Catherine Sullivan, MPH, RD, LDN, IBCLC, has worked in the fields of nutrition, public health and lactation for over 18 years. Catherine is a clinical instructor and Deputy Director of the Carolina Global Breastfeeding Institute in the Gillings School of Public Health at The University of North Carolina at Chapel Hill where she oversees the Mary Rose Tully Training Initiative. She is a former DPH and WIC State Breastfeeding Coordinator and holds an affiliate faculty appointment at the Brody School of Medicine at East Carolina University.

INTRODUCTION
Breastfeeding reduces the risk of maternal and child morbidity and mortality, compared to formula feeding (1). Increasing the rates of breastfeeding—especially early and exclusive breastfeeding—in the United States would help reduce the risks of maternal and child diabetes, breast and other cancers, and heart disease. The younger population in particular would benefit from additional decreased risk of preventable pediatric conditions with high prevalence in the U.S., including diarrhea, obesity, pneumonia, otitis media, Sudden Infant Death Syndrome and necrotizing enterocolitis. Due to the overwhelming benefits to the mother-baby dyad, major health associations including the Academy of Nutrition and Dietetics (the Academy) (2) support exclusive breastfeeding for the first six months of life, and with the addition of complementary foods, continued breastfeeding beyond the first year of life.

The Surgeon General's Call to Action to Support Breastfeeding (SGCtA) and the Healthy People 2020 goals both include improving maternity practices in support of breastfeeding as major strategies to improve breastfeeding initiation, duration and exclusivity in the U.S. (3,4). In Table 1, the Healthy People 2020 goals for breastfeeding are listed along with national rates from the 2014 Centers for Disease Control and Prevention (CDC) Report Card. The CDC Report Card sources data from the National Immunization Survey (NIS), and as shown in Table 1 is reflective of 2011 breastfeeding data. While initiation rates are rising for most states, duration and exclusivity continue to be an issue, especially in the Southeastern states.

In addition to these strategies, the Joint Commission made the Perinatal Care core measure set a mandatory measure for hospitals with 1,100 or more births per year starting in January of 2014. This core set of five measures includes exclusive breastfeeding/human milk feeding. Furthermore, The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies (5) includes maternity practices as one of nine key strategies to improve breastfeeding rates in the U.S. This guide provides rationale, evidence of effectiveness, key considerations, program examples and resources to support each of the nine key strategies.

TABLE 1.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Healthy People 2020 Goal (%)</th>
<th>CDC Report Card 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Breastfed</td>
<td>81.9</td>
<td>79.2</td>
</tr>
<tr>
<td>Breastfed 6 Months</td>
<td>60.6</td>
<td>49.4</td>
</tr>
<tr>
<td>Breastfed 12 Months</td>
<td>34.1</td>
<td>26.7</td>
</tr>
<tr>
<td>Exclusivity for 3 Months</td>
<td>46.2</td>
<td>40.7</td>
</tr>
<tr>
<td>Exclusivity for 6 Months</td>
<td>25.5</td>
<td>18.8</td>
</tr>
<tr>
<td>Increase the proportion of employers that have worksite lactation support programs</td>
<td>38.0</td>
<td>Not Included*</td>
</tr>
<tr>
<td>Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life</td>
<td>14.2</td>
<td>19.4</td>
</tr>
<tr>
<td>Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and babies</td>
<td>8.1</td>
<td>7.79**</td>
</tr>
</tbody>
</table>

* Data sources for worksite lactation support programs come from Employee Benefits Survey, Society for Human Resource Management.

** Percent of live births occurring at Baby-Friendly Facilities.

RECOGNITION PROGRAMS/MOMENTUM
The Baby-Friendly® designation is based on the Ten Steps to Successful Breastfeeding (see Table 2), as defined by the World Health Organization (WHO) (6). The Ten Steps are positive maternity care practices that support and promote an environment where families can attain immediate breastfeeding goals and build sustainability for a positive breastfeeding relationship long after they are discharged. Baby-Friendly USA (BFUSA©) is the national authority that oversees the Baby-Friendly® designation in the United States (7). For more information visit: www.babyfriendlyusa.org.
Welcome to the Spring issue of Women’s Health Report. As the 2014-2015 membership year is winding down, warmer weather is right around the corner. Hopefully, this equates to some much-needed time outdoors!

Many of you know that my background is human lactation. In addition to being an RDN, I am also an International Board Certified Lactation Consultant (IBCLC). Breastfeeding promotion and support is not only my full time job, but also my passion, and I could not be happier to see it gaining momentum as one of the most easily modifiable public health prevention strategies around the world.

I am truly excited to unveil the contents of this newsletter, as it is solely dedicated to breastfeeding. Catherine Sullivan, MPH, RD, LDN, IBCLC, RLC does a superb job describing the role of the dietitian in promoting and supporting breastfeeding in her feature article, Breastfeeding Friendly Maternity Care Practices in the United States. There are several great accompanying articles and resources, as well as two spotlight interviews with other RDNs who hold the IBCLC credential. As dietitians we are positioned to support the mother/infant dyad in providing the perfect nutrition, and we hope this issue will inspire you to learn more about the field of human lactation.

In other DPG news, our leadership will soon begin the process of transition as new members of the Executive Committee (EC) move into their respective roles and positions. I would like to sincerely thank all of the current EC members for their hard work and dedication not only to women’s health as a whole, but to our DPG. The WH DPG would not exist without the hard work of our volunteers!

It has been my pleasure to serve you as Chair over the past year. Come June I will leave you in the very capable hands of Heather A. Goesch, MPH, RDN, LDN, who will help guide and direct our DPG with her incredible leadership skills. Heather has served as a member of the WH leadership team for a number of years as Publications Editor and Chair-Elect, and we look forward to having her at the helm!

I hope that each of you has a wonderful Spring and Summer season, and I look forward to continuing to serve you in my new role of Immediate Past-Chair.

Congratulations to WH member, Marilyn Holsipple, for 50 years of Academy membership! You are an inspiration, and we thank you for this commitment!
As of March 6, 2014 there were 243 hospitals and birthing centers designated as Baby-Friendly® by BFUSA®. There are a number of national initiatives that have been launched due to the increased attention to maternity care practices in seminal position papers and federal documents. A few of these national initiatives include:

- Communities Advancing Maternity Practices (CHAMPS): http://www.champsbreastfeed.org
- National Institute for Child Health and Quality (NICHQ): http://breastfeeding.nichq.org

Additionally, state recognition programs that support positive maternity practices and promote a continuum of improvement are growing across the U.S. State Health Departments and/or State Breastfeeding Coalitions and their partners have led efforts to offer Mother-Baby Summits, educational modules and programs for healthcare providers, direct technical assistance on the Ten Steps to hospitals and perinatal quality collaboratives for group learning. A number of states have created award/recognition systems for hospitals implementing part or all of the Ten Steps. The Carolina Global Breastfeeding Institute at the University of North Carolina - Chapel Hill is the facilitator of the Ten Steps. This interstate collaborative includes 42 states working on maternity care practices that support the Ten Steps. Collaborative members meet via webinar on a quarterly basis, and have an active listserv and Facebook page.

**TABLE 2.**

<table>
<thead>
<tr>
<th>TEN STEPS TO SUCCESSFUL BREASTFEEDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have a written breastfeeding policy that is routinely communicated to all health care staff;</td>
</tr>
<tr>
<td>2. Train all health care staff in skills necessary to implement this policy;</td>
</tr>
<tr>
<td>3. Inform all pregnant women about the benefits and management of breastfeeding;</td>
</tr>
<tr>
<td>4. Help all mothers initiate breastfeeding within one hour of birth;</td>
</tr>
<tr>
<td>5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants;</td>
</tr>
<tr>
<td>6. Give newborns no food or drink other than human milk, unless medically indicated;</td>
</tr>
<tr>
<td>7. Practice rooming-in to allow mothers and infants to remain together 24 hours per day;</td>
</tr>
<tr>
<td>8. Encourage breastfeeding on demand;</td>
</tr>
<tr>
<td>9. Give no artificial teats or pacifiers; and</td>
</tr>
<tr>
<td>10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.</td>
</tr>
</tbody>
</table>

The CDC has provided infrastructure to support this work through data collection in the Maternity Practices in Infant Nutrition and Care (mPINC) survey. mPINC measures breastfeeding-related policies and practices, and allows hospitals to measure progress in implementing best practices. The survey is conducted in the odd-numbered years, and states and participating hospitals receive results in the form of a benchmark report the following year. The states’ benchmark report provides a composite score for the entire state, as well as a rank comparison to other states. mPINC has been used by many states to create strategic plans for improvement, and has supported their efforts to implement new programs and policies.

Funding opportunities have increased the capacity to make major changes in the maternity care landscape. The CDC has supported national initiatives such as NICHQ's Best Fed Beginnings Project and the current EMPower Breastfeeding Initiative. With assistance from the CDC and the W.K. Kellogg Foundation, The National Association of County and City Health officials (NACCHO), Association of Maternal and Child Health Programs (AMCHP), Association of State and Territorial Health Officials (ASTHO) and the U.S. Breastfeeding Committee (USBC) have expanded existing breastfeeding promotion and support efforts.

In their 2014 Annual Report (8), USBC highlighted some of the action steps the organization has taken to support work in the area of maternity care practices. They partnered with NICHQ on the Best Fed Beginnings initiative to provide support to state coalitions to advance implementation of Steps 3 and 10 of the Ten Steps. They also convened an advisory committee on community support for breastfeeding that aimed to advance linkages between hospitals and communities. Of great interest to many hospitals, an expert panel was assembled to develop the Electronic Health Records (EHR) Implementation Guide for Documentation of Exclusive Breast Milk Feeding. This document is available as a PDF download on the USBC website, and is essential for facilities involved in EHR implementation.

**IMPLEMENTATION: THE DIETITIAN’S ROLE**

The Academy released its first “Practice Paper” for Promoting and Supporting Breastfeeding simultaneously with the release of their newly revised position paper (9). This paper supports the Baby-Friendly Hospital Initiative (BFHI) under Advocacy and provides additional background information on how Registered Dietitian Nutritionists (RDNs)/Nutrition and Dietetics Technicians, Registered (NDTRs) can support maternity practices. In addition to the practice recommendations listed in the practice paper, the following is a list of tips for how the RDN/NDTR might assist in the implementation of positive maternity care practices. This list is just a starting point and is not inclusive of all the ways in which an RDN/NDTR could be involved with improving maternity care practices.

- Participate in your hospital’s Baby Friendly/Maternity Practices Committee, and assist with written policies. Even if you are not a hospital employee you may wish to participate in committees as a community member.

Continued on page 4
• Attend training: Hospital-based dietitians should have, at a minimum, an orientation to the Ten Steps. If the hospital is pursuing Baby-Friendly designation, ask to attend the full 20-hour training required of nursing staff.
• Educate pregnant women about the benefits and management of breastfeeding.
• Educate women and families about maternity care practices included in the Ten Steps that will help them meet their breastfeeding goals, and help them be self-advocates.
• Seek education on maintaining lactation when separation is required. Review the Human Milk Banking Association of North America (HMBANA) guidelines for milk storage (see Resources list on page 4).
• Do not accept or distribute free marketing materials from companies that are advertising human milk substitutes or teats. Dietitians have a responsibility to educate themselves on the composition of said products; this information is widely available to the field.
• Review the WHO International Code of Marketing Breast-milk Substitutes.
• Teach families who choose to feed human milk substitutes how to properly prepare, store and feed responsibly.
• Do self-appraisal and self-reflection: Look at your office environment to ensure posters, handouts and other materials are not inadvertently promoting the use of human milk substitutes or teats. Model positive behavior by avoiding the use of brand/company lanyards, mouse pads, pens or notepads that advertise for products.
• Teach families about recognizing hunger cues and responsive feeding, and encourage breastfeeding on demand. If a family must supplement, teach appropriate use of cup, syringe and/or supplemental feeding devices.
• Know the resources available in your community and make referrals to support groups, peer counselors, breastfeeding educators and International Board Certified Lactation Consultants when appropriate.
• Collaborate with local public health departments including the WIC Program. All WIC Programs support breastfeeding and many have breastfeeding peer counselor services. Whether working in the hospital or in public health, this essential relationship can build on the continuity of care expected for Step 10. Consider working with hospital leadership to allow WIC peer counselors to visit mothers in the hospital (can be “hands-off”). This helps build that bridge from hospital to home for the most vulnerable patients.
• Build community partnerships: Spread the need for demand creation within communities – when mothers and families demand better care, maternity centers are willing to answer that call.

CONCLUSION
RDNs and NDTRs are a part of the maternity care team and are well-positioned to lead efforts to improve maternity care practices in all settings. As dietetics practitioners, regardless of specialty, we should all strive to improve the quality of care being provided to our youngest citizens and future leaders. There is no better time than now to join the movement to protect the rights of women and children. A woman’s choice to breastfeed is a basic human right that should be respected and supported. Improving breastfeeding support in the U.S. is a public health imperative. After all, breastfeeding is primary prevention.

References

CALL FOR VOLUNTEER
The Women’s Health DPG is looking for a volunteer to fill the position of Policy and Advocacy Leader and be our legislative voice for the 2015-2016 membership year.

If you are interested in volunteering, or would like to learn more about this position, please email info@womenshealthdpg.org.

Thanks for your consideration!

our vision
“Optimizing the future of women’s health at all ages.”
BREASTFEEDING/BABY-FRIENDLY RESOURCES By Kathleen Pellechia, RD

Baby Friendly USA – https://www.babyfriendlyusa.org

The work of Baby-Friendly USA, Inc. and its implementation of the Baby-Friendly Hospital Initiative (BFHI) is part of the larger global initiative of the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). It is designed to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. It recognizes and awards birthing facilities who successfully implement the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes.

Breastmilk Counts – http://www.breastmilkcounts.com

Breastmilk: Every Ounce Counts is a social marketing campaign from Texas Women, Infants and Children program (WIC) that includes a variety of tools, resources and multimedia to support moms and their families in their efforts to breastfeed.


This webpage from the WIC Works Resource System of the U.S. Department of Agriculture (USDA) provides background information, presentations, handouts and other resources related to laws for breastfeeding women in the workplace.


This guidebook from the Centers for Disease Control and Prevention (CDC) provides state and local community members information to choose the breastfeeding intervention strategy that best meets their needs. It discusses the importance of support for breastfeeding in many different arenas including hospitals and birth centers, worksites, and communities. It builds upon the research evidence demonstrating effective intervention strategies and offers relevant information for each including program examples and resources.


This webpage and printable handouts from the USDA discuss nutritional needs and daily food plans for pregnant and breastfeeding women.

Core Competencies in Breastfeeding Care and Services for All Health Professionals – http://www.usbreastfeeding.org/HealthCare/TrainingforHealthCareProfessionals/CoreCompetencies/tabid/225/Default.aspx

These core competencies in breastfeeding care and services were developed by the United States Breastfeeding Committee (USBC) to provide health professionals with a guideline and framework to integrate evidence-based breastfeeding knowledge, skills, and attitudes into their standard health care delivery practices.

It’s Only Natural Breastfeeding Campaign – http://www.womenshealth.gov/itsonlynatural

This campaign by the Office on Women’s Health (OWH) from the U.S. Department of Health and Human Services helps African-American women and their families understand the health benefits of breastfeeding—not just for babies, but for moms, too. It includes facts about breastfeeding and practical tips on how to make breastfeeding work while getting the support that is needed.


Loving Support© Makes Breastfeeding Work is the USDA’s national breastfeeding promotion and support campaign. Resources are available for WIC staff, women and their families/friends and health care providers/community partners.


This online resource from the OWH provides businesses with cost-effective tips and solutions for any industry setting. Search by industry to see how other businesses have made it work. Or search by solutions to find creative options for time and space.

Human Milk Banking Association of North America (HMBANA) – https://www.hmbana.org

The Human Milk Banking Association of North America is a professional association for supporters of non-profit donor human milk banking. HMBANA provides evidenced based guidance regarding best practices for expressing, storing and handling human milk.

Carolina Global Breastfeeding Institute (CGBI) – http://breastfeeding.sph.unc.edu

CGBI, housed in the University of North Carolina Department of Maternal and Child Health, is the first public health breastfeeding center of its kind. CGBI supports the three “Bs”: Breastfeeding, Birth, and Birth-spacing through training, research and service. Tools for action are available for download free of charge. CGBI also offers a Pathway 2 Lactation Consultant training program.

U.S. Breastfeeding Committee (USBC) – http://www.usbreastfeeding.org

The mission of USBC is to drive collaborative efforts for policy and practices that create a landscape of breastfeeding support across the United States. USBC offers resources, publications, webinars, and is the liaison to the State Breastfeeding Coalitions.

International Lactation Consultant Association (ILCA) – http://www.ilca.org

The mission of ILCA is to advance the International Board Certified Lactation Consultant (IBCLC) profession worldwide through leadership, advocacy, professional development, and research.
Many RDNs who work in women's health and/or pediatrics have a desire to increase their knowledge and skills in lactation management, but are often confused by the credentialing process and the different certificate programs available. The intention of this article is to shed some light on the definitions and processes.

Credentialing:
The International Board Certified Lactation Consultant (IBCLC) is the only credential in lactation management, and is the highest level certification available. It will qualify you to provide expert breastfeeding care, improve staff training and breastfeeding policies in your institution, improve community support for breastfeeding, reduce societal barriers to breastfeeding, and expand legislation, regulations and policies that support breastfeeding. IBCLCs also have specialized skills to work with mothers to prevent and solve breastfeeding problems, collaborate with other healthcare team members as a unique expert, encourage a social environment supporting breastfeeding, and educate families, health professionals, and policymakers.

The International Board of Lactation Consultant Examiners (IBLCE) offers three Pathways to become eligible for the certification exam. RDNs usually follow Pathway 1, as all 14 required courses should have been completed while achieving the RDN credential. The other two major requirements in Pathway 1 are 1,000 hours of “Clinical Practice in Lactation and Breastfeeding Care” during the five years preceding the exam, and 90 hours (time; not credits) of coursework in “Human Lactation and Breastfeeding.” Upon completion of the Pathway 1 requirements, applicants must pass a rigorous international exam. Once certified, IBCLCs must obtain 75 continuing education (CE) hours in the following five years, and retake the exam every ten years. (As a note to RDNs, passing the IBLCE exam earns 75 CPEUs through CDR.)

Certification:
There are currently two certificate programs in lactation management: Certified Lactation Counselor (CLC) and Certified Lactation Educator (CLE). The CLC certification means that a person/healthcare team member received training and competency verification in breastfeeding support, including: counseling skills and techniques that encourage mothers to choose breastfeeding; practical feeding, such as helping a baby latch on and knowledge of milk production; feeding difficulties; special circumstances (e.g., preemies, downs syndrome); returning to work or school while breastfeeding, etc. In general, the CLC constructs and maintains conditions that predispose mothers and babies to an uncomplicated breastfeeding experience. The CLE certification qualifies recipients to provide evidence-based breastfeeding education as well as practical and emotional support in public or private settings, and in hospitals or clinics.

Combined with the RDN credential, a CLC or CLE can work in birth centers, clinics, outpatient clinics, WIC programs, maternal and child health services at all levels, and private practice. Beyond direct patient/client assessment and care, CLCs and CLEs also work to increase breastfeeding rates in communities and institutions, advocate for societal change in attitudes and behavior regarding breastfeeding, advocate for the development of public health strategies that protect breastfeeding, teach breastfeeding classes, and effectively help mothers breastfeed exclusively and for longer durations. The scope of practice for both the CLC and CLE does not include acting as an IBCLC or issuing medical advice, diagnosing medical conditions or prescribing treatment or medication, yet they serve an extremely valuable role in the above settings.

The CLC certification is provided by the Healthy Children’s Center for Breastfeeding (www.healthychildren.cc). The training program is a 40-hour (5-day) didactic and experiential course offered at various locations around the country. Certification lasts for three years and requires 18 CE hours.

The CLE certification is provided by the Childbirth and Postpartum Professional Association (CAPPA; http://www.cappa.net/get-certified.php?lactation-educator). There are three pathways: Traditional, Distance (training online), and Accelerated. RDNs with breastfeeding support experience are eligible for the Accelerated program. CLE recertification occurs every three years with 15 CE hours, and requires completion of written reports, such as studies and reviews.

Obtaining the IBCLC credential can help position RDNs as the breastfeeding expert in the healthcare or community setting. An RDN in private practice may also want to consider obtaining the IBCLC credential as an additional revenue source. The CLC and CLE certifications can help increase the knowledge-base of breastfeeding promotion and support for RDNs, and will ultimately help better serve the mother-baby dyad.
Day 2- Current Membership Issue Discussion: Academy’s Corporate Sponsorship Program

Sponsorship and the Academy
The Academy has worked with sponsors for many years. Sponsorships are a common occurrence among nonprofit associations; approximately two-thirds of associations either have corporate sponsorships or are seeking them.

Beginning in 2006, the Academy worked with IEG, an independent agency with more than 30 years’ experience in evaluation and guidance in the sponsorship industry, to analyze the Academy’s assets and landscape. This resulted in a mutually-agreed upon sponsorship strategy with a packaging and pricing blueprint.

Beginning in 2007, the Academy restructured its sponsorship program by bundling Academy events, programs, communications channels and other assets into multi-year sponsorship packages. This structure has provided the Academy with a strategic, active and coordinated approach to sponsorship. This has resulted in tighter controls on sponsor information shared with Academy members, since all communications to members must be reviewed and approved by the Academy.

To learn more about the corporate sponsorship packages, visit: www.eatrightpro.org/resources/about-us/advertising-and-sponsorship/academy-sponsorship-levels

To advance the Academy’s mission of empowering members to be the food and nutrition leaders, the Academy’s sponsorship program allows for purposeful collaboration with food and nutrition organizations. Through structured, Academy-directed relationships, the objectives of the Academy’s corporate sponsorship program are to:

- Work with industry to build awareness of the Academy and its members;
- Share science-based information, new research and industry trends in food and nutrition with members;
- Enable the Academy to reach millions of consumers with healthy-eating messages.

Academy’s Corporate Sponsorship Program
For the Academy, relationships with sponsors are not about promoting their products or services, but rather creating nutrition messages that people can understand and act upon to improve their health and that of their families. The Academy does not endorse any companies, products or services. Sponsors do not influence the Academy’s decision making process nor do they affect policy positions. All sponsor materials are reviewed by the Academy’s Knowledge Center, a team of staff registered dietitian nutritionists; the Research, International and Scientific Affairs team when needed; and outside member experts on areas of specialization when necessary. All sponsor nutrition messages shared with Academy members align with the Academy’s Position Papers and the Dietary Guidelines. The Academy and its entities consider the Academy’s vision and mission in all decisions, including whether to enter into a relationship with an outside organization.

**Future of Food: A Current Academy Collaboration**

In 2012, the National Dairy Council, Feeding America and the Academy of Nutrition and Dietetics Foundation joined forces to create the Future of Food partnership, a nationwide initiative to help families obtain adequate amounts of healthful food and reduce levels of food insecurity in the United States. Over the past two years, the reach of the Future of Food project has spanned the spectrum of our membership of more than 76,000 food and nutrition professionals along with over 6 million potential contacts through Academy communications vehicles. The project provided the opportunity to develop many quality resources for Academy members and hunger relief professionals, including:

- 8 free CPEU webinars;
- downloadable toolkit presentations and handouts;
- 130 mini-grants to Academy members to facilitate educating their community about food insecurity and ways to get involved;
- educational sessions at FNCE® and other healthcare organization meetings;
- the development of the Healthy Food Bank Hub (www.healthyfoodbankhub.com);
- the development and validation of the Designing and Assessing Nutrition Education Handouts (DANEH) checklist;
- and the ongoing development of the Dietetic Internship concentration in Food Banking and Food Insecurity.

Support from appropriate and collaborative relationships with corporations and/or organizations contribute to the finances of the Academy so that it may continue its activities to ensure the success of each member, and also provides important awareness-building for the Academy and its members. Funding from sponsorships does not exceed 10% of the Academy’s budget.

In addition to the Academy’s corporate sponsorship program, the Academy offers multiple points of entry to provide access to sponsors/funders at a variety of levels through programs offered by the DPGs, MIGs and the Foundation.

**Dietetic Practice Group (DPG)/Member Interest Group (MIG) and Affiliate Sponsorships**

DPGs, MIGs and Affiliates have autonomy over their sponsorship programs and oversee their own sponsorship opportunities and guidelines. The DPGs and MIGs are encouraged to use the following guidelines issued by HOD: [www.eatrightpro.org/resource/leadership/house-of-delegates/resources/guidelines-and-tools-for-establishing-industry-relationships](https://www.eatrightpro.org/resource/leadership/house-of-delegates/resources/guidelines-and-tools-for-establishing-industry-relationships)
**Sponsorship Advisory Task Force**

The Sponsorship Advisory Task Force was formed in June 2014 to support the work of the Academy’s Board of Directors in sponsorship oversight. One of its charges was to provide recommendations regarding the existing Academy Corporate Sponsorship guidelines. The Sponsorship Task Force’s work has progressed through face-to-face meetings and conferences, calls, and a dedicated communications portal. The consensus of the Sponsorship Advisory Task Force is that the Academy’s Scientific Integrity Policy, once approved, is critical to their ensuing work charges and will need to be reviewed and considered prior to the Sponsorship Task Force’s recommendations to the Board. In the meantime, the Sponsorship Advisory Task Force is dedicated to continuing the dialogue and research on this important topic.

To read the recent January 2015 Journal article, Advancing Health through Sustained Collaboration: How the History of Corporate Relations Extended the Academy’s Reach, visit: www.andjrn.org/article/S2212-2672(14)01630-X/abstract

**Scientific Integrity Policy**

The Academy’s Council on Research has been developing a policy to address scientific integrity as it relates to concerns over undue influence from industry funding since summer 2014. The principles are in process of being reviewed and approved by the Academy’s Board of Directors during its March 2015 meeting. The principles are meant as guideposts for decision-making but may require further policy development in certain situations. Scientific integrity ensures the high quality and objectivity of scientific activities conducted by the Academy and its Foundation. Scientific activities include the conduct of research, both generating new data and grouping existing data, as well as conducting quality improvement projects or disseminating scientific information. In addition, these principles have application for RDNs and NDTRs to use in their own workplace.

**Previous HOD Dialogue on Sponsorship**

- The HOD conducted a dialogue session on the *Dietetics Professionals and Academy Organizational Units Relationships with Industry* during the Fall 2005 HOD Meeting.
- As a result of this dialogue session, HOD approved an electronic motion directing the HOD Leadership Team (HLT), in collaboration with Academy staff, to develop guidelines based on the critical components and key elements to assist members, affiliates and DPGs when examining the risks, benefits and opportunities for industry relationships.
- In advance of the Spring 2006 HOD Meeting, the Industry Relationship Guidelines draft was released for review. In addition, during the Spring 2006 HOD Meeting, a dialogue session was conducted to provide feedback on the draft guidelines.
- The outcome of the dialogue session was the approval by HOD of an electronic motion in May 2006 providing direction for revising and finalizing the draft guidelines in advance of the Fall 2006 HOD Meeting.
- The HOD Leadership Team completed the revision of the Guidelines and Tools in summer 2006. These guidelines have been promoted for use by DPGs, MIGs and Affiliates every year. These guidelines can be found at www.eatrightpro.org/resource/leadership/house-of-delegates/resources/guidelines-and-tools-for-establishing-industry-relationships.
To learn more about the corporate sponsorship program, visit:

Current Membership Question: How do we evolve our existing sponsorship program to further the mission, vision and goals of the Academy while safeguarding the Academy's reputation and integrity?

Meeting Objectives:
Participants will be able to:
1. Understand the impact of the sponsorship program on the profession, Academy Foundation, and the Academy, including DPGs, MIGs and affiliates.
2. Identify the Academy's steps in evaluating alignment with a potential sponsor.
3. Identify elements of the Academy's corporate sponsorship program that need to be retained or modified.

HOD Needs Input from You
Talk with your delegate(s) about this issue in advance of the Spring 2015 Virtual HOD Meeting (May 2-3, 2015).
1. Have you, your students, or your affiliate or DPG been impacted by sponsorship?
2. How do you view corporate sponsorship (identify pros and cons)?

Your delegate will discuss your feedback during the table dialogue at the Spring 2015 Virtual HOD Meeting. Please feel free to reach out to your delegate using the contact information listed below.

Derise Andersen, MS, RDN, LD, CLC, WH DPG HOD Delegate
dandersster@gmail.com

Home Food Safety Program: A current Academy Collaboration
To raise consumer awareness about the seriousness of food poisoning and to provide solutions for consumers to easily and safely handle food in their own kitchens, the Academy of Nutrition and Dietetics and ConAgra Foods joined forces to spread the word about their award-winning campaign, Home Food Safety. This program is dedicated to providing information about food poisoning, safe food handling and home food safety information and tips. The program includes:
- content development;
- updating and hosting of the homefoodsafety.org website;
- public relations initiative;
- public service announcements;
- member outreach (electronic kits and materials);
- development of the TheCuttingBoard.org blog;
- development of an app called “Is My Food Safe?” (downloaded more than 25,000 times to date)
- videos and recipes;
- and support for the Academy Foundation to launch the Home Food Safety Student Challenge.

The program has garnered more than 67,164,510 media impressions to date.
MEMBERSHIP UPDATE – ANNUAL WEBINAR SERIES
By Maya Feller, MS, RD, CDN, CLC

The WH DPG once again offered a set of free webinars to members, and this year introduced a new opportunity for non-members to participate for a small fee. Participation is a great way to share knowledge and information on innovative and varied practice areas.

We kicked off the series in February with Lindsey Hurd, MS, RD, LDN, IBCLC discussing food allergies in the breastfeeding baby, and then in March Stephanie Bess, MS, RD spoke about lessons learned from an IBCLC discussing food allergies in the breastfed baby, and then in

please send an email to info@womenshealthdpg.org.

Chair-Elect: Catherine Sullivan, MPH, RD, LDN, IBCLC has worked in the fields of nutrition, public health and lactation for over 18 years. Catherine is a clinical instructor and Deputy Director of the Carolina Global Breastfeeding Institute in the Gillings School of Public Health at The University of North Carolina at Chapel Hill where she oversees the Mary Rose Tully Training Initiative. She is a former DPH and WIC State Breastfeeding Coordinator and holds an affiliate faculty appointment at the Brody School of Medicine at East Carolina University.

Treasurer: Dawn Ballossingh, MPA, RD, LMNT, is currently a WIC Clinic Coordinator in Omaha, NE. In the ADA Times [sic] spring edition 2012 Portraits in Prevention, she was featured for her innovative work coupling early childhood education and nutrition messaging in the Learn & Play program. She also received special recognition from the Nebraska Association for Public Dental Hygienists for help establishing and piloting the Fluoride Varnish program for the WIC population; as well as from LiveWell Omaha for her original nutrition messages on dietary acculturation for minority and immigrant populations. Dawn has served in various positions within the WH DPG for the past seven years, and is moving into this new role from her position as Policy & Advocacy Leader.

Academy HOD Representative: Denise Andersen, MS, RDN, LD, CLC is the 2015 Chair of the Academy's Political Action Committee (ANDPAC), and currently works in private practice in the Twin Cities. She served as a dietetic preceptor at the University of MN Master’s Program and with various other coordinated and distance programs across the country. She was previously a Regional Clinical Manager at Abbott Northwestern in Minneapolis, with areas of expertise in MNT for adult, pediatric, NICU, and high-risk pregnancy patients. In 2010 she was presented with the Award of Valor from the MN Dietetic Association. Denise is a long-time member of the WH DPG. She is a past WH DPG Chair and Policy and Advocacy Leader, and previously volunteered as part of the Academy’s Positions Committee. This will be her second year serving in the role of WH Academy HOD Representative.

Chair-Elect: Sarah Borowicz, MS, RDN, LDN is a Clinical Pediatric Dietitian at Vidant Medical Center in Greenville, NC, covering General Pediatrics and Transitional Care, soon to also cover outpatient nutrition in the Center for Children with Complex and Chronic Conditions clinic and in the developing Cystic Fibrosis clinic for Pediatrics. Her interest areas focus on clinical aspects of pediatrics, pregnancy, breastfeeding and nutritional-based outcomes, life-span development, and enteral feeding practices. Prior to moving into this new role with the WH DPG, she served two years as Awards Coordinator.

REIMBURSEMENT UPDATES By Rita Kashi Batheja, MS, RDN, CDN, FAND

MEDICAL HOME NEWS PROMOTES THE VALUE OF REGISTERED DIETITIAN NUTRITIONISTS In response to a press release issued by the Academy in concert with publication of the December 2014 Journal article, “Registered Dietitian Nutritionists Bring Value to Emerging Health Care Delivery Models,” the authors were invited to write an opinion piece for Medical Home News. This invited article was published in the February issue of the newsletter and provides great visibility for RDNs and the Academy’s messaging to support integration of RDN services into Patient Centered Medical Homes (PCMHs). Medical Homes News is a monthly newsletter, published by Health Policy Publishing LLC, for health care professionals interested in PCMHs. Their target market includes C-Suite executives, medical directors, physicians, provider relations and contracting staff, consultants, and other interested parties from both the public and private sectors.
Describe your current job and the past experiences that led you to your present role. Fresh out of my internship in 1998, I had grand plans to solve America's obesity crisis. I was thrilled to land a great job as the cardiology dietitian at the University of Chicago Medical Center. This was my chance to start work in weight management and counsel hundreds of cardiac patients on the importance of diet and exercise. My plan was to stay a few years at the hospital and then leave to start a private practice.

On June 22nd of that year, my manager welcomed me to the position and said: “There has been a change of plans for you.” I wouldn’t be working in cardiology, rather in adult intensive care units (ICUs) and the pediatric burn unit. My efforts to convince her that I could barely manage care of my own sunburns weren’t enough to change her mind. She said she had great confidence that my training would help me handle the situation. In the burn ICU, the medical director of the unit, Dr. Lawrence Gottlieb, introduced himself and told me I was in charge of nutrition. He, the fellows, residents and medical students would follow my lead. I felt faint, but didn’t fall. I pulled myself together and started with the first patient. Seven years later, I was still in that unit and never regretted one minute.

While pediatric burn units may not be the first place dietitians gravitate to, they are a breeding ground for some spectacular clinical experiences. Children are in the unit for an extended period and not only need to heal, but need to grow. I studied growth charts frequently and had to brush up on my limited knowledge of breast milk, formulas and age-appropriate foods, and ultimately grew to develop a love of pediatrics. I later moved into the pediatric intensive care unit (PICU), then later to the more challenging neonatal intensive care unit (NICU) and outpatient clinic for NICU graduates. I spent hours outside of work learning about the different premature formulas, and was confused by the ever-present recommendation to “use formula when breast milk is not available”. I wasn’t sure why breast milk wasn’t available. I quickly learned the complicated answer to why, and soon thereafter decided to become a lactation consultant to help NICU moms provide breast milk as much as possible.

In 2003, armed with a good basis in pediatric nutrition, I started a private pediatric and lactation practice in Chicago, and am currently based in California. Aside from lactation consulting, I counsel families dealing with picky eaters, food allergies, failure to thrive, vegetarian/vegan diets, and pediatric obesity. I also do a great deal of work in the Prader-Willi Syndrome community.

In addition to my private practice, I am Chief Clinical Officer for a startup called Pacify (www.pacify.io). Pacify is a mobile application for new parents to download on their smart phones, providing instant access to a pediatric dietitian, lactation consultant or nurse. My role involves recruitment and management of Pacify’s very special team of dietitians and lactation consultants throughout the United States. This position has been an absolute joy as an adjunct to my practice.

Understanding that many hospitals are pursuing their Baby-Friendly certification and working hard to increase exclusive breastfeeding rates, how do you see RDNs helping to meet this goal in the future? I fully believe that any dietitian who works in pediatrics or maternal health should strongly consider becoming a lactation consultant. Carrying the IBCLC credential provides an RDN with the unique ability and a deeper understanding of how to help mothers in whatever their choice may be for infant feeding while supporting the Baby-Friendly Hospital Initiative.

With the current changes and improvements in healthcare coverage for lactation services, have you noticed a change in the usage of your services? In what way? Personally, I have not, and continue to have a similar volume of clients. But I know other lactation consultants who have seen an increase in their business. To be honest, I am not sure all patients are aware there is possible insurance coverage for lactation services. I always advise families to assess their own levels of coverage before making an appointment with me.

Any thoughts you would like to share with RDNs who may have a strong passion for breastfeeding support/promotion but don’t know how to enter this area of practice? I have three pieces of advice:

1.) Visit the International Lactation Consultant Association website (www.ilca.org). I find their website very informative, and have always received helpful and kind assistance upon contacting the organization directly. Dr. Jack Newman http://www.breastfeedinginc.ca/ and www.KellyMom.com are also wonderful resources for evidence based answers to many breastfeeding questions.

2.) Read everything you can about the physiology and psychology of lactation. The psychology is particularly important because so much of what a lactation consultant does is calm and support a mother’s efforts. When mothers are relaxed, the lactation process proceeds much more smoothly.

3.) Talk to several other lactation consultants about breastfeeding and learn how they personally support and promote breastfeeding. Most IBCLCs are nurses so, becoming an IBCLC as an RDN opens you up to the world of nursing and provides a wonderful opportunity to learn and meet some very special health care providers.

Melanie R. Silverman, MS, RD, IBCLC, has focused the majority of her career in pediatric nutrition and lactation consulting. Melanie is also Chief Clinical Officer for a start-up called Pacify (www.pacify.io). She is an active member of the Academy of Nutrition and Dietetics and the International Lactation Consultant Association. She is a member of several DPGs, including the Women’s Health and Pediatric Nutrition Practice Group. You can visit her website www.melanie silverman.com for more information.
MEMBER SPOTLIGHT By Lauren Manaker, MS, RD, LD, CLEC

Susan Clark, MS, RD, IBCLC, has spent the majority of her career working with mothers and infants as a dietitian and board-certified lactation consultant. In 1996, she coordinated a lactation support team that worked to achieve Baby-Friendly status. Sue has also served as a lactation consultant to the Michigan State WIC program, coordinated a three-year community breastfeeding promotion program and served on the UCLA Lactation Educator Course faculty. She is currently in private practice in Midland, MI, and is a member of several Academy DPGs including Women's Health, Nutrition Entrepreneurs, Hunger and Environmental Nutrition, Vegetarian Nutrition and Dietitians in Integrative and Functional Medicine.

Tell us about your professional background, and how these experiences led to becoming both an RDN and IBCLC. Following the dietetic internship, my first job was in a community hospital. My floor included the Intensive Care Unit (ICU), Coronary Care Unit (CCU), progressive care, and the maternity unit. This included writing TPN orders as well as instructing infant nutrition classes. My first professional conference, generously paid for by the hospital, was The International Symposium on Infant and Child Nutrition at Michigan State University (MSU). It was here I heard international experts speak about how breastfeeding could prevent malnutrition, the impact of marketing breast milk substitutes on breastfeeding duration, and what breastfeeding women needed in terms of support to be successful. I began to read everything I could about the marvelous metabolic soup that is breast milk, and became fascinated with how it could result in greater infant survival and health.

I asked my supervisor: “How can we better support our breastfeeding moms?” She responded by procuring a grant for two RDNs, allowing us to see patients in the hospital and follow them via telephone for up to six months. It was an amazing opportunity to discover what challenges these moms were facing and the best ways to offer solutions. The experience also allowed us to pursue our IBCLC certifications. Over time, the team expanded to two Registered Nurses, three RDNs and one health educator, each seeing patients one day a week and following up until six months passed or the infant weaned.

In 1995 I moved into the public health arena and began working for the Michigan State WIC Program/MSU extension’s peer counseling program, providing the opportunity to learn how to effectively work with the mother-baby dyads after hospital discharge. After several years in this role, I entered private practice as an IBCLC and RDN.

You currently maintain a private practice in Michigan called Lactation Management Services, LLC. What services do you provide to nursing mothers? Are there other groups of individuals you work with as well? Nutritional counseling requests during pregnancy and lactation for women and their families for issues such as gluten free or allergy elimination are increasing. Clients are looking for someone who understands both the importance of breastfeeding and a workable nutrition plan. I am currently working to expand to on-line counseling sessions. In addition, I continue to provide educational and equipment support for the employee lactation support programs I helped set up at the Dow Chemical and Dow Coming companies.

You were involved in helping a large community hospital attain their Baby-Friendly certification at a time when many other hospitals had yet to consider the option. What were a few key takeaways from that experience, and how do you feel RDNs are best suited to play a role within this journey today? RDNs have a broad knowledge base, including nutrition, physiology, business, food preparation systems and, psycho-social aspects of foods and eating. We are team players, are able to bring different hospital systems together to give optimum patient care, and can integrate outcome measurement into their care and practice. When our team at the hospital began our work in the early 1990s we had only the Surgeon General’s Guidelines and WHO Baby-Friendly Hospital Initiative as standards. It was that knowledge base and practice that helped us design, monitor and continually improve our system of care.

RDNs are uniquely suited to caring for mother/baby dyads. We understand the science and procurement of formulas. We understand the difference between the gold standard (breast milk) and infant formulas. We don’t “bully” or impose our values on our clients; rather, we aim to provide competent, state of the art care in developing nutrition plans for our clients. RDNs are able to develop plans that optimize the amount and duration of breast milk intake while meeting the nutritional, clinical, practical, emotional, and cost realities of their patient’s unique situation.

Which resources do you recommend to dietitians currently involved in, or who would like to initiate, their hospital’s move toward the Baby-Friendly designation? Baby-Friendly USA, Inc. is the accrediting body for the Baby-Friendly Hospital Initiative in the United States. Their website (http://www.babyfriendlyusa.org/) is a great place to begin. I also recommend researching your local and state breastfeeding coalitions to network with others who already have, or are working toward achieving Baby-Friendly status. Contacting your WIC State Breastfeeding Coordinator and local WIC Breastfeeding Coordinator to learn where others in your area are moving towards Baby-Friendly status and to connect with their continuing education offerings is another option.

Considering the growing support of lactation and exclusive breastfeeding, how has your role as a dietitian IBCLC changed over the years? How do you see it evolving in the future? My personal work has changed from hospital to public health to private practice, and as the Health Care Act now covers reimbursement for IBCLC care, I believe private practice will become more viable. The biggest overall change in my mind is in the standards now set for breastfeeding, from Joint Commission requirements, the Health Care Act, the Baby-Friendly Hospital Initiative, and the United States Breastfeeding Committee. With these standards, I feel that less time is required for advocacy.

Any final advice for RDNs who may have a strong passion for breastfeeding support/promotion who would like to enter this area of dietetics. Go for it! To be competent in lactation care, the RDN needs to add to his/her skill set, particularly hands-on techniques of helping moms and babies with latch, hand expression, anatomy, assessment of latch and milk transfer, and methods to increase milk supply. Additionally, RDNs need to stay current in research and in standards of care, and be familiar with the ethics of formula marketing. I recommend reviewing the IBCLC curriculum, and seeking opportunities to observe and practice clinical skills by following an IBCLC in your local hospital, WIC clinic or another private practice.
Polycystic ovary syndrome (PCOS) affects an estimated 1 in 10 women, jeopardizing their reproductive, cardiovascular and metabolic health. The increased levels of androgen and insulin that are typical of PCOS often result in irregular menstrual cycles and distressing outward signs such as central adiposity, thinning hair on the head and excess hair on the body. Beneath the surface, women with PCOS are at increased risk of infertility, type 2 diabetes, cardiovascular disease and cancer.

In spite of its prevalence, PCOS is underdiagnosed, in part due to the variation in how this disorder presents clinically with many phenotypes. This fact, together with its profound impact on women’s health, makes it essential that dietitians who work with female patients have at least a general understanding of the signs and symptoms of PCOS even if they ultimately choose to refer these patients to dietitians more skilled in treating PCOS.

Whether you hope to learn just enough to identify possible cases of PCOS, or want to expand your current knowledge to provide more effective nutrition counseling and therapy to PCOS clients, Angela Grassi’s PCOS: The Dietitian’s Guide is an indispensable resource. In this revised and updated second edition, Grassi blends the latest scientific research with her own personal and clinical experience with this disorder.

The first three chapters cover the basics, starting with “Understanding PCOS,” written by Katherine D. Sharif, MD, FACP, Director of the Center for Women’s Health and the PCOS Program at Drexel University School of Medicine. Sharif covers the pathophysiology of PCOS, its associated health conditions, and how PCOS is diagnosed. Lifestyle interventions are the primary focus of treatment, and dietitians are central to that. “Nutritional Strategies and Lifestyle Modification for PCOS,” written by Lynn Monahan, DCN, MPH, RD, LDN, and Patricia G. Davidson, DCN, MS, RD, CDE, covers what is known about the effects nutrition, physical activity and weight management can have on the PCOS trajectory, as well as development of comorbidities. Lastly, because internal and external signs and symptoms can be difficult to cope with, PCOS patients may seek alternative treatment. In “Alternative and Complementary Treatments for PCOS,” Grassi discusses supplements that may be beneficial, as well as some key drug-supplement interactions to be aware of.

Much of the scientific and clinical focus on PCOS to date is related to its adverse affects on fertility, and by extension, to women of childbearing age. Fortunately, research is starting to broaden its focus, as PCOS affects females of all ages. Grassi addresses the unique challenges in diagnosing and treating PCOS in adolescence, as well as in the peri- to post-menopause years. Diagnostic criteria were developed for adult women with PCOS, but signs and symptoms often appear at the onset of puberty, a time when hormones are already in flux. And while shifting hormones may spur regulation of the menstrual cycle—and improved fertility—as women with PCOS approach menopause, PCOS does not disappear with age, and its increased risk of cardiovascular and metabolic complications remain.

PCOS is a major cause of ovulatory infertility, but it also increases the risk of pregnancy complications once women with PCOS do become pregnant. In “Pregnancy, Lactation and the Postpartum Period,” Grassi discusses pregnancy-related issues such as gestational diabetes, preeclampsia, preterm or large-for-gestational-age infants, impaired lactation, and safety of metformin use during pregnancy and while breastfeeding.

Although PCOS is a disorder with significant ramifications for fertility, cardiovascular and metabolic health, it is a disorder that affects both mind and body. This book gives much needed attention to these mental and emotional aspects. Many of the signs and symptoms of PCOS are distressing, and often cause worry and erosion of self-esteem. Women with PCOS are also at increased risk of developing psychological disorders, including anxiety, depression, bipolar disorder and eating disorders. The book not only devotes two chapters to these topics (including “Psychological Aspects of PCOS,” written by Stephanie B. Mattei, PsyD, and Michelle Schwarz, MSEd), but also weaves tips and reminders about the emotional and psychological toll of PCOS throughout the book.

To bring everything together, Grassi shares pieces of case studies as well as three complete case studies in the Appendix, along with sample menus, questions to ask patients with suspected PCOS, and helpful resources and tools for the dietitian’s “toolbox.” No matter your level of awareness and knowledge of PCOS, I have no doubt that this book will prove useful.
### Executive Committee

**Chair**  
Lisa Hamlett Akers, MS, RD, IBCLC, RLC  

**Chair-Elect**  
Heather Goesch, MPH, RDN, LDN  

**Past Chair**  
Kathleen Pellechia, RD  

**Treasurer**  
Gail Frank, DrPH, RD, CHES  

### Chairs/Coordinators

**Communications Chair**  
Miri Rotkovitz, MA, RD  

**Membership Chair**  
Maya Feller, MS, RD, CDN, CLC  

**Manager, DPG Relations**  
Susan DuPraw, MPH, RD  

**Nominating Committee Chair**  
Dina Lipkind, MS, RD, CDN  

### Committee Coordinators

**Website Coordinator**  
Currently Recruiting  

**Electronic Mailing List (EML) Coordinator**  
Lisa Hamlett Akers, MS, RD, IBCLC, RLC  

**Publications Editor**  
Currently Recruiting  

**Assistant Publications Editor**  
Wendy Baier, RDN  

**Policy and Advocacy Leader**  
Dawn Ballossingh, MPA, RD, LMNT  

**Academy House of Delegates Representative**  
Denise Andersen, MS, RDN, LD, CLC  

**Membership Retention Coordinator**  
Ginger Carney, MPH, RD, LDN, IBCLC, RLC, FILCA  

**Membership Volunteer Coordinator**  
Katie Leahy, MS, RDN, LDN  

**Reimbursement Representative**  
Rita Kashi Batheja, MS, RDN, CDN, FAND  

**Awards Coordinator**  
Sarah Borowicz, MS, RDN, LDN  

**Research Coordinator**  
Jamillah Hoy-Rosas, MPH, RD, CDE  

**Nominating Committee Members**  
Maria Bournas, MS, RD  
Helen Ohw, MPH, RD, CDN  

**Mentoring Coordinator**  
Judy Simon, MS, RD, CD, CHES  

**USBC Network or Alliance Representatives**  
Jeanne Blankenship, MS, RD, CLE  
Lisa Hamlett Akers, MS, RD, IBCLC, RLC  

---

**Please send any questions or comments to info@womenshealthdpag.org**

---

**DIDN’T MAKE IT TO FNCE®**

No Worries... FNCE® Sessions are Virtual!

Receive 24/7/365 access to FNCE® Sessions while earning CPEUs from the comfort of your own home!

The conference library enables you to access FNCE® Sessions on demand, allowing you to earn your CPEUs whenever it’s most convenient for you.

Learn more at [www.starlibraries.com/fnce/sessions/conference/1461](http://www.starlibraries.com/fnce/sessions/conference/1461).