

Human Milk Insights

July 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 Birthing Hospitals
- Human Milk and the NICU
- Human Milk and legislation

HUMAN MILK EDUCATION

- Education Opportunities
- Education Tools

TOOLS YOU CAN USE

- Choosing the right breast shield size

CLINICAL PEARLS IN LACTATION

- Personal Breastfeeding Experience Influences Practice

NEWS YOU CAN USE

HUMAN MILK AND BIRTHING HOSPITALS

Retrospective Chart Review of Skin-to-Skin Contact in the Operating Room and Administration of Analgesic and Anxiolytic Medication to Women After Cesarean Birth

[https://nwhjournal.org/article/S1751-4851\(18\)30046-1/fulltext](https://nwhjournal.org/article/S1751-4851(18)30046-1/fulltext)

This retrospective study analyzed the association between skin-to-skin contact in the operating room and administration of analgesics and anxiolytics to women in the operating and recovery rooms after cesarean birth. The results indicated a trend toward decreased medication administration for women who experienced skin-to-skin contact. This practice has the potential to enhance the birth experience, promote breastfeeding, and provide greater safety with less exposure to opioids and benzodiazepines for women and their newborns.

Guidance on Alcohol Consumption and Breastfeeding

<https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/alcohol.html>

The Centers for Disease Control and Prevention have launched a webpage on consuming alcohol while breastfeeding. The page features information and resources on alcohol consumption and breastfeeding for healthcare providers and breastfeeding parents.

Alcohol Use During Breastfeeding

https://www.liebertpub.com/doi/full/10.1089/bfm.2018.0053#utm_source=ETOC&utm_medium=email&utm_campaign=bfm

This Article in the Journal of Human Lactation on the use of alcohol during breastfeeding concludes that use of alcohol in moderate amounts (ex: one drink with a meal) is unlikely to harm a breastfed infant,

so long as nursing or pumping does not take place too soon after alcohol intake. Waiting 2–2.5 hours per drink will minimize infant exposure. Nursing sooner than this can temporarily affect the infant's behavior. Studies on the effects of chronic moderate drinking have found conflicting results. Heavy drinking by a nursing mother can cause more serious adverse effects on the infant and interferes with letdown.

ABM Protocol on Galatogogues

https://www.liebertpub.com/doi/abs/10.1089/bfm.2018.29092.wjb#utm_source=ETOC&utm_medium=email&utm_campaign=bfm

The Academy of Breastfeeding Medicine has released a revision of their protocol on the use of galatogogues. It will be available on their website in the future at <https://www.bfmed.org/protocols>.

Human Milk Biomarkers of Secretory Activation in Breast Pump-Dependent Mothers of Premature Infants

https://www.liebertpub.com/doi/abs/10.1089/bfm.2017.0183#utm_source=ETOC&utm_medium=email&utm_campaign=bfm

This article in the Journal of Human Lactation discusses the progress in the identification of human milk biomarkers and how they assist in identifying mothers who are at risk for compromised lactation.

HUMAN MILK AND THE NICU

March of Dimes NICU Baby App

<https://www.marchofdimes.org/nicufamilysupport/my-nicu-baby-app.aspx?>

March of Dimes has released an app for parents with babies in the newborn intensive care unit. The "My NICU Baby" app was created to provide accessible answers, tools and support for parents regarding NICU staff, policies, equipment and terminology. The app can be used to

track breastfeeding sessions, breast pumping, kangaroo care, and weight.

How to Implement Family-Integrated Care

Meredith Thompson, BSN, RN

<http://blog.neonatalperspectives.com/2018/06/04/how-to-implement-family-integrated-care/>

Meredith Thompson discusses family-integrated care in the NICU and outlines steps for implementing the new care culture.

Best Practice for Order of Use of Human Milk in NICU/Hospitals

Patrice Hatcher, MBA, BSN, RNC-NIC

<http://blog.neonatalperspectives.com/2018/05/31/best-practice-for-order-of-use-of-human-milk-in-nicu-hospitals/>

Patrice Hatcher discusses the efficient use and storage of human milk in the NICU. She presents two case studies and discusses the most efficient way to use all of mother's milk.

Managing Hypoglycemia and Protecting Breastfeeding

Sandy Sundquist Beaman, MSN, RNC-NIC

<http://blog.neonatalperspectives.com/2018/05/29/managing-hypoglycemia-and-protecting-breastfeeding/>

Sandy Beaman discusses the historical management of hypoglycemia in newborn infants. She presents information about the use of dextrose gel administered buccally.

HUMAN MILK AND LEGISLATION

2018 Breastfeeding Legislation & Policy Update toolkit

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

The U.S. Breastfeeding Committee's Legislation & Policy toolkit is available to help you take action and effectively communicate about legislation and policies that impact breastfeeding families. The

toolkit will be periodically updated to reflect the latest action opportunities and Congressional action.

HUMAN MILK EDUCATION

Education Opportunities

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!

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

Choosing the Right Breast Shield Size

Research has shown us that having the correct breast shield size is a very important aspect of breast pumping. Not only is it important for comfort, it's essential for efficiency and efficacy. Sometimes it can be a bit of a challenge trying to explain all the aspects of how and why proper breast shield fitting is key.

Below is a link to the Breast Shields In-Service for healthcare professionals. The In-Service explains the anatomical aspects and has video clips of how to assess for a proper fit while pumping:

http://www.medelabreastfeedingus.com/products/577/personalfit-breastshields?utm_campaign=social_2015&utm_source=blog&utm_medium=social&utm_content=general&utm_term=5_14_15

(click on the link and scroll down to access the In-Service)

Highlights:

- Because recent research has changed our understanding of the breast anatomy of the lactating breast, we now know that proper fitting of the breast shield is essential to improving milk flow, completely removing milk from the breast and initiating, building and maintaining a mother's milk volume.
- Breast shield size is not based just on the size of the mother's nipple. It also depends on the elasticity of the breast, nipple and areolar tissue.

- If the breast shield is too small or too large, milk ducts may be pinched or compressed, and the milk may not be removed. If milk is left in the breasts, the milk supply will be compromised.
- A proper fit is also necessary for comfortable pumping and prevention of tissue trauma.
- Pumping should never be painful.
- Medela has five sizes of breast shields for maximum comfort and pumping efficiency.
- Mothers may find they are one size on one breast and another size on the other breast. That's perfectly normal.
- A mother may change breast shield sizes at different times throughout her pumping journey.

We also offer a great handout that you can use when talking to mothers on breast shield sizing:

<http://www.medelabreastfeedingus.com/professionals/lactation-professional-information/198/choosing-your-personalfit-breast-shield-size>

Do you need to validate that your staff has been appropriately trained on the use of Medela's breast shields? Click the link

below to access our Breast Shields Competency Validation.

<http://www.medelabreastfeedingus.com/professionals/lactation-professional-information/205/breastshields-competency-validation>.

We realize education is key for a successful breastfeeding experience. That is why we have created a number of tools that healthcare professionals can share to assist mothers with their breastfeeding journey. Click on the link below for these tools.

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

Choose from infographics, competency validations, information sheets, and other tools that will save you time and assist you in your clinical practice.

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.

Personal Breastfeeding Experience Influences Practice

Have you ever wondered how caregivers' personal experiences with infant feeding affects the care that breastfeeding patients receive? This is a very important question as it can trump the correct, up-to-date information that nurses and other caregivers have learned in training. For some reason, the subject of breastfeeding lends itself to people bringing whatever "baggage" they have related to their personal experiences – good or bad.

In the latest issue of the Journal of Obstetric, Gynecologic and Neonatal Nursing, Anne Wright and Nancy Hurst published the results from a qualitative study conducted with nine postpartum nurses from a large hospital in the Southern United States. The authors sought to explore how the nurses' personal infant feeding experiences influenced the breastfeeding support they now provide to patients. This very interesting study found that personal infant feeding experiences shaped the nurses' breastfeeding practices in unique and unpredictable ways.

The nurses and mothers felt their experiences helped them develop deeper connections with the mothers in their care and they all modified their practices due to the desire to spare their patients either the

associated physical or psychological pain they experienced with feeding struggles in the early postpartum weeks.

As a result of this study, the authors list implications for practice when caring for mothers who also happen to be nurses. They should:

- *Provide breastfeeding support for nurses during maternity hospitalization.* Most of the nurses interviewed felt they had received less breastfeeding information and support from their caregivers because they were nurses. This same sentiment is also expressed by many physician mothers after birth.
- *Ensure that nurse-mothers have current and accurate breastfeeding information.*
- *Integrate reflective narrative processes into breastfeeding education.*

Encouraging nurse-mothers to explore how their personal experiences influence their nursing practice can help them recognize any conflicts between breastfeeding evidence and the nurses' personal knowledge or bias.

Although this study was conducted on a small sample of postpartum nurses in one large Southern hospital, it is common that nurses and other healthcare providers bring their own breastfeeding experiences into conversations with patients across hospitals of all sizes, in all areas of the U.S. Most providers admit that their personal experiences affect their practice. Even male care providers often share the breastfeeding experiences of their partners when counseling mothers.

Sometimes, personal experience may be in direct conflict with evidence-based recommendations.

There is very little research on this topic, although it seems to be a very important issue influencing patient care. Hopefully, this study will be the first of many that

explore how personal breastfeeding experiences affect care providers' practices.

Have you noticed that personal breastfeeding experiences influence the practice of care providers in your facility? Whether you work in Labor and Delivery, an OB/GYN clinic, or the NICU, what do you see? Does the staff education on lactation management at your facility include any reflection or discussion on personal experiences? Let us hear from you. We're interested in hearing what you think about this topic.

Reference:

[Wright AI, Hurst NM. Personal infant feeding experiences of postpartum nurses affect how they provide breastfeeding support. JOGNN 2018; 47\(3\): 342-351.](#)