

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 E-news**  
November 2008/ Issue 15

**From the President: Glenda Dickerson, RN, MS,  
IBCLC**

**From the President:**

The USLCA Fall Board Meeting was held in Raleigh, North Carolina, October 30th through November 2nd. I left feeling honored to work with such a dedicated group of individuals. Your Board and Executive Director are very excited about plans for the future as we work toward making the IBCLC a valued, recognized member of the health care team.

As I mentioned last month, I will be leaving the Board in July and a new president will be installed during the Annual General Meeting at the ILCA Conference in Orlando. I am excited to report to you that the USLCA Board of Directors selected Laurie Beck RN,

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MSN, IBCLC, RLC, as the next Board President. Laurie is one of the original seven board members and has served as Director of Professional Development during that time. Laurie brings a wealth of experience as an IBCLC as well as a willingness to work diligently for her professional association. Laurie will do a wonderful job in leading our organization to continued growth and viability. Please welcome her to this position.



Glenda Dickerson, RN, MS, IBCLC  
USLCA BOD President

December is renewal time for USLCA membership. Please join me in supporting our profession by continuing your membership and encouraging non-member IBCLCs to become involved. As breastfeeding continues to be recognized as an important health care issue, we must insure that IBCLCs are heard. Only when we join our voices together can we hope to strengthen that Voice to advocate for the IBCLC.

Glenda Dickerson RN, MS, IBCLC  
USLCA Board President

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## **BOARD NEWS**

### **USLCA BOD MEETING SUMMARY**

Oct. 31-Nov. 2 2008  
Raleigh-Durham, North Carolina

#### Participants:

- President- Glenda Dickerson, RN, MS, IBCLC, RLC
- Secretary-Newsletter- Hospital Position statements- Karen Querna, RN, BSN, IBCLC, RLC
- Treasurer-Liaison- Advocacy- Faith Ploude, BA, IBCLC, RLC
- Director of Public Policy- Licensure and Reimbursement- Crystal Stearns, RNC, BSN, MS, IBCLC, RLC

## **USLCA MEMBERS IN THE NEWS!**

### **MARSHA WALKER PAYS A VISIT TO THE NOVEMBER USLCA CHAPTER CONFERENCE CALL: PERINATAL REGULATIONS**

Is your USLCA Chapter represented on the monthly USLCA Chapter conference calls? Held the first Sunday afternoon of the month, these tele-networking opportunities are creating a wealth of exciting ideas for Chapters to take and use to good advantage. This month, the group was fortunate to have Marsha Walker, RN, IBCLC, RLC, as their guest.

Marsha is very active in the Massachusetts Breastfeeding Coalition, and is a familiar face and voice for IBCLCs. Her main reason for sitting in on

- Director of Professional Development-Laurie Beck, RN MSN, IBCLC, RLC
- Director of Members Services-Chapters, Members - Debbie Costello, RN, IBCLC, RLC
- Director of Marketing-Judy Harris, MPH, RD, IBCLC, RLC
- Executive Director - Scott Sherwood

This was the 9th time the USLCA BOD has met in person since our formation in 2 1/2 years ago. We also have with monthly conference calls. The USLCA BOD is dedicated to promote the profession of the IBCLC in the United States. [read more.](#)

## OF ELECTIONS AND GIVING THANKS



November is an interesting month, isn't it? We started with a national election and will end the month being thankful. The presidential election was not the only election going on this month. Our USLCA BOD met in Raleigh, NC, and among other items on their agenda, they voted on who would be the next USCLA President when Glenda Dickerson steps down from her Board position in July. Congratulations to Laurie Beck, RN, MSN, IBCLC, RLC! Glenda has done a terrific job guiding USLCA as a fledgling organization.

Laurie's experience both on the BOD and off will keep and build the momentum that began with Glenda's leadership. If you would like to read more about Laurie's background and what she brings to the Board, click [here](#)

this call was to share knowledge, suggestions, and encouragement as chapter representatives seek their state hospital perinatal regulations—and look to ensure that the IBCLC is listed in them as the appropriate provider of lactation care and services. Perinatal regulations are mandates for hospitals that provide maternal and newborn services. Specifying the presence of an IBCLC on staff is another avenue to help advance the lactation consulting profession and the IBCLC credential.

Finding copies of the state regulations can be a challenge. Some are available online—if you know where to look and how to search for them. Sometimes a simple Googling of “[your state] perinatal regulations” will lead you directly to the document. The perinatal regulations are usually housed under what are called “hospital regulations” so you may need to look for or ask for a copy of your state hospital regulations. If that doesn't work, Marsha suggests contacting the state Department of Health by telephone and talk with someone who can tell you where to find hospital regulations.

These regulations are periodically opened for review, and knowing when this is going to happen can provide an opportunity to update the breastfeeding language—if it even exists! The regulations are not opened very often, partially because opening them means anybody and everybody with an agenda for the hospital will be there to state their case. It is not just about breastfeeding and maternity care!

In keeping with the season, Laurie offered a list of what she is thankful this year:

*I am thankful for being an IBCLC because I truly love helping new families enjoy their babies and provide the best nutrition possible. It is not always easy, our job can be challenging, but it is always rewarding!*

*I am thankful for the friends I have met along the way. I cherish my special friendships. Some call it networking, but I call it friendship. I have special friends in New York, Washington, Alabama, Oklahoma, Utah, Florida, South Carolina, North Carolina, and Texas. Each conference I go to my list gets longer.*

**Laurie, we are thankful for you and the rest of the USLCA Board of Directors and the work you have done in the name of breastfeeding-and the lactation consultant profession.**

**Happy Thanksgiving to all!**

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## **MEMBER NEWS**

### **REIMBURSEMENT TOOLKIT NOW AVAILABLE ON ILCA WEBSITE**

For those of you interested in reimbursement for your

Marsha described some of what Massachusetts went through when the opportunity arose. The Massachusetts Breastfeeding Coalition was already known to the Department of Health—a key step in this process. They were invited to participate in the review, and Marsha went through the existing regulations with a fine-toothed comb, adding breastfeeding in everywhere she could. She used the language of the New York state perinatal regulations as a guide. Attempts to specify the IBCLC as the official breastfeeding specialist were thwarted, so a more encompassing “or someone with equivalent knowledge” phrase was added. She also recommended “banning the bags” to prevent distribution of formula discharge bags in MA hospitals, but this item was deleted by then Governor Mitt Romney. To see a copy of the MA regulations relevant to breastfeeding and lactation consultants, click [here](#).

Perinatal regulations have to be written in general terms—perhaps more general than we might prefer—to leave some decisions up to the individual hospital which may lack the facilities or personnel to carry out more specific regulations.

In an effort to ensure that hospitals had a way of following the regulations in a meaningful way, the Massachusetts state Department of Public Health also created a set of guidelines. The MA Breastfeeding Coalition participated in the creation of these guidelines. To see these guidelines, click

services, USLCA has a toolkit available through the ILCA website at: [http://www.associationhome.com/ilca/common/tnt\\_frontpage.cfm](http://www.associationhome.com/ilca/common/tnt_frontpage.cfm)

This Toolkit discusses:

- Billing for care provided for the mother
- Operations for billing the three-to-five day visits
- Billing for extra time spent at well baby visits
- Use of time based coding
- Billing for consults
- Commonly used ICD-9-CM codes
- Billing for allied health professionals

You can also email USLCA directly at [info@uslcaonline.org](mailto:info@uslcaonline.org) to request an order form.

## **CALL TO MEMBERS: ARE YOU AN IBCLC IN A MAGNET HOSPITAL?**

We'd like to hear from you for a future article describing this approach to recognizing and rewarding excellence in nursing. We'd like to help ensure that the IBCLC is included as a part of the program. Please contact me at [eNewsEditor@uslcaonline.org](mailto:eNewsEditor@uslcaonline.org). Thanks! Melissa Vickers, MEd, IBCLC, RLC

[here](#).

Marsha suggested that the recent 2008 Maternity Practices in Infant Nutrition and Care (mPINC) survey results could be used to help improve hospital regulations. Because so many states and hospitals scored low on this voluntary survey, it provides an opportunity for IBCLCs to offer to work with the DPH and hospital to improve the scores. She emphasized the need for these efforts to be seen as a cooperative venture for improvement rather than punishment for poor scores. She plans to speak on how to improve mPINC scores over the next year. The mPINC survey will be repeated in a couple of years. To see a copy of the survey, click [here](#).

To see how your state fared in general on this and other breastfeeding measures, see the [CDC Breastfeeding Score Card](#).

Thank you, Marsha, for sharing your wisdom and experience—both with the Chapter representatives, and also the state of Massachusetts!

*If your Chapter is not yet represented at these monthly conference calls, email Debbie Costello, USLCA Board of Director for Member Services, at [debbiecostello@uslcaonline.org](mailto:debbiecostello@uslcaonline.org).*

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## **IBCLC CORNER**

### **CONGRATULATIONS TO ALL THE NEW-AND NEWLY RECERTIFIED-IBCLCS!**

Did you hear the collective cheers and sighs of relief a few weeks ago as exam-takers around the world got the good news that they'd passed the IBLCE exam? Congratulations to all who put their knowledge to the test-literally-and were rewarded with those five coveted letters. Those of us who have held those initials for a while know that the rewards go way beyond the certificate that hangs on our walls. Being a lactation consultant is truly rewarding work, and work that counts double duty. When we do our work, we help mothers AND their babies. So, to the "newbies": best of luck to you as you chart your path as an IBCLC. Where will you work? Whose lives will you touch?

### **IBLCE EXAM: BY THE NUMBERS**

The real stories in this profession are not gleaned from lists like the one that follow-they are the day-to-day tales of IBCLCs at work. But the numbers tell a story, too: [read more.](#)

### **REACH OUT AND TOUCH THOSE NEW IBCLCS!**

One of the best gifts you could give to those newly certified IBCLCs is a sales pitch-encourage them to join ILCA and USLCA. Perhaps your Chapter could help subsidize membership costs to make them even more of a deal. And

## **LIAISON REPORT:**

### **AMERICAN PUBLIC HEALTH ASSOCIATION 2008 MEETING**

Mary Rose Tully, MPH, IBCLC, RLC, liaison to APHA

The 2008 American Public Health Association meeting was very exciting. It is a very large meeting with over 10,000 attendees, so in some ways breastfeeding is a small part of the over-all agenda. Even within the Maternal Child Health Section, breastfeeding is only one part of the agenda. However, the Breastfeeding Committee regularly has some of the best sessions and the most abstracts submitted. A number of USLCA members presented sessions this year.\_

This year the MCH Section Breastfeeding Committee had 4 oral sessions (five researchers presenting at each) and a poster session with 10 poster presentations. There was also an oral session on breastfeeding sponsored by the Food and Nutrition Section, and one sponsored by the Epidemiology Section. The Women's Caucus and the International Health Section each had an invited session on breastfeeding. I was one of the speakers on each of those panels.

One of the MCH sessions was devoted to the outcomes of the Maternity Care Practices survey (mPINC) done by the CDC with discussion of how

don't limit your marketing just to the new IBCLCs-those initials are NOT a criteria for ILCA/USLCA membership. There are also many IBCLCs who have not yet joined. Remember, if you can get at least 5 people to join, you might win a free ILCA conference registration as part of the Each One Reach One campaign! If you need some talking points to help you make the sale, here's a list:

- Professional Liability Insurance at a reasonable price
- Networking with other IBCLCs
- Committees for the United States Lactation Consultants Association are working on increasing public awareness of the IBCLC, licensure/reimbursement for the IBCLC, & hospital staffing of IBCLCs. (Job Security Issues)
- Monthly newsletter from USLCA has a wealth of information every month to keep us informed and share among ourselves valuable information.
- Webinars to focus on topics that pertain to IBCLCs in the United States

*The more USLCA members we have, the more good work we can do, and the stronger our voice as a profession for all the mothers and babies we serve!*

## **SPEAKING OF TESTS... HAVE YOU GRADED ANY RESEARCH LATELY?**

According to Dr. Gross's statistical analysis of the IBLCE exam, the content area with the lowest average score was interpreting research. Perhaps that isn't too surprising, since most of us come into the profession from pathways other than as clinical researchers. And yet, we are positioned to provide

the reported practices do or do not follow recommended practices for supporting breastfeeding. The surveys were anonymous, but each state is getting a report card for its hospitals, and each hospital that responded got a report of its standing by comparison to other hospitals. Since the responses are anonymous to the CDC, the reports were done by an independent contractor. Katherine Shealy, MPH, IBCLC, RLC, one of the CDC staff reporting on the survey is a member of USLCA. Another presentation with direct clinical application was a study on the effect of immediate skin-to-skin holding until after first feeding on both breastfeeding duration and general hospital support of breastfeeding done by Leslie Bramson, RN, IBCLC, RLC, PhD (Public Health). Leslie is a member of USLCA.

Anne Merewood, MPH, IBCLC, RLC, another member of USLCA, presented her groups work on the effect of banning the distribution of formula advertising bags by hospitals.

Jane Heinig, PhD, IBCLC, RLC, editor of the *JHL*, was part of the poster session.

My presentation in the session organized by the Women's Caucus on Breastfeeding and Feminism focused on the problem many women face: who has clinical responsibility for ("owns") protecting and supporting breastfeeding? My second presentation was on the role of donor milk banks in breastfeeding promotion worldwide.

significant data for research studies-and it is important that we be able to sift through the mountains of research on breastfeeding to identify well-done studies with recommendations that we can trust and put into practice with the mothers and babies we work with. [read more.](#)

## **WHEN 5 IS REALLY 8 (initials): WHAT IS AN RLC? PART I**

Have you noticed that some IBCLCs add "RLC" after their names? Do you? Have you wondered what those three initials mean and why they matter? In this two part series, we'll get an overview of this designation from Laurie Beck, and a historical perspective from Karen Zeretzke. Next month, look for an update on where we are currently with the RLC listing from Anna Utter, Regional Director for IBLCE in the Americas.

### **An Overview, by Laurie Beck, RN, IBCLC, RLC**

The IBLCE Board of Directors passed a motion in August 1999 that the list of IBCLCs in each country be designated a Registry, and that all IBCLCs may state that they are registered with IBLCE. You can go to the IBCLE website to view the registry of all IBCLCs.

The proper use of credentials is IBCLC, RLC, for IBCLCs in the United States.

Licensure, Certification, and Registered are different professional levels to obtain. Our profession is certified and registered by IBCLE. Licensure will be obtained at the individual state level. The public is familiar with "Registered" such as Registered Nurse & Registered Dietician. Certification

A cross-sectional group of us are also establishing a Breastfeeding Forum. Next year the meeting will be in Philadelphia and I hope more IBCLCs will submit abstracts on research they are doing ([www.apah.org](http://www.apah.org)) – breastfeeding is the foundation of public health in so many ways.

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## **TIPS: TECHNOLOGY IN PRACTICE**

### **HHS News: 2010 DIETARY GUIDELINES--- OPPORTUNITY FOR PUBLIC COMMENT**

Every five years the Departments of Agriculture and Health and Human Services issue updated Dietary Guidelines that are the "cornerstone of Federal nutrition policy and nutrition education activities." An Advisory Committee has been appointed to study current guidelines and make appropriate changes. While there is no IBCLC on the committee, it is possible to read all minutes of the meetings and to provide comments on the revision process. Click [here](#) for a link to the Guideline site where you can read minutes and transcripts and make comments. According to the website, the guidelines "provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases." By making some well-worded, evidence-based comments, we can at least ensure that the

is accomplished through meeting the specified criteria and passing the IBCLE exam. Our profession has a Scope of Practice and a Code of Ethics which can be viewed at the ILCA website.

USLCA has working committees that are working on licensure issues and the marketing of our profession to the general public.

*Laurie Beck, RN, IBCLC, RLC*

### **IBCLC, RLC: A History Lesson, by Karen Zeretzke, MEd, IBCLC, RLC**

In 1998, we in Louisiana were thinking about how we could create insurance reimbursement for lactation consultants. Sandra Adams, the Executive Director of the Maternal and Child Health Coalition and a staunch supporter of breastfeeding, was instrumental in both the vision and the establishment the Registered Lactation Consultant credential. [read more.](#)

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## **LEGISLATIVE NEWS**


### **MORE LEGISLATIVE HIGHLIGHTS FROM LOUISIANA**

Once Louisiana IBCLCs got their "feet wet" with the RLC legislation, they have expanded their efforts in the legislative arena to include breastfeeding legislation for public breastfeeding, insurance coverage, and day care. To see a summary of the LA breastfeeding legislation, click [here](#).

voice of the IBCLC is heard. This is important for both the nutritional guidelines for the breastfeeding mother, and we might encourage them to consider that good nutrition starts long before a child's second birthday!

### **CDC OFFERS NEW ONLINE SOCIAL MARKETING TRAINING COURSE**

Want to learn about how to use social marketing to promote health messages-such as breastfeeding? The Division of Nutrition, Physical Activity, and Obesity at the CDC is offering a new-free-online training course, *Social Marketing for Nutrition and Physical Activity*, designed for health professionals. The course includes information on working with limited resources, provides worksheets and a glossary, and links to other resources. Click [here](#) for more information.



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