

About the Mid-Hudson Lactation Consortium

MHLC was organized by Maternal-Infant Services Network in 1992 to bring together advocates for the promotion and support of breastfeeding in the Mid-Hudson Valley. Membership in MHLC is \$25 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**, which is updated quarterly. **Your membership runs from May 1, 2018 - April 30, 2019.**

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:

2018-2019 MHLC MEMBERSHIP REGISTRATION FORM

To join, complete this form:

Name: _____ Title: _____

Address: _____ Zip _____

Daytime Phone Number: _____

Email: _____

Enclose check for \$25, 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.