

Human Milk Insights

June 2019

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 NICU
- Human Milk and Disparities
- Human Milk and Working Mothers
- Human Milk and Alternate Uses
- Human Milk and Vaccinations
- Human Milk and Organizations

HUMAN MILK EDUCATION

- Human Milk Monthly Clinical Education Webinar Series
- Online Courses
- Neonatal Perspectives
- Resource for Moms

CLINICAL PEARLS IN LACTATION

- Babies, Baths, and Breastfeeding

TOOLS YOU CAN USE

- Mothers' Feelings About Using a Scale to Weigh Newborns at Home

SPOTLIGHT ON PRACTICE

- April J. Graves, RN, BSN, IBCLC

NEWS YOU CAN USE

HUMAN MILK AND NICU

“Ad-Libbing” In the NICU: Cue-Based and Infant-Driven Feeding Methods

Jae Kim, MD, PhD / May 2019

Dr. Jae Kim offers insight into the feeding of NICU infants and how to include the entire healthcare team in infant-driven or cue-based feeding protocols.

<https://blog.neonatalperspectives.com/2019/05/20/ad-libbing-in-the-nicu-cue-based-and-infant-driven-feeding-methods/>

Prioritizing Neurologic Outcomes in the NICU: How Can Human Milk Help?

Sandy Sundquist Beauman, MSN, RNC-NIC / May 2019

Sandy Beauman discusses clinical priorities regarding the provision of human milk and the rationale for long-term intervention and benefit.

<https://blog.neonatalperspectives.com/2019/05/10/prioritizing-neurologic-outcomes-in-the-nicu-how-can-human-milk-help/>

Characterization of Stem Cells and Immune Cells in Preterm and Term Mother’s Milk

Research involving the analysis of human milk from 40 mothers identifying the changes in cellular components at various lactation stages.

<https://journals.sagepub.com/doi/abs/10.1177/0890334419838986>

HUMAN MILK AND DISPARITIES

Closing the Maternal and Infant Healthcare Disparities Gap

Patrice Hatcher, MBA, BSN, RNC-NIC / May 2019

Patrice Hatcher discusses disparities affecting maternal and infant healthcare in the United States and outlines what is being done to close the gap.

<https://blog.neonatalperspectives.com/2019/05/14/closing-the-maternal-and-infant-healthcare-disparities-gap/>

HUMAN MILK AND WORKING MOTHERS

The Struggle of Working Mothers to Pump Breast Milk for Their Infants

Jenny Murray, BSN, RN / April 2019

Jenny Murray discusses the struggles of working mothers to provide breast milk for their infants.

<https://blog.neonatalperspectives.com/2019/04/29/the-struggle-of-working-mothers-to-pump-breast-milk-for-their-infants/>

HUMAN MILK AND ALTERNATE USES

Milk Therapy: Unexpected Uses for Human Breast Milk

The aim of this review article is to summarize studies of non-nutritional uses of mothers’ milk. Many human milk components have shown promise in preclinical studies and are undergoing active clinical evaluation. The protective and treatment role of fresh breast milk is particularly important in areas where mothers and infants do not have ready access to medicine.

<https://www.mdpi.com/2072-6643/11/5/944/htm>

HUMAN MILK AND VACCINATIONS

Maternal Vaccination and Breastfeeding

The article in *Breastfeeding Medicine* discusses mothers receiving vaccinations while breastfeeding.

<https://www.liebertpub.com/doi/full/10.1089/bfm.2019.0045>

HUMAN MILK AND ORGANIZATIONS

AAP Policy Statement

The Effects of Early Nutritional Interventions on the Development of Atopic Disease in Infants and Children: The Role of Maternal Dietary Restriction, Breastfeeding, Hydrolyzed Formulas, and Timing of Introduction of Allergenic Complementary Foods

AAP released a policy statement on the effects of early nutritional interventions on the development of atopic disease.

https://pediatrics.aappublications.org/content/143/4/e20190281?utm_source=highwire&utm_medium=email&utm_campaign=Pediatrics_etoc

ABM Clinical Protocol #30: Breast Masses, Breast Complaints, and Diagnostic Breast Imaging in the Lactating Woman

The Academy of Breastfeeding Medicine released a new protocol on breast masses, breast complaints and diagnostic breast imaging in lactating women.

<https://www.bfmed.org/protocols>

World Breastfeeding Week – August 1-7, 2019

The theme for 2019 World Breastfeeding Week is "Empower Parents: Enable Breastfeeding."

<http://worldbreastfeedingweek.org/>

HUMAN MILK EDUCATION

Human Milk Webinar

On Wednesday, June 19th, [Danielle Prime, PhD](#) will be presenting [Creating a New Standard Breast Shield: How the Breast Shield Flange Can Improve Milk Flow During Pumping](#). Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

Feel free to email education@medela.com for a copy of the 2019 webinar schedule.

Online Course

Learn how mothers' milk volumes are initiated, built and maintained throughout the breastfeeding journey. The normal progression of human lactation is described, along with normal infant sucking patterns. A review of lactation risk factors is presented by examining current research. Proactive interventions that can positively impact lactation success are included in the presentation. Click on the link below and use promo code **HMIEH4W7M** to register for the [Initiation of Lactation: At Risk Mothers and Proactive Interventions](#) course.

[Connecting the Dots Between Increasing Lactation Risk Factors and Suboptimal Breastfeeding Outcomes: A Proactive Approach to Clinical Practice](#)

details how mothers' milk volumes are initiated, built, and maintained throughout the breastfeeding journey. The 2017 WHO guidelines that updated the original 10 Steps to Successful Breastfeeding and their implications for practice changes in birthing facilities are examined. Recent discoveries in lactation science that link infant behavior and maternal physiology to long-term breastmilk production are presented. A review of significant maternal health risk factors and trends associated with delayed onset of lactogenesis and/or suboptimal milk production are discussed. Evidence-based technologies and strategies that can positively impact lactation outcomes and integrate current WHO guidelines into clinical practice are offered in the presentation. Click on the title of the course to register and use promo code **HMIqT6XAf** to receive \$15 off the registration fee.

Neonatal Perspectives

This blog for NICU professionals features clinical information from neonatal consultants, industry news and popular topics. Click [here](#) to read the latest blogs.

Education Tools

Medela offers a variety of tools that healthcare professionals can share to assist mothers with their breastfeeding journey while helping them meet their breastfeeding goals.

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

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.

Babies, Baths and Breastfeeding

In many hospitals, it's a normal and common practice for newborns to receive their first bath within the first couple of hours after birth. It's not unusual to see newborns taken away from their mothers and into the nursery as soon as an hour or so after birth to be bathed.

What's the big rush? Many say that new mothers want their babies cleaned up as soon as possible after the birth - no one wants to hold a baby that has blood and vernix on its skin. Some nurses feel that they must complete the task of bathing the baby before the next shift arrives.

But what does the science say? The research does not support the case for early baths . . . quite the opposite, in fact. So why do so many hospitals still bathe babies right after birth? It's a good question.

At the Cleveland Clinic, mothers began requesting that their babies' first baths be delayed. They had read that the smell of amniotic fluid helped their babies find and latch on the breast more easily. Research studies have shown that babies are attracted to the mild odor of amniotic fluid, and glands on the areola secrete a substance that is similar in smell to amniotic fluid.

Heather DiCioccio, DNP, RNC-MNN, a nursing professional development specialist for the Mother/Baby Unit at the Cleveland Clinic's Hillcrest Hospital, designed a study to examine what the effect on breastfeeding was if the first bath was delayed. Early this year, her study was published in the Journal of Obstetric, Gynecologic and Neonatal Nursing. It suggested that delaying a baby's first bath increased the rate of exclusive breastfeeding while in the hospital, which increased the likelihood that breastfeeding will continue at home.

The study looked at 996 pairs of healthy mothers and newborns. 444 babies were bathed shortly after birth and 548 were bathed sometime after 12 hours. The findings showed exclusive breastfeeding rates increased from 59.8% before the intervention to 68.2% after the delayed baths. Newborns who received the delayed baths were more likely to have a discharge plan that included breastfeeding after going home.

DiCioccio believes that the theory of the baby finding the breast easier to begin nursing – due to the similarity in smell to amniotic fluid – is just one reason the delayed bath can be beneficial. Additionally, delaying the bath allows for more skin-to-skin contact. These babies were also

warmer than the babies who received baths sooner after birth and may not have been as tired when they tried to nurse.

DiCoccio's study led to a change in hospital policy; babies are not bathed for at least 12 hours after birth unless the mother specifically objects. Even then, babies are not bathed until they are at least 2 hours old. All Cleveland Clinic hospitals are moving to adopt this practice of delaying newborns' first baths. DiCoccio hopes that this study will lead to more nursing research and contribute to newborn bath guidelines being changed in the future for other hospitals.

What are the guidelines where you work? Are newborns bathed soon after delivery or delayed for a certain length of time? Are your guidelines evidence-based? Check around and see what the guidelines are in your area. It would be interesting to examine practices across the country to see when babies receive their first baths and why. Share your experiences with us in Human Milk Insights.

Citation:

Doucet, S., Soussignan, R., Sagot, P., & Schaal, B. (2009). The secretion of areolar (Montgomery's) glands from lactating women elicits selective, unconditional responses in neonates. *PloS one*, 4(10), e7579. doi:10.1371/journal.pone.0007579

DiCoccio HC, Ady C, Bena JF, Albert NM. Initiative to improve exclusive breastfeeding by delaying the newborn bath [published online January 21, 2019]. *Journal of Obstetrics Gynecologic and Neonatal Nursing*. DOI: doi: 10.1016/j.jogn.2018.12.008 .

TOOLS YOU CAN USE

Mothers' Feelings About Using a Scale to Weigh Newborns at Home

The benefits of exclusive breastfeeding are well known. Secretory activation and the production of larger volumes of transitional milk usually occur by about 72 hours of life. In the first few days of life before the larger volumes of milk are available, many breastfed newborns lose approximately 7% - 10% of their birth weight. By about day three to five, most babies have reached the nadir of weight loss and begin to start steadily gaining weight. Birth weight is usually regained by about day 10, though some babies need two to three weeks to achieve that goal.

Before they start gaining well, physicians, nurses, and lactation consultants often worry about the adequacy of feedings and the growth of newborns. Mothers often want to know how much milk the baby is taking, that the baby is gaining enough weight, and that they are making enough milk.

It's often very inconvenient for mothers to continue bringing their babies for frequent weight checks during the first couple of weeks after birth. One solution is to send mothers home with a scale like the BabyWeigh™ II Scale, so they can weigh their newborns and report any issues to their babies' providers. Concern about newborn weight loss may lead to formula supplementation and early cessation of breastfeeding. Weighing a newborn on an accurate pediatric scale in the days and weeks after birth can be a valuable tool to support breastfeeding.

Past research has shown that test weighing is an accurate technique to determine milk intake and may help instill confidence in new mothers to continue breastfeeding.

A recent study published in the AWHONN publication, *Nursing for Women's Health*, sheds some light on a group of mothers' thoughts and feelings about being able to weigh their newborns in their own homes. 151 eligible women recruited for the study were provided a digital pediatric scale after birth and weighed their newborns daily for at least 14 days. Of the 63 women who returned surveys, 51% were breastfeeding for the first time and 49% had some prior breastfeeding experience.

81% of the respondents had positive responses to using a scale, 11% had mixed responses, 3% had negative responses, and 4.7% had neutral feelings about using the scale at home. The authors noted that four different themes emerged from the responses: *Knowing, Reassurance, Confidence, and Weight Concerns*.

Many of the participants (67%) expressed that it was valuable *knowing* that their babies were gaining weight. One mother said:

"I think it was very helpful to be able to weigh her at home. She lost almost a pound in the hospital, and it was very important to get her back to her birth weight. It was nice to know that what I was doing was working."

32% of the mothers said that using the scale provided *reassurance* that their newborns were getting enough milk and gaining weight. One mother expressed that she felt it helped her to breastfeed exclusively – that she didn't think she “would have done it otherwise.”

Some of the participants (42%) felt that using the scale increased their *confidence* in breastfeeding. One first-time mother felt that it decreased her anxiety because she saw how her baby's weight gain was progressing and it eliminated any insecurities she would have had without the scale.

14% of the mothers expressed *weight concerns* and mentioned that their newborns were not feeding or gaining weight as well as desired. One participant reported that having the scale made her “very nervous” on days when her baby was not gaining weight.

Among respondents who expressed negative or missed feelings about the scale, 67% noted that their babies were having trouble feeding or gaining weight. In contrast, among those with positive responses, only 8% stated their newborns were not feeding or gaining well.

Overall, participants in this study had positive responses regarding home use of a pediatric scale to weigh their newborns. This study adds to the body of knowledge that using an accurate scale to monitor weight gain in newborn infants may provide reassurance to some mothers and help boost confidence. For some participants, especially those whose babies were not feeding or gaining well, using the scale may have been somewhat stressful. However, identifying the fact that these babies were having feeding problems may have prevented serious consequences had they not been closely monitored.

Use of a pediatric scale, like the BabyWeigh II Scale, can be beneficial to both mothers and lactation professionals in providing objective, quantitative data in certain breastfeeding situations. More research is needed to determine if the use of a scale can increase rates of breastfeeding exclusivity and duration.

Citation:

DiTomasso, D and Ferszt, G. (2018). Mothers' thoughts and feelings about using a pediatric scale in the home to monitor weight changes in breastfed newborns. *Nursing for Women's Health* 22(6), 463-469. doi:10.1016/j.nwh.2018.10.004.

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, email education@medela.com.

*This month we are spotlighting April J. Graves RN, BSN, IBCLC
Nashville, TN*

April Graves is a dedicated wife, mother, registered nurse, board-certified lactation consultant and owner of a home-based lactation service that offers comprehensive care and instruction to breastfeeding mothers and infants. She is passionate about empowering mothers to attain their personal breastfeeding goals by offering skilled, evidence-based lactation services for families within the neighborhoods of Nashville, TN. April is a woman of remarkable gentleness, professionalism, and sincerity.

April was born in Cambridge, England while her father was studying theology. Raised in a faith-based family, they frequently relocated as her father accepted ministry and teaching positions around the country. April admired her mother's work as a Labor and Delivery nurse and began studying to be a nurse once the family settled in the Nashville area, where she volunteered at a local hospital. She earned a BSN from the Belmont University School of Nursing in Nashville and began working as bedside clinician at a nearby hospital. April says she felt like she was "home" when she was floated from a medical-surgical unit to the newborn nursery. For the next few years, April continued to deliver newborn care in a well-baby nursery before transitioning to a NICU setting, where she worked for several years. While working part-time and raising her family, April received encouragement by her manager to become a lactation consultant. No dedicated lactation hours were established for the NICU when April co-developed a robust family lactation program with a fellow NICU nurse/LC. In the role of the NICU Lactation Team Leader, April developed scripting tools for other clinicians that were utilized to assist breastfeeding families. She also provided staff with lactation education that included a six-hour human milk orientation for NICU clinicians, and became an active member of the Tennessee Initiative for Perinatal Quality Care (TIPQC).

In 2017, April began her home-based lactation practice to offer individualized breastfeeding support in a relaxed setting. She finds the home setting more suitable for her style of individualized care, providing the ongoing support and education mothers need related to breastfeeding their infants once they leave the hospital. April says beginning her own business has given her flexibility in balancing family and work schedules. Her passion remains assisting breastfeeding mothers in attaining their personal goals. April has established herself as a skilled, lactation professional in the community.

April and her husband Kyle have been married for 15 years. They have three very active young boys involved in all things sports. As a family, they enjoy traveling to beach cities, swimming, hiking, and exploring the outdoors. April is an active member of her church and hosts a bi-weekly gathering in her home with other church members. She appreciates the independence being self-employed gives her to be home to raise her sons. April has a curiosity about lactation research and passing on new research and information to mothers. April says that she "strives to give my clients the information they need to empower themselves to make their own informed decisions for meeting their personal breastfeeding goals." April's clients and her community are grateful for the lactation guidance and support she offers.