

Human Milk Insights

October 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.

CONTRIBUTORS

Cindy Wagner MS, RD, IBCLC
Education Consultant
Medela, LLC.
Tuscaloosa, AL.

Maria Lennon, MSN, CNM, IBCLC
Nurse-Midwife
Tuba City Regional Health Care
Corporation
Tuba City, AZ.

Irene M. Zoppi RN, MSN, IBCLC
Clinical Education Specialist
Medela, LLC.
McHenry, IL.

FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

- Human Milk Protocols
- Benefits of Human Milk
- Human Milk in the NICU
- Economics of Breastfeeding
- Human Milk and WIC

HUMAN MILK EDUCATION

- Education Opportunities

TOOLS YOU CAN USE

- A Timely Topic: Breastfeeding During Disasters

CLINICAL PEARLS IN LACTATION

- Pierced Nipples and Breastfeeding, What Moms Need to Know

SPOTLIGHT ON PRACTICE

- Voni Miller, RN, BSN, IBCLC

NEWS YOU CAN USE

HUMAN MILK PROTOCOLS

Revised ABM Clinical Protocol on Analgesia and Anesthesia

The Academy of Breastfeeding Medicine has published "Clinical Protocol #15: Analgesia and Anesthesia for the Breastfeeding Mother, Revised 2017." Mothers of healthy term or older babies should be able to start breastfeeding when they are stable and alert. After maternal anesthesia, mothers should wait for six to 12 hours before breastfeeding a baby at risk for hypotonia, apnea, or hypotension. Opioids are the most concerning class of medication for breastfeeding infants and mothers. The protocol will be available in the near future at:

<http://www.bfmed.org/Resources/Protocols.aspx>

<http://online.liebertpub.com/doi/pdfplus/10.1089/bfm.2017.29054.srt>

BENEFITS OF HUMAN MILK

Longer Breastfeeding Linked to Lower Risk for Future MS

A new study suggests that women who breastfeed their babies for longer durations may be at lower subsequent risk of developing multiple sclerosis.

http://www.medscape.com/viewarticle/882901?rc=WNL_infoc_170902_MSCPEDIT_TEMP2_M_EDDEV_MS&uac=171849DZ&impID=1422236&faf=1

Obesity as a Predictor of Delayed Lactogenesis II

Recent published study indicates that pre-pregnancy obesity and excessive gestational weight gain are associated with an increased risk of delayed lactogenesis II. Women who are at risk for delay in lactogenesis II and early breastfeeding cessation will need targeted interventions and support for them to achieve their personal breastfeeding goals.

<http://journals.sagepub.com/doi/abs/10.1177/0890334417727716>

HUMAN MILK AND THE NICU

Neonatal Gastric Feeding Tubes, Part 4: Clinical Management of Feeding Tubes

Sandra Sundquist Beaman, MSN, RNC-NIC
Sandy Beaman discusses the clinical implications of managing feeding tubes through feeding of human milk, limiting exposure to antibiotics when reasonable and limiting the potential for introduction of pathogenic bacteria.

<http://blog.neonatalperspectives.com/2017/09/25/neonatal-gastric-feeding-tubes-part-4-clinical-management-of-feeding-tubes/>

The NICU Enteral Feeding Tube Checklist

Evi Dewhurst

Evi Dewhurst highlights four checklist items that are important when making decisions about NICU feeding tubes.

<http://blog.neonatalperspectives.com/2017/09/18/the-nicu-enteral-feeding-tube-checklist/>

NICU Family-Integrated Care: Mommy Knows Best (Just Ask Her)

Jae Kim, MD, PhD

Dr. Jae Kim discusses the role of family-centered, family-integrated care in the NICU and the importance of including parents in the process.

<http://blog.neonatalperspectives.com/2017/09/04/nicu-family-integrated-care-mommy-knows-best-just-ask-her/>

ECONOMIC BENEFIT OF BREASTFEEDING

Breastfeeding Cost Calculator, from Cambridge Health Alliance

Modest increases in breastfeeding rates substantially impact healthcare costs in the first year of life.

<https://www.ncbi.nlm.nih.gov/pubmed/28906133>

The Cambridge Health Alliance has released a new study published in the journal Breastfeeding Medicine which contains an online calculator to estimate the impact of changes in breastfeeding rates on population health. The calculator is available on the United States Breastfeeding Committee's website at:

<http://www.usbreastfeeding.org/saving-calc>

HUMAN MILK AND WIC

Journal Supplement on WIC and Breast-feeding

The Journal of Nutrition Education and Behavior published a supplemental issue on WIC and breastfeeding. The special issue highlights various issues regarding breastfeeding promotion and support activities within the WIC program and discusses the U.S. Department of Agriculture's breastfeeding priorities.

[http://www.jneb.org/issue/S1499-4046\(17\)X0007-9](http://www.jneb.org/issue/S1499-4046(17)X0007-9)

HUMAN MILK EDUCATION

Missed a webinar that was presented earlier this year? Interested in getting some CEUs? Visit www.MedelaEducation.com and click on the 24/7 Online Courses icon. There, you will find a variety of our online courses as well as our recorded webinars. Email education@medela.com and mention this edition of Human Milk Insights, for a promo code and enjoy \$15 off the registration fee!

TOOLS YOU CAN USE

A TIMELY TOPIC: BREASTFEEDING DURING DISASTERS

Breastfeeding is lifesaving in a disaster. Hurricane Harvey, Hurricane Irma and the earthquake in Mexico are all recent disasters that have hit pretty close to home in the United States; and for some readers, it really did hit home and they are still dealing with the aftermath of the storms.

There are always hints, suggestions and lists of what to have to be prepared in an emergency, but not many people think of the breastfeeding baby. In the list of breastfeeding advantages, we sometimes fail to mention the benefits that breastfeeding provides when being faced with a disastrous storm or dealing with an emergency.

The breastfed baby's life really doesn't change much. As long as mom is close, the milk is plentiful, clean, and just the right temperature. Skin-to-skin touch helps the baby feel secure and may reduce somewhat the mental distress caused by the exposure to trauma or stress. In addition, the breastfeeding hormones secreted by the mother's body aid in bringing about a more relaxing sensation. For the baby who is exclusively formula-fed, big issues arise as to how the baby will be fed for as long as the emergency lasts.

The [US Breastfeeding Committee](#) lists some key facts about breastfeeding and emergencies:

“Research shows that infants and children are the most vulnerable during emergencies.

- *Nearly 95% of infant and child deaths in emergencies result from diarrhea due to contaminated water and an unsanitary environment.*
- *Infant formula has been linked to an increase in infant disease and death: it can also be contaminated and requires clean water and fuel to sterilize formula, bottles and nipples. Lack of electricity also can make it difficult to preserve formula.*
- *Breastfeeding saves lives! Human milk is always clean, requires no fuel, water, or electricity, and is available, even in the direst circumstances.*
- *Human milk contains antibodies that fight infection, including diarrhea and respiratory infections common among infants in emergency situations.*
- *Human milk provides infants with perfect nutrition, including the proper amount of vitamins and minerals required for normal growth.*
- *Breastfeeding releases hormones that lower stress and anxiety in both babies and mothers.*
- *Mothers who breastfeed are able to keep their babies warm to prevent hypothermia.”*

The American Academy of Pediatrics has a flyer for health professionals which contains an algorithm of what to do regarding infant feeding for those situations when mothers and babies are together and for those when mothers and babies are separated.

Healthcare professionals need to act to promote and support breastfeeding during an emergency. Mothers should be encouraged to breastfeed, even if they had originally not planned to – especially during the time of crisis. New mothers need extra assistance during the crisis to make sure they are breastfeeding well before leaving the hospital. Support for mothers includes having

rescue workers skilled in lactation management and problem-solving. Support also includes having healthy food and plenty of liquids available for pregnant and lactating women

Relactation is an option for women who have stopped breastfeeding; in certain situations, it can be resumed successfully. It takes time, effort and knowledgeable support, but can be lifesaving when procuring formula and/or clean water is not an option.

There are tools available for communities to make sure they consider the aspects of infant feeding when planning for emergencies:

Download a great infographic supportive of breastfeeding in emergencies.

https://www.acf.hhs.gov/sites/default/files/ohsepr/infant_feeding_edits.png

Resource:

American Academy of Pediatrics. (2015). Infant feeding in disasters and emergencies: Breastfeeding and other options.

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Documents/InfantNutritionDisaster.pdf>

A note from Medela:

For families in the U.S. who are safe, but have Medela breast pump products or accessories that were lost or destroyed in the recent disasters, Medela is offering a product replacement program with pricing that includes a discount on select products and expedited shipping. The program offers a breast pump solution and access to parts and accessories they need. Moms can be directed to Medela's Customer Service team for more information at 1-800-435-8316.

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

This month's Journal of Midwifery and Women's Health has a patient education sheet on body piercing. It brings home the fact that healthcare providers have an important role in talking to young women (and older women, too) about different aspects of women's health. One such health issue is nipple piercing – and how it relates to pregnancy and breastfeeding.

For thousands of years, body piercing has been a way to adorn women's (and men's) bodies. Nipple piercings are considered by some to be artistic and a way to wear jewelry. Some consider it making a fashion statement, others see it as a way to identify with a group of people, and many will say it makes sex more pleasurable for them or their partners. Usually, it's not a big deal and it's not brought up as a topic of discussion unless a woman is pregnant or planning to breastfeed.

It's best to have the conversation long before a woman decides to get pregnant. There's very little research on this topic and nothing to suggest that piercings would interfere with breastfeeding and/or pumping. However, there are some important things for mothers to consider when breastfeeding with nipple piercings.

First, it takes the wound created by nipple piercing about six months to heal, and waiting 12 months after a piercing to get pregnant is recommended. Nipples should not be pierced while pregnant or breastfeeding, as there is always a chance to contract HIV, hepatitis B or C, and/or tetanus. It's important to ask if the person is either licensed or registered with the Board of Health, to ask if their instruments and jewelry are properly sterilized and make sure their immunizations are up to date.

Second, piercings are contraindicated if the mother has a bleeding disorder, forms keloid scars, is pregnant or is planning a pregnancy within one year, has a heart defect or valve problems, an immune disorder or has trouble healing. Women also need to be aware that there is a risk of infection and scar formation, which could occlude one or more of the terminal milk ducts. In addition, it's possible that, while lactating, milk may leak from the piercing hole on the side of the nipple. Also, there is always the possibility that allergies to metal can lead to rejection of the piercing or infection.

Third, during pregnancy, women who have nipple piercings may find that they need larger barbells or rings (these are the most common types of jewelry used in nipple piercing) as the breasts enlarge. If too tight, the jewelry can apply too much pressure for the blood to properly circulate and tissue necrosis could occur. If unable to change her own jewelry, a woman may have her piercer change the rings and barbells throughout the pregnancy. It's important for her to make certain the establishment is clean and hygienic and that all the jewelry is properly sterilized.

Finally, once the baby is born, the jewelry must be removed while the baby is nursing. Some internet sources say it is okay to leave the jewelry in, but it is not only a choking hazard but baby's gums, lips, tongue and palate could be injured if nursing while the jewelry is in place.

Resources:

Association of Professional Piercers. <https://safepiercing.org>.

Garbin, CP, Deacon, JP, Rowan, MK, Hartmann, PE & Geddes, DT. (2009). Association of nipple piercing with abnormal milk production and breastfeeding. *JAMA* 301(24): 2550-2551.

The American College of Nurse Midwives. (2017). Share with Women Column in Journal of Midwifery and Women's Health, Online version 08/14/2017. Accessed 09/22/2017.

Martin, J. (1999). In *Leaven* 35(3) June-July. Pp. 64-65. La Leche League International.

www.la lecheleague.org/llleaderweb/lv/lvjunjul99p64.html.

www.youngwomenshealth.org/2013/08/07/body-piercing.

SPOTLIGHT ON PRACTICE

This month we are spotlighting Voni Miller, RN, BSN, IBCLC, in Phoenix, Arizona

Voni Miller's engaging personality, effective communication skills, tenacious spirit and sensitivity to the needs of others have served her well in the many roles she has held during her nursing career. In her present role as manager of the NICU lactation programs at Banner Good Samaritan Medical Center, Voni has the trust and respect from the physician and nursing staff.

As a young wife and mother, Voni Miller began her nursing career over 30 years ago in the Phoenix area. Although she initially began working as a staff nurse on a medical-surgical unit, Voni rapidly realized her true passion was caring for new families. She soon transitioned to working with families in both labor and delivery and post-partum at Good Samaritan Hospital in Phoenix. She was particularly interested in assisting mothers with breastfeeding; Voni herself experienced breastfeeding challenges with her own infants and wanted to make a difference with bedside support. She successfully completed the IBCLC requirements in 1995 and combined her staff nurse position with that of a part-time lactation consultant. Voni was later recruited by Phoenix Children's Hospital to manage the lactation program and trained at that time to become a NICU nurse; she then continued to work in both roles during her time at Phoenix Children's. In 2013, Voni was approached by Banner Good Samaritan Medical Center to work solely as the Lactation Consultant for their 68-bed Level IV NICU. This is a role she loves with all her heart.

Voni has accomplished several programs both at Phoenix Children's Hospital and Banner Good Samaritan Medical Center directly impacting the care of NICU infants. In 2009, she was one of the consultants instrumental in establishing the first NICU donor milk program in Arizona. In 2015, she assisted with the implementation of a Human Milk Fortifier program for the NICU resulting in a 90% reduction in Necrotizing Enterocolitis among their NICU population. Most recently, at Banner Good Samaritan Medical Center, Voni began a stress awareness program aimed at identifying acute parental stress and Post Traumatic Stress Disorder in the NICU parent. The program is multi-faceted consisting of nurses, physicians, social workers, and clergy to recognize and manage parents' stress responses effectively. Classes are held on the unit for parents to express their fears, concerns, and anxieties. Voni secured a room in the NICU and turned it into a scrapbook room specifically for parents. It is outfitted with supplies received from staff and volunteers that allows parents to do art therapy to release stress and gives them the opportunity to 'journal' their infants' lives in the NICU. Parents are encouraged to also use the supplies to decorate the doors to their infants' rooms with their creations and heartfelt messages. In August, Voni spoke at the Arizona High Risk Perinatal Program/Neonatal Intensive Care Program (HRPP/NCIP) annual conference on Parental Post Traumatic Stress Disorder in the NICU and exhibited a poster presentation on the topic last month at the

Arizona Nurses Association biennial conference. Voni published an article with Jan Riordan, “Treating Postpartum Breast Edema with Areola Compression” in the Journal of Human Lactation in 2004, which has been cited in several medical lactation text books.

Voni has been married to her high school sweetheart, Dave for 36 years. They have two adult sons and one infant granddaughter. Voni is an artist, enjoys the outdoor lifestyle of Arizona, and loves traveling. Voni’s commitment to her work as a lactation consultant can be summarized in her own words, “Those who have the ability to make a difference, have the responsibility to make a difference.” Voni’s passion to support the families of NICU infants is noticed by all who work alongside her. As one of her colleagues stated, “I can’t think of any better lactation consultant to highlight.”

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](#).