

Human Milk Insights

November 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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November is Prematurity Awareness Month

FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

- Human Milk in the Hospital
- Human Milk and Sleep
- Human Milk: International Conference Abstracts
- Human Milk and Maternal Health
- Human Milk and the NICU

HUMAN MILK EDUCATION

- Human Milk Monthly Webinar Series
- Human Milk Live Symposium
- New Product Announcement Webinar
- Talking Points Flashcards
- Education & Clinical Services

CLINICAL PEARLS IN LACTATION

- New Alert from the FDA on Marijuana, THC, CBD

TOOLS YOU CAN USE

- Resources for Health Professionals – American Academy of Family Physicians

SPOTLIGHT ON PRACTICE

- Laura Corsia, BA, BS LCCE, IBCLC

NEWS YOU CAN USE

HUMAN MILK IN THE HOSPITAL

Validation of a Breastfeeding History Questionnaire for the Risk of In-Hospital Formula Supplementation Among Multiparous Women

Whitney R. Bender/ JHL Sept 2019

In this prospective validation study, women with negative prior breastfeeding experiences were more likely to supplement formula during the postpartum hospital stay. <https://doi.org/10.1177/0890334419868157>

Support Breastfeeding in the Hospital Setting

The California Department of Public Health, Center for Family Health has published the [2018 in-hospital breastfeeding data](#). All hospitals are encouraged to utilize these data to integrate Quality Improvement efforts within the perinatal unit to ensure policies and practices are supportive of breastfeeding. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx?eType=EmailBlastContent&eld=6645f692-cd62-460a-a6cf-48bcf19f8141>

Breastfeeding Initiation: Questions and Answers

Jenny Murray, BSN, RN/ October 2019
Questions answered and common concerns addressed about early initiation of breastfeeding and pumping
<https://blog.neonatalperspectives.com/2019/10/21/breastfeeding-initiation-your-questions-answered/>

HUMAN MILK AND SLEEP

Third Trimester Sleep Patterns and Delayed Lactogenesis II

Theresa Casey, PhD, Hui Sun, BS, Helen J. Burgess, PhD/March 2019
Metabolic and hormonal disturbances are associated with sleep disturbances and delayed onset of lactogenesis II. Improving

sleep may improve maternal health and breastfeeding adequacy.

<https://doi.org/10.1177/0890334419830991>

HUMAN MILK: INTERNATIONAL CONFERENCE ABSTRACTS

Access 59 abstracts from The Academy of Breastfeeding Medicine 24th Annual International Meeting

https://www.liebertpub.com/doi/10.1089/bfm.2019.29135.abstracts?utm_source=sfmc&utm_medium=email&utm_campaign=BFM%20Briefings%2010.25.19&d=10/25/2019&mcid=846095816

HUMAN MILK AND MATERNAL HEALTH

Breastfeeding and Lower Maternal Risk of Diabetes and Hypertension

Breastfeeding for more than 12 months was associated with a relative risk reduction of 30% for diabetes and a relative risk reduction of 13% for hypertension. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2752994>

The Role of Staphylococcus Aureus in Mastitis

Sara Giordana Rimoldi, MS/ October 2019
Comparison of microorganisms responsible for mastitis and breast abscesses and insights into contributions to clinical severity. <https://doi.org/10.1177/0890334419876272>

Chicago's High Rate of Maternal/Infant Death Addressed

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

Patrice Hatcher highlights a recent event which brought community businesses, policymakers and health care leaders together to discuss and brainstorm measures to improve health outcomes for mothers and babies in the Chicago area.

<https://blog.neonatalperspectives.com/2019/10/30/how-can-we-improve-chicagos-high-rate-of-maternal-infant-death/>

HUMAN MILK AND THE NICU

ENFit® Cleaning in the NICU

Kathleen Quellen, RN, BSN/ October 2019
Kathleen Quellen answers all your questions about cleaning ENFIT®

<https://blog.neonatalperspectives.com/2019/10/07/cleaning-enfit-in-the-nicu-what-you-need-to-know/>

Prevention of Misidentification Errors for Non-verbal Patients

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

Review of safe practices to avoid misidentification errors when working with nonverbal infant patients in the NICU.

<https://blog.neonatalperspectives.com/2019/10/14/whats-in-a-name-establishing-a-distinct-patient-naming-convention-to-prevent-misidentification-errors/>

HUMAN MILK EDUCATION

Human Milk Webinar

On Wednesday, November 20th [Kim Flanagan, MSN, CRNP](#) will be presenting [Wrong Route Error in the NICU: Protecting Patients and Clinicians](#). Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

On Wednesday, December 18th [Portia L. Williams, RN, BSN, IBCLC](#) will be presenting [Breastfeeding Challenges: Decreasing Barriers and Disparities in Care](#). 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.

Human Milk Live Symposium

[Hawaii Breastfeeding & Lactation Conference 2019](#) will be held on Monday, December 16th. Presenters will be [Diane Spatz, PhD, RN-BC, FAAN](#), [Patrice Hatcher, MBA, BSN, RNC-NIC](#) and [Irene Zoppi, MSN, RN, IBCLC](#). This symposium will be held at Queen's Medical Center in Honolulu, HI from 7:00 am- 3:45 pm. For more information and to register click [here](#).

New Product Announcement

Something Small is Coming new product announcement webinar will be held Wednesday, December 11th at 9:00 am, 1:00 pm and 3:00 pm CST. Choose the time that fits your schedule. Register and attend for your chance to **win** one of five prizes given away at random! Click [here](#) to register.

Talking Points Flashcards

Talking Point flashcards are scripted, evidence-based answers to common questions about:

- [Benefits of Exclusive Breastfeeding](#)
- [Providing Mother's Own Milk to Infants at Risk](#)
- [Donor Human Milk](#)

Each section has an extensive reference list. These Talking Points flashcards summarize evidence for staff and standardize messaging for families. Click on the links above to download your copy today!

Education & Clinical Services

We updated our Education & Clinical Services brochure! Email us at education@medela.com to request a copy.

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.

New Alert from the FDA on Marijuana, THC, CBD

Now that the sale and use of marijuana is legal in many states for medical use and in some states for recreational use, do you discuss the use of cannabis and cannabis-derived products with your pregnant and breastfeeding patients? These products have become much more common in recent years and many new parents are confused as to whether they are safe to use.

In response to a flood of new cannabis-containing products on the market, the Federal Drug Administration (FDA) recently released a statement strongly advising against the use of cannabidiol (CBD), tetrahydrocannabinol (THC) and marijuana in any form during pregnancy or while lactating. There are many unanswered questions as to exactly how these substances affect the developing fetus, breastfeeding infants and even mothers' milk supplies.

People are often confused by all the terms used to describe additives, supplements and oils. Cannabis is a plant that contains over eighty biologically active chemical compounds. THC and CBD are the two most commonly known compounds. Marijuana is one type of cannabis plant which contains varying amounts of THC, the compound that causes a person to feel "high." Hemp is another type of cannabis plant which contains very low amounts of THC. CBD, a compound which does not produce a "high," can be derived from either marijuana or hemp. The FDA says there may be serious risks to pregnant or breastfeeding mothers using cannabis products, including those containing CBD.

Research suggests that there are potential negative effects from using marijuana and THC-containing products. The U.S. Surgeon General recently cautioned that THC can enter the fetal brain through a mother's bloodstream and may increase the risk of low birth weight. <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-marijuana-use-and-developing-brain/index.html>. Premature birth and potential stillbirth may also be linked to marijuana use. Breast milk can contain THC for up to six days after use and may affect the baby's brain development resulting in hyperactivity, poor cognitive function and other long-term effects.

There is not a large body of research on the effects of CBD in pregnancy and while breastfeeding, but the FDA is continuing to look at the research and collect data. High doses of CBD in animal models has shown an adverse effect on the reproductive systems of developing

male fetuses. There is also potential for contamination from other substances and concern about side effects, drug interactions and long-term use.

Discussions about marijuana, THC, and CBD use are important when interacting with preconceptual or pregnant patients and new parents. Not only should they make informed decisions regarding the use of cannabis-containing products, they need to be aware of state regulations regarding their use.

Some things to discuss include:

- THC enters breast milk and has the potential to affect the baby.
- THC is stored in body fat and remains in the body for a long time. Babies have a high percentage of brain and body fat.
- The American Academy of Pediatrics states that marijuana should not be used while breastfeeding.
- Not much is known about the amount of THC in breast milk, the length of time it remains in the breast milk, and the effects on the infant.
- Since THC is stored in fat and stays in the body a long time, it's not known how long a mother would need to "pump and dump" to wait for THC to be eliminated from breast milk.
- Marijuana is legal in some states in the U.S., but this doesn't mean it is safe for pregnant moms or babies. Some hospitals test babies after birth for drugs and may notify child protective services if they test positive.

For more information, check out the resources below.

Resources:

1. <https://www.fda.gov/consumers/consumer-updates/what-you-should-know-about-using-cannabis-including-cbd-when-pregnant-or-breastfeeding>
2. <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/marijuana.html>
3. https://www.colorado.gov/pacific/sites/default/files/MJ_RMEP_Factsheet-Pregnancy-Breastfeeding.pdf

TOOLS YOU CAN USE

Resources for Health Professionals – American Academy of Family Physicians

Maria Lennon, MSN, CNM, IBCLC

As mentioned in last month's column, we are going to highlight some professional organizations and the breastfeeding resources and tools they provide for their members. These educational tools are available for all to use to promote best practices in various work environments – hospitals, outpatient clinics and private offices.

This month, we'll highlight the American Academy of Family Physicians and the Breastfeeding Support and Resources Toolkit they have on their website: <https://www.aafp.org/patient-care/public-health/breastfeeding/toolkit.html#office>.

Here are a few items that they offer in their **Breastfeeding Support and Resources Toolkit**:

CDC Guide: Strategies to Support Breastfeeding Mothers and Babies

- **Academy of Breastfeeding Medicine** www.bfmed.org The ABM's 25 evidence-based guidelines, sorted by topic, are provided here as a helpful resource for physician offices and hospitals.
- **Breastfeeding and Using Medications: Should mothers who use prescription drugs breastfeed?** www.toxnet.nlm.nih.gov The U.S. National Library of Medicine's Lactmed is a helpful tool. Lactmed includes information on the levels of such substances in breast milk and infant blood, and the possible adverse effects in the nursing infant. Suggested therapeutic alternatives to those drugs are provided, where appropriate. All data are derived from the scientific literature and fully referenced.

In-Office Patient Education

- **AAFP Breastfeeding Basics PowerPoint Presentation** (1 MB pptx)^{***}: Educate your patients about the benefits of breastfeeding, assist them with both basic techniques and common challenges, and help create a baby-friendly office.
- **AAFP Breastfeeding-Friendly Poster for Physician Offices**^{***} This AAFP resource is free and depicts the international symbol for breastfeeding. The poster can be downloaded, printed and prominently displayed in your waiting room. This pdf comes in color and in black and white.

^{***}Available from: <https://www.aafp.org/patient-care/public-health/breastfeeding/toolkit.html>.

Coding & Payment

- **Breastfeeding and Billing: Getting Paid for What You Do:** The most commonly used ICD-10 for mother and baby are included in this AAFP document.
[https://www.aafp.org/dam/AAFP/documents/patient_care/breastfeeding/HOPS%20-%20Breastfeeding%20Codes%20\(FINAL\).pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/breastfeeding/HOPS%20-%20Breastfeeding%20Codes%20(FINAL).pdf)

Culture and Breastfeeding

Culture plays a large role when making the decision to breastfeed and successful outcomes for better health outcomes, including factors such as ethnic beliefs, family support systems, and income. To better understand cultural influences in providing patient care and support to your patients, these resources can help:

- **La Leche League International - Cultural Issues in Breastfeeding** (www.llli.org)

Advocacy Action

State Health Agency Breastfeeding and Support by the Association of State and Territorial Health Officials (ASTHO)

Public health agencies play a key role in providing breastfeeding support in the workplace, hospitals, and in the community. Working with the CDC, ASTHO works with 17 state health agencies, including the district of Columbia, to increase breastfeeding through learning.

- **Worksite Wellness: Breastfeeding Promotion by ASTO:**
<http://www.astho.org/programs/prevention/worksite-wellness/breastfeeding-promotion/>

Making the Case - Benefits for Supporting Breastfeeding Moms Returning to Work

The U.S. Department of Health and Human Services has developed resources that can help you make the case for breastfeeding support for employers, healthcare professionals, and employees:

- **Business Case for Breastfeeding:**
<https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>

Science and Education

- **Importance of Growth Charts:** The WHO standards establish growth of the breastfed infant as the norm for growth, for at least 4 months and up to 12 months.

https://www.cdc.gov/growthcharts/who_charts.htm#The%20WHO%20Growth%20Charts

The United States Breastfeeding Committee Core Competencies:

<http://www.usbreastfeeding.org/core-competencies>

The USBC is an independent nonprofit coalition of more than 40 nationally influential organizations. Its mission is to improve the nation's health by working collaboratively to protect, promote, and support breastfeeding. The USBC's Core Competencies were developed to be used as a guideline to integrate evidence-based breastfeeding into everyday practice. The USBC Core Competencies are endorsed by the AAFP.

There's lots of good information in the AAFP's Breastfeeding Support and Resources Toolkit. More to come next month.

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 Laura Corsia, BA, BS LCCE, IBCLC Charlotte, NC

A passion for providing physical, emotional, and evidence-based support to mothers along their breastfeeding journeys guides Laura Corsia in her work with families. As the Manager of Lactation Services at Novant Health in Charlotte, NC, Laura lives out her gratitude daily.

Born in the Midwest, Laura moved with her family to Charlotte when she was in grade school. An interest in cultural and political issues led her to earn degrees in Political Science and Anthropology from the College of Charleston. It was while attending college that Laura met her husband who was studying at the Medical University of South Carolina. They settled in Charlotte after graduation.

For ten years after college, Laura was employed in a family food sales business. After experiencing challenges with breastfeeding her first born, Laura began researching how to become a lactation professional. She was grateful for the affirmation and encouragement she received from her lactation consultant in dealing with her breastfeeding challenges. Laura wanted to make a difference in the lives of other breastfeeding families. She said, "I want to repay the gift that was given to me by the lactation profession."

Becoming a certified lactation consultant required a lot of hard work and dedication while being a mother to two small children. After finishing an internship at Presbyterian Medical Center, Laura completed all IBCLC requirements and began working as a per diem lactation consultant in 2004. In 2016 Laura was appointed Clinical Lead and then Supervisor. In 2019, she was named Manager of Lactation Services for Novant Health. In this role, Laura manages a robust in-patient lactation program with a team of thirty IBCLCs and 4 administrative professionals at 4 facilities, a 400-breast pump rental program, an outpatient lactation program serving 7,000 families annually, and a newly established local Baby Café offering support for breastfeeding families. Their team teaches breastfeeding class to 2,000 families annually. Laura has been a certified Lamaze childbirth educator for many years and is working to become certified as a childbirth Doula. Laura believes in building the foundation of support prior to the baby's birth.

In 2015, Presbyterian Medical Center received its first designation as a Baby Friendly (BFHI) facility. The remaining birth facilities within the Novant Health System either have or are actively working on achieving the BFHI designation. Laura leads the Lactation Best Practice Team which meets six times annually to review and refine all breastfeeding practices and policies within Novant Health, a regional healthcare system with ten maternity facilities and approximately 20,000 births annually.

Laura and her husband of 27 years Ken, are recent 'empty-nesters' as both their children are attending college. Their daughter is studying to be professional ballet artist while their son is studying finance. The significance of breastfeeding was a frequent topic in their home while they were growing up; Ken is known in his periodontist practice as the 'breastfeeding guy'. Their

Charlotte home is shared with two golden retrievers, a new black pug puppy, and two cats. Laura enjoys watching their children's lives unfold, and in her spare time she relaxes by sailing, reading mostly non-fiction and practicing yoga. Laura's passion for assisting breastfeeding families are well recognized by her grateful colleagues, staff, and countless families within the Novant Health System.