

# Human Milk Insights

June 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 and WIC
- World Breastfeeding Week
- Human Milk in the Workplace
- Human Milk and the NICU
- Human Milk and the Hospital

### HUMAN MILK EDUCATION

- Human Milk Webinar
- Education Opportunities
- Education Tools

### TOOLS YOU CAN USE

- Infographic on Nine Maternal Conditions That Can Delay Initiation of Milk Production

### CLINICAL PEARLS IN LACTATION

- WHO Updated Baby Friendly Guidelines in 2018

### SPOTLIGHT ON PRACTICE

- The Breastfeeding Success Company of Austin, TX

## NEWS YOU CAN USE

### HUMAN MILK AND WIC

#### WIC Participant and Program Characteristics 2016 Final Report

<https://fnsprod.azureedge.net/sites/default/files/ops/WICPC2016.pdf>

WIC released their 2016 report that included breastfeeding initiation and duration for 83 State agencies. Breastfeeding was initiated for 71.0 percent of these infants and children. In addition, 68 State agencies provided duration data for at least 75 percent of 6- to-13-month-old infants and children. The median breastfeeding duration for infants and children served by these agencies was 13.0 weeks.

### WORLD BREASTFEEDING WEEK

#### 2018 World Breastfeeding Week

<http://worldbreastfeedingweek.org/actionfolder/>

The World Alliance for Breastfeeding Action has published an action folder to help participants prepare for World Breastfeeding Week (WBW) 2018. This year's theme *Breastfeeding: Foundation of Life* will focus on breastfeeding as the foundation of lifelong wellness for babies and mothers. The publication includes information on the objectives of WBW 2018, as well as case studies and potential actions advocates can take during WBW 2018.

### HUMAN MILK IN THE WORKPLACE

#### FLSA Fact Sheet on break time for nursing mothers

<https://www.dol.gov/whd/regs/compliance/wdfs73.pdf>

Fact Sheet #73: Break Time for Nursing Mothers under the FLSA has been updated and released by the Department of Labor.

It explains a new mother's rights on the job, regarding time and place to pump.

### HUMAN MILK AND THE NICU

#### ABM Clinical Protocol #12: Transitioning the Breastfeeding Preterm Infant from the Neonatal Intensive Care Unit to Home

<https://www.ncbi.nlm.nih.gov/pubmed/29717879>

The Academy of Breastfeeding Medicine has revised Protocol #12. The protocol should be available on their website at <http://www.bfmed.org/protocols> in the near future.

#### Cleaning ENFit in the Neonatal Intensive Care Unit

Kathy Quellen, RN, BSN

<http://blog.neonatalperspectives.com/2018/05/14/cleaning-enfit-in-the-neonatal-intensive-care-unit/>

Kathy Quellen discusses the cleaning of enteral feeding tubing in the NICU.

#### A NICU Nurse's Role Helping Moms to Breastfeed or Pump

Jenny Murray, BSN, RN

<http://blog.neonatalperspectives.com/2018/05/07/a-nicu-nurses-role-helping-moms-to-breastfeed-or-pump/>

Jenny Murray shares a nurse's role in helping mothers to breastfeed or pump in the NICU.

#### The Power of Storytelling In The NICU

Jae Kim, MD, PhD

<http://blog.neonatalperspectives.com/2018/05/01/the-power-of-storytelling-in-the-nicu/>

Dr. Jae Kim discusses the process of storytelling in the NICU in the identification of new treatments.

## HUMAN MILK AND THE HOSPITAL

### Treating Diabetes During Breastfeeding

Article in Breastfeeding Medicine that discusses how to treat diabetes in a breastfeeding mother.

[https://www.liebertpub.com/doi/full/10.1089/bfm.2018.0036#utm\\_source=ETOC&utm\\_medium=email&utm\\_campaign=bfm](https://www.liebertpub.com/doi/full/10.1089/bfm.2018.0036#utm_source=ETOC&utm_medium=email&utm_campaign=bfm)

### Recognition Programs: Nursing Excellence

Patrice Hatcher, MBA, BSN, RNC-NIC  
<http://blog.neonatalperspectives.com/2018/04/26/recognition-programs-nursing-excellence/>

Patrice Hatcher highlights nursing excellence recognition programs.

[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>

## 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

June 20, 2018  
 1:00- 2:00 pm CST

1.0 Nursing Contact Hours  
 1.0 Dietitian CPE Credits

Click [here](#) for more information or to register. Use promo code HMIdM4DsP to enjoy 50% off registration.

### 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 our recorded webinars. Email

## TOOLS YOU CAN USE

### Infographic on Nine Maternal Conditions that Can Delay Initiation of Milk Production

Those of us who work in lactation are aware that there are certain maternal conditions that occur both before and after birth which may impact breastfeeding initiation and/or human milk production. Being aware of these conditions and planning care accordingly puts healthcare teams in a position to better support mothers and intervene early if necessary.

Medela has an infographic which illustrates nine conditions that may contribute to delays in milk production and lists four steps that members of the healthcare team can employ to mitigate these at-risk conditions.

The first four conditions listed are:

- Primiparity, especially older mothers
- Maternal obesity
- Diabetes
- Hypertension

(in addition, a history of breast surgery or breast hypoplasia are red flags also).

The infographic next lists five conditions that may adversely affect early onset of lactogenesis II (the stage of Secretory Activation, which occurs about 2 to 3 days after birth and initiates plentiful milk secretion).

These conditions are:

- Having an unscheduled Cesarean delivery
- Stressful labor and delivery
- Prolactin feeds or if the first feeding at breast is delayed
- Infrequent breastfeedings in the first few days after birth
- If the mother experiences psychosocial stress or pain

The steps to assisting mothers who have or develop at-risk conditions are:

- Developing a plan of action to assist with breastfeeding or expressing mother's milk
- Performing a clinical lactation assessment on maternity patients
- Educating hospital staff
- Preparing hospital units with the proper breastfeeding support tools

Having a "wait and see" approach may result in a delay in appropriate interventions of early breastfeeding problems.

This infographic (and others) can be accessed and downloaded in the Health Professionals section of the Medela website:  
[http://www.medelabreastfeedingus.com/assets/thumbs/Files/1548722\\_RevA.pdf](http://www.medelabreastfeedingus.com/assets/thumbs/Files/1548722_RevA.pdf)

## 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 a future issue of Human Milk Insights, you will receive a \$25.00 VISA gift card.*

### WHO Updated Baby Friendly Guidelines in 2018

If almost all babies were breastfed, the lives of more than 820,000 children under age 5 would be saved. "Breastfeeding saves lives. Its benefits help keep babies healthy in their first days and last well into adulthood," says UNICEF Executive Director Henrietta H. Fore. "But breastfeeding requires support, encouragement and guidance. With these basic steps, implemented properly, we can significantly improve breastfeeding rates around the world and give children the best possible start in life."<sup>1</sup>

Last month, the World Health Organization issued new [Ten Step Guidelines](#) and Implementation guidance for the Baby Friendly Hospital Initiative, a global program developed to increase breastfeeding support in healthcare facilities that provide maternity and newborn services. The purpose of the Guidelines are to provide evidence-based recommendations to protect, promote and support optimal breastfeeding practices, and improve nutrition, health and developmental outcomes. This revision updates and supersedes the existing *Ten Steps for Successful Breastfeeding*.

The new guidance describes practical steps countries should take to protect, promote and support breastfeeding in facilities providing maternity and newborn services.

The revised Ten Steps are the first steps hospitals and birth centers need to take to

help mothers initiate breastfeeding within the first hour and breastfeed exclusively for six months. Dr. Victor Aguayo, Chief of UNICEF's Nutrition Programmes says, "A nutritious, affordable and sustainable diet for children starts with breastfeeding. At Baby Friendly hospitals, mothers and families receive the support they need to breastfeed their babies from the very first hour."<sup>1</sup>

Hospitals should have a written breastfeeding policy in place, staff competencies, and antenatal and post-birth care, including breastfeeding support for mothers. The guidance document also recommends limited use of breast milk substitutes, rooming-in, responsive feeding, educating parents on the use of bottles and pacifiers, and support when mothers and babies are discharged from hospital.

The 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 steps are subdivided into (i) the institutional procedures necessary to ensure that care is delivered consistently and ethically (critical management procedures); and (ii) standards for individual care of mothers and infants (key clinical practices).

Baby Friendly USA recently celebrated the milestone of having 500 US birthing facilities

designated as Baby Friendly. That means that 24% of all babies born in the US are born in a Baby Friendly-designated hospital or birth center. It's quite a feat, since there were less than 100 designated facilities in the US in 2010.

Trish McEnroe, Executive Director of Baby Friendly USA, issued a statement that is published on their website: [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org). She says that there is work that needs to be done before BFUSA implements the new guidelines and revisions to the Ten Steps. Until BFUSA releases their implementation plan for birth facilities in the US, the current standards remain in place. BFUSA will give ample notice before any official changes are made to the initiative.<sup>2</sup>

So what's a hospital or birth center in the US to do? For now, nothing different. Wait

until Baby Friendly USA develops a plan and notifies facilities of any changes. BFUSA thinks it will take about 2 years before the new guideline is implemented in US facilities.

#### References:

1. Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.
2. MacEnroe T. "Statement from Trish MacEnroe Regarding Revised BFHI Guidance". *Baby-Friendly USA*, Accessed 18 May 2018, [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org).

## 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 highlighting *The Breastfeeding Success Company* of Austin, TX

For Lauren Reyes, IBCLC and Janet Jones, IBCLC, the realization of opening a comprehensive lactation center has been fulfilled. In August, during World Breastfeeding Week, these two pioneering women will officially open The Breastfeeding Success Company, the first and only comprehensive lactation clinic in Austin, TX.

Following the birth of their first children, Lauren and Janet found they shared a desire to make a difference in the lives of breastfeeding families. Although raised in different areas of the US, Lauren in New York City and Janet in Texas, the young mothers met while both working as Breastfeeding Peer Counselors at an Austin, Texas WIC office. They became enamored with the WIC mission of assisting families, became IBCLCs and bonded over a worker's rights issue. Together, they became the impetus for altering the 'temporary' status of over 440 Austin city employees to 'regular' status with eligibility for benefits. Clearly, they demonstrated leadership skills early in their careers.

Lauren and Janet remained friends after leaving their positions at WIC. They found employment opportunities at the State level WIC program and as hospital lactation consultants for an Austin area hospital system, gaining respect within the medical community for their evidence based, practical, and supportive care of breastfeeding families. Sharing a passion for delivering increased access to quality lactation care for breastfeeding families in the community, Lauren and Janet explored ways to provide out-patient care in collaboration with medical practitioners. In 2014, they pooled their individual tax returns to establish The Breastfeeding Success Company and began development of their vision to open a community-based outpatient lactation center. They thought 2-5 years was a realistic timeframe to accomplish their goal. But in 9 ½ short months, they reached their goal and opened a one-room lactation clinic in the Austin community.

The need for outpatient lactation services was greater than expected and they quickly recognized the need for additional lactation assistance. Simultaneously, a six-hospital system in the Austin area had decided to outsource its lactation and NICU nutrition services. Lauren and Janet's business plan to provide all lactation and nutrition services to the entire hospital system was accepted. The Breastfeeding Success Company now employs 31 lactation and nutrition staff members that service the entire six-hospital system and their two outpatient lactation clinics.

The Breastfeeding Success Company has recently moved to new location in South Austin and operates an outpatient clinic in a Central Austin Hospital. Lauren and Janet have utilized their design talents to create a warm, inviting center that allows for individual consultations and group prenatal breastfeeding, parenting, and back to work classes in one setting. The Breastfeeding Success team provides inpatient lactation consultation services to five hospital facilities, outpatient lactation services at their north and south Austin clinics, as well as in-home, video, and telephone consultations. Additionally, they offer corporate lactation training programs and

lactation specific classes for healthcare providers and families alike in Austin, the surrounding communities and beyond. Lactation care is provided to all families regardless of financial ability. As an in-network lactation service provider for Aetna and United, families have access to the center's services with no out-of-pocket expense; Aetna and United are billed directly for services. Families using other health insurance providers can submit for reimbursement after services are provided.

Lauren and Janet are rightfully proud of what they have been able to accomplish in the Austin community. Their contract services have saved the role of IBCLCs within the hospital systems and continuity of care is provided to breastfeeding families after discharge. Their inpatient team recently successfully piloted a donor milk bridge program that enables all newborns in two birthing facilities within the first five days of life and with a medical need to be able to receive donor milk while the mom is pumping in anticipation for lactogenesis II. They are collecting The Joint Commission's PC05 exclusivity metrics as a result of their interventions with the expectation of publishing their findings. They hope to demonstrate that their model of contracting inpatient and outpatient lactation care with large hospital systems will work in other markets as a proven method to retain IBCLC jobs, raise breastfeeding rates, improve patient satisfaction scores, and expand and monetize outpatient lactation care.

Friends for over 14 years and business partners for over four, they are also inspired mothers to six children including two teenage boys who promote breastfeeding proudly. Their entrepreneurial spirit, enterprising personalities, and genuine dedication to provide compassionate lactation care to families has led them to a business opportunity that meets the unique needs of their breastfeeding community. More importantly, they have succeeded in giving back to those in need and have accomplished their true life's work of assisting families throughout their breastfeeding journey. Kudos to these strong, committed, compassionate, and free-thinking women; they have made a significant contribution to the lactation community of the Austin area and beyond.