

# Human Milk Insights

May 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, and 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 in the Workplace
- Human Milk and Physicians
- Human Milk and Breast Pumps
- Human Milk and Medications
- Human Milk Terminology

### HUMAN MILK EDUCATION

- Human Milk Webinar
- Education Opportunities
- Education Tools

### TOOLS YOU CAN USE

- Educating

### CLINICAL PEARLS IN LACTATION

- Breastfeeding

### SPOTLIGHT ON PRACTICE

- Kate Cropp, APRN, MSN, IBCLC

## NEWS YOU CAN USE

### HUMAN MILK IN THE HOSPITAL

#### **New ABM Clinical Protocol on Peripartum Analgesia and Anesthesia for the Breastfeeding Mother**

<https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/28-peripartum-analgesia-and-anesthesia-for-the-breastfeeding-mother-protocol-english.pdf>

The Academy of Breastfeeding Medicine has updated their webpage. The protocols are available at

<http://www.bfmed.org/protocols>. They have released Clinical Protocol #28, Peripartum Analgesia and Anesthesia for the Breastfeeding Mother. The protocol includes recommendations for practice regarding peripartum analgesia and anesthesia for the breastfeeding mother, examines current research, and makes suggestions for future research.

#### **Revised 'Ten Steps' Guidance, from WHO/UNICEF**

<http://www.who.int/nutrition/bfhi/ten-steps/en/>

The World Health Organization and United Nations Children's Fund have released "Protecting, Promoting, and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services: The Revised Baby-friendly Hospital Initiative 2018." This updated document presents the first revision of the Ten Steps since 1989. The topic of each step is unchanged, but the wording of each one has been updated in line with the evidence-based guidelines and global public health policy. The press release can be found at

<http://www.who.int/mediacentre/news/releases/2018/promote-breastfeeding-globally/en/>

### HUMAN MILK AND THE NICU

#### **Family Integrated Care: Parents as Caregivers**

Meredyth Thompson, BSN, RN

<http://blog.neonatalperspectives.com/2018/04/23/family-integrated-care-parents-as-caregivers/>

Meredyth Thompson discusses the impact of family integrated care, including parents as caregivers.

#### **ENFit Low Dose and Medication Administration**

Kathy Quellen, RN, BSN

<http://blog.neonatalperspectives.com/2018/04/16/enfit-low-dose-and-medication-administration/>

Kathy Quellen explains the ENFit enteral feeding design and its use for low dose and medication administration.

#### **Finding Flow in Southeast Asia: Lessons for Clinical Change**

Jae Kim, MD, PhD

<http://blog.neonatalperspectives.com/2018/04/11/finding-flow-in-southeast-asia-lessons-for-clinical-change/>

Dr. Jae Kim discusses his recent travels to Southeast Asia and the lessons learned regarding various cultures, the NICU, and the care of premature infants.

#### **Human Milk Warming and Best Practice Improvements**

Jenny Murray, BSN, RN

<http://blog.neonatalperspectives.com/2018/04/09/human-milk-warming-and-best-practice-improvements/>

Jenny Murray outlines the best practice improvements in the warming of human milk feeds in the NICU.

### HUMAN MILK IN THE WORKPLACE

#### **Workplace Breastfeeding Support Webinar**

<https://events-na10.adobeconnect.com/content/connect/c1/1053915029/en/events/event/shared/10963>

[89343/event\\_landing.html?sco-id=1243154715](https://www.usbc.org/89343/event_landing.html?sco-id=1243154715)

Breastfeeding Public Health Partners are providing a webinar on Monday, May 14, from 2-3:30 p.m. titled, "[Charting the Course Together: Supporting Breastfeeding at Work](#)." The webinar will provide information on the importance of workplace support to increase breastfeeding duration rates, and employers return on investment when supporting breastfeeding and pumping employees. In addition, the BPHP will shed light on current federal and state workplace breastfeeding legislation.

#### **Priming the Pump: Lactation Room Design Guidelines**

[http://www.architectmagazine.com/practice/priming-the-pump-lactation-room-design-guidelines\\_o](http://www.architectmagazine.com/practice/priming-the-pump-lactation-room-design-guidelines_o)

This article, published in *Architect Magazine*, outlines design guidelines for lactation rooms.

### **HUMAN MILK AND PHYSICIANS**

#### **AAP's Physician Education and Training Action Plan**

<https://www.aap.org/en-us/Documents/AAP-Physician-Education-and-Training-Breastfeeding-Action-Plan.pdf>

The American Academy of Pediatrics has published the "[Physician Education and Training on Breastfeeding Action Plan](#)." The comprehensive action plan includes recommendations for addressing: gaps in breastfeeding training and education for physicians, with special emphasis on underserved populations. It also includes training to support the safe implementation of evidence-based maternity practices supportive of breastfeeding. Strategies include integration of breastfeeding training in the various stages of formal medical education, encouraging culture change to support breastfeeding within the medical education and training process, and encouragement of continued care through community breastfeeding resources.

### **HUMAN MILK AND BREAST PUMPS**

#### **Anthem Breast Pump Reimbursement Rate**

<http://www.usbreastfeeding.org/anthem>  
Anthem Blue Cross/Blue Shield, a major health insurance provider, has cut the breast pump reimbursement rate for its customers almost in half. National and state organizations across the country have raised concerns that this decrease will prevent many families from obtaining the equipment they need to establish and maintain breastfeeding.

Visit the USBC's Take Action

Anthem Webpage: "[Anthem Breast Pump Reimbursement Cut](#)" for Action Quick Links, Background Information, State Coalition Connections, Media Coverage, and Voices from the Field.

### **HUMAN MILK AND MEDICATIONS**

#### **Transfer of Inhaled Cannabis into Human Breast Milk**

[https://www.researchgate.net/publication/324316763\\_Transfer\\_of\\_Inhaled\\_Cannabis\\_Into\\_Human\\_Breast\\_Milk](https://www.researchgate.net/publication/324316763_Transfer_of_Inhaled_Cannabis_Into_Human_Breast_Milk) This study published in *Obstetrics and Gynecology* documents inhaled cannabis transfer into mother's breast milk. Low concentrations were detected; however, the long-term effect of exposure is unclear. Mothers should be cautious with its use.

#### **Treating Hypertension during Breastfeeding**

[https://www.liebertpub.com/doi/10.1089/bfm.2017.0236?utm\\_source=sfmc&utm\\_medium=email&utm\\_campaign=BFM%20FP%20March%2029%202018&d=3/29/2018&mcid=403890921](https://www.liebertpub.com/doi/10.1089/bfm.2017.0236?utm_source=sfmc&utm_medium=email&utm_campaign=BFM%20FP%20March%2029%202018&d=3/29/2018&mcid=403890921) This article reviews the various options for treating hypertension. The good news for nursing mothers with this condition is that there are some drugs available with reasonably good safety information for breastfeeding mothers. Many others have scant information on use during breastfeeding.

### **The Neonatal Quality Improvement Collaborative of Massachusetts**

<http://www.neoqic.org/> The NEOQIC website provides information on the activities of NEOQIC, along with available resources.

## **HUMAN MILK TERMINOLOGY**

### **What's in a Name? Breast Milk versus Human Milk**

Sandy Sundquist Beauman, MSN, RNC-NIC

<http://blog.neonatalperspectives.com/2018/04/02/whats-in-a-name-breast-milk-versus-human-milk/> Sandy Beauman encourages the use of terminology that can assist in changing the perception of breastfeeding.

## **HUMAN MILK EDUCATION**

### **Human Milk Webinar**

Beyond BFHI- The Spatz 10 Step and Breastfeeding Resource Nurse Models to Improve Human Milk and Breastfeeding

Diane Spatz PhD, RN-BC, FAAN

Wednesday, June 20 1:00- 2:00 pm  
Central Standard Time

1.0 Nursing Contact Hours  
1.0 Dietitian CPE Credits

\$20.00 Registration Fee  
(Use promo code HMIWM5EJS to receive 50% off the registration fee)

Click [here](#) for more information and to register.

### **Education Opportunities**

Missed a webinar that was presented earlier this year? Interested in getting some 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 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!

### **Education Tools**

Education is key for a successful breastfeeding experience. Medela offers a variety of tools that healthcare professionals can share to assist mothers with their breastfeeding journey and help them meet their breastfeeding goals. For more information visit:

<http://www.medelabreastfeedingus.com/for-professionals/healthcare-professional-information>

## TOOLS YOU CAN USE

### Online Guidance Tool for Treating Pregnant and Breastfeeding Women with Substance Use Disorders

Dartmouth-Hitchcock Medical Center and the Northern New England Perinatal Quality Improvement Network (NNEPQIN) has put out an online “toolkit” with guidance for health care providers who treat pregnant women with substance abuse disorders.

This toolkit was developed by a multidisciplinary team of obstetric, neonatal, and addiction treatment providers and nurses to assist front-line perinatal care providers in improving the quality and safety of care provided to pregnant women with opioid use disorders in northern New England. It is designed to facilitate the implementation of best practices based on prior research and guidelines addressing the care of this population. Funding was provided by the March of Dimes and the purpose of this document is to improve outcomes for both mothers and babies. In February 2018, the toolkit contents were revised to ensure agreement with recommendations in *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorders and their Infants* released by the federal Substance Use and Mental Health Services Administration (SAMHSA).

After the section on pregnancy, there is a 10-page chapter on Supporting Breastfeeding for Mothers with Opioid Use Disorders. It begins with stating that breastfeeding should be encouraged for women on Medication Assisted Treatment with either buprenorphine or methadone if there are no contraindications for either the mother or her infant. The myriad benefits of breastfeeding are recognized as important and essential to physical, mental and emotional well-being of both mothers and babies.

Some key facts from the toolkit regarding breastfeeding:

- Breastfeeding may be complicated by Neonatal Abstinence Syndrome symptoms, so support of an IBCLC or other experienced lactation provider is recommended.
- Breastfeeding is associated with decreased length and severity of neonatal abstinence syndrome.
- Nursing mothers using alcohol or drugs should be advised, educated and supported to cease alcohol or drug use due to harm to infant during parenting or breastfeeding.
- Women who have experienced sexual trauma may be reluctant to breastfeed and their wishes must be respected. The option to feed pumped breastmilk may be more acceptable.
- Continued use of alcohol and non-prescribed drugs carries a potential risk to both mother and the breastfeeding infant. However, substance use is not necessarily a contraindication to breastfeeding (WHO 2014). Therefore, a recommendation to abstain from breastfeeding should be made only if a woman expresses intent to continue substance use and declines appropriate treatment. Readers are referred to NNEPQIN section on Breastfeeding Guidelines for Women with a Substance Use Disorder for the discussion of risks associated with specific substances.

- Based on the best existing evidence available, decisions related to initiation and/or continuation of breastfeeding for women with substance use disorders should be made together with the woman, her obstetrical and treatment providers, lactation consultant(s), social worker(s) and infant provider(s) in an informed and individualized manner.
- Rapid urine drug screening is associated with a significant rate of false positives and confirmatory testing should be performed if results are inconsistent with what a woman reports.

The document stresses addressing the mother respectfully throughout, educating her so she can make an informed decision regarding her substance use, offering treatment, working closely with the mother/baby dyad and coordinating efforts with her entire team of health care providers. There are also downloadable brochures, checklists and other resources available for both patients and health care professionals.

To download a copy of this excellent document, go to:

<http://www.nnepqin.org/a-toolkit-for-the-perinatal-care-of-women-with-opioid-use-disorders/>

#### References:

Ko JY, et.al. (2016). Incidence of Neonatal Abstinence Syndrome – 28 s, 1999-2013. states, CDC MMWR 8-12-16, 65(31); 799-802.  
Substance Abuse and Mental Health Services Administration. Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their

Infants. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

World Health Organization. (2014). Guidelines for the identification and management of substance use and substance use disorders in pregnancy. Geneva, Switzerland: WHO. Retrieved from [http://www.who.int/substance\\_abuse/publications/pregnancy\\_guidelines/en/](http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/)

## CLINICAL PEARLS IN LACTATION

*This column is for lactation practitioners to share clinical challenges and successes, observations and pearls of wisdom with colleagues. To share a clinical pearl, [submit it here](#). If your submission is selected for publication in a future issue of Human Milk Insights, you will receive a \$25.00 VISA gift card.*

### Breastfeeding

One of the biggest national and local news stories these days is the opioid epidemic. Daily we hear of the widespread use of opiates among the young and old. Rarely, though, do we hear about one of the most vulnerable groups: pregnant women, their fetuses, breastfeeding women and their infants.

Opioid abuse during pregnancy is not uncommon and its use is associated with increased risks of negative outcomes. The current standard of care is for pregnant women to be referred for opioid-assisted therapy with methadone and possibly buprenorphine. Many providers are at a loss as to what to do. Many practitioners suggest tapering opioids over a period of time, which often results in relapse. It's important to avoid abrupt discontinuation as it can cause preterm labor, fetal distress or even fetal demise.

In many clinical situations, large numbers of pregnant women are regularly screened for illegal substances. Once they get a positive screen, health care providers are often unsure as to what to do next. Substance abuse treatment for pregnant and newly postpartum mothers is not readily available, so clinicians must educate themselves as to what to do before, during and after screening and have a definite plan for what to do in the case of a positive screen. The resources listed at the end of this column offer helpful guidance in how to plan and implement care for pregnant women who abuse substances.

During labor, birth and postpartum, special considerations are needed for opioid dependent women to ensure adequate pain management, to prevent postpartum relapse and minimize the risk of overdose. After birth, mothers need to be counseled regarding effective contraception to prevent future unintended pregnancies.

Some sources deal with substance use in pregnancy, but what about breastfeeding after birth? Documented benefits of human milk and breastfeeding must be carefully weighed against risks associated with substances that may be present in milk. Patient stabilization with opioid-assisted therapy is compatible with breastfeeding. An excellent resource is the Northern New England Perinatal Quality Improvement Network (NNEPQIN) *Best Practice Recommendations for Perinatal Care Complicated by Substance Use Disorders Toolkit* (see Tools You Can Use Column in this month's newsletter).

Safe care of the infant and effective support of the mother are primary goals and are best achieved through a trusting and respectful therapeutic relationship between the mother and the care team. Women's health and perinatal care providers need to become knowledgeable about substance use disorders and aware of local and regional multidisciplinary options for the care of pregnant and postpartum women. Opioid use and substance abuse is a serious problem in the US. We owe it to the most vulnerable of our patients to give evidence-based care and treatment throughout the pregnancy, breastfeeding

and postpartum periods so they have every opportunity to achieve the best possible outcomes.

References:

ACOG Committee on Health Care for Underserved Women; American Society of Addiction Medicine. (2012). ACOG Committee Opinion No. 524: Opioid abuse, dependence and addiction in pregnancy. *Obstetrics and Gynecology*, May 2012;119(5):1070-1076.

Hendrickson, RG & McKeown, NJ. (2011). Is maternal opioid use hazardous to breast-

fed infants? *Clinical Toxicology* 50:(1), pp. 1-14.

Reese-Stremtan S, Marinelli KA and The Academy of Breastfeeding Medicine. (2016). Guidelines for Breastfeeding and Substance Use or Substance Abuse Disorder, Revised 2015. *Breastfeeding Medicine* 10(3):135-142.

Ko JY, et.al. (2016). Incidence of Neonatal Abstinence Syndrome – 28 s, 1999-2013. states, CDC MMWR 8-12-16, 65(31); 799-802.

## 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 Kate Cropp, APRN, MSN, IBCLC  
Nashville, Tennessee

Surrounded by Victorian homes in the historic neighborhood of Nashville is a special place for families seeking breastfeeding counsel and care. *Nashville Birth and Babies* offers lactation and breastfeeding expertise outside of a hospital setting. Kate and fellow lactation consultants, Nancy Hinesly MS, APRN, CNM, IBCLC, CD and Leah Brown BS, IBCLC provide inclusive, sensitive, and evidence-based care for all types of breastfeeding families. Kate's practice shares physical space with *Baby+Co.*, a natural, comfortable birthing center, and offers individualized breastfeeding consults, private prenatal consultations, prenatal breastfeeding classes, classes for mothers returning to work and more. Private, in-home lactation consults are offered by Kate's colleagues, Nancy and Leah. Under Kate's direction in 2013, *Nashville Birth and Babies* formed a 'cost-sharing' network of professionals who provide additional services such as doula support, childbirth hypnosis classes, and placenta encapsulation. Separate practices, the network shares emails, a phone system, a logo, name recognition and the capability of referring mamas to their individual practices. *Nashville Birth and Babies* is the longest running breastfeeding private practice in Nashville and has gained a reputation as a center where families receive compassionate, evidence-based breastfeeding care in a welcoming and caring environment.

Kate graduated from Xavier University with a BSN. After working in Labor and Delivery for two years, she entered the graduate program in Women's Health at the University of Cincinnati to become a nurse practitioner. Although Kate enjoyed supporting mothers in labor, her interest in becoming a lactation consultant grew while completing her graduate work. Her journey as both a nurse practitioner and lactation consultant began as she took her nurse practitioner and IBCLC exam within 11 days of each other.

After relocating to Nashville, Kate spent over 4 years as an in-patient Lactation Consultant with Vanderbilt University Medical Center, where she developed long-lasting relationships within the medical and lactation communities. Since leaving in-hospital care, Kate has established herself as a strong advocate for breastfeeding within the Nashville community. She supports local efforts to inform and empower mothers about breastfeeding by participating in civic and educational gatherings. In 2014, she participated in a 'nurse-in' to strengthen the message of public breastfeeding after a nursing mother was asked to leave a public area. During World Breastfeeding Week last year, Kate was invited to speak about the challenges and rewards of breastfeeding and working to an audience of health care providers at Vanderbilt University Medical Center's Margaret Cuningim Women's Center. Kate also presented a lecture entitled, 'Pharmacotherapy Considerations for Lactating Patients' during the 2017 Advanced Practice Grand Rounds series at Vanderbilt.

Kate and her husband of nineteen years, have been sweethearts since meeting in high school. Natives of Cincinnati, they relocated to Nashville fourteen years ago to explore employment opportunities and found the lifestyle of suburban Nashville an exciting location to raise their

family. Kate is the mama to four children and breastfed for 12 ½ years straight. Kate donated her breastmilk for several months after her second son was born stillborn at 35 weeks. Devastated and with no extended family close by, Kate and her husband were supported by the loving care of the Nashville lactation community, who conducted a memorial service in their son's honor.

The direction Kate's career path has taken to assist and support breastfeeding mothers and babies is thrilling work for her. She is in awe of the strong spirit of breastfeeding mothers who persevere through challenges associated with meeting their lactation goals. Kate says that empowering mothers to meet their personal goals is the best part of what she does. Her goal in working with mothers facing challenges is for them to be healthy, happy, and to enjoy their infants while finding peace to accept what is working best for them. Kate has established herself as a respected lactation professional in the Nashville community who strives to build amazing breastfeeding experiences for mothers and babies.