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Human Milk Insights

November 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

BENEFITS OF HUMAN MILK

Breastfeeding linked to decreased breast cancer mortality
Breastfeeding for longer than six months was linked to a better survival rate for women undergoing surgery for breast cancer, according to a study in *Breastfeeding Medicine*. Margaretha Lööf-Johanson, MD, at the Primary Health Care Centre in Kalmar, Sweden, along with colleagues, examined the link between lifetime breastfeeding history and both breast cancer-specific and overall survival among women treated for breast cancer.

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

Cost Analysis Study, from Maternal & Child Nutrition
A study published in the journal *Maternal & Child Nutrition* details the results of a new study to quantify the excess cases of pediatric and maternal disease, death, and costs attributable to suboptimal breastfeeding rates in the United States. Annual excess deaths attributable to suboptimal breastfeeding total 3,340, 78% of which are maternal due to myocardial infarction, breast cancer, and diabetes. Excess pediatric deaths total 721, mostly due to Sudden Infant Death Syndrome and necrotizing enterocolitis. Medical costs total $3.0 billion, 79% of which are maternal. Costs of premature death total $14.2 billion. For every 597 women who optimally breastfeed, one maternal or child death is prevented. This is the first comprehensive analysis of the health and economic burdens of suboptimal breastfeeding rates in the industrialized world, using Monte Carlo simulation models to include maternal and pediatric disease in a single study.

http://onlinelibrary.wiley.com/doi/10.1111/mcn.12366/full

Bacteria in Human Milk: Helpful or Harmful?
Bacteria exist in human milk. In fact, it is very important, as it contributes to normal colonization of the intestines of the newborn. Even bacteria often thought of as harmful can be harmless or even beneficial to the infant. Lin (2016) gives an eloquent summary of the benefits of these bacteria, and their role in developing brain neurotransmitters, competent gut maturity and other positive health impacts.

http://blog.neonatalperspectives.com/2016/10/12/bacteria-in-human-milk-helpful-or-harmful/

HUMAN MILK AND GOING BACK TO WORK

BABES Act Advances, from House of Representatives
The Bottles and Breastfeeding Equipment Screening Act (BABES Act), introduced by Representative Jaime Herrera Beutler (R-WA), has passed the House with unanimous support. The BABES Act directs the Transportation Security Administration to provide ongoing training so that its agents better support air passengers traveling with breast milk, formula, and infant feeding equipment. A companion bill was introduced in the Senate by Senator Kelly Ayotte (R- NH).

http://herrerabeutler.house.gov/news/documentsingle.aspx?DocumentID=398776

Navigating Return to Work and Breastfeeding in a Hospital with a Comprehensive Employee Lactation Program: The Voices of Mothers
Researchers looked at 545 women who returned to work full or part time regarding their experiences with breastfeeding after return to work.

http://jhl.sagepub.com/content/32/4/689?etoc

PUMPING HUMAN MILK IN THE NEWS

Mom breast pumped while running half marathon
Stories of three mothers who continued their sport of running while breastfeeding.

http://www.foxnews.com/health/2016/10/10/mom-breast-pumped-while-running-half-marathon.html

HUMAN MILK IN THE NICU

Breast Milk from women delivering premature babies differs from full-term mothers
The composition of macro- and micronutrients differs in the breast milk from women who delivered prematurely from full-term moms, according to a study in *Nutrients*. Ulrik K. Sundekilde, at Aarhus University in Denmark, and colleagues, analyzed the metabolite content of milk samples from 45 women during a period of up to 14 weeks after giving birth. They also found that a few weeks after birth, the composition of the prematurely delivering mother's milk is identical to the one available to full-term babies.

http://www.mdpi.com/2072-6643/8/5/304/htm

The Venting Spill Nightmare: Stopping the Spill on Gastric Venting
Gastric venting spills from open-ended syringes are a challenge in the NICU. Solutions to this pesky problem are discussed in this article.

http://blog.neonatalperspectives.com/2016/10/07/the-venting-spill-nightmare-stopping-the-spill-on-gastric-venting/

Going Toxic in the NICU: Dealing with Workplace Negativity
The presence of incivility is not new to medicine, and certainly not foreign to us in the NICU environment. Jae Kim shares several situations he has seen various institutions that create an environment where it is uncomfortable, threatening, or unsafe to conduct oneself fluidly as part of a highly functioning team. He also shares tips to foster and sustain a positive culture in your NICU.

http://blog.neonatalperspectives.com/2016/10/06/going-toxic-in-the-nicu-dealing-with-workplace-negativity/

Getting the Skinny on Malnutrition in the NICU
Our smallest infants now deliver at birth weights well below 500g, which is just about the size of an adult hand. Successfully surviving and growing a micropreemie is a modern day miracle. Jae Kim discusses the nutritional emergency they present to the health care team.

http://blog.neonatalperspectives.com/2016/09/27/getting-the-skinny-on-malnutrition-in-the-nicu/

Five Enteral Feeding Regulatory Recommendation Priorities
These are dynamic times in healthcare, with a high focus on improving patient outcomes through quality measures and implementing best practices. Enteral feeding safety has improved; however, there is still work to be done. Patrice Hatcher discussed regulatory associations that are diligently making additional improvements toward decreasing the risk of misconnections.

http://blog.neonatalperspectives.com/2016/09/26/5-enteral-feeding-regulatory-recommendation-priorities/

Navigating California Law and ENFit Connectors (in all 50 States)
Improving outcomes and patient safety are top priorities for all hospitals. It's no surprise that these priorities include using enteral feeding best practices, which reduce the risk of adverse events. Evi Dewhurst discusses the California Law regarding ENFit Connectors.

http://blog.neonatalperspectives.com/2016/09/23/navigating-california-law-and-enfit-connectors-in-all-50-states/

Standardization of Warming Infant Feeds: Effect on Outcome
The benefits of practice standardization in the hospital are well-documented. In the NICU, where vulnerable patients can be affected by the smallest inconsistencies, standardization can have perhaps an even larger impact on patient outcomes. Sandy Beauman discusses why infant feed warming should be standardized and how this is best done.

http://blog.neonatalperspectives.com/2016/09/21/standardization-of-warming-infant-feeds-effect-on-outcome/

Staying LEAN in Human Milk Warming
Meredyth Thompson discusses the impact of inefficiencies in the NICU regarding warming human milk and possible solutions.

http://blog.neonatalperspectives.com/2016/09/16/staying-lean-in-human-milk-warming/

Waterless Warming Workflow Benefits
Warming human milk in the NICU has always been a task that is time-consuming for the bedside nurse. Kathy Quellen discusses two devices that provide workflow benefits to the NICU.

http://blog.neonatalperspectives.com/2016/09/13/waterless-warming-workflow-benefits/

HUMAN MILK WEBINARS

Please visit www.MedelaEducation.com for a current list of webinars.

CODING CORNER

IT'S MORE THAN THE MONEY

Receiving reimbursement is not the only consideration when keeping written records of patients' visits. Taking care of patients is serious business, and complete and accurate documentation is an essential component of quality patient care. Here are a few charting "must-haves" that not only give the insurance company an overview of what happened in the visit, but also satisfies legal requirements and facilitates communication among other professionals who also care for this mother-baby couplet.

1. Document the reason for the visit – Why are they here? The reason must support the medical necessity for the visit(s).
2. Document the history – A complete history supports the reasons for the visit. Is the mother a diabetic? Did she have a postpartum hemorrhage? Any reasons for delayed lactogenesis?
3. Document What Occurs During the Visit:
    - Physical Exam: What are the exam findings? Nipple trauma? Scars from previous surgery?
    - Problem List: Make a list of risk factors, exam findings, previous diagnoses, etc. Comment on how each is being addressed and whether it is now resolved or not, better or worse and if no improvement, what is the plan of action?
    - Progress or Lack of Progress: Are changes needed in the action plan or is a referral needed? It's always important to remember your legal scope of practice.
    - Counseling: Record the face-to-face time spent, subjects discussed, risk factors, exam results, treatment options – risks, benefits, alternatives, importance of compliance, patient and family education, etc.
    - Plan of Care: What is the plan? Can the mother repeat the plan back to you?
    - Coordination of Care: Document time spent on care coordination; are you making a referral to a pediatrician, dentist, surgeon, therapist?
4. Follow Up: Do the mother and baby need to come see you again? Does she need a referral to a physician? Can the follow-up be completed by a phone call? Follow-up must be mentioned in the patient records.

Try looking through your patient records and see if any of these charting essentials are missing. Identify any weaknesses in your documentation and make corrections right away so that your patients continue to receive quality care and you avoid legal problems in the future.

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.

STARTING THE CONVERSATION OF MATERNAL HEALTH BENEFITS

Most people know that breastfeeding is the best feeding method for babies and may even be aware that breastfed babies are healthier and have fewer illnesses. When it comes to health benefits for mothers who breastfeed their babies, many women believe that breastfeeding is helpful in losing some of the baby weight gained during pregnancy and they may have less bleeding which results in less anemia. However many lay people – and health care professionals, too – are unaware of the myriad benefits breastfeeding provides women who breastfeed their babies.

The evidence is very clear: breastfeeding provides protection for women against certain diseases, and the longer a woman breastfeeds in her lifetime, the more protection she receives. You may start the conversation by asking your colleagues and patients, "What do you know about how breastfeeding protects women from certain serious health risks?"

Do they know that . . . .

- Breastfeeding at the current rates prevents about 20,000 cancer deaths every year? And if breastfeeding rates were increased to nearly universal rates, another 20,000 cancer deaths could be prevented?
- Breastfeeding for more than 12 months reduces the risk of breast cancer by 26% and ovarian cancer by 37%?
- Breastfeeding is associated with 32% lower risk of type 2 diabetes?
- If women breastfeed for more than six months during their lifetime, they are less likely to have a heart attack or a stroke?
- For women who breastfeed one or more months decrease their risks of developing diabetes, high blood pressure or high cholesterol?

Current recommendations suggest that women always be given the information to make an informed decision regarding how they will feed their infants. It's time to talk to mothers about how breastfeeding protects their own long term health.

References:

Borra C. (2015). New evidence on breastfeeding and postpartum depression: the importance of understanding women's intentions. Matern Child Health J. 2015 Apr ;19(4):897-907. doi: 10.1007/s10995-014-1591-z.

Chowdhury R, et al. (2015). Breastfeeding and maternal health outcomes; a systematic review and meta-analysis.. Acta Paediatrica. 2015 Dec104(Suppl 467): 96-113.

Liu B. (2010). Diabetes Care. 2010 Parity, breastfeeding, and the subsequent risk of maternal type 2 diabetes.Jun;33(6):1239-41. doi: 10.2337/dc10-0347. .

Schwarz EB et al. (2009). Duration of lactation and risk factors for maternal cardiovascular disease.

Obstet Gynecol May;113(5):974-82. doi: 10.1097/01.AOG.0000346884.67796.ca.

Victora, Cesar G et al (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet 387(10017);475-490.

SPOTLIGHT ON PRACTICE

This month we are spotlighting Paula K. Schreck, MD, IBCLC, FABM, Medical Director-Breastfeeding Support Services, St. John Hospital and Medical Center, Detroit, MI.

Dr. Paula K. Schreck, Pediatrician, IBCLC member of the Academy of Breastfeeding Medicine and co-chair of the Michigan Breastfeeding Network is a passionate advocate for breastfeeding. Her inspiration for advocating and supporting breastfeeding comes from the myriad of health benefits for mothers and infants; she has successfully channeled this passion into several initiatives that have benefited breastfeeding mothers and babies in the Detroit community.

A native of Frankenmuth, Michigan and a graduate of the University of Michigan Medical School, Dr. Schreck has been a practicing pediatrician and breastfeeding advocate at St. John's Pediatrics since 1997. To strengthen the inpatient breastfeeding support, Dr. Schreck became the Medical Director and expanded the service to include a physician-led outpatient breastfeeding clinic in 2008. The clinic was the first of its kind in Michigan. The outpatient breastfeeding clinic sees mothers with breastfeeding problems at the birth center after they have been discharged home. The clinic visits combine the expertise of physician and lactation consultant services to deliver comprehensive health assessments and a lactation plan of care. Most breastfeeding problems are resolved within one to three visits; the mothers are then referred to their primary health care providers for continuing care. Clinic sites within St. John Providence have grown in number to three, employing a total of four physicians with breastfeeding expertise. Dr. Schreck continues to see breastfeeding mothers and babies in this setting one day per week; she says this is where she is at her best!

In an effort to increase best breastfeeding practices at St. John Hospital and Medical Center, Dr. Schreck and colleagues led a campaign for the hospital to seek the Baby Friendly Hospital designation in 2011. St. John Hospital and Medical Center became the second hospital in Michigan and the first hospital in Detroit to become Baby Friendly in 2014. Since then, Dr. Schreck has assisted four other hospitals in her system to receive the Baby-Friendly designation with an additional system hospital well on the pathway to also being Baby Friendly.

Dr. Schreck's efforts to increase the breastfeeding rates of the Detroit community are well known. She has been particularly committed to assuring all women and babies regardless of race can experience the enduring benefits of breastfeeding. With a grant from the W.K. Kellogg Foundation in 2011, Dr. Schreck spearheaded The Mother Nurture Project to better serve the High Risk populations of patients at St. John's. She partnered with a number of healthcare activists and city-wide agencies to improve breastfeeding promotion, particularly to African-American women. The coordinated efforts of these agencies have resulted in multiple successes including an increase in breastfeeding rates among African American women and a weekly breastfeeding support group. Additionally, a mother-to-mother peer counselor program was developed that enabled breastfeeding mothers to connect with other black mothers who had successfully breastfed and who were knowledgeable about breastfeeding. In 2013, Dr. Schreck collaborated with the Detroit-based Black Mother's Breastfeeding Association and other clinical colleagues to launch the Mother Nurture Lactation College. This initiative enabled peer counselors to further their education and clinical training toward the path of becoming IBCLCs.

Dr. Schreck hopes to create a parallel accredited Pathway 2 program and is actively working on this in partnership with a local community college. The Lactation College uses mentorship, advocacy, and academic support to assure successful navigation through the pathway to IBCLC accreditation. To date, two peer counselors have successfully passed the IBCLC exam and an additional three counselors are in process of completing exam requirements.

Dr. Schreck currently serves as the co-chair of the Michigan Breastfeeding Network. She is married to a Detroit orthopedic surgeon; they celebrated their 25th wedding anniversary this spring. They are the parents of two sons, the oldest who will be heading off to college next year. The family is avid skiers frequently vacationing out west looking for the perfect ski slope.

The Detroit community's increase in breastfeeding initiation and duration rate, especially among high risk populations result from the hard work and passion of many dedicated professionals. Dr. Paula Schreck is the force behind many of the breastfeeding initiatives and the champions that helped make the breastfeeding successes possible. Kudos to Dr. Schreck for her tireless work, passion, dedication, and spirit! She has positively impacted so many breastfeeding mothers and babies in the Detroit community.

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.