

Human Milk Insights

April 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 Hospitals
- Human Milk and the NICU
- Human Milk and Medication
- Human Milk and Legislation
- Human Milk in the Community

HUMAN MILK EDUCATION

- Human Milk Webinar

TOOLS YOU CAN USE

- Educating

CLINICAL PEARLS IN LACTATION

- Early Introduction of Peanuts...and Breastfeeding?

SPOTLIGHT ON PRACTICE

- Lisa Ann Brock RN, BSN, IBCLC, RLC

NEWS YOU CAN USE

HUMAN MILK AND HOSPITALS

[Implementation and Organization of a Perioperative Lactation Program: A Descriptive Study](https://www.liebertpub.com/doi/abs/10.1089/bfm.2017.0193)

<https://www.liebertpub.com/doi/abs/10.1089/bfm.2017.0193>

Article that discussed the implementation of a perioperative lactation program.

Lanolin: Your Secret Weapon for Breastfeeding Mothers

<http://blog.neonatalperspectives.com/2018/03/26/lanolin-your-secret-weapon-for-breastfeeding-mothers/>

Evi Dewhurst discusses the use of lanolin to assist with early nipple pain intervention.

Nursing Satisfaction, Part 2: Impact on Patient Experience

Patrice Hatcher, MBA, BSN, RNC-NIC
<http://blog.neonatalperspectives.com/2018/03/09/nursing-satisfaction-part-2-impact-on-patient-experience/>

Patrice Hatcher shares thoughts regarding the relationship of nurses' satisfaction with patient and physician satisfaction.

HUMAN MILK AND THE NICU

[Milk Volume at 2 Weeks Predicts Mother's Own Milk Feeding at Neonatal Intensive Care Unit Discharge for Very Low Birthweight Infants](https://www.liebertpub.com/doi/abs/10.1089/bfm.2017.0159)

<https://www.liebertpub.com/doi/abs/10.1089/bfm.2017.0159>

Study that sought to determine the maternal pre-pregnancy, pregnancy and delivery risk factors that predicted coming to volume for mothers of NICU infants.

Complications of Neonatal Gavage Tubes

Sandra Sundquist Beauman, MSN, RNC-NIC

<http://blog.neonatalperspectives.com/2018/03/05/complications-of-neonatal-gavage-tubes/>

Sandy Beauman discusses the complications that can occur with the use of neonatal gavage tubes and strategies to protect the infant.

Overhauling Family-Centered Care

Meredyth Thompson, BSN, RN
<http://blog.neonatalperspectives.com/2018/03/21/overhauling-family-centered-care/>

Meredyth Thompson shares her experiences with family-centered care in the NICU and challenges NICU staff to consider the benefits of family-integrated care.

Post-Discharge Nutrition: Is 30 The New 20?

Jae Kim, MD, PhD
<http://blog.neonatalperspectives.com/2018/03/19/post-discharge-nutrition-is-30-the-new-20/>

Dr. Jae Kim highlights the inconsistencies with post discharge nutrition practice with NICU infants and discusses the strategy his facility utilizes.

HUMAN MILK AND MEDICATION

Treating Hypertension During Breastfeeding

<https://www.liebertpub.com/doi/pdf/10.1089/bfm.2017.0236>

Philip O. Anderson reviews the various options for treating hypertension with the nursing mother.

HUMAN MILK AND LEGISLATION

2018 Breastfeeding Legislation & Policy Update

<http://www.usbreastfeeding.org/policy-toolkit>

The USBC has launched the "[Breastfeeding Legislation & Policy Update](http://www.usbreastfeeding.org/policy-toolkit)." The toolkit features key information on a wide range of legislation and policy topics that impact

breastfeeding families. Each update includes background information, current status, individual and organizational action opportunities, key messages, sample social media content, and relevant resources and information.

HUMAN MILK IN THE COMMUNITY

Breastfeeding and Incarceration Toolkit, from Michigan

<http://www.mibreastfeeding.org/incarceration>

The Michigan Breastfeeding Network has published the new "[Breastfeeding and Incarceration Toolkit](#)," The toolkit guides readers through the issues surrounding incarcerated mothers and breastfeeding. It includes template prison lactation policies, resources for incarcerated mothers and breastfeeding advocates, and a platform for sharing stories.

Nonprofit Donor Human Milk Distribution Reaches Record High in 2017

<https://www.hmbana.org/blog/2018/03/nonprofit-donor-human-milk-distribution-reaches-record-high-2017>

The Human Milk Banking Association of North America (HMBANA) and its 27-nonprofit human milk bank members reached new heights in 2017, with donor human milk distribution capping 5.75 million ounces dispensed to fragile babies throughout Canada and the US.

HUMAN MILK EDUCATION

Human Milk Webinar

Successfully Navigating the Path to ENFit®
How to Create Positive Change Throughout the Disciplines

Wednesday, April 18 1:00- 2:00 pm
Central Standard Time

Lori Wood, MSN, CNS, RNC-NIC, IBCLC

1.0 Nursing Contact Hours
1.0 Dietitian CPE Credits

For more information and to register:

<http://www.medelabreastfeedingus.com/professionals/Education/Programs/Detail/689>

TOOLS YOU CAN USE

Educating

Have you ever wondered if other NICU health care professionals have the same feelings, thoughts, questions, etc. that you do?

Are you aware that Medela has a team of NICU clinical specialists who are dedicated to improving care and optimizing human milk feeding for babies in the NICU?

Medela's NICU team writes blogs for clinical professionals that are published online several times a month. *Neonatal Perspectives* features clinical information from neonatal consultants, industry news and popular topics. It's a forum for learning more about subjects and gives readers the opportunity to join the discussion and share thoughts and experiences.

Some of the recent topics include:

- Feeding (Cue-based, enteral feeding tubes, pumps, implementing ENFIT, warming feeds, safety)
- Human Milk Feeding: (helping mothers meet their goals, preventing sore nipples, human milk fortification, initiating, building and maintaining mothers' milk supplies, breastfeeding support)
- Interaction with Families
- Preventing infection (bacteria and biofilm, waterborne pathogens)
- Necrotizing Enterocolitis (How human milk helps in prevention)

- Nursing Satisfaction in the NICU

Last month, Neonatologist Jae Kim, MD, PhD, wrote an amusing and thought-provoking blog, "[Do We Need Better NICU Acronyms?](#)"

The topic of this month's Neonatal Perspectives is, "Overhauling Family-Centered Care" by Meredyth Thompson, BSN, RN. Meredyth discusses how family-centered practice is somewhat limiting to parents in that it puts them in a *supportive* role when caring for their baby. They often need to ask for permission to assist in the care of their infant.

Meredyth asks us to start thinking out of the box and to open our minds to a framework where NICU caregivers empower parents to provide the majority of their infants' care under close supervision – a "family-integrated" form of care. She provides a number of references where this model of care has been successful.

You can find Medela's *Neonatal Perspectives* at:

<http://blog.neonatalperspectives.com/site-map/>. We guarantee you'll find it interesting reading and you may even learn a thing or two to incorporate into your practice. Give it a look-see and tell us what you think.

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.

Early Introduction of Peanuts....and Breastfeeding?

Do you have a pre-school or school-age child or know someone who does? If yes, then most likely you are aware of a child in the school or classroom who has a severe peanut allergy. An allergy so serious that within minutes of exposure to even tiny amounts of peanuts, symptoms may include any or all of the following; itchy skin, hives, tingling in the mouth, runny or congested nose, tightening of the throat and life-threatening anaphylactic shock.

Peanut allergy is on the rise. Peanut allergies in children have tripled in the US from 1997 to 2010. Approximately 1% to 3% of the population in westernized countries has a peanut allergy, with the greatest prevalence in children under the age of 3. The current estimated prevalence translates to nearly 100,000 new cases annually (in the US and UK) and affects about 1 in 50 primary school-aged children in the United States.

So, what does this have to do with breastfeeding?

Well, as recently as in 2010, guidelines recommended that mothers delay introducing peanuts to their infants who were considered at risk for food allergies. This group included children who had close

family members with a strong history of allergic disease. The guidelines suggested avoiding eating peanuts during pregnancy, while breastfeeding and avoiding any exposure to peanuts for children until age 3 years.

Recent trials, however, have shown that avoiding peanuts during infancy actually increases the risk of peanut allergy. A landmark study, the Learning Early About Peanut Allergy (LEAP) trial randomized 640 high-risk infants in the UK, ages four to 11 months, to either consume peanut products at least three times a week or to completely avoid peanut products for the first five years of life. By age five, only 3.2% of the peanut consumption group had food challenge-proven peanut allergy, compared with 17.2% in the peanut avoidance group, corresponding to a relative risk reduction of 80%!

In a secondary analysis, Pitt, et. al. 2018 found that when breastfeeding mothers who consumed peanuts also directly introduced peanuts to their infants in the first year of life, those infants showed the lowest risk of peanut sensitization. The study concluded that the dual effect of breastfeeding and early introduction was the most beneficial for youngsters.

So, the guidelines have changed. It is recommended that children at moderate risk (those with mild to moderate atopic dermatitis who have already started solid foods) do not need to be tested and can have peanut-product foods introduced at home during the period of complementary food introduction in infants.

If a child is at high risk (those with an egg allergy history or severe atopic dermatitis), the guidelines recommend seeing an allergist for testing and guidance on when and where to introduce peanuts.

A final note: peanuts and peanut butter are choking hazards. For safety reasons, whole peanuts are not recommended for introduction in children until over 4 years of age. To make peanut introduction safe for infants <7 months old, peanut butter should be softened with 20–30 mL water or milk and mixed with milk or with mashed or pureed fruit or vegetables. Parents should discuss their concerns and be guided by a health professional on their children's risk and the best way to introduce peanuts into the diet.

References:

1. Du Toit,G, Roberts DM, Sayre, PH, et al. (2015) Randomized trial of peanut consumption in infants at risk for peanut allergy, *New England Journal of Medicine*, 372:803-813.
2. Fleischer et al. (2015). World Allergy Organization, Consensus communication on early peanut introduction and the prevention of peanut allergy in high risk infants. *Annals of Allergy, Asthma and Immunology*. 2015 Aug; 115(2);87-90.
3. Moreno MA. (2017). Guidelines to Help Prevent Peanut Allergy. *JAMA Pediatrics*, 171(1):100.
4. Pitt, TJ, Becker, AJ, Chan-Yeung, M. et. al. (2018). Reduced risk of peanut sensitization following exposure through breast-feeding and early peanut introduction, *Journal of Allergy and Clinical Immunology*,141:(2), pp. 620-625.e1.
5. Togias, T. Addendum guidelines for the prevention of peanut allergy in the United States: Report of the National Institute of Allergy and Infectious Diseases sponsored expert panel. *Annals of Allergy Asthma and Immunology* 118 (2017) 166e173.

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 Lisa Ann Brock RN, BSN, IBCLC, RLC
Children's Hospital of Wisconsin

Someone with a passion for the work they do would not think twice about spending three hours traveling back and forth to work each day. Lisa Brock loves what she does, loves her colleagues and loves the mothers and babies she works with. And yes, Lisa travels three hours each day to and from work. This is commitment, this is dedication, this is passion and this is Lisa Ann Brock.

Born in the rural farm town of Cleveland, Wisconsin, Lisa describes herself as a 'little dark haired girl' who aspired to live outside the comfort of her hometown. She originally considered a career as a geneticist or an interior or fashion designer but her mother directed her to become a Registered Nurse like her aunts. After graduating with a BSN from Marian College of Fond du Lac in Wisconsin, Lisa's first position in 1988 was at Children's Hospital of Wisconsin (CHW) on the Infant Unit as a Medical/Surgical RN. She transitioned to the CHW NICU, became a Certified Lactation educator in 1997 and has been continuously certified as an IBCLC since 1998.

Lisa is an active CHW Lactation team member. The team is comprised of 7 IBCLC's, Certified Milk Technicians and additional IBCLCs and CLCs in both the inpatient and outpatient areas of CHW.

The team provides Lactation support to inpatient and outpatient areas of CHW and Froedtert/Medical College of Wisconsin Fetal Concerns programs. The Centralized Milk Kitchen serves inpatients on multiple units; the Neonatal ICU, Cardiac ICU, Cardiac and Solid Organ Transplant unit, and Infant unit. An electronic human milk safety system is integrated with patients' medical records designed to ensure the right milk is delivered to the right infant.

The NICU at CHW is a modern, advanced neonatal intensive care unit serving medical and surgical neonates and their families. Medical and Surgical teams emphasize the incredible value of human milk feedings. The goal of delivering 100% human milk for infants less than 32 weeks and under 1500 grams is supported by CHWs use of Pasteurized Donor Human Milk (PDHM) from the Mothers Milk Bank of Western Great Lakes (MMBWGL) and The Milk Bank of Indiana. The PDHM from the MMBWGL has preterm PDHM that is analyzed; the protein value of each lot is identified. This allows the team to work closely with the Registered Dietitians and Medical and Surgical teams for optimal nutrition for the smallest and most fragile patients. The Centralized Milk Kitchen, in operation since August 2015, manages the twice daily preparation and distribution of human milk for the NICU, CICU and 2 other inpatient units. Lisa has been an active team member during the growth of the CHW Lactation Program in the inpatient and outpatient areas as well as increasing regional awareness of the value of human milk.

Recognizing the overwhelming anxiety and stress families face with the birth of an ill or compromised infant, Lisa has adopted the practice of mindfulness into her practice. She has

implemented mindfulness techniques such as guided imagery and relaxation strategies to help moms successfully provide human milk for their infants. Lisa's team utilizes these strategies to decrease mothers' ongoing stressors and optimize milk provision and breast milk feeding successes.

Lisa has been the chair of the annual Christopher Blaesing Lactation education conference for the past 6 years. This conference is in honor of Christopher and the Blaesing family foundation with co-sponsorship from the March of Dimes. The annual conference provides lactation education for professional development of lactation professionals, MD's, RD's, NNP's, PNP's, RN's, Social Workers and others interested in professional development within the area of Lactation and Human Milk science. Presenters for the annual conference have included, Drs. Diane Spatz, Nancy Hurst, Danielle Prime and Nils Bergman.

Lisa has received many awards acclaiming her nursing and lactation talents. She has been the recipient of nursing excellence awards at CHW for her bedside nursing care, lactation consultation work, and evidence-based practice. Lisa was part of the nursing research team who received the Julie Lathrop Nursing Research award. She has also been a Daisy Nurse excellence award nominee at CHW. Lisa has been an active board member with Wisconsin's Association of Lactation Consultants (WALC) for many years. She is currently WALC Secretary and WALC's professional development liaison to ILCA, USLCA, and IBLCE and serves as Co-chair of the Bereavement committee for the Mothers Milk Bank of Western Great Lakes. Lisa is one of the newly elected at-large USLCA Board of Directors, as voted upon by USLCA membership.

Lisa has presented several scientific posters at national conferences and shared her literary talents on peer reviewed articles with other authors. She is a gifted speaker having been invited to speak at numerous local and national conferences including NANN and USLCA on Pasteurized Donor Human Milk as a Change Agent, Bereavement, Tongue tie, and Human Milk Donation. Lisa was part of the nursing research council at CHW which published "Nurse Researcher's at Children's Hospitals".

Lisa was recently invited to be part of the ENT MCW/ CHW medical journal club where she both presented and discussed journal articles on tongue tie. She is an active lactation lecturer to CHW and the Medical College of Wisconsin.

Lisa currently resides on 80 acres with 5 natural ponds in rural Wisconsin with her family. She enjoys the serenity of walking, the rejuvenating power of nature, reading, yoga and being with her family. Lisa has been active with many lactation initiatives at CHW; she is respected by her nursing, lactation and medical colleagues and is a change agent utilizing research to pilot projects that improve clinical practice and revitalize bedside care. Lisa has made great contributions to the lives of countless families. She says, "Working at CHW is my dream come true. Where else can I read research articles, and bring information attained in research and textbooks to reality? I feel that I have done this daily in my work at CHW over the past 30 years". Lisa's commitment, her dedication, and passion as a care giver are celebrated by each family she has touched and by the entire CHW community.