

Human Milk Insights

February 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 Obesity
- Benefits of Human Milk
- 2018 World Breastfeeding Week
- Human Milk in the NICU
- Human Milk and Affordable Care Act

HUMAN MILK EDUCATION

- Human Milk Webinar

TOOLS YOU CAN USE

- Medela's Initiate, Build and Maintain Website

CLINICAL PEARLS IN LACTATION

- Widespread Flu...What Are We to Do?

SPOTLIGHT ON PRACTICE

- Margaret A. D 'Andrea-O'Brien, RN, BSN, IBCLC

NEWS YOU CAN USE

HUMAN MILK AND OBESITY

The Obesity Society's Breastfeeding Position Statement

<http://www.newswise.com/articles/the-obesity-society-position-statement-breastfeeding-and-obesity>

The Obesity Society has released a [position statement](#) on breastfeeding and obesity which supports exclusive breastfeeding for the first six months of life with continued breastfeeding through the first year and beyond as age-appropriate complementary foods are introduced. The statement includes information on obesity-related outcomes for both children and mothers. [Read the press release.](#)

BENEFITS OF HUMAN MILK

Breastfeeding Tied to Reduced Risk of Diabetes

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2668634>

A 30-year observational study published in JAMA Internal Medicine - *Lactation Duration and Progression to Diabetes in Women Across the Childbearing Years The 30-Year CARDIA Study* found evidence to support the hypothesis that lactation may lower risk of diabetes in women. The study of 1,238 women showed a 25% to 47% relative reduction in the incidence of diabetes even after accounting for pre-pregnancy biochemical measures, clinical and demographic risk factors, gestational diabetes, lifestyle behaviors, and weight gain that prior studies did not address. These findings open new avenues into mechanisms leading to glucose intolerance.

2018 WORLD BREASTFEEDING WEEK

2018 WORLD BREASTFEEDING WEEK THEME – *BREASTFEEDING: FOUNDATION OF LIFE*

<http://worldbreastfeedingweek.org/>

The World Alliance for Breastfeeding Action has announced the theme for [World Breastfeeding Week \(WBW\) 2018](#) - *Breastfeeding: Foundation of Life*. The campaign will focus on breastfeeding as the foundation of lifelong good health for babies and mothers. WBW objectives include to inform people about how breastfeeding is linked to nutrition, food security, and poverty reduction; anchor breastfeeding within the nutrition, food security, and poverty reduction agenda; engage with individuals and organizations working on these issues; and galvanize action to advance breastfeeding as part of nutrition, food security, and poverty reduction strategies.

HUMAN MILK AND THE NICU

Disparities in Hospital-Reported Breast Milk Use in Neonatal Intensive Care Units — United States, 2015

https://www.cdc.gov/mmwr/volumes/66/wr/mm6648a1.htm?s_cid=mm6648a1_w

Report in the December 8, 2017 MMRW highlighted disparities in breastmilk use in communities with higher percentages of black residents. Targeted interventions to facilities that serve a higher proportion of non-Hispanic black residents should be investigated to ensure more equitable access to breastmilk for all high-risk infants.

Nursing Satisfaction, Part 1: Strategies for Improvement

Patrice Hatcher, MBA, BSN, RNC-NIC
<http://blog.neonatalperspectives.com/2018/01/18/nursing-satisfaction-part-1-strategies-for-improvement/>

Patrice Hatcher discusses nurse satisfaction as it relates to patient satisfaction and shares several strategies that have been used to improve nursing satisfaction.

“Blowing Up” the CPAP Belly Myth

Jae Kim, MD, PhD

<http://blog.neonatalperspectives.com/2018/01/11/blowing-up-the-cpap-belly-myth/>

Dr. Jae Kim discusses the impact that increased use of CPAP with the NICU infant and the effect the CPAP belly may have on pulmonary function.

Gastrointestinal Structure and Function

Sandra Sundquist Beauman, MSN, RNC-NIC

<http://blog.neonatalperspectives.com/2018/01/04/gastrointestinal-structure-and-function/>

Sandy Beaumann discusses gastrointestinal structure and function and highlights an available webinar on *Gastrointestinal Development: Preparation for Enteral Feeds*.

Advancing Feeding Pump Technology from Past to Present

Sandra Sundquist Beauman, MSN, RNC-NIC

<http://blog.neonatalperspectives.com/2017/12/26/advancing-feeding-pump-technology-from-past-to-present/>

Sandy Beauman discusses the history of feeding pump technology.

HUMAN MILK AND AFFORDABLE CARE ACT**STUDY ON EFFECT OF THE AFFORDABLE CARE ACT ON BREASTFEEDING OUTCOMES, FROM AJPH**

<http://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304108> The *American Journal of Public Health* has [published a study](#) on the effect of the Affordable Care Act (ACA) requirement for most private health

insurance plans to cover lactation-support services and breastfeeding equipment (without cost-sharing). Using data from the US National Immunization Survey from 2008 to 2014, researchers estimated the effect of the ACA policy change on breastfeeding outcomes, including initiation, duration, and age at first formula feeding. The ACA policy change was associated with an increase in breastfeeding duration by 10% and duration of exclusive breastfeeding by 21% among the eligible population. Results indicate no significant effects on breastfeeding initiation and age at first formula feeding.

HUMAN MILK EDUCATION**Human Milk Webinar**

Connecting the Dots Between Increasing Lactation Risk Factors and Suboptimal Breastfeeding Outcomes: A Proactive Approach to Clinical Practice

Jean Rhodes, PhD, CNM, IBCLC

Wednesday, February 21 1:00- 2:00 pm
Central Standard Time

1.0 Nursing Contact Hours

1.0 Dietitian CPE Credits

For more information and to register:

<http://www.medelabreastfeedingus.com/professionals/Education/Programs/Detail/686>

TOOLS YOU CAN USE

Medela's Initiate, Build and Maintain Website

Medela has been working hard to assist mothers who need help in getting their milk supplies off to the best possible start. Many women are at risk for delayed lactogenesis, and it's possible that their milk supplies may not increase in volume until after the expected 48 to 72 hours. Although breastfeeding initiation is at an all-time high of 81%, rates of breastfeeding exclusivity and duration lag national goals.

A few issues ago, in Human Milk Insights, we discussed the three phases of establishing a milk supply – Initiation, Building and the Maintenance phase. Each of these stages is especially critical in helping a mother who is at risk for a delayed start in milk production. You can read more about the stages of milk production in our previous articles:

<http://www.medelabreastfeedingus.com/for-professionals/lactation-professional-information/177/see-the-latest-edition-and-all-past-editions>

Now, Medela has a website dedicated specifically to “zone in” on helping mothers at risk of delayed initiation or low supply, providing help from very early in the milk-making process through the maintenance phase.

<http://www.medelabreastfeedingus.com/initiate-build-maintain>.

The Initiate, Build and Maintain website has many tools that help clinicians identify mothers at risk for delayed or suppressed lactation. Clinicians can then increase

surveillance of how the baby feeds and can intervene proactively in a timely manner when necessary with breast pump initiation technology.

What's on the Website? Lots of great information!

- ✓ White Paper resource, “Improving Delayed Lactogenesis and Suppressed Lactation in At-Risk Mothers.
- ✓ Infographic on Initiating Milk Supply
- ✓ Infographic on At-Risk Conditions That Impact Breastfeeding Success
- ✓ A Pocket Tool: The Right Technology Wheel – a pocket guide that helps ensure that mothers are using the right technology at the right time to support breastfeeding from hospital to home.
- ✓ An infographic which helps clinicians support individual mothers in their unique journeys to achieve their personal breastfeeding goals, by offering the right technology designed to assist in each stage of lactation.
- ✓ A 14-page Innovative Practice document which discusses the evidence surrounding the topic of “Initiating Milk Supply”.

There is a section on the website that advises clinicians on some of what Medela's Education Department has to offer and at the end of the list, there is a very short video- one you can share with your patients - that talks about the concepts of Initiate, Build and Maintain.

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.

Widespread Flu . . . What Are We to Do?

It's the middle of winter and *Cold and Flu Season* has arrived with a vengeance. It's scary when you look at the map – there's widespread flu activity in all states in the US, except Hawaii. That's a lot of sick people – and, unfortunately, it keeps spreading. Expect it to continue for several more weeks and/or months.

Influenza is non-discriminatory – it affects males and females, old and young, healthy and infirm. Everyone is potentially at risk. Not only can people feel absolutely awful, they can very quickly become seriously ill. Since this flu season has begun, [at the time of this writing] there have been 53 flu-related pediatric deaths.

It's not too late to get vaccinated or to get children vaccinated. Even though this year's vaccine is not completely effective against the most common strain of influenza this year, the Centers of Disease Control continues to recommend influenza vaccination for all persons 6 months of age or older. The vaccine offers some protection against the flu and it's reported that if vaccinated individuals contract the flu, in most cases the course is less severe.

One alarming statistic is that our patient population - pregnant women, newborns, infants under six months and newly postpartum mothers are some of the most susceptible to contracting the flu virus and are at risk of developing severe complications. As health care providers dealing directly with mothers and babies, it's most important that we talk to our patients about ways to reduce risk and hygienic

practices that encourage prevention of illness.

How to Protect Yourself and Others from Influenza

The CDC recommends a yearly flu vaccine for everyone six months and older. All pregnant women are encouraged to receive the vaccine also.

- ✓ Avoid close contact with other people - especially with people who are sick.
- ✓ Stay home when you are sick – until after your fever has been gone for over 24 hours.
- ✓ Cover your mouth and nose when you cough or sneeze – and throw the used tissue in the trash.
- ✓ Wash your hands with soap and water frequently. You can also use an alcohol-based hand rub.
- ✓ Avoid touching your eyes, nose or mouth.
- ✓ Practice other good health habits like cleaning and disinfecting surfaces that may be contaminated with germs.
- ✓ There also are flu antiviral drugs that can be used to treat and prevent flu.

For more information:

<https://www.cdc.gov/flu/pdf/freeresources/updated/everyday-preventive-actions-8.5x11.pdf>.

The Flu: What to Do If You Get Sick: The CDC has recommendations for what to do if you get sick with the flu.

<https://www.cdc.gov/flu/takingcare.htm>.

What to do if a breastfeeding mother or baby gets sick?

If a breastfeeding mother is sick with a cold or respiratory virus, usually she can continue to breastfeed her baby. Her body custom-makes milk for her baby with specific antibodies. If she has fever and flu-like symptoms, she should contact her health care provider for guidance. She should wear a mask, wash her hands with soap and water frequently, throw used tissues in the trash and avoid face-to-face contact with her infant. If extremely concerned about her baby's risk, she can pump her breasts and have a healthy caregiver feed her baby her breast milk.

When a baby gets sick, continuing to breastfeed is one of the best things a mother can do. Breast milk will help keep the baby hydrated and antibodies in the breast milk will work to destroy viruses and bacteria specific to that illness. Breastfeeding can possibly help the baby avoid getting sick, or if he does get sick, he may have a milder case. However, mothers should be advised to contact the baby's

health care provider for specific instructions regarding the baby's care. If, however, a mother of a newborn has been diagnosed with influenza, the CDC says, "based on 2011 recommendations concerning influenza in the healthcare setting, mothers with influenza should temporarily not breastfeed their newborns; however, they can provide expressed breast milk to their newborns via a healthy caregiver. Read the following for more information:

<https://www.cdc.gov/breastfeeding/disease/influenza.htm>.

Within the healthcare setting, the CDC recommends that mothers diagnosed with influenza (either bottle or breastfeeding) should not be in close proximity to their infants, and if breastfeeding, should regularly express milk during this period to be fed to their infants and bring in a plentiful milk supply. Please read the following for further instructions on care in the perinatal setting:

<https://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm>.

SPOTLIGHT ON PRACTICE

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](#).

This month we are spotlighting Margaret A. D 'Andrea-O'Brien RN, BSN, IBCLC

Children's Hospital of Philadelphia (CHOP), a world renown pediatric facility caring for families with complex medical conditions is home to the Harriet and Ronald Lassin Newborn/Infant Intensive Care Unit (N/IICU). It is a state-of-the-art intensive care unit serving medically fragile newborns and infants where the delivery of human milk is emphasized as a substantial part of the critical management for all infants. Margaret O'Brien has been an integral part of lactation management at CHOP that has witnessed remarkable clinical achievements.

A native of the Philadelphia suburbs, Margaret graduated from Gwynedd-Mercy University's program for nursing. She credits her mother, a retired nurse as her inspiration to become a nurse. Margaret's professional nursing career connecting with breastfeeding families has spanned nearly thirty years; she has held several pediatric and maternity nurse positions becoming a lactation consultant after the birth of her first child. The breastfeeding challenges Margaret encountered, along with the aide and support she received from other breastfeeding mothers, led her to pursue lactation support as a career choice. She says this began her 'love affair with mothers and babies'.

When Margaret first came to CHOP in 2005, she held the position of RN in the 39th Street Primary Care Center. At this time, CHOP had a grant from the department of health to focus on breastfeeding education and training. During this time, Margaret found it fulfilling to mentor fellow staff in breastfeeding management. Today, the CHOP Care Network extends to over 50 primary care, urgent care and specialty care locations in Pennsylvania and New Jersey.

In 2008, Margaret was recruited by Diane L. Spatz, PhD, RN-BC, FAAN to join the Breastfeeding and Lactation Management Program at CHOP's Main Campus to serve as a per diem lactation consultant in the 99-bed NICU. Two years later, CHOP offered her a permanent position. Together with three other dedicated lactation consultants and scores of specially-trained Breastfeeding Resource Nurses (BRNs), the team supports lactation in all in-patient and out-patient areas of CHOP including its Special Delivery Unit (SDU).

Human milk is a much-valued component of each infant's care at CHOP; unique programs and services have been implemented to ensure human milk is available and protected for all NICU infants. The Human Milk Management Center (HMMC) was opened in 2012 in order to optimize milk for infants. This includes the ability to make skim milk for infants with chylothorax and the ability to fortify milk when required. In 2013, weekly HMMC rounds were established with Margaret being an integral member of these rounds. The HMMC rounds are collaborative, interdisciplinary meetings that direct the management of mothers' milk for all infants in the hospital. The meetings are presided by staff from dietary, lactation, milk technicians, and the CHOP Mothers' Milk Bank Coordinator. Margaret is able to refer mothers with abundant milk supply to the milk bank coordinator for consideration of becoming a donor. Margaret also works with the milk technicians to ensure our infants get a 100% fresh milk diet.

The CHOP Mothers' Milk Bank (MMB) opened in 2015. Mothers of CHOP infants with excess milk may donate their milk to the MMB. CHOP employee mothers can also become donors to the CHOP MMB. CHOP manages all phases of the milk donation process, including donor screening, pasteurization and distribution of milk to their infants. The MMB exists so that human milk is provided for all infants who need it. In 2017, 5880 ounces of donor milk was processed for CHOP infants, and that number continues to grow. Margaret knows how important it is to be able to provide human milk to even more babies. It means better outcomes for the sick infants at CHOP.

Margaret is a member of the Sigma Theta Tau International Honor Society of Nursing, received her RNC in pediatric nursing, is a recipient of The DAISY Award Nomination for excellence in Nursing and was awarded yearly March of Dimes grants for the Babies Extremely Against Tobacco (BEAT) program, a tobacco cessation program she helped establish. Margaret has presented at the International Lactation Consultant Association annual meeting on the role of the International Board-Certified Lactation Consultant at a children's hospital.

Margaret and her three children live in the Philadelphia suburbs. They share a love for dogs and have rescued several and adopted two for themselves. Margaret loves to travel, having visited every state in the United States except Alaska, and has plans to visit Italy with her family sometime this year. Margaret has a vision and desire to see CHOP expand its lactation services to include an outpatient breastfeeding center to serve the needs of local mothers and their infants.

Margaret's role as an IBCLC in the CHOP N/IICU is essential to help the team manage the care of infants with complex medical issues. Her dedication and commitment to helping breastfeeding families are well recognized by the CHOP community. Her colleagues and all of the families she has provided evidence-based lactation care and support are grateful for her clinical expertise and compassionate care.