

Human Milk Insights

January 2018

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 Government/Agencies
- Benefits of Human Milk
- Human Milk in the Hospital
- Human Milk in the NICU
- Human Milk Research and Education

HUMAN MILK EDUCATION

- Education Opportunities

TOOLS YOU CAN USE

- Help your breastfeeding success rate by preventing primary cesarean-sections

CLINICAL PEARLS IN LACTATION

- Can we talk...about crib bumpers and SIDS?

SPOTLIGHT ON PRACTICE

- Jean Rucks Rhodes, PhD, CNM, IBCLC

NEWS YOU CAN USE

HUMAN MILK AND GOVERNMENT/AGENCIES

Traveling with Breast Milk, from TSA

TSA Cares

<https://www.tsa.gov/travel/passenger-support> is a helpline for travelers with disabilities or medical conditions who want to prepare for the screening process prior to flying. You can contact TSA Cares 72 hours prior to flying at 1-855-787-2227 and request the assistance of a Passenger Support Specialist for security screening. You may also print and fill out the TSA Disability Notification Card https://www.tsa.gov/sites/default/files/disability_notification_card_508.pdf that can be used to discreetly notify TSA Officers at security screening of your need to carry-on breast milk.

Supporting Working Moms Act Introduced in House and Senate

<http://www.usbreastfeeding.org/swma>

The Supporting Working Moms Act of 2017 (SWMA) has been introduced in the House and Senate. This bipartisan legislation would protect and expand working moms' right to breastfeed by extending the existing federal law to ensure that executive, administrative, and professional employees, including elementary and secondary school teachers, have break time and a private place to pump in the workplace.

March of Dimes Premature Birth Report Card

<https://www.marchofdimes.org/mission/prematurity-reportcard.aspx>

March of Dimes has released the "2017 Premature Birth Report Card." The report provides rates and grades for states and counties in all 50 states, plus the District of Columbia and Puerto Rico. The preterm birth rate in the United States has increased for the second year, rising 2 percent to 9.8 percent in 2016. This year's Report Card also reveals major racial/ethnic and geographic disparities signifying that babies have a higher chance of a preterm birth based simply on race and ZIP code.

BENEFITS OF HUMAN MILK

Pediatrics article on Breastfeeding and SIDS

<https://www.sciencedaily.com/releases/2017/10/171030123401.htm>

The article in **Pediatrics**, "Duration of Breastfeeding and Risk of SIDS: An Individual Participant Data Meta-analysis" indicates that Breastfeeding for at least two months cuts a baby's risk of Sudden Infant Death Syndrome almost in half.

HUMAN MILK IN THE HOSPITAL

Research on "Storage of Unfed and Leftover Mothers' Own Milk"

<http://online.liebertpub.com/doi/abs/10.1089/bfm.2016.0168>

Pilot study results on the storage of unfed or leftover mothers' own milk in Breastfeeding Medicine show that human milk might be safe at longer storage times, but guidelines should not be revised until more research is performed.

At-Risk Conditions for Breastfeeding Infographic

There are nine specific at-risk conditions to consider before and after birth that may impact breastfeeding or human milk production success.

By addressing these conditions early, healthcare teams will be in a better position to support women in their breastfeeding journey.

The "[At-Risk Conditions That Impact Breastfeeding Success](#)" infographic outlines these conditions, and includes steps you can take to help mothers in your care. Medela's infographic on At-Risk Conditions that Impact Breastfeeding Initiation is available at https://www.medelabreastfeedingus.com/assets/file/9%20at%20risk%20conditions%20that%20impact%20breastfeeding%20initiation%20infographic%201548722_RevA.pdf?utm_campaign=Initiation&utm_medium=email&hsenc=p2ANqtz-9N2ZHdvjBJksv-0fB0_0M2pNyJf1-KnPpm11EOkWJS9EiANK931_RKI4BMLleRDNv5jEFnh15MeG2sPdaKAbWmzC4FA&hsmi=58952271&utm_content=58952271&utm_source=hs_email&hsCtaTracking=34050ee9-41ac-4f37-b9bc-bdbb670bea95%7C33889e62-8521-408d-b9b8-748942c9fef2

The white paper "Improving Delayed Lactogenesis and Suppressed Lactation in At-Risk Mothers" is available at

<http://efinfo.medelabreastfeedingus.com/breastfeeding-initiation-white-paper>

Patient Satisfaction: Why it Matters to Your Patients

Patrice Hatcher, MBA, BSN, RNC-NIC
<http://blog.neonatalperspectives.com/2017/12/05/patient-satisfaction-why-it-matters-to-your-patients/>

Patrice Hatcher continues her discussion of patient satisfaction in the hospital with a blog on patients and their expectations and role in patient satisfaction surveys

How to Select the Appropriate Breast Pump for Your Patient's Needs

Irene Murphy Zoppi, RN, MSN, IBCLC
<http://blog.neonatalperspectives.com/2017/12/08/how-to-select-the-appropriate-breast-pump-for-your-patients-needs/>

Irene Zoppi discusses current research-based breast pump technology and how to find the right breast pump for each mother. A helpful pocket tool is available from Medela to assist clinicians in guiding mothers in selecting the right technology to support their breastfeeding effort.

https://www.medelabreastfeedingus.com/professionals/lactation-professional-information/182/the-right-technology-wheel?utm_campaign=social_2017&utm_source=pro_blog&utm_medium=social&utm_content=education&utm_term=12_08_17

HUMAN MILK AND THE NICU

Oral Aversion and Feeding Behaviors

Jenny Murray, BSN, RN
<http://blog.neonatalperspectives.com/2017/12/12/oral-aversion-and-feeding-behaviors/>

Jenny Murray talks about the causes of oral aversion in the NICU and the impact on infant feeding behaviors and some supportive interventions to help ensure a positive feeding experience for the NICU infant.

Finding Z: Expanding on the Growth of Neonates

Jae Kim, MD, PhD
<http://blog.neonatalperspectives.com/2017/11/29/finding-z-expanding-on-the-growth-of-neonates/>

Dr. Jae Kim discusses the tracking of neonatal growth through current growth charts and the

difficulty with tracking premature infants using current standards.

What ENFit Means for NICU and Pharmacy

Kathy Quellen, RN, BSN
<http://blog.neonatalperspectives.com/2017/12/19/what-enfit-means-for-nicu-and-pharmacy/>

Kathy Quellen discusses the standardization of ENFit in the NICU and pharmacy and some issues that both areas need to consider.

HUMAN MILK RESEARCH AND EDUCATION

Article about the Meaning of the term "breastfeeding"

<http://online.liebertpub.com/doi/full/10.1089/bfm.2017.0073>

Breastfeeding Medicine recently published an article "The Meaning of 'Breastfeeding' Is Changing and So Must Our Language About It." It highlights the various ways that infants receive breast milk and our need to develop consistent terminology.

Family Larsson-Rosenquist Foundation's Financial Commitment to Support Global Breastfeeding Efforts

<https://nutritionforgrowth.org/press-release-global-nutrition-summit-2017-milan/>

The Family Larsson-Rosenquist Foundation has committed to spending up to \$100 million over the next five years to support the global goal of reaching at least 50% exclusive breastfeeding for the first 6 months in every country. The support will establish a multidisciplinary and collaborative research network of highly regarded experts to provide tools, resources and critical knowledge for governments and organizations to scale up their breastfeeding promotion, protection, and support programs.

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

Last month, in Human Milk Insights, we introduced the California Perinatal Quality Care Collaborative. Perinatal Quality Care Collaboratives are statewide and multi-state holder organizations focused on working to improve the quality of care for mothers and babies. 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 health care processes that need to be improved; they use the best available methods to make changes as quickly as possible and then share what they've learned with other agencies around the country.

Maternity Care Collaboratives are "sister" organizations with the Perinatal (Neonatal) Care Collaboratives and they both develop Quality Improvement Toolkits that have made tremendous headway in improving health outcomes for both mothers and babies. Some of the toolkits already developed include: Early Elective Delivery, OB Hemorrhage, Preeclampsia, Cardiovascular Disease in Pregnancy and First Cesarean prevention.

One of the strongest predictors of delayed Lactogenesis II (milk "coming in" or "coming to volume") is primary, unplanned cesarean delivery. **Delayed lactogenesis II (DLII)** is defined as **lactogenesis II** onset more than 72 hours postpartum. DLII can contribute to early breastfeeding cessation.

"What", you may ask, "does having an unplanned cesarean birth have to do with me, and how can my practice make a measurable difference?"



CMQCC

Let's Begin with a Test:

You are about to give birth. Pregnancy has gone smoothly. The birth seems as if it will, too. It's one baby, in the right position, full term, and you've never had a cesarean section — in other words, you're at low risk for complications.

What's likely to be the biggest influence on whether you will have a C-section?

- (A) Your personal wishes.
- (B) Your choice of hospital.
- (C) Your baby's weight.
- (D) Your baby's heart rate in labor.
- (E) The progress of your labor.

Rosenberg, T, NYT, Jan 19, 2016

What do you think? What's your answer?

The answer is (B) Your choice of hospital. Does that surprise you?

Well, there's a lot we can do. Our Best Practices really can make a difference. Go to the website: <https://www.cmqcc.org>. Download the module, "The Toolkit to Support Vaginal Birth and Reduce Primary Cesareans." This is a comprehensive, evidence-based "how-to" guide designed to educate and motivate maternity clinicians to apply best practices for supporting vaginal birth. Cesarean births among low-risk, first-time mothers have been the largest contributor to the recent rise in cesarean rates, and accounts for the greatest variation in cesarean rates between hospitals.

The Toolkit contains key strategies and resources to:

- Improve the Culture of Care, Awareness, and Education for Cesarean Reduction
- Support Intended Vaginal Birth
- Manage Labor Abnormalities and Safely Reduce Cesarean Births
- Use Data to Drive Reduction in Cesareans

Go to the website and check it out. Open up the toolkit and see if it may be something you can use in your local facility. Let us know if it's gotten you off to a good start!

References:

Hobbs, A. J., Mannion, C. A., McDonald, S. W., Brockway, M., & Tough, S. C. (2016). The impact of caesarean section on breastfeeding initiation, duration and difficulties in the first four months postpartum. *BMC Pregnancy and Childbirth*, 16, 90. <http://doi.org/10.1186/s12884-016-0876-1>

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

In looking through several pregnant moms' Baby Registries recently, each mother had requested a crib bumper in a cute print to go with their nursery "theme" or decor. Despite years of safety warnings, crib bumper pads are still considered a common baby product, seen in baby stores and in magazines. Some parents even think they're making their baby's crib safer! It's time for an honest conversation with our parents.

Yes, it may be somewhat of an uncomfortable conversation, but we owe it to our tiny patients to be honest with their parents and tell them that using crib bumpers is considered dangerous, using a crib bumper actually puts a baby at greater risk for suffocation or SIDs. Bumpers present a risk of restricting baby's breathing if the bumper is up next to the baby's nose or mouth and poses a risk of suffocation. A secondary risk is strangulation. Babies can become entangled in the ties or get stuck between the bumper and crib.

The American Academy of Pediatrics 2016 Policy Statement on SIDS and Other Sleep-Related Infant Deaths states, "Because bumper pads have been implicated as a factor contributing to deaths from suffocation, entrapment, and strangulation and because they are not necessary to prevent head entrapment with new safety standards for crib slats, they are not recommended for infants.

There's a multitude of information that we health care professionals need to impart to our pregnant and newly postpartum patients. They need to know what to do, what to buy, how babies act, why they cry, when they feed, how many wet diapers they have,, how they sleep, what to do if they don't sleep and on and on But one of the most important things we need to talk to our new patients about is how to safely care for their babies and how to keep them safe.

There's no doubt about it. Multitudes of studies have shown that putting babies to sleep on their backs in a supine position is a safe sleeping position that is shown to reduce the incidence of dying of SIDS (Sudden Infant Death Syndrome),).

It's also well-documented that breastfeeding is recommended and can reduce the risk of dying from SIDS by at least half.

CDC supports the [2016 recommendations](#) issued by the American Academy of Pediatrics (AAP) to reduce the risk of all sleep-related infant deaths. Caregivers can visit [How to Keep Your Sleeping Baby Safe: AAP Policy Explained](#) to find out more about these recommendations. CDC collaborates with the Eunice Kennedy Shriver National

Institute of Child Health and Human Development in its [Safe to Sleep®](#) campaign, formerly known as the Back to Sleep campaign. The Safe to Sleep® campaign has outreach activities to spread safe sleep messages and educational materials about ways to reduce the risk of SIDS and other sleep-related infant deaths. Learn more about [CDC resources, publications, and activities to address SUID and SIDS](#).

References:

1. American Academy of Pediatrics. (2016). Policy Statement. SIDS and Other Sleep-Related infant Deaths; Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics* 138(5). Accessed December 30, 2017.
2. Murphy, S. L., Xu, J., & Kochanek, K. D. (2013). Deaths: Final report for 2010. *National Vital Statistics Report*, vol. 61 no. 4. Retrieved November 11, , 2013, from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf (PDF - 3.12 MB).
3. Trachtenberg, F. L., Haas, E. A., Kinney, H. C., Stanley, C., & Krous, H. F. (2012). Risk factor changes for sudden infant death syndrome after initiation of Back-to-Sleep campaign. *Pediatrics*, 129(4), 630-638

SPOTLIGHT ON PRACTICE

This month we are spotlighting Jean Rucks Rhodes, PhD, CNM, IBCLC of Charleston, SC.

Dr. Jean R. Rhodes has been involved in the care of women and infants for over 30 years. Jean's love of philosophy and art have significantly impacted her dedication to the health needs of women and her nursing practice. Her story of how she blended her passions into a professional career is a combination of fate and serendipity.

Jean was born in Venezuela, South American while her father was working as a geologist. The family moved outside of Havana, Cuba when Jean was three while her father continued his work with the oil industry. She recalls living one house down from Che Guevara, a prominent communist figure in the Cuban Revolution under Fidel Castro. She also remembers the communist soldiers who frequented the neighborhood buying snow cones for Jean and her sisters. Her family moved to South Carolina when Jean was still quite young.

Jean's proclivity toward health care and ultimately nurse midwifery came through her maternal grandparents; her grandfather was a physician, her grandmother a nurse. Her initial career interest, however, was studio art but she abandoned this academic choice on the counseling of both her mother, aunt, and grandmother. Her aunt introduced Jean to the woman who started the nurse-midwifery service and educational program at the Medical University of South Carolina (MUSC). As fortuitous as it seems, this remarkable woman was the daughter of the obstetrician who had delivered Jean in Venezuela. Jean received guidance regarding her career goal of becoming a nurse midwife and entered a baccalaureate nursing program. After graduation, she worked on medical-surgical and maternity units, entering MUSC as a graduate student in nurse-midwifery two years later.

Jean's academic prowess led her to pursue a PhD in Nursing Science. She completed her program both while mothering two small children and working as a nurse-midwife. For her doctoral dissertation, Jean wanted to blend her love of art and with her perceptions of nursing as an art, not just a science. However, she first had to complete a course on the philosophy of art and aesthetics. When attempting to register for the course in the Philosophy Department, she was informed that the required course would not be conducted that semester. Jean recalls being distraught and pleading with the registrar to take the course. The professor whose course Jean needed was standing nearby and heard Jean's discussion with the registrar. Recognizing Jean's dilemma and distress, he offered an independent study that would fulfill her course requirements. Coincidentally, both of the professor's parents had been nurses. Fate once again played an important role in Jean's career.

During her career, Jean has practiced full-scope nurse-midwifery in academic and private practice settings. She has held faculty positions at MUSC and Brown University teaching students from many disciplines including nursing, midwifery, and medicine as well as medical residents in obstetrics, pediatrics and family medicine. She has been IBCLC certified since 2001. Jean's areas of research and publication include a wide range of topics from the philosophy of art and aesthetics as it applies to the art of nursing practice to issues related to the refrigerator shelf life of human milk and the process of test weighing. She has frequently presented podium presentations on infant feeding development and breastfeeding guidance. Most recently, Jean has served in a volunteer role with the South Carolina Breastfeeding Coalition and South Carolina's Birth Outcomes Initiative.

On prominent display in the foyer of Jean's home stands a bronze statue of Sacagawea, designed by the famed sculptor, Glenna Goodacre. Sacagawea, the Shoshone interpreter and only female member of the Lewis and Clark expedition was a great asset to the voyage. Sold to a French-Canadian trapper as a young teen, Sacagawea gave birth to her first-born, alone, while on the expedition; she was approximately 15 years old. She has been post-humorously memorialized for her contributions to the expedition she helped guide. In 2000, the image of Sacagawea and her infant was rendered on the millennium golden dollar coin by Glenna Goodacre. It is the only coin released into circulation by the U.S. Mint with an image of a mother and child. For Jean, Sacagawea's remarkable and often tumultuous life speaks to the wonder, resilience, and strength of women.

Like Sacagawea, Jean is a woman of much strength and resiliency. Although coincidence or fate may have played a role in how she accomplished her goals, Jean has worked diligently to accomplish her personal goals and dreams as well as ensure women's rights and health care needs are met. Her tenacity for fulfilling these goals is admirable.

Jean continues to practice her passion for painting and her home showcases her beautiful pieces. She is an avid reader and lover of plants. Jean and her husband of 38 years, Jack, reside outside of Charleston, SC with their beloved rescue poodle, Coco. Additionally, Jean is a member of the Extended Education Team for Medela, LLC.

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](#).