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 Hospital and Outpatient Setting
- Human Milk in the NICU
- Enteral Feeding in the NICU

HUMAN MILK WEBINARS
- Proper Breast Care

CODING CORNER
- Online Resources

CLINICAL PEARLS IN LACTATION
- Pumping Initiation Within One Hour of Birth Increases Milk Volume

SPOTLIGHT ON PRACTICE
- Tina Cardarelli, BS, IBCLC
**NEWS YOU CAN USE**

**HUMAN MILK IN THE HOSPITAL AND OUTPATIENT SETTING**

**Article-Comparison of Breast Crawl Between Infants Delivered by Vaginal Delivery and Cesarean Section.**

Exclusive breastfeeding is the single most cost-effective intervention to reduce infant mortality. Breast crawl (BC) is deemed a natural way for the baby to behave immediately after delivery. BC is the method that may help initiation of breastfeeding in the most natural way. The aim of this study is to compare successful BC between neonates born through vaginal delivery and those born through cesarean section (CS) and factors associated with a positive outcome.

http://online.liebertpub.com/doi/abs/10.1089/bfm.2015.0168

**Article-Comparative Effect of the Smells of Amniotic Fluid, Breast milk, and Lavender on Newborns’ Pain During Heel Lance.**

A randomized controlled experimental study to evaluate the effect of the smells of amniotic fluid, breast milk, and lavender on the pain of newborns during heel lance.

http://online.liebertpub.com/doi/abs/10.1089/bfm.2015.0174

**HUMAN MILK IN THE NICU**

**The Importance of Using Human Milk for Oral Care**

Meredyth Thompson discusses the impact of using human milk for oral care in the NICU.


**ENTERAL FEEDING IN THE NICU**

**Quiz: How Well do you Know NICU Enteral Feeding Safety Recommendations?**

Test your knowledge by taking this quiz on safe enteral feeding practices within the NICU.


**Does “Good Enough” Apply to your NICU Enteral Feeding System? Five Reasons to Finally Change.**

Take a look at this review of five reasons to substantiate changing enteral feeding systems in the NICU.


**Bacteria and Biofilm: Why Feeding Tubes Need a Closer Look**

Sandy Beauman examines the literature regarding enteral feeding tubes in the NICU


**HUMAN MILK WEBINARS**

For the latest information on Human Milk Webinars, visit www.MedelaEducation.com.

- September: Proper breast care with speaker Katie McGee RN, BSN, IBCLC. Katie McGee is the RN Project Manager at Rush Mothers’ Milk Club for the NICU at Rush University Medical Center in Chicago, Illinois.

- October: Infection Control

- November: Storage, Handling & Feeding
CODING CORNER

ONLINE RESOURCES

Payer reimbursement for lactation services is confusing and frustrating. Care providers can support their breastfeeding patients by educating them – ideally prenatally – on what their rights are, where they can get breastfeeding assistance, what is covered by their health plans, and how to access the system when they need it.

There are several helpful online resources available that may help clarify some issues and make insurance reimbursement easier for both mothers and providers. Some of the following are health insurance-specific or have information pertinent to a particular state, but the general information is useful and can be crafted to meet the needs of mothers in your area.

The National Women’s Law Center has developed a Tool Kit – New Benefits for Breastfeeding Moms: Facts and Tools to Understand your Coverage Under the Health Care Law.


The Medela website offers guidance on insurance reimbursement and lactation consultant coverage.


The California WIC program has developed a booklet that speaks to reimbursement issues.


Educating mothers helps empower them to advocate for the breastfeeding assistance needed to help them meet their breastfeeding goals.

PUMPING INITIATION WITHIN ONE HOUR OF BIRTH INCREASES MILK VOLUME

In your healthcare facility, do your mothers of very low birth weight NICU babies begin pumping within the first hour of giving birth?

In recent years, instructions to nurses and mothers have been to initiate pumping with a hospital-grade (multi-user) breast pump within six hours after birth. Despite that recommendation, mothers of very low birth weight infants often delay beginning milk expression to as long as 24 hours and then often struggle with inadequate milk production.

Now, recent research supports the recommendation that pumping with a hospital-grade electric pump should begin within the first hour of birth. Studies conducted by Parker, et. al. demonstrate that initiation of pumping within one hour of birth increases milk volume and decreases the time to lactogenesis stage II.

When working with exclusively pumping mothers of premature or sick infants in the NICU, one of the greatest challenges is having enough milk to last throughout the NICU stay. Changing practices to include the suggested recommendations of initiating pumping within the first hour after birth when possible may improve lactation success.

SPOTLIGHT ON PRACTICE

This month we are spotlighting Tina Cardarelli, BS, IBCLC, Director of Breastfeeding Services, The Indiana Perinatal Network and Indiana Breastfeeding Coalition.

Sometimes we meet people who are memorable; individuals who have a passion for life, their families, and the work they do. They are a joy to be with and we look for occasions to spend time with them. Tina Cardarelli exemplifies such a person; but she is more than memorable. Tina is a remarkable woman who has accomplished what others in the lactation field only wish they could.

Tina is the Director of Breastfeeding Services for the Indiana Perinatal Network and Indiana Breastfeeding Coalition, nonprofit organizations whose interests are to engage community agencies in working together to promote breastfeeding. Tina calls herself an educator and a communicator in a field where these skills are highly valued. She says she just puts folks within the community interested in supporting breastfeeding in touch with one another and describes herself as a ‘connector person.’ Tina believes the community holds a lot of wisdom that just needs to be tapped into.

After a brief stint in college studying to be a dietician, Tina turned to education as a career choice. She recalls telling anyone who would ask how she wanted to educate others how healthy eating could lead to a lifetime of good health; at the time, she didn't know she was talking about breastfeeding. But clinical nutrition was not the right fit for Tina and she figured out a way to blend her love of nutrition with education. She taught nutrition science in a grade school setting for several years. A breastfeeding mother of three children, Tina later secured a job within WIC and began a self-taught pathway to learn as much as she could about breastfeeding. After nine years of watching clinicians in hospitals and outpatient centers assisting mothers with breastfeeding, attending many breastfeeding seminars, reading every article and book she could find about breastfeeding, Tina secured her certification as an IBCLC. Knowing her real love was community breastfeeding, she focused her career within WIC working as an assistant coordinator and program breastfeeding coordinator, later working as a private breastfeeding consultant to the Michigan WIC program. Eight years ago, a position in Indiana became available as the state Breastfeeding Coordinator, a much needed role in a state that fell below national standards for breastfeeding statistics. Thus began Tina's highly touted success in promoting breastfeeding in Indiana at the grass roots level, one person and community at a time.

Since 2008, Tina has driven to communities all over Indiana speaking about breastfeeding to anyone who would listen. The stories she tells of the ‘7 million’ community experiences she has encountered are amazing; she recalls the large crowd that gathered to hear her speak at a Chili Cook Off in one town. She always knew she wanted an unconventional lactation career.
At their 2011 international conference, ILCA leadership recognized Tina’s community efforts and awarded her their ‘Unsung Hero Award.’ In 2014, she was selected to be on an 11-member team of content advisors for mPINC to the CDC in Atlanta. When the Super Bowl played in Indianapolis in 2012, Tina and the Indiana Perinatal Network petitioned the NFL Super Bowl Planning Committee and Indianapolis community leaders to organize a lactation room. Tina coordinated the donation of Medela breast pumps and kits for mothers. There wasn’t just one room; there were two, one in the Super Bowl Village and one in the Super Bowl stadium. How many airports do you know have a designated lactation room for mothers? Indianapolis has three, one before the security area and two beyond security all thanks to the efforts of Tina Cardarelli and the organizations she represents.

Tina is often asked to speak nationwide on building breastfeeding support, on coalition building and child care. She helped initiate the ‘We Care for Breastfed Babies’ in Indiana, based on a coalition effort, which has been recognized as a model program adopted by others. In 2012, Tina collaborated with Drs. Ruth Lawrence and Gerald Calnen on a live broadcast at the New York Breastfeeding Grand Rounds on the topics of Paid Family Leave and Essential for Successful Breastfeeding and Coalition Building. Tina currently serves as a facilitator to an eight hospital collaborative on the path to achieving Baby Friendly status; two hospitals recently received this designation. Two of Tina’s past projects at the Indiana Perinatal Network have received state recognition: a finalist in The Indianapolis Business Journal Health Care Hero Award and The Star Award recipient for the top Statewide Community or Philanthropic Program for the breastfeeding work accomplished through her small non-profit agency.

In 2004, Tina was first diagnosed with breast cancer while working in rural Michigan. She won this first battle only to witness a return of breast cancer for a second time and ovarian cancer both in 2013. Tina believes her experience with cancer has helped her focus attention to the importance of breastfeeding in breast and ovarian cancer preventions; she knows more could be done to help families make that connection. She has a strong message to all healthcare and lactation providers: Improve their messaging about breastfeeding and cancer prevention. Her goal is that the first time a woman is educated about the importance of breastfeeding for disease prevention will not be from her oncologist.

Tina has been married to her high school sweetheart for 41 years. She and her husband have three, also remarkable, children and three grandchildren. She says she has been blessed with a wonderful life.

The public health community in Indiana knows who Tina is; leading lactation authorities know who Tina is; and the mothers and babies of Indiana have witnessed what Tina has done to provide breastfeeding equity and infrastructure to their communities. Tina is, indeed, a remarkable woman; we should all thank her for her passion, direction, leadership, and trail blazing efforts to assist so many mothers on their breastfeeding journeys.

*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.*