CDC, more mothers are breastfeeding and breastfeeding longer as reported in the Centers for Disease Control and Prevention (CDC) *Breastfeeding Report Card 2013*, [published online](#) July 31.

Although mothers are still not breastfeeding as long as recommended, provisional data for 2010 show a steady increase in the number of mothers who begin breastfeeding, with 76.5% ( $\pm 1.6\%$ ) of mothers initiating breastfeeding compared with 70.9% ( $\pm 1.9\%$ ) in 2000.

Even more progress was seen in the percentage of mothers who continue to breastfeed beyond the early postpartum period, the report showed. At 6 months, 49.0% ( $\pm 1.9\%$ ) of mothers were nursing in 2010 compared with 34.2% ( $\pm 2.0\%$ ) 10 years earlier. At 12 months, 27.0% ( $\pm 1.8\%$ ) of mothers were breastfeeding in 2010 compared with only 15.7% ( $\pm 1.5\%$ ) in 2000.

For the entire report, click [here](#).



**"A breastfeeding video that really \*gets\* it!  
Hands down the best breastfeeding video I've ever seen.  
Why do I like it so much? Watch it and see!"**

***Diana West, IBCLC***

*co-author of "The Womanly Art of Breastfeeding", 8th edition  
and "The Breastfeeding Mother's Guide to Making More Milk"*



**<http://BabyBabyOhBaby.com/CLSPECIAL>**

*Available through Sept. 30, 2013.*

Last month's eNews featured an article by Chantal Molnar, IBCLC, about the film she and IBCLC Jennifer Davidson are producing: *The Milky Way Breastfeeding Movie: Every Mother has a Story*. We are happy to report this [Kickstarter project](#) has been funded! Thanks to each of you who helped to support this project.

**We'd love to hear your  
comments and input.**



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



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