

About the Mid-Hudson Lactation Consortium

MHLC was organized in 1992, and became an International Lactation Consultants Association (ILCA) affiliate chapter in 1996, and is now a USLCA Chapter Affiliate. Membership in MHLC is \$20 per year and is open to IBCLC lactation consultants, Certified Lactation Counselors, La Leche League Leaders and members, hospital breastfeeding coordinators, nurses, public health professionals, childbirth educators, physicians, dietitians, WIC Breastfeeding Coordinators and Peer Counselors, and all other breastfeeding advocates. MHLC sponsors educational activities throughout the year; discounted registration is available to members. Community outreach activities include staffing breastfeeding information displays at local malls, health fairs, and during World Breastfeeding Month in August. Members practicing in Orange, Sullivan, Ulster and Dutchess Counties can receive a free professional listing in our **Breastfeeding Resource Directory**. **Your membership runs from January 1, 2017 to December 31, 2017.** *Membership in MHLC does not include membership in ILCA or USLCA.*

Mission Statement

MHLC advocates breastfeeding for its health, nutrition, and psychosocial benefits as well as its positive economic impact on the family and health care system.

Our Goals

- ♦ Promote breastfeeding to the medical and general community as the "Gold Standard" for infant feeding
- ♦ Provide guidance to maternal-child health professionals on breastfeeding resources for patient education
- ♦ Organize continuing education programs
- ♦ Facilitate collaboration between maternal-child health agencies in the area of breastfeeding promotion

The Mid-Hudson Lactation Consortium is coordinated through Maternal-Infant Services Network. Stephanie Sosnowski, BS, IBCLC at MISN, is MHLC's Regional Coordinator, and can be reached at 845-492-9027, or by e-mail, ssosnowski@misn-ny.org

✂ Cut along this line:

2017 MHLC MEMBERSHIP REGISTRATION FORM

To join, complete this form:

Name: _____ Title: _____

Address: _____ Zip _____

Daytime Phone Number: _____

Email: _____

I am a USLCA member in good standing: Yes ___ No ___

Enclose check for \$20, made payable to Maternal-Infant Services Network.

Mail to: MHLC membership c/o MISN, 10 Little Britain Rd., Suite 203, Newburgh, NY 12550

You will receive confirmation via email.