USLCA
U.S. Lactation Consultant Association

Inside This Issue:

Letter From The President

Alisa Sanders RN, IBCLC, RLC

As summer weather approaches, not only is the outside heating up, but everything in my life is getting hotter. It seems like the rhetoric about other lactation support providers being equal to the IBCLC is heating up. It kind of reminds me of the way formula manufacturers market their claims to be "as good as breast milk." We all know that formula is a distant second or third choice. Breast milk is the gold standard for infant feeding and the IBCLC is the gold standard in breastfeeding support providers.

Every time I read one of these claims it heats me up. Being from Texas, I want to "charge forward with guns blazing." However, reason suggests it is better to react calmly and state what I know. According to dictionary.com, the term "counselor" means *a person who advises*. The term "consultant" means *to give **professional** or **expert** advice*. There are no pre-requisites required to attend one of these one or two week training courses. By contrast, the International Board of Lactation Consultant Examiners (IBLCE) © requires pre-requisites that must be met before a candidate is eligible to sit for their exam. The IBLCE© is an independent testing organization in order to prevent any bias from the testing body. Only after completing the pre-requisites, a significant number of clinical hours, and passing the exam, can one be called an IBCLC, RLC. The rigorous nature of the certification process protects the public by establishing baseline knowledge. The IBCLC also has documented research demonstrating efficacy, *IBCLC the documented difference*.

I have read that it is too hard to become an IBCLC because of finances or time. It is difficult to become a surgeon, but when I need one I want one that has the best education and the most practice. Another complaint about the IBCLC I have read this month is that there are not enough of us. I agree. I want to see our profession continue to grow. We need to increase opportunities for mentorship. However, having a large number of people who complete week long training classes does not ensure that mothers are receiving the level of care they need.

When attempting to educate others about the IBCLC, the long title seems to be a bit of a sleep inducer. To facilitate recognition and delineate the level of service I provide, I am once again using my RLC designation. The RLC stands for Registered Lactation Consultant. See here for the complete story on using your RLC designation. In the US, most parents are familiar with Registered Nurse, Registered Dietitian etc., and it certainly alludes to the expert care the IBCLC provides.

USLCA needs you to continue to promote the IBCLC on blogs, in hospitals, on Facebook , and anywhere you can. The number of IBCLCs in the US is growing. The numbers of USLCA members are growing. Despite how things feel sometimes, we have momentum! The most popular post on our Facebook page was when we asked what year you were certified. The pride that you have is inspirational. Continue to be proud of the effort you put into becoming an IBCLC. Keep believing and keep promoting the IBCLC.

Focus On Marketing

Debi Ferrarello, MSN, MS, IBCLC, RLC

The Power of "Thank you"

Lactation Consultants in private practice often find that most of their clients come through word-of-mouth or referral from health care professionals. Have you considered the power of saying "Thank you"? Consultations, documentation, social media, and just keeping up with the literature keeps you busy. It's easy to overlook the humble thank you note, but that would be a mistake. A timely personal note of thanks can do wonders to strengthen your relationship, keep your name fresh, and polish your professional image.

Here are some ideas for expressing thanks to those who refer to you:

•Send a brief, hand-written note to a former client who referred a friend or family member. Be sure to do so within a couple days of the referral and of course, do not share any protected information about your current client.

•Send a thank you note to health care professionals who refer to you, including business cards in the envelope to make it easy to keep those referrals coming.

•Think outside the holiday box. Say thanks by celebrating mothers on Mother's Day; send summer refreshment on hot summer days; make "back to school" a time for "back to basics of breastfeeding"; and let them know you love their patients and referrals on Valentine's Day.

•Host an event for those who support your practice. It need not be elaborate to express your thanks.

Do you work in a hospital, physician office, or clinic? Thank employers for recognizing the importance of the IBCLC to reinforce your value to patient care and health outcomes. Consider a card, signed by the IBCLC, to thank each patient for the honor helping as they welcome their new baby. Include outpatient resources so they will hold on to the card and associate you with a warm link to the ongoing support every mother needs. Saying thank you helps you to practice gratitude, a lifestyle rich in benefits for you, as well.

Thank YOU for all you do to promote healthy relationships for mothers and babies and to support our profession!

Are you “un-plugged”?

Veronica Hendrix, LVN, IBCLC, RLC

No, I’m not referring to a common breastfeeding management scenario seen in our clients. I’m talking about your connectivity to social media! I’ve had the pleasure to attend several national conferences lately, as well as be a part of a major hospital- based breastfeeding initiative in Texas which has provided me one-on-one contact with IBCLC’s. The one consistent message among my IBCLC colleagues in all these venues has been an overwhelming fear in using and understanding social media. I have to admit, I don’t have all the knowledge of a millennial mom, but I do find social media an exciting road to travel down and I’ve learned over the years how to equip myself with the best tools to be successful. As a mother of two teens, it’s been important to me to know about this form of communication mainly because it helps me stay on track with what my kids are engaging in. In my professional environment as well, there are countless articles and discussions citing the increased use by my clients of social media outlets like Twitter, Facebook, and LinkedIn, among others. This fits right into my personal mantra for breastfeeding promotion among today’s mothers which has always been, “if you bling it, they will come.” What I mean by that is today’s mom is interested in more than just the benefits of breastfeeding. She is a *CONSUMER*- she has to be enticed to breastfeed, she has to look and feel cool doing it and she has to be connected. This is the driving force behind the fear amongst my colleagues- how do they connect and thereby change behavior in someone when they are not “plugged in” to the same sources themselves? I guess I liken this to my own parents’ misunderstanding of my driving need and desire to watch MTV which was a totally foreign concept to them when I was growing up. Why *watch a video* when you can just turn on the radio and listen to the song? What attracted me then is what moms want now- it was more than just watching a video, it was about the performance, the look of the artist, the fact that I could watch interviews that helped me to *connect* with them. We must not lose sight of the importance of what social media means to these mothers and we have to find out how to join in- so let’s get plugged!

Over the next few months I will share bits of information to help get you on track or stay the course, but I want to hear from you too. What is working in your breastfeeding promotion efforts? Your private practice? Your hospital? Your real live community or virtual one? Don’t hesitate to share among your struggling colleagues the successes (and failures) you’ve had of using social media. We can all navigate this road together!

Veronica Hendrix, LVN, IBCLC, RLC

Veronica Hendrix became the Texas Ten Step program coordinator in 2011 with the Department of State Health Services’ Nutrition and Education Branch and has been an International Board-Certified Lactation Consultant since 2009 and a Licensed Vocational Nurse (LVN) since 1998. She is a member of ILCA, USLCA, the Texas Breastfeeding Coalition, the Central Texas Healthy Mothers Healthy Babies breastfeeding coalition and is a private practice IBCLC in her rural hometown of Giddings. Veronica has worked in maternity care in both rural and urban areas which allows her to identify with the unique challenges and needs that health care providers and mothers face in of each of those environments. She brings an interest in branding and marketing based on past work experience in her role as a Business Development Specialist covering an 8 county south Texas territory for a national Home Health Agency. When not working in Austin, she stays busy as a wife and mother to five incredibly dynamic children!

Scheduled Webinars

Topic	Speaker	Date & Time	Cont Ed Credit	Cost	Registration Deadline
Working With Insurance Companies: What You Need to Know in Order to Contract, Code & Bill Successfully	Susanne Madden, MBA	June 24, 2013 1:00 pm - 4:00 pm ET	3 R CERPs	Members: $40 Non-Members: $55 Groups of 3-10: $80 Groups of 11 or more: $105	*Register by* June 21, 2013 Register Now *Webinar will be recorded*
Breastfeeding the Late Preterm Infant: The Great Impostor	Marsha Walker, RN, IBCLC	July 12, 2013 1:00 pm - 3:00 pm ET	2 L CERPs	Members: $30 Non-Members: $40 Groups of 3-10: $65 Groups of 11 or more: $85	*Register by* July 11, 2013 Register Now *Webinar will be recorded*

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

2501 Aerial Center Parkway, Suite 103
Morrisville, NC 27560
919-861-4543
info@uslca.org

USLCA recorded webinars are available for purchase.

USLCA is looking for speakers to donate their expertise and time. Submit your topics today by email.

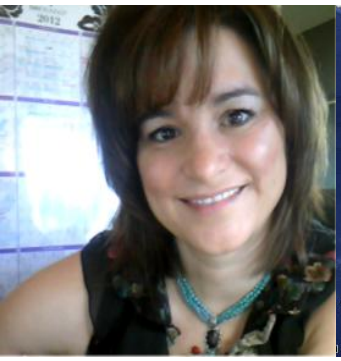
Childbirth Connection Issues Data Brief on Breastfeeding

National *Listening to Mothers*SM surveys asked in-depth questions about women's breastfeeding knowledge, experiences, and choices. These nationally representative data are from an initial survey of 2400 women, 18-45, who had given birth to a single baby in U.S. hospitals from July 2011 through June 2012. Results showed that a gap exists between national standards for hospital breastfeeding support and the hospital practices women experienced after birth. Only about half (49%) of the women breastfed as long as they had wanted and mothers fell far short of American Academy of Pediatrics recommendations for exclusive and any breastfeeding duration. To access the entire data brief see here.

Can You Help Support Josephine?

I am Angela Lang (left) and am traveling this summer to Uganda to work with Josephine Nalugo (right). The Wisconsin Association of Lactation Consultants (WALC) has been supporting Josephine's mission since 2008 as part of ILCA's partner program. Josephine has been promoting breastfeeding in Uganda by running community breastfeeding mother support groups and she hopes to become an IBCLC someday. My passion is for empowering women and decreasing infant mortality through breastfeeding. I have a Bachelor's Degree in Maternal Child Health-Lactation Consulting and BS in Nursing. I am an International Board Certified Lactation Consultant (IBCLC), and a Registered Nurse (RN).

In my community the racial disparity in infant mortality rate is one of the worst in the nation. Disparities in infant mortality are a local, national, and international public health goal. I work as a Public Health Nurse focused on the Fetal Infant Mortality Review and working with mothers that have experienced a loss to facilitate systemic change that will improve birth outcomes. Promoting breastfeeding in my community can make a significant impact in reducing infant mortality as well as decreasing morbidity and improving long term health for both the mother and child. Uganda also struggles with a high infant mortality rate and exclusive breastfeeding can make a difference there too! In 2012 I made my first trip to Africa in Nairobi, Kenya, where I worked with HIV mothers involved in a program called Zinduka. This year I am traveling to Uganda to support Josephine's efforts.



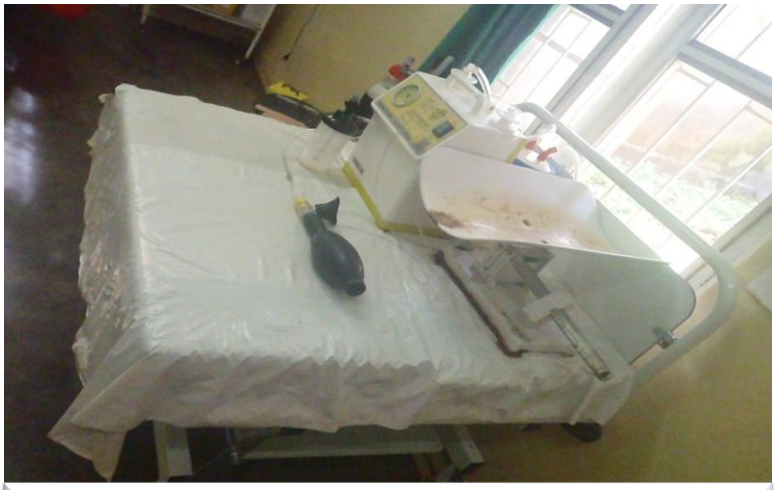
For $350.00 Josephine can do all of this:

- Provide a two-day class for 10 health workers – **plus**
- Train 20 peer counselors – **plus**
- Provide 20 home visits to mothers having breastfeeding difficulties – **plus**
- Print 100 leaflets and 20 posters about the Baby Friendly Hospital Initiative

And that is exactly what we will be doing on my trip. We will be doing a 5 day class for health workers, we will be making home visits to mothers in rural areas, and we will be working to support a hospital; St. Francis Hospital Nkokonjeru in their Baby Friendly journey. I love Baby Friendly Hospitals!

Here are a few facts about Uganda:
•Out of every 1000 babies born, 92 die before their first birthday. In the U.S. - it's 7.
•40% of the population lives on about $1/day.
•97% of households use firewood
•92% do not have electricity
•75% use kerosene candles as their main source of light
•17% have no access to toilet facilities
•One in every 25 persons has a disability
•39% do not have access to safe drinking water
•77% still live in dirt-floored homes

When I asked Josephine about the needs for her project and the local hospital, this is what she requested:
•linen
•exercise balls
•delivery kit
•digital thermometers
•nurses aprons
•hanging watches
•shoes (sizes 6,7,8)
•surgical blades
•Mackintosh
•bags
•pens
•t-shirts
•antiseptic soap/sprays
•Hisonic HS120B Portable Public Address system with wireless microphones (especially for my community outreach events as in the rural areas there is no electricity)
Children's breastfeeding books by Kate Carothers, and other breastfeeding supplies, books, DVDs, breastfeeding balloons



This is a picture of the well baby observation area in one of the local hospitals.

One portion of our trip that wasn't funded: t-shirts for the education participants. We estimated needing 130 t-shirts.

Ameda has generously donated some hand pumps and education materials. Childbirth Graphics generously donated a breast model, puppet, and teaching doll for our education efforts.

We are grateful for anything we can bring to the people of Uganda! If you would like to help, please contact me (information below) and thank you again for your help and support with our project!

Angela Lang, RN, IBCLC, RLC langangel@gmail.com 262-331-3277

New Study Claims Formula Supplementation Increases Breastfeeding Duration

Marsha Walker, RN, IBCLC, RLC

Have you been approached by colleagues and/or mothers asserting that formula supplementation extends breastfeeding duration? Or worse yet, that a new study shows that your efforts to assure exclusive breastfeeding are unnecessary, extreme, or no longer valid? This is not surprising given the headlines that proclaim, "Early baby formula is not your enemy," and "Feeding babies formula and breastmilk can help mothers breastfeed longer." A small study published in the June issue of *Pediatrics,* concluded that early limited formula supplementation after every breastfeed during the hospital stay improved breastfeeding duration and that "reducing the use of formula during the birth hospitalization could be detrimental for some subpopulations of healthy term newborns." Mothers randomly assigned to the experimental group were instructed to syringe-feed 10mL of formula after each breastfeeding while mothers in the control group (the exclusively breastfeeding group) were taught infant soothing techniques. The inclusion criteria for infants was $\geq$ 5% weight loss at $\leq$ 36 hours of age.

There are a number of limitations and problems with this study that render the conclusion highly questionable. First and foremost is that the study enrolled infants who were not in need of intervention. Most authoritative guidelines do not consider a 5% weight loss as placing an infant in an at-risk category. The amount of formula given to these infants constituted a full feeding and could serve to increase maternal anxiety regarding their milk supply. There were also more multiparous mothers in the experimental group with multiparity being a potent predictor of exclusive breastfeeding. One also wonders why formula was chosen as a supplement rather than expressed colostrum or donor human milk.

Other factors related to early weight loss were not accounted for such as diuresis of excess fluids transferred to the infant from large volumes of IV fluid given to the mother during labor. Nor was meconium stooling considered as a potential contributor to the early weight loss. Mothers were not informed that infant formula could alter the gut flora of the newborn intestine and could have adverse effects on the programming of the immune system. Also there is the fact that one of the authors is a paid consultant for **four** formula companies. Would this alone introduce some bias into the methodology and conclusions of this study?

Parallel to the publication of this study is the recent introduction by Abbott of a formula called "Similac for Supplementation" ("for breastfeeding moms who choose to introduce formula"). Is this merely a coincidence or a brilliant example of stealth formula marketing? The same issue of *Pediatrics* contains a commentary that critiques the study and is entitled, "Early limited formula is not ready for prime time." This appears to say it all. Rather than a six-pack of "supplementation" bottles in every bassinet perhaps what is needed is adequate IBCLC staffing.

When your colleagues wave this study at you, have your response ready to go. Give them a copy of the rebuttal in *Pediatrics.* Refer them to a blog from the Academy of Breastfeeding Medicine that alerts clinicians to drawbacks of this study, and urge caution before changing clinical practice.

New Cost Analysis Study on Maternal Disease Burden & Lack of Breastfeeding

Estimates of the U.S. maternal health burden from not breastfeeding have been published in a new study from the journal *Obstetrics & Gynecology*. Calculations included rates both in terms of premature death as well as economic costs. Results showed that suboptimal breastfeeding incurs a total of $17.4 billion in cost to society resulting from premature death, $733.7 million in direct costs, and $126.1 million in indirect morbidity costs. This and its companion article (The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis) on the societal burden in infants not breastfed are important as validation of the costs to the United States when breastfeeding is avoided or abandoned. These studies are extremely useful in our work to form policy on breastfeeding, receive reimbursement for clinical lactation services, and draft legislation related to maternal and infant health.

What is an IBCLC, RLC?

"Lactation Consultant" cannot be trademarked or copyrighted and we all know that anyone can say they are a Lactation Consultant (LC). IBCLC is very specific...And a mouthful. But RLC...Registered Lactation Consultant...That is a protected title that ONLY we International Board Certified Lactation Consultants may use. Registered Nurse, Registered Dietitian, Registered Lactation Consultant...you get the picture. Are YOU an RLC? If so, use it consistently and proudly!

We'd love to hear your comments and input. Let USLCA know what you think via email, Facebook or Twitter.

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