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**
- Human Milk and Research
- Human Milk in the Hospital
- Breastfeeding and Breast Cancer
- Human Milk and Workplace Lactation
- Human Milk in the Media
- Human Milk and Obesity
- Human Milk in the NICU

**HUMAN MILK CONFERENCES**
- Implementation of Spatz’s 10 Steps for Human Milk and Breastfeeding
- Lactation Innovation: Research Updates from Down Under
- Human Milk Evidence & Research for Improving Infant Outcomes

**CLINICAL PEARLS IN LACTATION**
- The Lactation Journey: Maintenance Phase: 4 Weeks – 6 Months

**SPOTLIGHT ON PRACTICE**
- Susan A. Costanza, RN, IBCLC, RLC
NEWS YOU CAN USE

HUMAN MILK AND RESEARCH

Swiss Foundation awards UC San Diego $10.5 million to establish the Larsson-Rosenquist Foundation Mother-Milk-Infant Center of Research Excellence

The Family Larsson-Rosenquist Foundation's gift includes seed funding for a new center at UC San Diego called the Larsson-Rosenquist Foundation Mother-Milk-Infant Center of Research Excellence. The endowment will also go towards an endowed faculty chair in collaborative human milk research, as well as a collaboration and fellow fund for collaborative studies either within UC San Diego or with external researchers. According to the LRF, the center will become a cornerstone in LRF’s growing global network of human milk research centers.


HUMAN MILK IN THE HOSPITAL

Perceptions and experiences of using a nipple shield among parents and staff – an ethnographic study in neonatal units

The study points out the complexities of mother and staff perceptions when using a nipple shield and discusses the need to consider mothers’ relational needs in addition to the progression needs of breastfeeding.


BREASTFEEDING AND BREAST CANCER

Breastfeeding Associated with Reduced Mortality in Women with Breast Cancer

Conclusion: A total breastfeeding history >6 months and pregnancy are associated with both greater overall and breast cancer–specific survival for women diagnosed with breast cancer, having lived long enough for other causes of death to contribute substantially to mortality.

http://online.liebertpub.com/doi/full/10.1089/bfm.2015.0094

HUMAN MILK AND WORKPLACE LACTATION

Employer-Based Programs to Support Breastfeeding Among Working Mothers: A Systematic Review

Researchers conducted a systematic literature search of peer-reviewed articles about breastfeeding support programs and policies among employees. This review suggests that maintaining breastfeeding while working is not only possible but also more likely when employers provide the supports that women need to do so.

http://online.liebertpub.com/doi/pdfplus/10.1089/bfm.2016.0182

HUMAN MILK IN THE MEDIA

Resources on Neonatal Hypernatremia

The International Lactation Consultant Association has posted resource on neonatal hypernatremia following the recent media coverage of neonatal hypernatremia. Baby Friendly USA has also posted a statement regarding the Fed is Best blog:

http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria/individualized-care

https://lactationmatters.org/2017/03/16/resources-on-recent-coverage-of-neonatal-hypernatremia/

HUMAN MILK AND OBESITY

Researchers collected data from a cohort of 1,234 children from the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development. The study found breastfeeding for more than six months vs. never breastfeeding was associated with a 42% reduction in obesity risk.

http://online.liebertpub.com/doi/pdfplus/10.1089/chi.2016.0210

Support for healthy breastfeeding mothers with healthy term babies

The Cochrane Database of Systematic Reviews found that when breastfeeding support is offered to women, the duration and exclusivity of breastfeeding is increased.

HUMAN MILK IN THE NICU

ASPEN Safe Practice for Enteral Nutrition Therapy, 2017: An Update
Patrice Hatcher, MBA, BSN, RNC-NIC

ASPEN has released the updated “Safe Practice for Enteral Nutrition Therapy.” Patrice Hatcher outlines important changes in this new document.

http://blog.neonatalperspectives.com/2017/03/15/aspen-safe-practice-for-enteral-nutrition-therapy-201-an-update/

Why Do We Keep Getting it Wrong in Neonatology?
Jae Kim, MD, PhD

Dr. Jae Kim blogs about changes that have been seen in the NICU in the past and projects what we may see in the future.


Breastfeeding Support in the NICU
Kim Flanagan, MSN, CRNP

Kim Flanagan discusses how having a baby in the NICU is an extremely stressful and challenging time for families. NICU professionals can help them through this by making evidence-based, supportive recommendations and communicating in a timely manner the impact their gift of human milk can be for their baby.

http://blog.neonatalperspectives.com/2017/03/07/breastfeeding-support-in-the-nicu/

Minding Your Milk: Helping Mothers in the NICU
Kim Flanagan, MSN, CRNP

New mothers, particularly those of premature infants often have a high level of stress. Kim Flanagan discusses the role that maternal stress plays in establishing a milk supply for a premature infant.


HUMAN MILK CONFERENCES

Implementation of Spatz’s 10 Steps for Human Milk & Breastfeeding
Diane Spatz, PhD, RN-BC, FAAN

Honolulu, HI
April 24, 2017: 7:30 am – 4:30 pm
April 25, 2017: 7:30 am – 4:30 pm

For more information or to register:
April 24, 2017:
http://www.medelabreastfeedingus.com/for-professionals/Education/Programs/Detail/680

April 25, 2017:
http://www.medelabreastfeedingus.com/for-professionals/Education/Programs/Detail/681

Lactation Innovation: Research Updates from Down Under
Donna Geddes, PhD
Sharon Perrella, PhD, RN, RM, IBCLC
Zoya Gridneva, PhD Candidate, Biologist - Biochemist

Park Ridge, IL
Friday, April 28, 2017: 8:00 am – 4:15 pm

For more information or to register:
http://www.medelabreastfeedingus.com/for-professionals/Education/Programs/Detail/679

Human Milk Evidence & Research for Improving Infant Outcomes
Paula Meier, PhD, RN, FAAN

Spokane Valley, WA
Monday, June 5, 2017: 7:45 am – 4:30 pm

For more information or to register:
http://www.medelabreastfeedingus.com/for-professionals/Education/Programs/Detail/673
CLINICAL PEARLS IN LACTATION

This column is for lactation practitioners to share clinical problems and successes, observations, and pearls with colleagues. To share a clinical pearl, submit it here.

THE LACTATION JOURNEY: MAINTENANCE PHASE
4 WEEKS – 6 MONTHS

As a general rule, after the Initiation and Building phases, a mother’s milk supply enters the Maintenance Phase and remains relatively constant from four weeks through about six months. At that time, additional foods are usually added to the baby’s diet and the milk supply will gradually decrease over time. It’s the supply = demand principle again. As the demand decreases, so will the supply.

Babies become much more efficient while breastfeeding and may not nurse as frequently or as long as they did in the first month. However, they are able to remove more milk volume with each feed. Again, it’s the removal of milk that enables the breasts to continue making milk according to the baby’s needs.

Some babies nurse so efficiently that mothers may question whether they are getting enough milk. If this is the case, you can always check your baby’s weight gain. Babies continue to gain about 4-7 ounces per week or 1-2 pounds a month for the first six months. From 6-12 months, they usually gain about a pound a month. So even if the baby nurses for a total of 10 minutes only five or six times a day, but is gaining weight appropriately, the baby is getting enough milk.

If a mother is pumping, it’s important that she has the technology she needs to maintain her milk supply. A mother who pumps only for an occasional night out may do well with manual or single electric pump, but a mother who is exclusively pumping for her infant, needs the best technology which research has shown is effective in keeping up the milk volumes without the baby actually feeding at breast.

Also, if pumping exclusively, a mother’s breasts may have become more efficient and she may be able to drop a pumping session or two and still maintain milk production. It is helpful to keep track in a Pumping Log. If a drop in supply occurs, it’s important to add a pumping session back in, in order to maintain maximum milk volume. Regular removal of milk from a mother’s breasts is what maintains the milk supply.

Throughout a mother’s Lactation Journey, she will learn to trust her body and her baby to work together to synchronize milk supply with the baby’s nutritional needs. If a mother encounters an issue in any of the phases of Lactation – Development, Initiation, Building or Maintenance, her healthcare provider has resources to help troubleshoot early in the process and assist her in meeting her individual breastfeeding goals.

Enjoy the journey.

References:


SPOTLIGHT ON PRACTICE

This month we are spotlighting Susan A. Costanza, RN, IBCLC, RLC.

Susan (Sue) Costanza’s 44-year nursing career has been full of challenges, rewards and accomplishments. She succeeded in blending roles as a medical-surgical bedside nurse, the sole nurse in a combined internal medicine/family practice setting, a NICU clinician, and a lactation consultant. She readily admits her career spanned diverse roles but they all led to the same outcome: Caring relationships with patients and families. As a retired nursing professional, Sue draws much satisfaction from developing rewarding relationships with the many families she has met and supported.

A native of upstate New York, Sue began her nursing career as a staff nurse on a urology/neurology unit at Rochester General Hospital but quickly transferred to working in their Level III Newborn ICU where she recalls assisting mothers to provide breast milk for their infants. After several years working in the NICU, she worked for a brief time in an adult post-op cardiac unit. She was subsequently asked to join an internal medicine/family practice group to assist in the provision of family care to new families. Sue witnessed first-hand the lack of training and expertise among the family practitioners to provide breastfeeding information and guidance to new mothers. This experience was the inspiration for some of her later lactation work developing a pediatric resident lactation curriculum in collaboration with Dr. Cindy Howard. Sue also found inspiration from this experience in developing collaborative, collegial relationships with pediatricians.

Sue continued to work in various other roles after having her daughters but found her real passion when she was approached by a previous nurse manager to join the staff on the Mother-Baby inpatient unit at Rochester General. Sue became known as the nurse who ‘helped’ mothers with breastfeeding. She began a self-taught pathway to learn as much as she could about breastfeeding. She attended many breastfeeding seminars and read every article and book she could find about breastfeeding. She initially achieved the IBCLC designation in 1994 and has been continuously certified since. As a result of her work experience, collegial relationships with colleagues, and passion for working with breastfeeding mothers and babies, Sue was given the opportunity to develop and manage the Lactation Coordinator position at Rochester General. In this role, she developed, implemented, coordinated and evaluated the Breastfeeding instructional program for mothers, the hospital’s breastfeeding protocols and staff education/competency program, collected breastfeeding metrics for initiation/exclusivity rates, and implemented an employee pumping room. Sue also served as one of the team leaders for the Baby Friendly Hospital Initiative (BFHI) submission process for the hospital, making Rochester General Hospital the first facility to achieve this recognition in the state of New York in 2000. Sue held the position of Lactation Coordinator until she retired in 2014.

Sue has a lengthy history of presenting breastfeeding content at numerous local, regional and national conferences accompanied by Drs. Ruth Lawrence and Cindy Howard, and other pediatricians. Sue has received several nursing and lactation nominations for her admirable breastfeeding support with families, including the 2014 March of Dimes nominee for Nurse of the Year. Sue was a member of two study teams that researched the effect of pacifier use, bottle-feeding, and cup feeding on breastfeeding and later assisted with the implementation of hospital protocols for the safe execution of cup feeding practices. Additionally, Sue contributed many photographic images of normal breastfeeding and breastfeeding complications, including insufficient glandular tissue and rusty pipe syndrome, in the 2002 Zitelli & Davis publication of ‘The Atlas of Pediatric Physical Diagnosis.’
Sue (don’t call her Susie) and her husband of 40 years, Tony live in upstate New York. They have two grown daughters, both were breastfed, and one granddaughter who was breastfed for 15 months after having a successful frenulotomy. Sue enjoys being retired from working full time but acknowledges she misses assisting breastfeeding mothers and their babies; she has maintained her lactation connections by serving as a mentor to fellow consultants and offering lactation presentations to local hospitals. Sue currently supports the family’s sausage business, enjoys cooking, gardening, meeting friends for lunch, and her new found love of jet skiing in the majestic Finger Lakes region.

Sue’s legacy as a valued member within the lactation community of Rochester, New York will not be forgotten. A print of Picasso’s “Maternity” holds a special place in Sue’s heart and her home as a reminder of the impeccable physician collaboration, mutual respect between providers and lactation consultants, and the effectiveness of a team-based approach to lactation. Her many colleagues cherish her influence, mentoring and collaboration. More importantly, the multitudes of mothers and babies Sue has supported are grateful for her compassion, knowledge and skill.

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.