

Human Milk Insights

March 2018

The Human Milk Insights newsletter presents the latest breastfeeding topics and clinical practice solutions, addresses coding issues challenging the lactation community, features a lactation service, as well as announces upcoming webinars and conferences.

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FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

- Value of Human Milk
- Human Milk and Informal Milk Sharing
- Human Milk and Influenza
- Human Milk and Breastfeeding Support
- Human Milk in the Hospital
- Human Milk in the NICU
- Human Milk After Discharge

HUMAN MILK EDUCATION

- Human Milk Webinar

TOOLS YOU CAN USE

- Educating Mothers (and others) About the Flu: Resources at Your Fingertips

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- Breastfeeding and the Flu

SPOTLIGHT ON PRACTICE

- Diane T. Asbill RN, BSN, IBCLC

NEWS YOU CAN USE

VALUE OF HUMAN MILK

The Importance of Infants' Exposure to Micro-Organisms

<https://www.nytimes.com/2018/02/05/well/liv e/infant-microbiome-cesarean-childbirth-breastfeeding.html>

The article discusses the microorganisms that reside inside the human body, and the benefits of early exposure to reduce risks of health problems from asthma to cancer. Research is now pointing to the “organisms encountered during birth and the first months of life” as some of the most influential on those that inhabit the body later in life. Babies born vaginally and breastfed for the first 6 months of life showed better patterns of bacteria development and fewer health problems.

HUMAN MILK AND INFORMAL HUMAN MILK SHARING

ABM Position Statement on Informal Breast Milk Sharing for the Term Healthy Infant

<http://online.liebertpub.com/doi/full/10.1089/bfm.2017.29064.nks>

The ABM Position Statement on Informal Breast Milk Sharing for the Term Healthy Infant, published in ABM's journal, *Breastfeeding Medicine* discusses strategies to maximize the safety of community-based breast milk sharing, including 1) medical screening of the donor and 2) safe milk handling practices. The statement includes detailed guidance for healthcare providers to talk with their patients about informal milk sharing.

HUMAN MILK AND INFLUENZA

CDC Updated Guidance on Breastfeeding and Influenza

<https://www.cdc.gov/breastfeeding/disease/influenza.htm>

The Centers for Disease Control and Prevention have published an [updated webpage on breastfeeding and influenza](#).

The webpage includes guidance on what to do if breastfeeding infants or mothers contract influenza, and addresses methods for preventing transmission of influenza to infants. A mother's breast milk contains antibodies and other immunological factors that can help protect her infant from flu and is the recommended source of nutrition for the infant, even while the mother is ill. When an infant has flu, the mother should be encouraged to continue breastfeeding or feeding expressed breast milk to her infant.

HUMAN MILK AND BREASTFEEDING SUPPORT

Breastfeeding Support Infographic from CDC

<https://www.cdc.gov/breastfeeding/pdf/breastfeeding-cdcs-work.pdf>

The Centers for Disease Control and Prevention have released an infographic highlighting their continued work to support and promote breastfeeding in hospitals, worksites, and communities. The infographic highlights the benefits of breastfeeding for infants and mothers, how CDC is increasing breastfeeding support for mothers across the nation, and the impact of these efforts on breastfeeding rates.

HUMAN MILK IN THE HOSPITAL

In-Hospital Lactation Assistance: The Opportunity to Get It Right

Irene Murphy Zoppi, RN, MSN, IBCLC
<http://blog.neonatalperspectives.com/2018/02/01/in-hospital-lactation-assistance-the-opportunity-to-get-it-right/>

Irene Zoppi discusses the challenges breastfeeding mothers face and how facilities can address these with in-hospital lactation assistance

Proactive Nipple Pain Care: Prevent Premature Breastfeeding Cessation

Diana Chisholm Estep, RN, BSN, IBCLC, RLC

<http://blog.neonatalperspectives.com/2018/02/20/proactive-nipple-pain-care-prevent-premature-breastfeeding-cessation/>

Diana Estep outlines the importance of proactive nipple pain care and its relationship to premature breastfeeding cessation.

http://online.liebertpub.com/doi/pdf/10.1089/bfm.2017.0224#utm_source=ETOC&utm_medium=email&utm_campaign=bfm

This article discusses nursing mother's use of topical drugs, including antibacterials, antifungals, insecticides and anti-inflammatory drugs.

Storage of Unfed and Leftover Mothers' Own Milk

http://online.liebertpub.com/doi/abs/10.1089/bfm.2016.0168#utm_source=ETOC&utm_medium=email&utm_campaign=bfm

While this study provides evidence that human milk might be safe at longer storage times, storage guidelines should not be revised until more research is performed. More research is needed regarding leftover human milk storage with a greater number of participants, determination of the quality of human milk, and the storage of human milk in a real-life setting.

HUMAN MILK IN THE NICU

4 Signs a Premature Infant is Ready to Breastfeed

Jenny Murray, BSN, RN

<http://blog.neonatalperspectives.com/2018/02/06/4-signs-a-premature-infant-is-ready-to-breastfeed/>

Jenny Murray outlines four signs that a premature infant is ready to breastfeed.

Neonatal Gastrointestinal Tube Use and Management

Sandra Sundquist Beauman, MSN, RNC-NIC

<http://blog.neonatalperspectives.com/2018/02/12/neonatal-gastrointestinal-tube-use-and-management/>

Sandy Beauman provides an overview of the use and management of gastrointestinal tubes with the NICU infant.

Do We Need Better NICU Acronyms?

Jae Kim, MD, PhD

<http://blog.neonatalperspectives.com/2018/02/16/do-we-need-better-nicu-acronyms/>

Dr. Jae Kim addresses the confusing nomenclature of neonatal conditions.

HUMAN MILK EDUCATION

Human Milk Webinar

Connecting the Dots Between Increasing Lactation Risk Factors and Suboptimal Breastfeeding Outcomes: A Proactive Approach to Clinical Practice

Jean Rhodes, PhD, CNM, IBCLC

This webinar was conducted in February and will be soon available as a recorded webinar. More information to follow.

1.0 Nursing Contact Hours

1.0 Dietitian CPE Credits

HUMAN MILK AFTER DISCHARGE

Topical Drugs in Nursing Mothers

Philip O. Anderson

TOOLS YOU CAN USE

Educating Mothers (and Others) About the Flu: Resources at Your Fingertips

The influenza virus season of 2017-2018 continues to be intense and widespread, and has affected many people in the United States. This year, the flu has been especially severe in children and as of this writing, 97 children have died. Practicing health care professionals have to keep up with changing information and recommendations regarding this year's strain.

The mothers and families you work with definitely need specific information on what it is, how to avoid getting it, what the symptoms are, how to keep from spreading it and how dangerous this flu strain can be. They also need reassurance that breastfeeding or feeding their babies their own milk is the best thing they can do.

Many expectant mothers and fathers express concern about receiving the flu vaccine while pregnant, however it is considered to be safe and is the most effective defense against getting the virus. And it's not too late to get a flu shot even now. Pregnant women, babies and young children are some of the most vulnerable to getting the flu and developing serious complications. Bring up the subject when talking with patients and give them some written information, so they can make a fully informed decision about vaccination.

Here's a list of six things parents need to know about this flu season:

<https://blogs.cdc.gov/publichealthmatters/2018/02/flu-season/>

This webinar may be over before you receive this issue of Human Milk Insights, but here's an opportunity being presented by the American College of Obstetricians and Gynecologists and the American College of Nurse Midwives to educate yourself about the issue of maternal immunization. If you miss the live presentation, they plan to record it for convenient viewing.

[Free webinar: Maternal Immunization: Understanding Safety and Efficacy](#)

Please join ACNM and ACOG for an upcoming free webinar, Maternal Immunization: Understanding Safety and Efficacy and Making a Strong Recommendation, on Thursday, March 1, at 5-6 p.m. Eastern Time, 2-3 p.m. Pacific Time. The webinar is jointly hosted by the ACNM, ACOG, ASTHO and CDC. [Read more.](#)

Another very important aspect of influenza that all need to know, are the danger signs of when it's time to go to the Emergency Room. Most of the time, flu can be cared for in the home setting, but if the following occur, it's essential to seek care emergently.

If you have the emergency warning signs of flu sickness, you should go to the emergency room. These include:

In children:

- ✓ Fast breathing or trouble breathing
- ✓ Bluish skin color
- ✓ Not drinking enough fluids
- ✓ Not waking up or not interacting
- ✓ Being so irritable that the child does not want to be held

- ✓ Flu-like symptoms improve but then return with fever and worse cough
- ✓ Fever with a rash

In addition to the signs above, get medical help right away for any infant who has any of these signs:

- ✓ Being unable to eat
- ✓ Has trouble breathing
- ✓ Has no tears when crying
- ✓ Significantly fewer wet diapers than normal

In adults:

- ✓ Difficulty breathing or shortness of breath
- ✓ Pain or pressure in the chest or abdomen
- ✓ Sudden dizziness
- ✓ Confusion
- ✓ Severe or persistent vomiting
- ✓ Flu-like symptoms that improve but then return with fever and worse cough

Resources for Professionals and Parents:

CDC's Guidelines for Breastfeeding

Mothers: <https://www.cdc.gov/breastfeeding/disease/influenza.htm>

Here's a toolkit for Prenatal Care Providers, Responding to Influenza:

<https://www.cdc.gov/breastfeeding/disease/influenza.htm>

Six Things You Need to Know About This Flu Season:

<https://blogs.cdc.gov/publichealthmatters/2018/02/flu-season/>

CLINICAL PEARLS IN LACTATION

This column is for lactation practitioners to share clinical challenges and successes, observations and pearls with colleagues. To share a clinical pearl, [submit it here](#). If your submission is selected for publication in future issues of Human Milk Insights, you will receive a \$25.00 VISA gift card.

Last month in Human Milk Insights, in our Clinical Practice Pearls we discussed the flu and what the Centers for Disease Control and Prevention (the CDC) recommends a breastfeeding mother do if she contracts the flu. Since the publication of our newsletter, the recommendations have changed slightly, and it's important that all health care professionals be aware of what the revised CDC guidelines say:

<https://www.cdc.gov/breastfeeding/disease/influenza.htm>.

Highlights of the CDC recommendations for mothers who breastfeed their infants:

- Mothers' milk provides protection against many respiratory diseases. Including influenza (the flu).
- A mother with suspected or confirmed flu should take precautions to avoid spreading the virus to her infant while still continuing to breastfeed.
- Flu cannot be transmitted through breast milk.
- A mother should continue to breastfeed if she has the flu because her milk contains antibodies and immunological factors that can help protect her infant from flu.
- If a mother is too sick to breastfeed, and a healthy person is helping care for the baby, she should be encouraged and supported to express her milk regularly, so her infant continues to receive her milk.
- If expressing milk, the mother should wash her hands with soap and water

and follow the recommendations for proper cleaning of her pump.

<https://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding/breastpump.html>.

- Mothers may need help from a lactation professional to maintain her milk supply and decrease her risk of developing a breast infection (mastitis).
- If the baby has the flu, the mother should be encouraged to breastfeed. Mothers' own milk is the best option to keep the baby hydrated.

The CDC also gives recommendations on how during the flu season, healthcare providers can support breastfeeding mothers:

- Encourage mothers to get the flu vaccination for themselves, their children who are aged 6 months and older, other household members, and others caring for their infants.
- Help mothers maintain their milk supply while ill and if separated from their newborns in the health care setting.
- Remind mothers and caregivers that breast milk remains the best source of nutrition for the infant and provides protection through antibodies and other immunological factors.

- Teach mothers and their family members [proper hand washing](#) and [cough etiquette](#) techniques.
- Educate parents on how they can [prevent flu](#) in themselves and young children. For more information, visit: https://www.cdc.gov/flu/protect/infant_care.htm

Some parents, grandparents, friends, family members and even health care professionals are not aware that breastfeeding can continue uninterrupted, even if the mother and especially if her infant has contracted influenza. Continue to educate the mothers and families you care for, as well as your colleagues on the CDC's recommendations.

More information on resources and tools that can assist you in working with

breastfeeding mothers and families can be found in the "Tools You Can Use" section in this issue of Human Milk Insights.

Reference:

<https://www.cdc.gov/breastfeeding/disease/influenza.htm>.

SPOTLIGHT ON PRACTICE

This column is for lactation practitioners and facilities who wish to acknowledge the work of others. We invite you to submit suggested practitioners or facilities you would like to spotlight. If you have a suggestion, [submit it here](#).

*This month we are spotlighting Diane T. Asbill RN, BSN, IBCLC
University of North Carolina Health*

It's March – and Madness in North Carolina! How fitting to spotlight a Tar Heels fan, a native North Carolinian as the Lactation Consultant in this month's publication!

Diane Asbill's career as a nurse and a lactation consultant spans many years working to support mothers and babies along their breastfeeding journeys. Hired as the first lactation consultant for the NICU at UNC HealthCare N.C., Women's and Children's Hospital, she currently manages the Lactation Department as its Coordinator. In this role, she manages a staff of 17 full-time and part-time lactation consultants who provide full service lactation care for each of the multiple inpatient units as well as the OB and Pediatric outpatient units.

Diane began her nursing career as a staff nurse on a general Pediatric unit after graduating from Barton College. As a teenager, Diane knew she wanted to follow in her grandmother's footsteps to be a nurse and specialize in pediatric nursing. Diane felt she received a grounded foundation in pediatric nursing while caring for babies and toddlers with multiple medical and surgical issues in this setting.

Ready for more clinical independence and challenges, Diane moved into the role of bedside clinician, charge nurse, and educator in the NICU at UNCH where she remained for several years. She was on the hospital's first transport team traveling to locations throughout the state transporting critically ill infants to UNCH. Diane also served as a neonatal research associate for some of the initial artificial surfactant studies. Diane's colleagues frequently referred their breastfeeding mothers to her for guidance and support. Although Diane had experienced no difficulties breastfeeding her own three sons, she knew the challenges working mothers encounter; her guidance was impactful. Diane pursued her passion to become a lactation consultant after attending an ILCA conference and received her initial IBCLC certification in 1989. In 2014, Diane again sat for the IBCLC exam for recertification. She was later notified that she had the highest score of all applicants taking the exam in the world that year.

For over ten years, Diane owned and operated *Triangle Lactation Partners* in the Chapel Hill area. She provided complete lactation care that included home consultations, breast pump rentals and sales, and telephone triage of breastfeeding issues. She also provided corporate lactation services for a large insurance provider in the Durham/Chapel Hill areas. For many years, Diane was a co-presenter for the Breastfeeding Educator programs offered by *Lactation Services of the Piedmont*.

Diane serves as the current Chair of the Baby Friendly Steering Committee for UNCH's Baby-Friendly re-designation and as a liaison between Carolina Global Breastfeeding Institute at the Gillings School of Public Health and UNCH for the Mary Rose Tully Training Institute for Lactation Education. She has had four poster presentations at major educational conferences, including two at the 2017 Academy of Breastfeeding Medicine Annual Conference. She is a

mentor and lead clinical educator for the Mary Rose Tully Training Initiative for aspiring lactation consultants where she provides didactic education and clinical instruction.

Diane and her husband James, who met as teenagers, will celebrate their 41st wedding anniversary in May. They raised their three sons on a 32 acre family farm outside Chapel Hill now shared with 4 other family relatives, including their oldest son and his family. Although Diane never had daughters of her own, she identifies her daughters-in-law as the wonderful daughters she never had. The entire family, including three granddaughters and two grandsons live within forty minutes of each other and love being together for holidays and family celebrations.

Diane is an avid reader of novels; reading is her escape and how she turns her brain off. She enjoys gardening, quilting, cooking and taking care of the farm chickens and goats, a responsibility she shares with her husband. Diane recently became connected with a community of visiting Chinese scholars from her church using biblical citations as a basis for learning English as a second language.

Diane has been at the leading edge of many lactation initiatives at UNCH, Women's Hospital. She believes that's what she was meant to do. Diane envisions an expansion of lactation services at UNCH to include consistent night coverage, a lactation consultant at many pediatric community facilities, an expanded lactation presence in obstetrical offices, and concentrated lactation and post-partum services for mothers after discharge. Most importantly, Diane imagines a day when all mothers in the North Carolina community will have access to the care they need and deserve. Diane's commitment, service, and dedication to breastfeeding mothers and babies in her beloved UNCH community should be applauded.