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
- Safety of Human Milk
- Human Milk in the Outpatient Setting
- Human Milk in the Workplace
- Human Milk and Baby Friendly Hospital Initiative
- Human Milk Reports from Government Agencies

**HUMAN MILK WEBINARS**

- Human Milk Microbiome
- Fitting Breast Shields: Determining the Correct Breast Shield Size

**CODING CORNER**

- Medical Record

**CLINICAL PEARLS IN LACTATION**

- Document, Document, Document...

**SPOTLIGHT ON PRACTICE**

- Donna V. Barrows RN, BSN, IBCLC, CBE
NEWS YOU CAN USE

HUMAN MILK IN THE NICU

Initiate, Build and Maintain Human Milk in the NICU
The article provides a brief overview of best pumping practices that help to ensure pump-dependent mothers initiate, build and maintain adequate volumes of human milk for their premature infants.


Achieving Break NEC Speed In The NICU: Is Zero NEC Coming?
The fight against necrotizing enterocolitis (NEC) has revealed that those who have been most successful have been able to exercise at least two measures, both in the area of prevention. The first is to corral neonatologists to follow a standardized feeding protocol for enteral feeding. The second is to eliminate infant formula from the early diet of preterm infants and replace it with mother’s milk or donor milk. Dr. Jae Kim is committed to working to decrease the incidence of NEC nationwide.


Impact of Optimized Breastfeeding on the Costs of Necrotizing Enterocolitis in Extremely Low Birth Weight Infants
This study was designed to estimate the risk of NEC for extremely low birth weight (ELBW) infants as a function of preterm formula and maternal milk intake and calculate the impact of suboptimal feeding on the incidence and costs of NEC. The study concluded that, among ELBW infants, not being fed predominantly human milk is associated with an increased risk of NEC. Efforts to support milk production by mothers of ELBW infants may prevent infant deaths and reduce costs.

http://www.jpeds.com/article/S0022-3476%2816%2900421-2/abstract?cc=y%3D

Predictors of expressed breast milk volume in mothers expressing milk for their preterm infant
Mary S. Fewtrell, MD, at the UCL Institute of Child Health, London, and colleagues investigated factors contributing to the amount of milk expressed by mothers for preterm infants in the neonatal intensive care unit (NICU). They found that women who used double pumps produced about four ounces more milk per day than women using a single pump. The research team also pointed to early establishment of milk production and design features of the breast pump that promote comfort as modifiable factors that can favorably impact milk production in the NICU. These results suggest that relatively simple, modifiable factors can favorably impact milk production in the neonatal intensive care unit setting and emphasize the importance of double pumping, early establishment of milk production and design features of the breast pump that promote comfort.

http://fn.bmj.com/content/early/2016/03/02/archdischild-2015-308321.abstract?sid=8636ed9d-ff5f-4593-b093-afac2642e920

SAFETY OF HUMAN MILK

Zika: Resources at Your Fingertips
The HHS Office of the Assistant Secretary for Preparedness and Response and The Technical Resources, Assistance Center, and Information Exchange has updated the Zika: Resources at Your Fingertips document to provide the most up-to-date knowledge about the virus. The document contains information about how the virus is transmitted, clinical testing considerations, and issues surrounding patient care, preparedness, and prevention.

**HUMAN MILK IN THE OUTPATIENT SETTING**

**ABM Revised Protocol #20 on Engorgement**
The Academy of Breastfeeding Medicine has revised their protocol on engorgement during breastfeeding.


**HUMAN MILK IN THE WORKPLACE**

**Break Time for Nursing Mothers Clarification, from JHL**
The Journal of Human Lactation has published a letter to the editor entitled, "Clarification of the 'Break Time for Nursing Mothers' Provisions of the Patient Protection and Affordable Care Act." In the letter, USBC Chair Joan Younger Meek corrects an earlier article that referenced the federal "Break Time for Nursing Mothers" law, which had incorrectly stated that "employers with less than 50 employees, temporary, and part-time employees are excluded, leaving many unprotected." All employers, regardless of their size or number of employees, must comply with the law. The undue hardship exemption is granted only when a complaint from a breastfeeding employee is filed with the U.S. Department of Labor, an investigation takes place, and the employer successfully demonstrates that in comparison to the size, financial resources, nature, or structure of the employer's business, the provision would impose an undue hardship. The employer must prove that complying with the law is significantly difficult after each complaint, not just with the first complaint. Until a business is granted an exemption, it must comply with the law.

http://jhl.sagepub.com/content/32/2/388.1.extract

**HUMAN MILK AND BABY FRIENDLY HOSPITAL INITIATIVE**

**The Impact in the United States of the Baby-Friendly Hospital Initiative on Early Infant Health and Breastfeeding Outcomes**
A review of the breastfeeding policies and initiatives associated with Baby-Friendly practices support the success of the initiative in both breastfeeding initiation and exclusivity, according to a study in *Breastfeeding Medicine*. Women exposed to Baby-Friendly practices seem to continue breastfeeding longer, but data is limited. The researchers, led by Allison C. Munn, BSN, at the Medical University of South Carolina in Charleston, suggest that prospective studies are needed.

http://online.liebertpub.com/doi/abs/10.1089/bfm.2015.0135

**Study on Impact of BFHI on Early Infant Health and Breastfeeding Outcomes, from Breastfeeding Medicine**
An evidence review published in *Breastfeeding Medicine* examined several studies to evaluate the impact of the Baby-Friendly Hospital Initiative (BFHI) on breastfeeding and early infant health outcomes in U.S. populations. Results support the BFHI’s success in facilitating successful breastfeeding initiation and exclusivity. Breastfeeding duration also appears to increase when mothers have increased exposure to Baby-Friendly practices. Studies need to be conducted to determine the underlying mechanisms and impact of outcomes related to BFHI.

http://online.liebertpub.com/doi/abs/10.1089/bfm.2015.0135

**Skin to Skin or Kangaroo Mother Care**
Skin-to-skin or Kangaroo Care is beneficial in the first few minutes of life and has been linked with better establishment of breast feeding. Ongoing or intermittent skin-to-skin care has been linked with improved breast feeding duration, exclusivity and milk production, as well as improved neurodevelopmental outcome, improvement in vital sign stability and other physiologic signs of stability.

http://blog.neonatalperspectives.com/2016/04/22/skin-to-skin-or-kangaroo-mother-care/
HUMAN MILK REPORTS FROM GOVERNMENT AGENCIES

Health Trends and Statistics Report, from CDC

The Centers for Disease Control and Prevention has released the Health, United States 2015 Report with a special feature on Racial and Ethnic Health Disparities. The 39th edition of the report presents an annual overview of national trends in health statistics and a Chartbook assessing the nation's health by presenting trends and current information on selected measures of morbidity, mortality, healthcare utilization and access, health risk factors, prevention, health insurance, and personal healthcare expenditures.

http://www.cdc.gov/nchs/data/hus/hus15.pdf#gla
nce

HUMAN MILK WEBINARS

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

Fitting Breast Shields: Determining the Correct Breast Shield Size
By: Irene Zoppi, RN, MSN, IBCLC
Date/Time: July 20 from 1:00-2:00pm CST

This one-hour webinar will describe the process of properly fitting breast shields. It includes a review of the ultrasound work of Dr. Donna Geddes regarding the anatomy of the lactating breast and describes how milk removal is hindered by ill-fitting breast shields.

http://www.medelabreastfeedingus.com/for-
professionals/Education/Programs/Detail/654
One of the most important aspects of a lactation practice is creating and maintaining the patient’s medical record. The purpose of the medical record is to:

- Provide a complete record of quality care
- Communicate to other members of the healthcare team
- Provide legal protection
- Contain statistical information
- Document vital information for financial reimbursement

To maintain an accurate medical record, it must be legible and easily understood. You should document pertinent information either during the patient visit or as soon as practical after the encounter. Insurance companies require specific documentation that the services provided are covered under the patient’s plan. Your notes in the medical record support the ICD-10 and CPT codes used on the insurance claim forms and justify the reimbursement. Thorough documentation increases the likelihood the insurance company will reimburse the claim.

The medical record is a confidential legal document. It contains personal health information and the patient’s privacy is protected by federal law (HIPAA). Medical records are private and must be kept in a locked area where unauthorized individuals cannot access personal information. A breach of patient confidentiality is illegal and subject to civil and criminal penalties.

Most healthcare insurance companies use the Centers for Medicare and Medicaid Services (CMS) standards as guidelines for medical record documentation. For more information:


Also, see this month’s Clinical Practice Pearls column for a review of documentation tips.

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.

DOCUMENT, DOCUMENT, DOCUMENT...

Documentation may not seem like a big deal, but describing (in writing) what you do is nearly as important as doing it. To anyone reading the patient’s chart, if it wasn’t documented it wasn’t done (and make sure it’s legible, too, because if it’s illegible it can’t be read). It’s important to describe, in detail, every contact you have with a patient – what the problem is, what you see, what you do, what is discussed, what the outcome is and what follow-up is planned.

It’s a good practice to review your charts from time to time to make sure your documentation not only meets the minimum requirements but also reflects the quality of care that you provide your patients. Make sure:

- Each entry has a date and time
- Organized, orderly, comprehensive
- Accurate and easily understood
- Completely legible and permanent
- Abbreviations used are industry standards or initially spelled out

Each entry is signed by you with your credentials (must be legible and either handwritten or electronic).

Mistakes happen. Don’t hide errors. When making corrections or alterations to what you have written, never use correction fluid, erasers or obliterate the underlying information by scratching through the original writing. If you revise it, note the time and date, strike through the error with one line, insert the correction above or next to the original text.

In the case where counseling/patient education dominates more than 50% of the time spent with the patient and/or family, document the amount of face-to-face time. This is important for billing and reimbursement purposes.

The patient’s medical record is a legal document; documentation is your best defense. Remember, the quality of your documentation is a reflection of the quality of your practice.
This month we are spotlighting Donna V. Barrows, RN, BSN, IBCLC, CBE, who is the Pediatric Lactation Coordinator at UR Medicine/Golisano Children’s Hospital.

Trying to keep pace with Donna as she fulfills the demands of her position in the NICU at The Golisano Children’s Hospital at UR Medicine is futile. She tirelessly juggles many challenges in her position; she is the only dedicated Lactation Consultant for both the NICU and the Pediatric units and has a supportive team of consultants who provide service when she is away. She is known for her take-charge personality and the staff knows Donna will accomplish what she sets out to do. Her colleagues respect her; she never seems too busy to assist mothers facing lactation challenges or helping with patient care. A self-described maverick, she loves her job, her peers and the many families to whom she has provided lactation care.

A native New Yorker, Donna began working as a staff nurse in the NICU at The University of Rochester Medical Center 35 years ago. She says, “I grew up here.” Her role as a bedside clinician expanded to charge nurse, transport nurse, discharge planner, and preceptor. She estimates she’s been the preceptor for over 100 nurses.

Donna’s interest in lactation grew from an article she read about the need to support mothers of NICU infants trying to pump human milk. She witnessed the struggle mothers encountered; she knew she wanted to make an impact and enrolled to take a Certified Lactation Course. In 2005, Donna became IBCLC certified and subsequently created her present role as a full-time dedicated lactation consultant for the NICU and in-patient pediatric unit. Donna owns and operates Little Darlings, a childbirth education and lactation business in the Rochester area to fulfill a dream of supporting the experience of motherhood for women in the Rochester community. She continues to conduct private childbirth education for expectant parents and lactation care to breastfeeding mothers. Two additional lactation consultants assist Donna with her private lactation services. Donna enjoys counseling mothers to help them meet their individual lactation goals and understands the challenges millennial mothers face with full and part-time employment. Donna’s advice to mothers is, “Remember you are doing your best to balance work and being a breastfeeding mom. Congratulate yourself for what you have accomplished. But first and foremost, love your children and enjoy mothering them.” Donna’s expert counseling skills supporting countless NICU mothers expressing milk for their infants result from her nursing background and the techniques she obtained from attending motivational interviewing seminars.

A teaching facility that has achieved Magnet Status, the UR Medicine/Golisano Children’s Hospital actively engages in clinical research, often conducting several studies simultaneously. Donna worked on a quality improvement project to increase human milk consumption in the NICU that was later published in ICAN: Infant, Child, & Adolescent Nutrition. (Lowenstein LM, Brown K, Barrows D, Foti T, Scholer L, LeVant C, & Schriefer J. Continuous quality improvement in a level IIIB NICU to increase human milk use at day of life 14, day of life 28, and discharge. ICAN. 2014. 6(3):137-43.) She is currently one of the primary investigators in a study demonstrating the effect of different types of music on milk expression.
Donna and her husband, Dick, have been married for 18 years. Their blended family of five children and two grandchildren live locally. Donna couldn’t fathom not having her family nearby. Donna’s love of gardening has rubbed off on one of her sons who recently designed and built a water fountain to complement Donna’s beautiful flower garden.

Donna’s passion to support the mothers and infants in the NICU and in her private practice is noticed by all who work with her. Donna loves what she does and the families she’s helped at the UR Medicine/Golisano Children’s Hospital and her co-workers love her back. Kudos to Donna for her passion and dedication in helping so many!

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.