

# Human Milk Insights

December 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 in the Hospital
- Human Milk and the NICU

### **HUMAN MILK EDUCATION**

- Education Opportunities

### **TOOLS YOU CAN USE**

- Toolkits You Can Use

### **CLINICAL PEARLS IN LACTATION**

- Lactation Support Impact on the Lactating Mother in the NICU

### **SPOTLIGHT ON PRACTICE**

- Ruth M. Pletcher, BSN, RN, IBCLC

## NEWS YOU CAN USE

### HUMAN MILK IN THE HOSPITAL

#### Are Patient Expectations Lowering Satisfaction Scores?

Evi Dewhurst discusses three patient expectations regarding breastfeeding support satisfaction.

<http://blog.neonatalperspectives.com/2017/11/16/are-patient-expectations-lowering-satisfaction-scores/>

#### Patient Satisfaction: Why it Matters to Hospitals

Patrice Hatcher, MBA, BSN, RNC-NIC, explains the background on how patient satisfaction has become a key indicator used to measure the quality of healthcare.

<http://blog.neonatalperspectives.com/2017/11/10/patient-satisfaction-why-it-matters-to-hospitals/>

#### Is Your Hospital Prepared for Natural Disasters?

Sandy Beauman, MSN, RNC-NIC, highlights how disaster plans need to include action plans for neonatal patients.

<http://blog.neonatalperspectives.com/2017/11/06/is-your-hospital-prepared-for-natural-disasters/>

#### Breastfeeding Barriers: Four Infant At-Risk Conditions

Evi Dewhurst discusses four infant at-risk conditions regarding breastfeeding – preterm birth, tongue-tie, palatal anomalies and congenital heart defects.

<http://blog.neonatalperspectives.com/2017/10/23/breastfeeding-barriers-4-infant-at-risk-conditions/>

#### ABM Clinical Protocol #15: Analgesia and Anesthesia for the Breastfeeding Mother, Revised 2017

The Academy of Breastfeeding Medicine has updated the Clinical Protocol on analgesia and anesthesia for the breastfeeding mother.

<http://www.bfmed.org/Media/Files/Protocols/Protocol%2015%20Analgesia%20and%20Anesthesia%20English%20Translation.pdf>

#### ABM 2017 Policy Statement on Informal Milk Sharing

The Academy of Breastfeeding Medicine has released a policy statement on informal milk sharing. It should be available at this link soon:

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

### HUMAN MILK AND THE NICU

#### The Death of the Gastric Residual: R.I.P.

Jae Kim, MD, PhD, discusses previously held thought regarding gastric residuals and the move by facilities to not react as strongly to the presence of gastric residuals.

<http://blog.neonatalperspectives.com/2017/10/30/the-death-of-the-gastric-residual-r-i-p/>

#### How Human Milk Can Reduce the Devastating Impact of NEC

Jenny Murray, BSN, RN, discusses how human milk impacts the development of necrotizing enterocolitis (NEC).

<http://blog.neonatalperspectives.com/2017/11/22/how-human-milk-can-reduce-the-devastating-impact-of-nec/>

#### Cost and Cost-Effectiveness of Donor Human Milk to Prevent Necrotizing Enterocolitis: Systematic Review

The systematic review found that it is likely that donor milk provides short-term cost savings by reducing the incidence of NEC.

[http://online.liebertpub.com/doi/abs/10.1089/bfm.2017.0057#utm\\_source=ETOC&utm\\_medium=email&utm\\_campaign=bfm](http://online.liebertpub.com/doi/abs/10.1089/bfm.2017.0057#utm_source=ETOC&utm_medium=email&utm_campaign=bfm)

### HUMAN MILK EDUCATION

Missed a webinar that was presented earlier this year? Interested in getting CEUs? Visit [www.MedelaEducation.com](http://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](mailto: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

### TOOLKITS YOU CAN USE

Are you aware of the invaluable resources that are being shared by perinatal and maternal quality care collaboratives? Perinatal quality collaboratives (PQCs) are state or multi-state networks of teams working to improve the quality of care for mothers and babies. PQC members identify healthcare processes that need to be improved, and use the best available methods to make changes as quickly as possible.

In recent years, PQCs have contributed to important improvements in healthcare and outcomes for mothers and babies, including:

- Reductions in deliveries before 39 weeks of pregnancy without a medical reason.
- Reductions in healthcare-associated bloodstream infections in newborns.
- Reductions in severe pregnancy complications.

One such collaborative that has been in place for many years and has many wonderful tools and toolkits to share is the **California Perinatal Quality Care Collaborative**. Toolkits are all-inclusive packages to help facilitate improved clinical outcomes, excellent patient care and efficient resource allocation. Sharing what they've learned is one of the tenets of the groups. They encourage the use of the tools by those who seek to improve care of mothers and babies, but reproduction of the materials for commercial use is prohibited. If the tools are used, the CPQCC just asks that the source of the materials be cited. You can see all the toolkits that have been developed by the Collaborative in California on their website: [www.cpqcc.org](http://www.cpqcc.org) under the heading of QI Toolkits.

The year, 2017, is nearly over and when looking back, there have been numerous disasters - both natural and otherwise – that have affected many thousands of people both in the US and abroad. In the last few months, mothers and babies have had to deal with major flooding from Hurricanes

Harvey, Irma and Maria, destruction from tornado outbreaks, loss of homes from wildfires and some man-made crises. Hospitals and NICUs around the country have been faced with conditions they've never experienced before.

One toolkit available on the CPQCC, under the heading of **QI Toolkits**, then **QI Toolkits from Outside Resources**, is the [CAN Neonatal Disaster Preparedness Toolkit](#), developed by the California Association of Neonatologists. The intent of this Toolkit is to provide guidance in developing comprehensive disaster response plans that are in compliance with Joint Commission Standards and based on community, best-practice models. This comprehensive Toolkit covers everything from dealing with a flu epidemic to a bioterrorism attack to evacuating patients to a measles outbreak.

Hospitals and NICUs may review this valuable resource in preparation for circumstances that the future could possibly hold. Again, all that's requested is that the reference source be cited.

## 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, we are honored to share the first clinical practice pearl submitted by a colleague and reader of our Human Milk Insights newsletter. Grecia Ferreyra RN, RNC-NIC, CLC, a Lactation Specialist in the Neonatal Intensive Care Unit at Nicklaus Children's Hospital in Miami, Florida, writes about a successful program that has increased the number of babies that are discharged on full or partial breast milk feeds.*

### LACTATION SUPPORT IMPACT ON THE LACTATING MOTHER IN THE NICU

Breast milk is a very important key component of a child's nutrition, providing essential nutrients, antibodies and other factors essential for growth and development, thus making it superior to any other feeding preparation for infants. However, lack of maternal support during lactation can be detrimental to ensuring the fragile Neonatal Intensive Care Unit population receives maternal breast milk.

Ramona Mercer explained the Maternal Role Attainment Theory as the, "Interaction and developmental process occurring over time, in which the mother becomes attached to her infant, acquires competence in the care-taking tasks involved in the role, and expresses pleasure and gratification in the role." Supporting mothers during lactation encourages mother and child bonding, thus promoting the attainment of the maternal role and contributing to an increase in patients receiving breast milk. This complies with Healthy People 2020 Maternal, Infant and Child Health (MICH) objectives, to:

- MICH-21 Increase the proportion of infants who are breastfed,
- MICH-22 Increase the proportion of employers that have worksite lactation support programs,
- MICH-23 Reduce the proportion of breastfed newborns who receive formula supplementation within the first two days of life,
- MICH-24 Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.

Breast milk is first choice at Nicklaus Children's Hospital in our Neonatal Intensive Care Unit; we strive for 100% usage of breast milk for our delicate babies. However, it was noticed that during 2015 and previous years, there was no lactation support for mothers. This contributed to a decreased rate of patients partially or fully discharged on breast milk. In February 2016, the NICU at Nicklaus Children's Hospital started a lactation support group for our mothers and families named, "Breast Friends Club."

During support group, mothers and families received education through a PowerPoint presentation provided by the unit's lactation specialist. Following the presentation, mothers shared their experiences of successful breastfeeding and lactation techniques. Parents received printed invitations, which were placed in each patient's room as a visual reminder of the place, date and time of support group meetings. Nurse members of the NICU breastfeeding committee encouraged parents to attend. During each monthly session, appetizers and beverages were offered and parents engaged in games and activities.

In 2015, with no support group in place, about 70 percent of patients were discharged partially or fully on breast milk. During 2016, with the support group in place, patients discharged on breast milk increased to 81%. "During 2017 (in progress) up to the month of October, 93% of patients were discharged on breast milk! According to this evidence, it would be beneficial to implement a lactation support group at any facility with breastfeeding or lactation needs.

## References

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<https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>

Last accessed October 30, 2017.

*Thank you, Grecia, for your contribution this month. Your outcomes are amazing! Reading about the NICU support groups at Nicklaus Children's Hospital will certainly be helpful to many readers.*

*We welcome submissions to the Clinical Pearls column: please send your submission to [education@medela.com](mailto:education@medela.com).*

## SPOTLIGHT ON PRACTICE

*This month we are spotlighting Ruth M. Pletcher BSN, RN, IBCLC.*

The 32-bed birthing suite and 52 single-room NICU at UC San Diego Health, La Jolla are housed in an impressive, brand new 10-story structure. Relocated to its present location a little over one year ago, it is home to a nationally known center for breastfeeding support. This is where Ruth M. Pletcher and her colleague and fellow lactation consultant, Peggy Castor provide compassionate, evidence-based care to mothers expressing human milk for their NICU infants; this is the place where Ruth loves to work.

Ruth's professional nursing career has spanned more than 20 years and has been spent connecting with new mothers and babies. After witnessing her father care for families as a Physician's Assistant, Ruth knew she wanted a healthcare career. It was while observing her father seeing patients in a family practice setting and observing his support of breastfeeding mothers that Ruth learned how compassionate care could make a difference in the breastfeeding journeys of mothers.

After graduating from high school, Ruth spent time as a missionary working in the Philippines. Years later, Ruth found her way into nursing after graduating from Southwestern College in 1993 with her ADN and from the University of Phoenix in 2012 with a BSN. She worked part time as a staff nurse when her children were very young. This gave her the opportunity to breastfeed her children and to be a hands-on mom, both very important to Ruth. Her passion to support breastfeeding mothers led her to become certified as a lactation consultant and remain active in providing lactation education and support with parent groups and at the bedside. She developed and implemented a lactation program at a San Diego area children's hospital where she established lactation education programs for the professional nursing staff and served as the Chair of the Lactation Education Advisory Council (LEAC). Additionally, she provided all lactation consults for the facility's Level III NICU and all inpatient units.

Since 2016, Ruth has worked full time at UC San Diego providing lactation support in the NICU and when needed, on the Mother-Baby units. She finds the academic-research based medical center to be intellectually stimulating. Home to the successful and well-respected SPIN Program (Supporting Premature Infant Nutrition), the facility is deeply committed to the advancement and improvement of the health of premature infants through mothers' own milk. Ruth shares this commitment collaborating with the nursing, medical and research teams in improving delivery of human milk in the NICU. The lactation program ensures every WIC mother is discharged with community resources and a breast pump; the SPIN program ensures every mother whose infant is  $\leq 1000$  grams has access to a multi-user, hospital grade pump through their loaner program. The Lactation team services the NICU with seven-day per week coverage.

Ruth is currently enrolled in a graduate program at Grand Canyon University and pursuing a Master of Science in Nursing with a Public Health emphasis. She is expecting to graduate in 2019. Ruth currently serves a Board Member on the San Diego County Breastfeeding Coalition.

Ruth and her husband, Steve share a faith-based marriage with their four young adult children. Their second daughter has kept them busy planning her recent marriage. Ruth enjoys Israeli folk

dancing, socializing with family and friends and her son's cooking. Ruth greatly admires the perseverance of mothers expressing milk for their compromised infants; she acknowledges the challenges these mothers face waiting until the day their infants can be discharged. Ruth and her colleagues ensure the mothers at UC San Diego Health receive the support and services they need for the challenges they face. 'I'm like a dog with a bone when it comes to the needs of these mothers and their infants. I have no problem in asking for what I need for patients.' Ruth's zealous efforts to assist mothers and their infants have established her as a respected lactation advisor for the mothers at UC San Diego Health.

*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](#).*