

# Human Milk Insights

May 2016

*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 in the NICU
- Value of Human Milk
- Science of Human Milk
- Safety of Human Milk
- Human Milk in the Outpatient Setting
- Human Milk in the Workplace

### HUMAN MILK WEBINARS

- Bottle Feeding the Breastfeeding Infant
- Human Milk Microbiome
- Fitting Breast Shields: Determining the Correct Breast Shield Size

### CODING CORNER

- ICD-10
- CPT Codes
- NPI Numbers

### CLINICAL PEARLS IN LACTATION

- NEWT – Weight Loss Nomogram for Exclusively Breastfed Newborns

### SPOTLIGHT ON PRACTICE

- Katie McGee RN, BSN, IBCLC

## NEWS YOU CAN USE

### HUMAN MILK IN THE NICU

#### **Three Considerations for NICU Enteral Feeding Pump Safety**

When it comes to delivering medication and enteral nutrition in healthcare, safety is one of the highest goals. Thanks to many new advances over the years, NICU professionals and patients have had access to quality medical devices which prioritize safety, as well as functionality and quality. Evi Dewhurst discusses 3 considerations regarding safety of feeding pumps.

<http://blog.neonatalperspectives.com/2016/03/29/3-considerations-for-nicu-enteral-feeding-pump-safety/>

#### **Implementation of a Donor Milk Program Is Associated with Greater Consumption of Mothers' Own Milk among VLBW Infants in a US, Level 3 NICU**

Implementation of a DM program was associated with greater consumption of MOM throughout hospitalization and at discharge among VLBW infants. Implementation of DM programs may augment support of mothers to provide breast milk in level 3 NICUs.

<http://jhl.sagepub.com/content/32/2/221?etoc>

#### **Domperidone for Treatment of Low Milk Supply in Breast Pump–Dependent Mothers of Hospitalized Premature Infants: A Clinical Protocol**

With a thorough review of the literature on domperidone and coordination with the obstetrical, neonatal, lactation, and pharmacology teams, a domperidone treatment protocol for mothers of hospitalized premature infants with insufficient milk supply was developed at our institution and is presented in this article. A comprehensive understanding of domperidone for use as a galactagogue with a standard treatment protocol will facilitate safer prescribing practices and minimize potential adverse reactions in mothers and their hospitalized premature infants.

<http://jhl.sagepub.com/content/32/2/373?etoc>

### VALUE OF HUMAN MILK

A new infographic is available that can be helpful when talking with mothers about the benefits of human milk and what is considered normal.

“What is the range of normal when it comes to breastfeeding?”

<https://www.medela.com/breastfeeding-professionals/research/normal-breastfeeding?>

### SCIENCE OF HUMAN MILK

#### **Ultrasound Imaging of Breastfeeding—A Window to the Inside: Methodology, Normal Appearances, and Application**

Ultrasound imaging has been employed as a noninvasive technique to explore the sucking dynamics of the breastfeeding infant over the past 40 years. Recent improvements in the resolution of ultrasound images have allowed a more detailed description of the tongue movements during sucking, identification of oral structures, and measurements of nipple position and tongue motion. Several different scanning planes can be used and each show sucking from a different perspective. Ultrasound techniques and image anatomy are described in detail in this review and provide the basis for implementation in the objective assessment of breastfeeding.

<http://jhl.sagepub.com/content/32/2/340?etoc>

### SAFETY OF HUMAN MILK

#### **Breastfeeding in the Presence of the Zika Virus**

Zika virus has been topping the news lately, particularly its effect on the fetus during pregnancy. Sandy Sundquist Beauman, MSN, RNC-NIC, CNS, shares some quick facts about the Zika virus.

<http://blog.neonatalperspectives.com/2016/03/23/breastfeeding-in-the-presence-of-zika-virus/>

## HUMAN MILK IN THE OUTPATIENT SETTING

### ACOG Toolkit

The American College of Obstetricians and Gynecologists has [released a breastfeeding toolkit](#). The materials are designed to help ob-gyns and other women's health care providers enable women to achieve their infant feeding goals. The toolkit aims to increase breastfeeding rates by enhancing provider and patient knowledge on the benefits of breastfeeding, common questions, and where women can go to get additional support.

<http://www.acog.org/breastfeedingtoolkit>

### ABM releases protocol for persistent pain with breastfeeding

The Academy of Breastfeeding Medicine has issued a clinical protocol about persistent pain, lasting more than two weeks, associated with breastfeeding. Pain is associated with psychological stress and early termination of breastfeeding. Assessing the pain starts with a careful history and physical and includes observing a breastfeeding session. Laboratory studies may be considered based on the exam. Pain may be caused by nipple damage, dermatosis, infection, vasospasm, and allodynia/functional pain. Treatment depends on the cause and the protocol, published in *Breastfeeding Medicine*, features treatment options.

<http://www.bfmed.org/Media/Files/Protocols/persistent%20pain2016%20%282%29.pdf>

## HUMAN MILK IN THE WORKPLACE

### Research on Child Care Providers

*The American Journal of Maternal/Child Nursing* has published "Child Care Centers' Role in Support of Breastfeeding Families," a report containing the results of research conducted by a team from the University Of Pennsylvania School Of Nursing. The study found child care providers and staff need more education and training regarding the benefits of breastfeeding as well as the proper handling and storage of breast milk in order to properly support breastfeeding families.

[http://journals.lww.com/mcnjournal/Abstract/abstract/Child\\_Care\\_Centers\\_Role\\_in\\_Support\\_of.99903.aspx](http://journals.lww.com/mcnjournal/Abstract/abstract/Child_Care_Centers_Role_in_Support_of.99903.aspx)

## HUMAN MILK WEBINARS

### Bottle Feeding the Breastfeeding Infant

By: Dana Adams, MSN, NP-C, IBCLC

Date/Time: May 4, 2016 from 1:00-2:00 pm CST

This one-hour live webinar explores how to introduce bottle feeding to a breastfed infant. The presentation will discuss the infant suck and feeding research conducted by Dr. Donna Geddes, Associate Professor, University of Western Australia. Additional topics included in the webinar are:

- Challenges to offering a bottle
- Timing of first bottle feeding
- Helpful tips for introducing a bottle
- Managing both breastfeeding and bottle feeding

<http://www.medelabreastfeedingus.com/for-professionals/Education/Courses/Detail/150>

### Human Milk Microbiome

By: Dr. Michelle McGuire

Date/Time: June 15 from 1:00-2:00pm CST

Currently, almost nothing is known about factors (e.g., maternal diet, environmental exposures, breastfeeding practices) that influence what bacteria will be in a woman's milk although limited studies suggest that maternal obesity and delivery mode might be important. Similarly, how these bacteria arrive to the mammary gland and get incorporated into milk are areas of active research and debate. Ultimately, however, understanding the human milk microbiome will likely lead to improved health of both women and infants.

<http://www.medelabreastfeedingus.com/for-professionals/Education/Programs/Detail/653>

### COMING SOON!

### Fitting Breast Shields: Determining the Correct Breast Shield Size

By: Irene Zoppi, RN, MSN, IBCLC

Date/Time: July 20

## CODING CORNER

When it comes to getting paid from insurance companies for what Lactation Consultants do, it's important to speak the language. Here are some of the most common abbreviations that are used and their definitions.

**ICD-10:** The World Health Organization (WHO) developed the standard International Classification of Diseases, a standard diagnostic tool used worldwide for classifying diseases or diagnoses and for reimbursement. It is now in its 10<sup>th</sup> revision and contains over 69,000 codes that are very specific to the problem. One helpful website to look up ICD-10 Codes is: [www.icd10data.com](http://www.icd10data.com).

**CPT Codes:** The American Medical Association publishes the Current Procedural Terminology. These codes accurately describe medical and surgical procedures and services.

<https://www.findacode.com/cpt/cpt-procedure-codes.html>. So, ICD Codes tell insurance companies what the problem is (or why the patient came to see you) and CPT Codes tell them what service or procedure you provided in your visit.

**NPI Number:** A standard unique identifier for healthcare providers and health plans. Each provider may only have one number that contains your unique individual information. Before submitting any claims to an insurance company, you must have your own NPI Number. <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

The United States Breastfeeding Committee (USBC) and the National Breastfeeding (NBfC) Center joined efforts and developed a publication to assist payers (insurance companies) in best practices: Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies. To get a copy, go to:

<http://www.nbfcenter.com/model-payer-policy.html>. This publication is written for payers rather than providers but may have information you may find helpful.

## 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](#).*

### **NEWT – Weight Loss Nomogram for Exclusively Breastfed Newborns**

Newborn Infants who are exclusively breastfed lose weight in the first few days after birth. This weight loss can vary substantially and can be of concern because higher amounts of weight loss are associated with increased risks of morbidity.

A nomogram based on a large, diverse sample size of 161,471 healthy, exclusively breastfed newborns >36 weeks gestation was developed. Weight loss percentiles were determined from 6 to 72 hours for vaginal births and from 6 to 96 hours for cesarean. births. Differences in weight loss by delivery method appeared early and were evident within 24 hours after birth.

Having a weight loss nomogram for exclusively breastfed infants is very helpful because many clinical decisions (i.e. timing of discharge, need for lactation support, supplementation and newborn follow-up) are made based on how much weight is lost over the first few days.

Interestingly, almost 5% of newborns delivered vaginally and 10% of those delivered by cesarean had lost >10% of their birth weight by 48 hours. By 72 hours, >25% of newborns delivered by cesarean had lost >10% of their birth weight. These results showed that weight loss > 10% occurs more often than previously documented.

This nomogram tool can be accessed through the website, <http://www.newbornweight.org>. The clinician can plot a baby's weight loss in grams on a percentile chart based on the baby's age in hours and the method of delivery. This nomogram tool provides normative data that can aid in decision-making when providing clinical care to exclusively breastfed babies.

Reference: Fisherman, VJ, Schaefer, EW, Kuzniewicz, MW et al. (2015). Early Weight Loss Nomograms for Exclusively Breastfed Babies. *Pediatrics* 135(1): doi/10.1542/peds2015-1532.

## SPOTLIGHT ON PRACTICE

*This month we are spotlighting Katie McGee RN, BSN, IBCLC, who is the RN Project Manager of the Rush Mothers' Milk Club and works in the NICU at Rush University Medical Center, Chicago, Illinois.*

Katherine (Katie) McGee is a wife, mother of five children, a registered nurse, and a lactation consultant coordinator of the Rush Mothers' Milk Club NICU Breastfeeding Peer Counselor team at Rush University Medical Center. Like the other Breastfeeding Peer Counselors (BPCs) at Rush who work alongside the bedside clinicians, Katie successfully pumped breast milk for her premature infants, twins born at 30 weeks. Her experience as a mother of premature infants motivates her in her present role. Katie has experienced the pain and uncertainty of not knowing the outcome for her infants – the same pain and uncertainty the mothers she works with experience. She is passionate about her work assisting pump dependent mothers in the NICU in providing human milk for their infants.

Katie began her nursing career working nights on a busy pediatric surgical unit at a children's hospital in Chicago. Nineteen years ago, her staff position came to an abrupt end when she delivered her premature twins at Rush. Never imagining her twins would be born prematurely, Katie easily recalls the intense stress and constant worry she experienced regarding her babies' future. Even though she was an experienced clinician, as a new mom she was full of questions and concerns. She remembers many tears and sleepless nights having experienced tremendous losses – loss of the pregnancy and the vision of having healthy babies. But Katie wasn't ready to give up her plan to breastfeed her infants. Through the guidance and support she received from the NICU's Lactation Director, Dr. Paula Meier, Katie began pumping breast milk for her infants. Katie attributes the one-on-one attention and the scientific evidence about human milk she received in the NICU with being successful in providing human milk for her twins. Both of the twins transitioned to direct at-breast feeding successfully; currently, both are freshmen in college.

Katie remained out of the workforce raising her twins and subsequent three children for many years. Following her passion about breastfeeding and supporting other mothers, she became active in the local La Leche League International (LLL) in her area, first as a member and then as an accredited leader. When it was time for her to return to work, Katie knew that she wanted to provide to other mothers of premature infants the same quality care she had received. Katie became certified as an IBCLC and secured a position at Rush in the NICU in the dual role as a nurse-lactation consultant and Breastfeeding Peer Counselor. Her dream of working with Dr. Meier and assisting mothers of premature infants had been realized.

Katie describes her role at Rush as unique, challenging, and very gratifying. Currently, she is the RN coordinator and project manager for the Rush Mothers' Milk Club, a project implemented by Dr. Meier over 20 years ago that provides evidence-based hospital lactation services to empower parents in providing human milk for their infants through sharing the science behind human milk and lactation. There is always at least one research project going on at any one time, and sometimes as many as three or four that focus on removing barriers to lactation and

human milk feeding in the NICU. In this role, Katie plans educational events such as the Rush Journal Club and the Proactive Lactation Case Series, serves as the training and orientation leader of the newly hired BPCs, creates the BPCs monthly work schedule, assists with social media and webpage posting on the Milk Club's website, and is regularly the RN facilitator at the Rush Mothers' Milk Club weekly luncheon meetings. Katie and another RN IBCLC at Rush have also recently started a new LLLI group at Rush, The Near West Side LLL to support breastfeeding mothers in the community.

The role Katie most enjoys in the NICU is connecting with the mothers as both a lactation professional and as a former NICU mom. The mother-to-mother connection is noted to be a valuable component to the BPC program; the mothers relate with the BPCs because they have firsthand experience of having had an infant in the NICU. NICU mothers value the recommendations from clinical experts, but also benefit from other mothers who have experienced and overcome similar challenges. Katie is able to share her experiences with the mothers; if appropriate, she will even share pictures of her infants and their time spent in the NICU.

For the future, Katie hopes a discharge-transition program will be available for mothers and their infants once they have gone home. She knows this is a vulnerable time for mothers experiencing lactation issues and sees value in expanding services to support women through this period of transition. Katie would also like to realize the establishment of an outpatient lactation program that would operate to proactively avoid lactation issues and hopes to see more extensive lactation services added for employees.

Katie has been empowered by her personal and professional successes. She is grateful for the lactation support she received from the professional NICU staff; she is grateful for the friendship and professional encouragement offered by Dr. Meier. Katie will undoubtedly continue to accomplish many more successes and continue to provide lactation support to many more mothers.

*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](#).*