

# Human Milk Insights

July 2017

*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 and Pumping Locations
- Initiation of Human Milk
- Protocols on Human Milk
- Benefits of Human Milk
- Human Milk and the NICU

### HUMAN MILK EDUCATION

- Education Opportunities

### CODING CORNER

- 10 Codes You May Never Need

### TOOLS YOU CAN USE

- Medela's Innovating Practice Series

### CLINICAL PEARLS IN LACTATION

- Vitamin D and Supplementation for Breastfeeding Infants

### SPOTLIGHT ON PRACTICE

- Cynthia J. Pesce RN, MS, IBCLC

## NEWS YOU CAN USE

### HUMAN MILK AND PUMPING LOCATIONS

#### Mamava Mobile App

Mamava has released their new mobile app – <http://www.mamava.com/mobile-app#>. The new app supports moms on the go by locating Mamava lactation suites and over 1,200 other Mamava-vetted public lactation rooms. The app features useful resources including tips and information from Mamava's trusted partners, a breastfeeding goal tracker, a personal profile where moms can upload images of their babies for help with milk let-down, and a Mamava guided lactation meditation.

### INITIATION OF HUMAN MILK

#### Initiating Milk Supply: Infographic

An infographic on "Initiating Milk Supply" illustrates the steps in the natural process of breastfeeding.

<http://blog.neonatalperspectives.com/2017/05/26/initiating-milk-supply-infographic/>

#### Ten At-Risk Conditions Impacting Breastfeeding Success (Delayed Lactogenesis II)

Evi Dewhurst discusses the process of lactogenesis and outlines conditions, both prenatally and postpartum that impact delayed lactogenesis II. She then provides information on how to enable a timely lactogenesis II.

<http://blog.neonatalperspectives.com/2017/06/20/10-at-risk-conditions-impacting-breastfeeding-success-delayed-lactogenesis-ii/>

### PROTOCOLS ON HUMAN MILK

#### ABM Clinical Protocol #22: Guidelines for Management of Jaundice in the Breastfeeding Infant 35 Weeks or More of Gestation — Revised 2017

The Academy of Breastfeeding Medicine's Clinical Protocol on management of jaundice has been updated. View the abstract here: <http://online.liebertpub.com/doi/abs/10.1089/bfm.2010.9994> and the updated protocol should be on the ABM website in the near future: <http://www.bfmed.org/Resources/Protocols.aspx>

### BENEFITS OF HUMAN MILK

#### Breastfeeding Profoundly Affects Infant Gut Microbiome Composition

Article about recent research published in JAMA Pediatrics that confirmed that bacteria found in mother's milk and areolar skin seed the infant gut and profoundly influence the development of infant microbiome.

<http://www.infectiousdiseaseadvisor.com/prevention/breast-feeding-and-infant-gut-microbiome/article/669056/>

### HUMAN MILK AND THE NICU

#### Benefits of Kangaroo Care for NICU Infants

Jenny Murray outlines the history of kangaroo care for the NICU infant and discusses how to help parents understand the benefits and how nurses can make a difference.

<http://blog.neonatalperspectives.com/2017/05/23/benefits-of-kangaroo-care-for-nicu-infants/>

#### Risks of Volume-Driven Feeding Methods

Kim Flanagan discusses how traditional models of volume-driven infant feeding in the NICU miss important cues. She highlights the potential risks.

<http://blog.neonatalperspectives.com/2017/06/07/risks-of-volume-driven-feeding-methods/>

#### Neonatal Gastric Feeding Tubes, Part 1: Placement

Sandy Beauman discusses the initial steps that are essential to ensure an infant gastric feeding tube is placed correctly.

<http://blog.neonatalperspectives.com/2017/06/13/neonatal-gastric-feeding-tubes-part-1-placement/>

### HUMAN MILK EDUCATION

Please go to [www.MedelaEducation.com](http://www.MedelaEducation.com) for education opportunities.

## CODING CORNER

### ICD-10 CODES YOU MAY NEVER NEED

In past issues, we've mentioned how important it is to identify the specific code for the procedure to get paid on a claim.

When defining the ICD-10 Codes, however, the developers may have gone a bit overboard when it comes to being specific. Here are 10 codes that I bet you'll never have to use when coding for a patient. But who knows? Anything can happen...

W61.33	Pecked by a Chicken
Y93.02	Accident While Knitting or Crocheting
V00.01	Pedestrian on Foot Injured in Collision with Roller Skater
Y92.253	Hurt at the Opera
W56.22	Struck by Orca, Initial Encounter
V91.07	Burn Due to Water Skis on Fire
W56.11	Bitten by a Sea Lion
Y92.416	Swimming Pool of Prison as the Place of Occurrence of External Cause
V97.33	Sucked into Jet Engine
V95.40	Unspecified Spacecraft Accident Injuring Occupant

These are just a few of the wacky diagnosis codes you'll find among the 68,000 codes listed in the ICD-10 classification. (Wouldn't it have been fun to be a "fly on the wall" in the room when the developers were coming up with these codes?)

## TOOLS YOU CAN USE

### MEDELA'S INNOVATING PRACTICE SERIES

Are you aware that Medela has an incredible collection of current research articles chosen specifically to expand your knowledge base, improve your lactation practice and impact your patient outcomes?

It's available now and it's called Innovating Practice. This collection is easily found on the Medela website ready for you to read, print and share with your colleagues.

Each installation in the series focuses on a specific clinical practice theme, provides a printable research overview and summary, lists additional resources and provides journal article links. Jean Rhodes Ph.D., CNM, IBCLC has selected articles on the topics below and has written research overviews and summaries for each article. There are links to the journal articles and you can even sign up for an online course on the topic!

- Initiating Maternal Milk Supply
- Collection and Storage of Human Milk
- CMV Transmission and Breastmilk
- Value of Human Milk: Reducing Morbidities and Necrotizing Enterocolitis
- Cognitive and Neurodevelopmental Effects of Human Milk in Preterm Infants
- Cost Benefits of Breastfeeding and the Use of Human Milk
- Topic Updates and Promising Research
- Term Infant Feeding
- Colostrum

To find the Innovating Practice series, go to the Medela website:

<http://www.medelabreastfeedingus.com/professionals/education-innovating-practice>.

## CLINICAL PEARLS IN LACTATION

*This column is for lactation practitioners to share clinical challenges and successes, observations and pearls with colleagues. To share a clinical pearl, [submit it here](#). If your submission is selected for publication in future issues of Human Milk Insights, you will receive a \$25.00 VISA gift card.*

### VITAMIN D AND SUPPLEMENTATION FOR BREASTFEEDING INFANTS

We know it's important to remind breastfeeding mothers that it is recommended that their babies receive at least 400 IU of Vitamin D daily.

Babies need Vitamin D to maintain bone strength, and recent research suggests that it is also needed to regulate both infection and inflammatory pathways of their immature immune systems. The CDC, WHO and the American Academy of Pediatrics recommend that all breastfeeding babies receive a daily supplement of 400 IU daily of Vitamin D. However, many breastfed infants may not be getting enough vitamin D because their mothers are not supplementing their babies' diets.

Some mothers think that breast milk contains vitamin D, and it does; but research shows that it's not nearly enough for a growing baby needs. Other mothers are unaware of their healthcare provider's recommendations, and some mothers say they avoid giving any kind of drops whatsoever to their babies. And most mothers say that they would rather take a supplement themselves than give their babies something other than breast milk.

However, there is an alternative. Women can take vitamin D supplements themselves - typically 4,000-6,000 IU daily - and that gives babies enough Vitamin D in breast milk so that drops aren't needed. According to a study by Hollis, et al published in Pediatrics in 2015, we can tell mothers that maternal

Vitamin D supplementation with 6,400 IU/day safely supplies breast milk with adequate levels to satisfy the requirement for her nursing baby.

So, the good news is that both a nursing mother and her growing baby can get the minimum daily requirement for Vitamin D if mom takes a supplement of 6,400 IU/day. It's a two-for-one special!

#### Reference:

Hollis BW, Wagner CL, Howard CR et al (2015). Maternal versus infant vitamin D supplementation during lactation: A randomized controlled trial, Pediatrics 136(4) pp 625-634.

## SPOTLIGHT ON PRACTICE

*This month we are spotlighting Cynthia J. Pesce RN, MS, IBCLC.*

It is rare today to find employees who devote their entire professional careers at one company or institution. For Cynthia J. Pesce, it's been an easy decision to stay at the facility she calls home, Cohen Children's Medical Center of New York. Cynthia's successes as a bedside clinician in the NICU and a lactation consultant are well-known among the entire hospital staff.

When Cynthia began working at Cohen Children's Medical Center, she was a new graduate nurse. She graduated from Adelphi University's College of Nursing as an adult learner and at the top of her class; she had worked for several years as a laboratory technician in a local physician's office before studying nursing. Nursing was a perfect career choice for Cynthia; she loved the science and humanity of the profession. Her senior clinical assignment was in a mother-baby unit where she recounts being 'sold' on working with the "NICU" population. For over 25 years, Cynthia worked as a bedside clinician in the NICU. She witnessed progressive changes with the care premature infants received especially surrounding infant nutrition and a growing emphasis on human milk.

Developing lactation skills was a natural segway in providing supportive care to mothers expressing human milk for their NICU infants. Cynthia became certified as an IBCLC in 2006 and paved the way for a robust lactation program at Cohen Children's Medical Center, a Magnet hospital. Many dedicated professionals contributed in helping to develop procedures for using human milk within the NICU, but Cynthia's passion on improving lactation care and developing a lactation program was key. Since 2008, Cynthia has led the lactation program at Cohen Children's Medical Center as the Coordinator and Senior Lactation Consultant. The program provides lactation care seven days per week with four permanent and three per diem lactation consultants. In addition to the NICU, the lactation consultants cover all the inpatient units within the facility. In 2013, donor milk was introduced at Cohen Children's Medical Center to be used in conjunction with mother's own milk (MOM), or when MOM was unavailable to meet the infants' needs. The institution's NICU was one of the first Long Island facilities to begin using donor milk and influential in getting other NICUs to adopt the practice.

In 2014, Cynthia began the challenging task of developing a Human Milk Nutrition Center for the NICU. Her goals were to standardized human milk fortification procedures, decrease potential human milk administration errors, decrease potential infection risks by improving handling procedures, improve family and nurse satisfaction with standardized procedures, and alleviate bedside clinician stress attempting to juggle safe human milk preparation with multiple care tasks. She and one of her lactation consultants, Debra

Anderson-Sweene, traveled to Texas Children's Hospital in Houston to examine the procedures practiced at the facility. They envisioned recreating what Nancy Hurst PhD, RN, IBCLC had established in Texas. A little over a month ago, with the guidance and support of Dr. Richard Schanler, Director of Neonatal Services at CCMC, Nursing Administration, NICU management, and her fellow lactation consultants, Cynthia witnessed a 'soft' opening of the NICU's Human Milk Nutrition Center. Cynthia says, "Our step in human milk management is still a work in progress. We currently are only able to process human milk five days a week. But every day since the facility has opened a nurse comes up to me to thank us for what we've done." Cynthia looks forward to the time when all milk preparation will take place within the Human Milk Nutrition Center.

Born and raised on Long Island, Cynthia has a close-knit, extended family living close by. She adores speaking about her adult children, one daughter and one son. Cynthia is a role model for her children always striving to make a difference in the lives of others. Her colleagues know her tireless work ethic, her perpetual smile, and approachable personality. In 2014, Cynthia completed her master's degree in Nursing Administration while continuing to work full-time. Her next personal goal is to pursue a doctorate in nursing to continue to positively impact nursing and lactation care at Cohen Children's Medical Center. Cynthia loves summers on Long Island because of the proximity to the beach and her interest in bike riding. She has a passion for gardening; that perpetual smile deepens when talking about the annual garden she plants.

Cynthia has been a trailblazer for lactation services at Cohen Children's Medical Center and has established a reputation for being an enthusiastic supporter of mothers expressing human milk for their compromised infants. Cynthia has made lasting relationships with the many families she has met and supported. Her work will have a long-lasting, positive outcome for the families of the Cohen Children's Medical Center community. The Medical Center is so glad Cynthia's impressive nursing and lactation career has been entirely devoted to their 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](#).*