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.

**CONTRIBUTORS**

Cindy Wagner MS, RD, IBCLC  
Education Consultant  
Medela, Inc.  
Tuscaloosa, AL.

Maria Lennon, MSN, CNM, IBCLC  
Certified Nurse Midwife  
Perinatal Education Consultant  
Sedona, AZ.

Irene M. Zoppi RN, MSN, IBCLC  
Clinical Education Specialist  
Medela, Inc.  
McHenry, IL.

**FEATURED ARTICLES THIS MONTH**

**NEWS YOU CAN USE**
- Human Milk in the NICU
- Human Milk Reports from the CDC
- Safety of Human Milk
- Human Milk in the Workplace
- Value of Human Milk
- Human Milk in the Outpatient Setting

**HUMAN MILK WEBINARS**
- Initiation and Coming to Volume in the Breast Pump Dependent Mother
- WIC – Understanding Breastfeeding Behavior

**CODING CORNER**
- Know Thyself

**CLINICAL PEARLS IN LACTATION**
- Newborn Weight Loss Tool

**HUMAN MILK SPOTLIGHT**
- Gretta H. Blythe RN, BSN, IBCLC
NEWS YOU CAN USE

HUMAN MILK IN THE NICU

NICU Nurses and the Responsibility of Human Milk
Discussion of the role of the NICU nurse and human milk provision in the NICU. Highlights the NANN guideline #3065 on The Use of Human Milk and Breastfeeding in the Neonatal Intensive Care.

HUMAN MILK REPORTS FROM CDC

Prevention Status Reports, from CDC
The Centers for Disease Control and Prevention released updated Prevention Status Reports that highlight (for all 50 states and the District of Columbia) the status of policies and practices designed to address 10 important public health problems. Promoting evidence-based practices that support breastfeeding in hospitals and birth centers is included under the Nutrition, Physical Activity, and Obesity health topic.
http://www.cdc.gov/psr/

SAFETY OF HUMAN MILK

Updated Zika Virus Interim Guidelines for Providers, from CDC
The Centers for Disease Control and Prevention have released an update in Morbidity and Mortality Weekly Report (MMWR) of interim guidelines for U.S. healthcare providers caring for pregnant women during a Zika virus outbreak. This update also expands guidance to women of reproductive age who reside in areas with ongoing Zika virus transmission.
http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2.htm

Breastfeeding and Lead Exposure
In the vast majority of cases, mothers should continue to breastfeed their babies when living in an area with lead exposure. Unless their lead levels are extremely high (over 40), there should be no discontinuation of breastfeeding. News article from Flint, Michigan.

HUMAN MILK IN THE WORKPLACE

MEDCOM Breastfeeding Policy, from Department of the Army
The Department of the Army has released OTSG/MEDCOM Policy Memo 16-005 to establish guidance for the implementation of a breastfeeding policy that addresses early postpartum and workplace lactation support. The policy is applicable to all U.S. Army Medical Command facilities with the intention to incorporate the Ten Steps to Successful Breastfeeding, while also implementing an HRP workplace breastfeeding and lactation support program to benefit all breastfeeding employees.

VALUE OF HUMAN MILK

Beyond Necrotizing Enterocolitis Prevention: Improving Outcomes with an Exclusive Human Milk-Based Diet
In a multicenter retrospective cohort study, extremely premature infants who received an exclusive HUM diet had a significantly lower incidence of NEC and mortality. The HUM group also had a reduction in late-onset sepsis, BPD, and ROP.
http://online.liebertpub.com/doi/abs/10.1089/bfm.2015.0134#utm_source=ETOC&utm_medium=email&utm_campaign=bfm

Human Milk: The Original Personalized Medicine
Blog from Dr. Jae Kim on the value of Mother’s own milk vs banked donor milk.
http://blog.neonatalperspectives.com/2016/02/22/human-milk-the-original-personalized-medicine/

The Neonatal Microbiome
Sandy Beauman discusses what is known about the neonatal microbiome and how the newborn’s gut is colonized and the role that human milk plays in this immunization.
http://blog.neonatalperspectives.com/2016/02/19/the-neonatal-microbiome/
HUMAN MILK IN THE OUTPATIENT SETTING

Medications and Breastfeeding Apps from the InfantRisk Center
Texas Tech University Health Science Center's InfantRisk Center has two mobile apps, one for Healthcare Professionals and one for mothers. They provide information about 20,000 prescription and over-the-counter medications, including vitamins and herbal supplements, to healthcare professionals and breastfeeding women, based on research at the university. Users can scan the medication's bar code or search by symptom for products to relieve headaches, allergies, or nausea.
http://mommymeds.com/mobile-apps

ABM Clinical Protocol #26: Persistent Pain with Breastfeeding
The Academy of Breastfeeding Medicine has released a new clinical protocol on persistent pain with breastfeeding.
http://www.bfmed.org/Media/Files/Protocols/persistent%20pain2016%20(2).pdf

ABM Clinical Protocol #18: Use of Antidepressants in Breastfeeding Mothers
The Academy of Breastfeeding Medicine has revised clinical protocol #18 on the use of antidepressants in breastfeeding mothers.

ABM Clinical Protocol #13: Contraception During Breastfeeding, Revised 2015
The Academy of Breastfeeding Medicine has revised clinical protocol #13 on the use of contraception during breastfeeding.
http://www.bfmed.org/Media/Files/Protocols/Contraception%20During%20Breastfeeding.pdf

Paper on IBCLC Support in WIC, from National WIC Association
The National WIC Association has issued a paper entitled, Enhancing Breastfeeding Support in WIC: The Case for Increasing the Number of International Board Certified Lactation Consultants. The paper outlines the crucial role that IBCLCs play in supporting vulnerable mothers and infants, and recommends that federal, state, and local agencies seek ways to create positions for IBCLCs and incorporate IBCLC services into their standard of care.

HUMAN MILK WEBINARS

Initiation and Coming to Volume in the Breast Pump Dependent Mother: Evidence and Practice Recommendations.
Presented by: Paula Meier, PhD, RN, FAAN
The initiation of lactation or secretory activation, is a time-critical event characterized by marked hormonal, anatomical and milk composition changes. Coming to volume, the period between secretory activation and the establishment of a threshold milk volume, is regulated by completely different lactation processes than for initiation of lactation. Breast pump dependent mothers who must complete these critical lactation phases in the absence of a healthy breastfeeding infant require evidence-based strategies that program the mammary gland and protect milk volume until the infant is able to remove milk effectively and efficiently.

Objectives
• Contrast initiation, coming to volume and the maintenance of established lactation with respect to the physiologic processes that control milk synthesis and removal.
• Review terminology of minimally, partially and completely breast pump dependent with respect to regulation of lactation processes.
• Differentiate barriers during the early critical periods of initiation and coming to volume for breast pump dependent mothers versus minimally breast pump dependent mothers.
• Describe best clinical practices for the initiation and coming to volume phases in breast pump dependent mothers.
http://www.medelabreastfeedingus.com/for-professionals/Education/Programs/Detail/648

Understanding Breastfeeding Behavior
Presented by: Maria Sienkiewicz Lennon, MSN, CNM, IBCLC
The first of Medela Education’s human milk webinars was targeted toward WIC staff, peer counselors and other professionals working with new moms and babies that wish to obtain a fundamental understanding of human milk and breastfeeding. This webinar took place on March 23, 2016 and was presented by Maria Sienkiewicz Lennon, MSN, CNM, IBCLC.
Please visit www.MedelaEducation.com to see a list of future webinars.
CODING CORNER

Negotiating the maze of healthcare reimbursement for lactation services is a formidable task. The world of diagnosis and procedure codes and insurance reimbursement has not quite figured out what lactation services are and who provides them. In conversations with insurers…

First of all, know thyself:

1. Know your credential (and practice accordingly)
   Many professionals provide care to breastfeeding women and babies. Insurers often don’t know the difference between types of providers. Make sure you do, and work (and code) to your highest credential – an APRN who is also an IBCLC is a licensed professional and can diagnose and treat as well as assess and evaluate the breastfeeding dyad. Unlicensed providers may have more difficulty getting reimbursed; explore what licensing efforts are being made in your state.

2. Know your scope of practice
   The scope of practice contains practice guidelines that determine boundaries within which a professional may practice. It includes the extent and limits of the medical interventions a healthcare provider may perform. What have you been trained to do? How does your professional organization define your scope of practice?

3. Know what services you provide
   Clearly define the services you provide. Set your fees for each service or unit of time spent with your client. Do not discuss prices of your services with colleagues outside your practices; It can be interpreted as “price fixing.”

4. Know where you plan to provide such services
   Will you be working with mothers and babies in the hospital, a physician’s office, your own office, or in the patient’s home? Your documentation must support where services were performed.

Having a well-thought-out plan before you get started will improve communication with insurers and help educate them about who you are and how you help mothers and babies.

CLINICAL PEARLS IN LACTATION

This column is for lactation practitioners who want to share clinical problems and successes, observations and pearls with their colleagues. If you have a clinical pearl to share, submit it here.

Newborn Weight Loss Tool

Nothing strikes fear in a new mother’s heart more than hearing that something is “wrong” with her baby, no matter how “small” the issue.

In the first few days after a term birth, many mothers are told that their otherwise healthy babies have lost weight. Usually the announcement is followed by the caveat that while weight loss is not unusual, their babies need to be watched carefully for further weight loss. Mothers often doubt themselves, feel their milk is lacking and think that by breastfeeding, they may be putting their children at risk. The Newborn Weight Loss Tool (Newt) is a free online tool developed at Penn State Hershey Children’s Hospital to see how a newborn’s weight during the first days after birth compares to a large sample. It can provide reassurance that a newborn’s weight loss is in the normal range, or easily identify those at risk for excess weight loss so their mothers can receive extra breastfeeding support.

Nomograms were developed by researchers using hourly weight data for 108,000 racially diverse, exclusively breastfed infants born at 36+ weeks gestation from 2009–2013. Because weight loss differs over time depending on whether babies are born vaginally or by cesarean, there are separate nomograms for each delivery method. Surprisingly, the range of weight loss over the first few days of life was larger than anticipated and >25% of exclusively breastfed babies delivered by C-section in the sample lost >10% of birth weight by 72 hours.

Newt was designed for healthcare professionals to share information with parents similar to the way growth charts are used now and is available at https://www.newbornweight.org. Bookmark it on your phone, tablet or computer. It’s easy to use and can provide visual reassurance that a newborn’s weight loss is in the normal range for breastfed infants.

HUMAN MILK SPOTLIGHT

This month we are spotlighting Gretta H. Blythe RN, BSN, IBCLC of Charlotte, North Carolina.

Southern women are known to be charming, strong-willed, determined, sometimes outspoken, always polite, and caretakers. This description typifies the personality and character of Gretta Blythe. Her story is both encouraging and uplifting for anyone faced with life-changing professional upheaval.

Gretta attributes her desire to help breastfeeding mothers to her husband. When she became pregnant with her first child, her husband encouraged her to breastfeed. He was one of 10 children, all breastfed, while Gretta had not been exposed to breastfeeding. As a nurse, new wife, and breastfeeding mother, she began working in a hospital Newborn Nursery and attending conferences to increase her breastfeeding knowledge. In staff nurse and charge nurse roles, she enjoyed supporting breastfeeding mothers. She learned how to teach mothers to correctly latch and position their infants avoiding the sore nipples she had experienced but wanted to do more – to standardize the breastfeeding support mothers were given.

In July 1989, Gretta became certified as an IBCLC, and with the encouragement of her colleagues, submitted a proposal to initiate the lactation service at a large, private hospital in Charlotte, NC. She and another part-time, IBCLC nurse met the inpatient needs of breastfeeding mothers seven days a week, and within a year began seeing outpatients and established a pump rental station. Soon thereafter, charge codes were implemented, making lactation services a revenue-producing department. Gretta opened ‘A Woman’s View,’ a boutique offering nursing accessories and baby gifts located at the entrance of the newly built Women’s Center. The boutique served the population of new families and became another avenue to generate revenue to allow expanded lactation services.

Seeing a need to mentor fellow clinicians in becoming IBCLCs, Gretta began an internship in 1999 to assist meeting the required education and clinical hours to become certified. Over 100 individuals have completed the internship she established and have since become IBCLCs. This incredible internship program continues today under her direct supervision and management.

Gretta established identical services for two additional hospitals within the Charlotte area that all fell under the same lactation cost center. Revenues and expenses were matched at all three sites. An IBCLC practice was similarly established in a Charlotte pediatric office along with one additional site in a medical facility that saw mothers 2-3 days a week by appointment. The hospital health system began the process to become Baby Friendly in 2012 and achieved this designation in 2014. Gretta facilitated the application and the hospital was approved to be in the Best Fed Beginnings Initiative to make the Baby Friendly process financially manageable.

In July 2012, Gretta was notified that the position she had passionately and diligently conceived and managed was being eliminated. Her strong will (remember she’s a southern woman) and determination set her on a path to begin a new professional venture. She remains truthful to her passion in helping breastfeeding mothers.
Today, Gretta manages several roles. She is the owner and operator of Lactation Concierge Services (LLC), an independent lactation service serving the lactation needs of the Charlotte community where she contracts with individuals for in-home lactation visits. Gretta works with a referral base of physicians and a network of lactation consultants to provide comprehensive home visits, pump and scale rentals, retail and other support services. Lactation Concierge Services does not bill insurance directly for their care, but guides individuals in the filing process. Feedback from families and physicians has been extremely positive about the services Gretta’s business provides.

Gretta continues to mentor individuals aspiring to become IBCLCs. She continues to interview, facilitate and manage clinical placements at area hospitals for the internship program she began in 1999. She also provides breastfeeding education for area hospitals and physician office staff.

Gretta has been an influential part of the lactation success in the Charlotte area. The lives of so many families and aspiring lactation consultants have been forever changed by her determination, dedication and talents. No doubt, Gretta’s influence within the lactation community will be revered by the many mothers and colleagues she’s touched. Her vision for the future is to create a model of breastfeeding care that can be duplicated to serve mothers everywhere, not just her beloved Charlotte.

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.