



The PRO-LC Gold Standard - FALL 2008

The Newsletter of the Pennsylvania Resource Organization for Lactation Consultants

WORLD BREASTFEEDING WEEK 2008 DISPLAY WINNERS TO BE ANNOUNCED AT THE SEPTEMBER PRO-LC MEETING – BE THERE TO VIEW PHOTOS AND PICK UP YOUR PRIZE!

A REFLECTION ON WORLD BREASTFEEDING WEEK AND SUPPORTING MOTHERS

Lisa Mandell, MBA, IBCLC – PRO-LC President

I had the honor to fill in for some of our World Breastfeeding Week display judges this year, and saw some of the wonderful displays at area hospitals. I enjoyed seeing how different places demonstrated the theme of "Mother Support." Mothers can get support in many ways, and as IBCLC's we may focus on how we provide support in the hospital (as hospital LC's) and after mother and baby are discharged (as private practice LC's). But we can't always continue to support mothers through their entire course of breastfeeding. This is where volunteer breastfeeding counselors play a valuable role. When mothers attend a breastfeeding support group or speak to a volunteer breastfeeding counselor over the phone, they can get continued support, for issues big and small. I was intrigued to find, in WBW materials from WABA, a review of research that found, among other things, that lay counselors were found to be most effective in increasing the duration of exclusive breastfeeding.

I would like to challenge each of you, in whatever capacity you work with breastfeeding mothers, to provide information to those mothers about volunteer breastfeeding counselors and groups in their area. We are blessed in the Philadelphia area to have a large number of breastfeeding support organizations or groups: many hospitals have breastfeeding support groups, plus La Leché League, Nursing Mothers Network, Nursing Mothers Alliance, WIC offices, breastfeeding stores and centers, and more. Please find out about all the counselors and groups in your area, get their schedules and contact information, and share it with every mother you see! I encourage every mother to go to as many support groups as she can, and keep going back to the ones she likes. I tell them that these groups are places they can complain and find empathy, as well as ideas and support, and they won't know how helpful it is until they go. These groups are all different, and the mother you're working with may find kindred souls at any or all of them.

We can't do this alone -- let's really work together to provide the support mothers need to start breastfeeding, continue breastfeeding, and enjoy breastfeeding!

SEPTEMBER PRO-LC MEETING

What: Ankyloglossia

Who: Speaker Penny Soppas, MD, IBCLC

When:

Wednesday, September 10, 2008, 12pm to 3pm
Lunch, Networking, & WBW Awards - 12 to 1
Presentation - 1 to 3

Where:

Philadelphia Health Department
11th and Market Streets, 8th floor
Philadelphia, PA

Directions to Philadelphia Department of Health

Parking is available in the garage next to the Reading Terminal Market with entrances on 11th and Arch Streets, and there is another garage on 10th Street between Filbert and Arch Streets. However, parking is expensive.

It is easier to take the train to the Market Street East Station. Take the steps to 12th Street & the Convention Center. Go through the glass doors and up the escalator. (Do a 180° turn.) At the top of the escalator turn right and then right again and in front of you will be another set of glass doors. Once through these doors you will see the Aramark Tower on your right. Go through another set of glass doors. You will need to present ID to the guard, who will take your photo and issue you a pass for the day.

Take the second set of elevators to the 8th floor. Go through the glass door of the Health Commissioner's office at the Department of Public Health. We will be meeting in the large training room on the left.

If you are having problems, go outside. The Aramark Tower is located at the corner of 11th and Market Streets. The Hard Rock Cafe is at one end of the block and the Aramark Tower at the other end. There is a Sovereign Bank on the corner and the entrance to the Aramark Tower is next to the bank on Market Street.



UPCOMING CONFERENCES

ILCA and European Lactation Consultants' Association Conference: A World Wide View on Breastfeeding (Liz and Chris will be speaking!)

Wednesday-Friday, October 1-3, 2008
Austria Center, Vienna, Austria

For information: <http://ilca.org/ilcaconf.html>

Medela NICU Education Symposium Human Milk in the NICU: Translating Evidence Into Practice

Speakers: Paula Meier, RN, DNSc, FAAN and Diane Lynn Spatz, PhD, RNC, FAAN (Hooray for Diane!)

Wednesday, October 8, 2008
George Washington University, Washington, DC

Registration
\$150 Individual, by September 5, 2008
\$135 Group of 10 or more
\$175 Individual, after September 5, 2008

For information: www.nicueducation.com

Dr. Jack Newman Presents: Controversies in Breastfeeding

Ameda is underwriting the cost of the speaker

Thursday, October 16, 2008
Atlantic Health/Morristown Memorial Hospital
Morristown, NJ

Registration Deadline: October 3, 2008
Morristown Memorial or Overlook staff \$60.00
All others: \$85.00
Registration fee includes breakfast, lunch, conference materials, and a 2006 edition of Dr. Newman's The Ultimate Book of Breastfeeding Answers.

For information contact Amy Gole at 973-971-5783, or amy.gole@atlantichalth.org

Breastfeeding: New Strategies for Improved Outcomes

Speaker: Dawn M Kersula, MA, RN, LCCE, FACCE, IBCLC

Monday, October 20, 2008
Camp Hill, PA

Tuesday, October 21, 2008
Allentown, PA

Wednesday, October 22, 2008
Crowne Plaza Valley Forge, King of Prussia, PA
Registration: \$164, 3 weeks prior to seminar date

For information: www.pesihealthcare.com

ICEA 2008 International Convention & Training Workshops: Celebrate Childbirth Professionals

Thursday-Saturday October 23, 24, & 25, 2008
Hyatt Regency, Buffalo, NY

For registration information: www.icea.org

La Leché League of New York-East is presenting 2 conferences:

Breastfeeding: Current Perspectives A Healthcare Provider Seminar

Speakers: Kathleen Kendall-Tackett, Ph.D, IBCLC and Nancy Mohrbacher, IBCLC

Friday, October 24, 2008
Holiday Inn Suffern, Suffern, NY

Empower Our Children, Shape the World A Breastfeeding and Parenting Conference

Friday-Sunday, October 24, 25 & 26, 2008
Holiday Inn Suffern, Suffern, NY

For information on both conferences: www.illnye.com

Staying Abreast: Promoting Good Health for Life

Speakers: Brian Palmer, DDS and Kay Hoover, M Ed, IBCLC, RLC (Hooray for Kay!)

Tuesday, October 28, 2008
Abington Hospital, Frobese Conference Center
1200 Old York Road, Abington, PA

Registration:
AMH staff no charge
\$75 before October 1, 2008
\$100 after October 1, 2008
For information call 215-481-6106



EMPLOYER RECOGNITION AWARD PROJECT

Chris Mulford, BSN, IBCLC

PA-BC is collaborating with MCC on a state-wide employer recognition award project this year. In several locations around the state, local breastfeeding advocates will recognize breastfeeding-friendly businesses that provide support for their breastfeeding employees. The Philadelphia awards will be presented on Monday, September 15, from 3:00 to 5:00 p.m. at the College of Physicians of Philadelphia, 19 South 22nd Street. To attend, contact Kistine Carolan at kcarolan@momobile.org.



WORLD BREASTFEEDING WEEK EVENTS

World Breastfeeding Week Press Conference

Chris Mulford, BSN, IBCLC

At a World Breastfeeding Week press conference on 8/07/08, W. Curtis Thomas and Tony J. Payton, who represent North Philadelphia districts in the Pennsylvania legislature, presented a citation to Philadelphia's Maternity Care Coalition (MCC) and the Pennsylvania Breastfeeding Coalition (PA-BC) in recognition of the two NGOs' efforts to protect, promote, and support breastfeeding for Pennsylvania families. What's more, both of the men disclosed that they had been breastfed and acknowledged their mothers' influence on them.

Allison Anderson Acevedo, Representative Thomas's legislative specialist, thanked her boss for his support and described the ways he had found to accommodate her needs as a breastfeeding mother. Pediatrician Esther K. Chung, a physician advocate with MCC, gave a quick overview of many challenges that face Philadelphia women who want to breastfeed. The event was hosted by JoAnne Fischer, Executive Director of MCC. JoAnne and I accepted the award from Reps Thomas and Payton, and I got a chance to say that breastfeeding mothers, like Olympic athletes, need support from everyone.

Two reporters were present, and lots of pictures were taken. Thirty minutes later, as Esther and I drove home with two of her students in the car, imagine our delight when we heard the story on KYW News Radio! It was just a quick report, but it was accurate, and it got the word "breastfeeding" out over the airwaves on a major station in a major U.S. city.

Northeastern Hospital Celebration

Nikki Lee RN, MS, Mother of 2, IBCLC, CCE, CIMI

I am so uplifted. Northeastern Hospital, home of Susan Slear RN, IBCLC, had a celebration today (8/07/2008.) Their first.

How many of you have even heard of Northeastern Hospital, 2301 Allegheny Avenue, built for 40 births a month and doing 160? It is part of the Temple system. As a result of the crowding, most mothers are in the hospital for 24 hours or less.

26 of the nursing staff have taken the 3-day course, and the OB Educator (Kimberly Kurtz) had a pinning ceremony. The CEO of the hospital, John Buckley, came and so did a reporter from the in-house organ. There was cake and posters and gold wrapped Hershey Kisses and lots of talk about where to go from here. They are open to the idea of breastfeeding grand rounds once a season, and of running the 3-day course once a year.

Some of the involved staff came from Jeannes Hospital maternity unit.

It was an event to remember.



IBCLC EXAM GOING HIGH-TECH

Liz Brooks, JD IBCLC

The future may be here sooner than we think! Anna Utter, Director of the Americas at IBLCE, gave a few presentations at ILCA describing what is around the bend for IBLCE: not only are they moving down to 4 pathways that are supposed to be "more user friendly," they have now (or, maybe are about to have) a whiz bang computer system that will allow IBLCE to investigate using a computerized exam. They are also thinking about on-line CERPs authorization - faster for PRO-LC to get approvals AND for folks to check on their CERPs status.

IBLCE ANNOUNCES NEW EXAM ELIGIBILITY REQUIREMENTS

Anna Utter, IBCLC
Regional Director IBLCE in the Americas

The International Board of Lactation Consultant Examiners (IBLCE) is pleased to announce revised eligibility criteria for individuals wishing to become International Board Certified Lactation Consultants (IBCLCs). The changes reflect IBLCE's commitment to public safety and to the advancement of the lactation consultant profession.

There are now four ways to become eligible for the exam:

1. Graduate from a Lactation Specific Academic Program
2. Be a Licensed or Registered Healthcare Professional
3. Be a Provider of Breastfeeding Counselor within a Supervised Setting
4. Complete a Mentored Lactation Education Plan

All eligibility criteria are considered to be minimum requirements. Based upon the individual's training and background, additional coursework or lactation specific clinical practice hours may be needed to successfully complete the examination.

Individuals wishing to take the IBLCE exam in 2009 may qualify through these revised criteria. Persons who have been working toward exam eligibility under the former pathways should contact us at iblce@iblce.org.

Editors note: For more details on these new pathways, logon to www.iblce.org



WOULD YOU LIKE TO HOST PENN NURSING STUDENTS?

Diane L. Spatz, PhD, RNC, FAAN

Nursing 361 is a seminar course for junior and senior nursing students at Penn. The students spend 14 hours per semester visiting LC's, nursing mothers groups, LLL meetings, WIC and breastfeeding classes and support groups.

Could you let me know if you would like to be added as a clinical site? If you are interested, please email me with the type of experience, time available, location, etc.

Thanks for helping make Penn Nurses great breastfeeding advocates.

Diane L. Spatz, PhD, RNC, FAAN
Helen M. Shearer Term Chair in Nutrition
Associate Professor
University of Pennsylvania School of Nursing
Clinical Nurse Specialist-Lactation
The Children's Hospital of Philadelphia
Phone: 215-898-8100
Email: spatz@nursing.upenn.edu

LC JOBS

Pennsylvania Hospital - Debi Ferrarello

I have a couple of positions to fill and am hoping that some of you may have ideas.

The first is a permanent part-time (20 hours/week) benefited position to work in Solutions for Women, Pennsylvania Hospital's health boutique for women. This is not a LC position. The primary focus will be excellent customer service for our customer base of new and expectant mothers, women undergoing treatment for cancer, and women interested in good health. In addition to direct customer contact, this person will be responsible for inventory, tracking and billing for breast pump rentals, maintaining some department statistics, and assisting in the department as needed. They will need to be willing and enthusiastic about attending the Health Dept.'s 3 Day Breastfeeding Course. Some computer skills (Microsoft Office Suite) are needed.

The second (and third, fourth, fifth!) is the perennial need for per diem lactation consultants. I would love to have someone focus in the ICN, afternoon hours especially, on a consistent basis. We could use additional per diem LCs on our post-partum units, as well. Our LCs do brief post-partum breastfeeding classes, visit post-partum mothers, facilitate at our post-discharge breastfeeding discussion group, answer our warmline, and mentor new staff and lactation interns. Hours are flexible. If you are interested or know someone who is, please let me know.



MATERNITY CARE COALITION E-ALERT #23 CHESTNUT HILL OB UNIT CLOSURE September 3, 2008

The Nation's Birthplace is No Place to Give Birth!

Philadelphia continues to labor over a childbirth crisis. Maternity Care Coalition (MCC) sadly acknowledges the 15th obstetric unit to close in the past 11 years: Chestnut Hill Hospital (CHH) has announced plans to close their maternity ward this month. This will soon leave residents of Northwest and Northeast Philadelphia with no OB units for birthing families.

"If we continue down this dangerous road, families will not be able to count on having a hospital in their community nor a trained practitioner for their birth," warns MCC Executive Director, JoAnne Fischer. "OB care must either be made profitable or hospitals must be required to provide this essential service to communities," Fischer urges.

MCC advocates for a community-informed process for transitions when an OB unit closes; ample midwifery options for women; initiatives by public and private insurance companies to fill the void of services; and state policy changes to help prevent further closures.

As the closing of OB units approached a critical point, MCC rallied support for childbearing families and

mobilized communities impacted by the crisis. Unfortunately, the domino effect continues. With each closing, increased pressure is placed on surrounding hospitals to provide maternity services – without sufficient staff or beds. Approximately 1,100 births previously covered by CHH will now move to already overburdened units. Additionally, women's access to midwives has drastically reduced over the years. The future of midwifery services associated with CHH remains uncertain.

While families in Northwest and Northeast Philadelphia are most affected by dwindling maternity care options, this is a crisis throughout Pennsylvania and there is a critical need for statewide action. For more on the alarming trend of diminishing birth options go to www.momobile.org.



HOSPITAL HAPPENINGS

Abington Hospital – Mara Brand

The Breastfeeding Services/Lactation Team of AMH has been nominated for the 2008 Breastfeeding-Friendly Business Award. The award recognizes area businesses and workplaces that support breastfeeding mothers as employees and/or patrons.

Chester County Hospital - Robin Frees

Robin Frees was hired for a part time LC position working 2pm -6pm at Chester County Hospital. Michelle Quigley works 10am-2pm so they now have LC coverage 8 hours a day Monday-Friday.

Doylestown Hospital – Judi Lauwers

On July 1, Doylestown Hospital started tracking breastfeeding statistics at discharge. The lactation consultants enter the information in the computer at discharge and any that are overlooked are picked up by going through the remaining charts in the computer at the end of the month when the stats are compiled.

Here are stats for the month of July:

85% breastfeeding at discharge

15% formula feeding at discharge

Of those who left breastfeeding:

69% exclusive

11% partial at mother's request

20% for medical indication

Einstein Hospital – Ellen Prince

Einstein's Post Partum Nursing Unit has promoted Madeline Frith, one of their Maternity Nurses, as coordinator for its Breastfeeding Program. Madeline will be sitting for the IBCLC exam in 2009.

Holy Redeemer Hospital - Colette Acker

The Breastfeeding Resource Center (BRC) is contracted to provide lactation services at Holy Redeemer Hospital. Last July, the hospital asked to increase lactation coverage from 4 days to 7 days a week. When Colette couldn't find enough IBCLCs to

cover all those days, she asked if she could use lay breastfeeding counselors who were interested in becoming IBCLCs to work at the hospital. The hospital agreed and a year later, four of those breastfeeding counselors sat for the IBCLC exam in July! They are anxiously waiting for October!!

Mercy Suburban Hospital - Donna Eirich

Donna Eirich has been hired as an LC at Mercy Suburban in Norristown – she has been there since April 2008 and works 3 days a week.

Pennsylvania Hospital – Debi Ferrarello

As of July 1, Pennsylvania Hospital has laborists in their Labor and Delivery Unit. It is hoped that this will increase patient safety because physicians will not be allowed to manage the care of women in labor while simultaneously seeing patients in their offices, nor will they be able to be up all night with laboring women, then do surgery the next day. It is also hoped that the C-section rate will go down.

While there will always be a laborist on duty, private physicians and midwives will also be on the unit. At any given point there will be a laborist, one or two OBs from the practices, residents, and midwives.

Physicians from the practices rotate coverage. They may catch their own babies if they are on at the time. If they choose, they can come in and do the birth even if they are not on the schedule. But they cannot do that from their office and they cannot do that at night and do surgery in the morning. Most will choose not to.

While there has been confusion surrounding the responsibilities of the various physicians on any given day, from a patient standpoint, the feedback has been positive. The other logistics are getting worked out. It's something new and we had a holiday followed immediately by a weekend during the first week of implementation.

The midwives still do their births as always and their patients are the least likely to be impacted by the new model.

Riddle Hospital – Kay Hoover

There were 20 breastfeeding babies born in the first half of the month. So far, all the vaginal births (14) were exclusively breastfed, and the C-births were all supplemented during the first two days, and then went on to just breastfeed after that. After having had surgery 3.5 years ago, I can understand when being on heavy duty pain meds that women would not want to breastfeed. I was pleasantly surprised at the findings. Hurray for the nurses at Riddle Memorial Hospital.

St Mary's Hospital - Lisa Petrino

Stats for the 1st 1/2 of July: We had 64 breastfeeding moms since 8/1; 42 of those exclusive. We have also been keeping track of how many bottles given and the reasons why.

For the most part, when multiple bottles given, it was parent choice ("I'm going to try when I get home", "I want to do both"); cultural; "no milk" or 35-36 week twins that were not feeding well @ breast.

Often, when only 1-2 bottles given during the entire hospital stay, it was for a low blood sugar, or the 1st c/s night so mom could rest. One baby was kept in the nursery & bottle fed for observation as he was grunting & flaring....baby had one bottle. FYI.



HOSPITAL IBCLC NETWORKING MEETING

Next meeting Thursday, October 30, 2008, 7pm-9pm, at Paoli Hospital, in the Potter Room. All hospital LCs are invited to attend. Please email your RSVP to Beth Ricci at riccie@mlhs.org.

Agenda for next meeting:

- Bring updated information about what's happening in the BF world at your hospitals
- Bring ideas about ways to educate staff: what have you tried, what has worked
- Discuss criteria for when to get a mother started with pumping – What do you do at your hospital?



BREASTFEEDING RESOURCE CENTER HIRES DIRECTOR OF DEVELOPMENT

Colette Acker, IBCLC

The BRC has hired Janice McPhelin as Director of Development. She is working as a lactation consultant and has experience with grant writing which is a plus for any nonprofit! Janice traded some of her grant writing abilities for clinical hours towards sitting for the IBCLC exam. The first grant she wrote awarded the BRC \$10,000!!

Although Janice just sat for the exam in July, I was so impressed with her skills that I knew that she would have no problem passing the exam, so I hired her right away!



GET TO KNOW OUR SISTER GROUP

In case you didn't know, PRO-LC pays ILCA dues for a sister group at Mowbray Maternity Hospital in South Africa.

Here are a few facts about Mowbray Maternity Hospital:

- The hospital is located in Cape Town on the western cape of South Africa.
- It is a teaching hospital of the Univ of Cape Town.
- They deliver over 7000 babies a year.
- The hospital has achieved baby friendly status.
- Mothers have the option of choosing midwives to birth their babies.
- Breastfeeding rates are high.
- Dr Nils Bergman was Senior Medical Superintendent of Mowbray Hospital for 6 years.

PUMPING STRATEGIES FOR NON-OFFICE WORKSITE SETTINGS

Amelia Psmythe

Executive Director, Nursing Mothers Counsel of Oregon
Director, Breastfeeding Coalition of Oregon

I am writing with an urgent request for examples and ideas for pumping strategies in non-office worksite settings (fire, police, field inspector, bus, mini-marts, schools, manufacturing etc.)

Is anyone already compiling this, or know of a resource that already exists?

What's going on:

Oregon's landmark worksite lactation legislation is having its first major test.

Portland's Deputy City Attorney has just informed the Bureau of Labor and Industry that she will soon file request for exemptions for every work sector of city employee they deem too challenging to accommodate; starting with fire-fighters and moving on to police and construction (including maintenance and water bureau, etc.)

Let me underscore - there are no incidents or problems currently. Their plan is to "prevent future problems" by simply taking this right away from nursing employees in non-office settings.

Fortunately, there is a brief window where I might sway them toward preemptive problem solving rather than preemptive exemptions. Among other steps, I offered to gather stories from across Oregon and the country.

What I need:

Do you know of a successful story or a well-developed theory about an industry you know well?

If you have any leads, please send them to me, preferably in the format below and with enough detail to make use of it. If you can briefly interview the mom or tell me how to do so, that'd be ideal, otherwise just give me what you've got:

- Sector
- Industry
- City and State
- Employer name
- Employer size
- Real/applied or theoretical info based on knowledge of the industry?
- Specific challenges to providing breaks
- Specific (real or potential) solutions to providing breaks
- Specific challenges to providing space
- Specific (real or potential) solutions to providing space
- Anything to share about the story -- who made this happen?
- Is there a written policy?
- If so, can you share it?
- Contact for more information (employer, HR manager, employee, or BF advocate)

Thinking bigger picture:

We are developing a Breastfeeding Coalition of Oregon website due to launch at the end of September, and we will build an online tool to gather and post this information.

Please don't wait for that to respond to the above request, however.

Thanks in advance for your help!

Amelia Psmythe

Phone: 503-804-6515

Email: amelia@nursingmotherscounsel.org



KUDOS

PRO-LC members are taking over the world!

Liz Brooks will be speaking at ILCA in Vienna. Her topic is *Conflicts Are Interesting - Why Are They Bad?*

Liz was inducted as Inaugural Fellow of ILCA

Chris Mulford will be speaking at ILCA in Vienna and presenting a poster. Her topic is *The Breastfeeding Budget: A Tool for the Empowerment of Women*. Her Poster theme is *Gender Awareness: Its Importance for Lactation Consultants*.

Chris wrote an article in International Breastfeeding Journal titled "*Is breastfeeding really invisible, or did the health care system just choose not to notice it?*"

It is one of about a dozen of the presentations from the Symposium on Feminism and Breastfeeding held last March at UNC Chapel Hill that are being published on line at www.internationalbreastfeedingjournal.com/content/3/1/13 as a special issue of International Breastfeeding Journal.

Kay Hoover is speaking on latch at the "Staying Abreast" Lactation Conference at Abington Hospital.

Kay was inducted as Inaugural Fellow of ILCA

Kay will present at a plenary session next year at ILCA Her talk will be on what to do when LCs encounter a situation where there is no research.

Diane Spatz will be speaking at the Medela NICU Education Symposium.

Judy Crouthamel was pleasantly surprised to learn that Amazing Newborn, Judy's LC practice and boutique, won Philadelphia Magazine's the Best of Philly Award for "Best Breastfeeding Resource."

Rachelle Lessen won a research award at ILCA for her poster presentation on Prenatal Counseling for Families in the Fetal Heart Program at CHOP.

Colette Acker is proud to announce that the Breastfeeding Resource Center is 5 years old and bursting at the seams with happy clients!

**JOIN THE PRO-LC YAHOO GROUP
STAY INFORMED!!!**

Learn, laugh, share, and vent with the knowledgeable and caring members of PRO-LC. If you haven't joined yet, email Diane DiSandro at disandro@comcast.net!



PROVOCATIVE POSTINGS

Breastfeeding experience - Requirement for the job?

Post from Lisa Mandell, 7/22/08

I read a letter in the Sunday Inquirer...that got me thinking. I didn't read the original article the letter-writer was responding to, but it seems he was writing to say that he (and another doctor) are better physicians in treating cancer patients due to the experience of having a spouse with cancer.

This struck a nerve with me. I think one of the things most lactation consultants are able to do so well is empathize with mothers, as we have had the experience of breastfeeding a baby. Then I think, well, a cardiologist doesn't have to have had a heart attack to be a good physician. But if I had a choice between a doctor who had what I have and one who didn't, I'm pretty sure I'd choose the one who did. Once I was able to choose, I always chose female OB/GYN's and then midwives.

Now, sometimes I wonder if I can be as effective in my work since I never had any breastfeeding problems (no thrush, or damaged nipples, or plugged ducts, or low supply, etc.) . . . and I had a completely unmedicated birth. I do sometimes forget when working with moms post c-section that they really can't move well.

What do you all think? If Shannon is still reading this list, I'd be interested in her experiences helping moms breastfeed before she was a mom vs. after.

Reply from Penny Soppas, 7/22/08

That is a tough one. I never breastfed beyond a year but I have experience with plenty of moms in my practice who do. Dr. Newman never breastfed but a better advocate for breastfeeding and a better author and lecturer is hard to find. All one has to do is be empathetic and willing to open up to other peoples experiences.

Reply from Georgette Bartell, 7/22/08

This is a good question. I think that personal experience can bring depth and shades and teeny details that one may not get otherwise. But it can also bring bias and we have to be professional to prevent our own experiences from causing judgment and to know how to sort those out. Also, as a nurse in labor and delivery, I saw that knowledge, philosophy, empathy and caring were not dependent on whether one had had a baby. I found that it was the personality of the care giver that meant most. One of my favorite midwives never had a child. Personal experience is

another learning avenue but over decades, probably not the most important one.

Reply from Colette Acker 7/22/08

I think our experience gives us "passion" for our work, not knowledge.

Reply from Nikki Lee 7/22/08

Lisa brings up an interesting question, about personal experience in a professional life.

Personal experience is a tricky qualification. For someone open and humble and willing to learn, it is a plus. For someone closed and feeling confident, it is a minus.

Many hospital staff have had lousy personal experiences with bf, and give advice that is meant to protect new mothers from the pain and suffering they experienced. Their advice is not accurate, yet comes from a desire to truly take care of the mother.

Lennart Righard, Michel Odent, and Chloe Fisher are all fabulous advocates and researchers that have never given birth. Yet where would we be without them? I know other fabulous breastfeeding helpers that bottle fed formula, and are fabulous breastfeeding helpers and passionate advocates precisely because of their experience with not breastfeeding.

My feeling is that personal experience is just one more trait that may or may not be useful. ...

The biggest mistakes I've made have come after feeling overly confident. I didn't know it was overly, until after I'd screwed up. I pray to stay open to continual learning all of my life. Maureen Koestler IBCLC, LLLL (retired) and mother of many (7?) said it best, "You won't know everything about breastfeeding until you've taken care of every mother and baby."

Reply from Cindy Griffis, 7/24/08

Someone once said that to be a good nurse you needed to 1) have surgery 2) loose a loved one and 3) have a baby (obviously this was in the old days before male nurses). I often wondered about this before I experienced all 3 and feel that it definitely gives one empathy but not necessarily knowledge or expertise.

Allergies and maternal diet

Post from Rachelle Lessen 5/01/08

Here is a summary of the latest AAP recommendations regarding prevention of allergies.

The good news is that nothing the mother eats or doesn't eat when pregnant or lactating makes a bit of difference. Not all pediatricians and allergists are on board with these recommendations. Mothers will still be told to avoid peanuts, dairy, eggs or soy.

Also take note that there are no restrictions on giving these foods to infants as complementary foods after

6 months. This is a big change from what most pediatricians are telling families. I have known for many years that the recommendations to not give peanuts till age 3, or eggs till age 2, or even dairy the first year is not evidence based. The research did not support these restrictions.

If it ain't one thing it's another

Post from Liz Brooks 5/10/08

Had to share this jaw-dropper.

Saw a Mom at CHH on Day Two -- she gave birth to No. 2, who is happily BF without pain to Mom.

Mom is glad because she pumped for nine months with No. 1 (now 2 years old) who never was able to latch. I explored further. Turns out Baby No. 1 was tongue-tied. Well, ah ha! I said.

No -- Mom reports that Baby was clipped on Day Three by CHOP ENTs in Bucks County (whoop hoo! you go CHOP!).

Really? Baby never latched after that?

"No", Mom says. But, she continued to pump every day. "I got 17 ounces."

In a day?

"No -- per session."

OMG! How long were you stuck on that pump?

"Oh, about 15 or 20 minutes. Whatever I was told in the beginning."

I told Mom: I'm willing to bet your Baby never latched because it was trying to suckle on an open fire hydrant!

Needless to say, we had a discussion about signs of oversupply, and allowing Baby No. 2 to set the supply based on his demand.

I will also try to remember to give Moms who are pumping some guidelines of reasonable supply expectations!

Concern about Medela, marketing and Babies R Us

Post from Nikki Lee, 6/28/08

LACTNET has been bursting this past week with posts from LCs in different parts of the country; the LCs are all saying the same things:

1. Babies R US are now renting Symphony pumps.
2. While store staff are said to be trained by Medela, the LCs report that BRU staff show both a dismal lack of knowledge and a perpetuation of all the myths LCs have fought against for years.

Isn't it odd that a company (Medela) that depends on lactation success for its own profits would give so much power to a company (Babies R US) that so far, is not helpful to lactation.

And what of all the pump rental stations, where women can get the skilled help they need to sustain lactation? Seems like Medela isn't supporting them.

Reply from Christine Ilik 7/06/08

Thank you Nikki for alerting us about this. I was so upset after reading it that I called the toll free # for Babies R Us. I was surprised the woman who took my call really seemed to listen to what I was saying, wrote it down to pass on and gave me a case #. The next day I got a call back telling me I needed to write a letter to their headquarters to voice my concerns. I wrote a brief 2 paragraph letter expressing my concerns and asking them to either discontinue the pump consultant roles or hire IBCLCs for the position. I directed him to the ILCA website. Following is the address if anyone wants to write:

Babies R Us, Attn: Gerald Storch
1 Geoffrey Way
Wayne, NJ 07470

Toxins in breastmilk

Post from Mary Beth Haas 5/06/08

I heard Channel 6 News report a study from the University of Maryland that "tested breastmilk and found a lot of chemicals, from teflon pans, paint, spray cans, etc, etc. - and first time mothers have the highest levels".

When are they going to publish the hazardous chemicals in formula???

Post from Debi Ferrarello 5/07/08

Yes, to be fair, they should publish that formula also contains the same pollutants. But we need to be careful what we wish for. The amount in human milk is higher than in formula. Probably because of where we are on the food chain. What is remarkable is that even with the sad fact that there are toxins in our milk, breastfeeding offers protection in terms of infection, diabetes, obesity, IQ deficits, etc.

Post from: Lisa Mandell 5/07/08

Regarding the issue of toxins found in breastmilk, in addition to what Debi points out (even with toxins, breastmilk still offers protection that formula does not), it is important to get mothers to understand the issue of toxins in breastmilk is not a reason to consider not breastfeeding, but is instead motivation to ensure we rid our environment of these toxins. It should scare all of us that we have so polluted our world that the pollution comes through to our most vulnerable and precious members of society.

Post from Chris Mulford 5/07/08

If they're in the milk, then they're in the blood. If they're in the blood, the baby has been exposed in utero throughout gestation. This exposure affects ALL babies, varying with the degree of exposure the mother has had through her lifetime. But it's only the breastfed babies that get any help to overcome the effects of prenatal exposure. Formula has nothing to offer for helping babies in this way.

PRO-LC MEMBERSHIP

The purpose of the organization is to provide continuing education and networking for lactation consultants. We support and encourage the growth of the lactation consultant profession and strive to increase public awareness of our profession.

PRO-LC Board July 2008 - June 2009

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- President – Lisa Mandell
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Membership

Annual membership fee of \$40 is due in September.

Membership provides:

- Voting rights
- Membership list
- Quarterly newsletter
- Access to and listing in PRO-LC’s referral service & speaker’s bureau
- Continuing education with no charge for CERPs
- Journal Club Meetings
- Group Discounts for of journals and memberships
- Access to members only sections of PRO-LC website and Yahoo group

PRO-LC Activities

Educational meetings are offered 3 times a year and provide CERPs & networking opportunities. (NOTE: Non-members may attend meetings for a \$20 fee.)

Twice a year we host Journal Club Meetings to discuss journal articles or books and share a potluck dinner.

Each year we honor a physician in eastern Pennsylvania who is supportive of breastfeeding. Members are encouraged to submit nominations.

During World Breastfeeding Week Awards and prizes are given to hospitals to recognize their efforts in designing creative World Breastfeeding Week theme-related displays and activities.

We pay the annual ILCA dues for a sister group at Mowbray Maternity Hospital in South Africa.

To become a member of PRO-LC:

Send this form with a check for \$40 payable to “PRO-LC” to:

Donna Sinnott, BBA, IBCLC
252 North Aberdeen Avenue
Wayne, PA 19087

Date: _____

ILCA/USLCA member? Yes No

Name: _____

Address: _____

City: _____

State and Zip: _____

Phone (home): _____

Phone (work): _____

Fax: _____

E-mail: _____

Honorific (e.g. RN, BA, IBCLC) _____

I am a (please check all that apply):

- Lactation Consultant
 - Private Practice Hospital
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We encourage membership in the International Lactation Consultant Association / US Lactation Consultant Association. To join, logon to: www.ilca.org /www.ilca.org/uslca

For information about becoming an International Board Certified Lactation Consultant, logon to the International Board of Lactation Consultant Examiners website, www.iblce.org or write to:

International Board of Lactation Consultant Examiners
PO Box 2348
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