

Human Milk Insights

October 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.

CONTRIBUTORS

Katie McGee, RN, BSN, IBCLC
Education Consultant
Westchester, IL

Maria Lennon, MSN, CNM, IBCLC
Nurse-Midwife, Perinatal Education
Consultant
Sedona, AZ

Irene M. Zoppi RN, MSN, IBCLC
Clinical Education Specialist
Medela, LLC.
McHenry, IL

FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

- Human Milk and Disparities
- Human Milk and Emergencies
- Human Milk and Organizations
- Human Milk and Overall Health
- Human Milk and Inpatient Practices
- Human Milk and NICU
- Human Milk and Working Mothers

HUMAN MILK EDUCATION

- Human Milk Monthly Webinar Series
- Neonatal Perspectives
- Talking Points Flashcards
- Education & Clinical Services

CLINICAL PEARLS IN LACTATION

- Back to the Basics

TOOLS YOU CAN USE

- Resources for Healthcare Professionals-American Academy of Pediatrics

SPOTLIGHT ON PRACTICE

- Mary Marshall-Crim, MSN, FNP-BC, IBCLC

NEWS YOU CAN USE

HUMAN MILK AND DISPARITIES

Racial Disparities in Breastfeeding Initiation and Duration

An updated look at racial disparities and suggestions for closing the gap
https://www.cdc.gov/mmwr/volumes/68/wr/mm6834a3.htm?s_cid=mm6834a3_e&deliveryName=USCDC_921-DM7914

HUMAN MILK AND EMERGENCIES

Mother's Milk Highly Valued During Emergencies

Mother's own milk becomes even more valued when enduring emergency or disaster situations.

<http://www.usbreastfeeding.org/p/cm/ld/fid=33?eType=EmailBlastContent&eld=084bf90b-43d2-414f-93a4-8fb4e68b57cf>

HUMAN MILK AND ORGANIZATIONS

Breastfeeding Medicine Maternal Mood During Pregnancy May Impact Breastfeeding Outcomes/August 2019

This study examined mother-infant dyads and the associations between maternal mood in pregnancy and breastfeeding outcome. Maternal symptoms of depression and anxiety, in pregnancy were associated with an earlier end to any breastfeeding.

<https://doi.org/10.1089/bfm.2019.0079>

Associations Between Breastfeeding Initiation and Infant Mortality in an Urban Population/Sep 2019

Initiation of breastfeeding was significantly associated with reductions in overall infant mortality, neonatal mortality, and infection-related deaths. Breastfeeding promotion, protection, and support are all recommended as integral strategies in infant mortality reduction initiatives.

<https://doi.org/10.1089/bfm.2019.0067>

HUMAN MILK AND OVERALL HEALTH

Breastfeeding Rates by State

See where your state ranks in this state-by-state comparison highlighting 73 health indicators, including exclusive breastfeeding rates.

<https://www.americashealthrankings.org/learn/reports/2018-health-of-women-and-children-report>

Association Between Stressful Life Events and Exclusive Breastfeeding Among Mothers in the United States/Sep 2019

Despite the known benefits of breastfeeding, many women in the United States do not exclusively breastfeed. Support toward this population is needed to increase exclusive breastfeeding.

<https://doi.org/10.1089/bfm.2019.0058>

Breastfeeding and Obesity Rates

State of Obesity: Better Policies for a Healthier America report provides an annual snapshot of obesity rates nationwide. Recommendations for improvement include expanding support for breastfeeding.

<https://www.stateofobesity.org/adult-obesity/>

HUMAN MILK AND INPATIENT PRACTICES

Delaying Bath Showing Many Positive Outcomes for Babies

This study found that breastfeeding rates rise if a newborn's first bath is delayed

https://www.cleveland.com/metro/2019/01/breastfeeding-rates-rise-if-newborns-bath-delayed-cleveland-clinic-study-finds.html?fbclid=IwAR2KBxl73a1rkDEuVxtkiiY6XfpEn_Hq83qeKfG2vjVP8fADerxh9k8bh0w

HUMAN MILK AND NICU

Predictions for Mother's Own Milk Feedings at NICU Discharge

Carol Chamblin, DNP, APN, RN, IBCLC/September 2019

Dr. Carol Chamblin discusses interventions, technology and practices through a detailed report of care in the NICU. Dr. Chamblin shares a case scenario and evidence to optimize a NICU mother's ability to provide mother's own milk to her baby at NICU discharge.

<https://blog.neonatalperspectives.com/2019/09/03/predictions-for-mothers-own-milk-feedings-at-nicu-discharge/>

HUMAN MILK AND WORKING MOTHERS

Four strategies to lower barriers and keep milk provision going in the workplace

https://thriveglobal.com/stories/4-strategies-to-support-breastfeeding-employees/?fbclid=IwAR0yXJCtMxCVvHfgdsa3bey_KwdP_P_Ic1phdIE5UJ5P8bsUYxX-40Rfp5M

HUMAN MILK EDUCATION

Human Milk Webinar

On Wednesday, October 16th [Jennifer Ustianov, MS, BSN, RN, IBCLC](#) will be presenting [Breastfeeding and Safe Sleep Practices](#). 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.

Neonatal Perspectives

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

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.



Education & Clinical Services

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.

Back to the Basics

We recently received a clinical pearl from Lisa Wallace, BSN, RN, CLC from Leesburg Regional Medical Center. She reports that she took care of a mother of twins born prematurely at 36 weeks who had great success with initiating and building her milk supply. Laura attributes much of her success to using “the Medela Symphony PLUS[®] hospital grade (multi-user) breast pump with Initiation Technology™ coupled with massaging during each expression session every 2 hours, applying heat packs, and eating 400 extra calories.” In addition, this mother used her other senses by smelling the babies’ blankets and looking at their pictures while pumping. She could breastfeed her babies exclusively, “and by day 5 of life was able to make 4 oz. of mature milk per pumping session.”

Now this doesn’t happen with every pumping mother but it’s certainly possible. Every mother who chooses to breastfeed or pump milk for her baby deserves to have all the support she needs to meet her goals. Feeling successful in how she feeds her baby helps a mother feel successful in getting her mothering off to the best possible start. So how can that be accomplished in the hospital setting?

By getting **Back to Basics**. This means having . . .

- The *Right Policies and Procedures* in place. All providers and nursing staff need to be aware that the hospital is following the most recent evidence-based guidelines in the initiation and management of breastfeeding. (See *AAP Hospital Policy*: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Documents/Hospital_Breastfeeding_Policy.pdf.)
- The *Right Equipment* – **Symphony PLUS[®]** hospital grade (multi-user) breast pump with Initiation Technology™. Used soon after birth the **Symphony PLUS[®]** can significantly increase breast milk production. INITIATE program contains a mixture of stimulation phases, an expression phase and a pause phase.
- *Educated and Skilled Staff* who can identify mothers who are at risk of delayed lactogenesis. Research shows that certain conditions can delay the transition from colostrum to a mother’s copious milk volume (ex. primiparity, maternal obesity, diabetes, hypertension, a delayed first breastfeed, retained placental fragments, etc.). These mothers need special attention and may need intervention in the first few days to maximize their milk-making potential.
- *Right education for the mother* – so she understands the importance of feeding and pumping around the clock.

- *Educated and Supportive Staff.* It's best if all nursing, support staff and providers have received education on the lactation process, what's needed to initiate and build a mother's milk supply and how best to assist the mother.
- *Incorporating "Little Tricks of the Trade"* such as music, baby blanket, massage, hand expression in addition to pumping.
- *Follow up after Discharge:* All mothers need to know who they can call and where they can go if they have questions or experience difficulty with breastfeeding or pumping after going home. They need printed information of hospital lactation centers, La Leche League, other hotlines and lactation consultants where they can receive help.

The first 5 days after a baby's birth are critical to initiating and building a mother's milk supply. This is the time she needs the most assistance – especially if she is separated from her infant. Getting back to the basics of breastfeeding is essential in helping mothers maximize their efforts and hopefully achieve their lactation goals.

What are some things that you find helpful for mothers who are exclusively pumping to bring in a full supply? Let us know and we'll publish your clinical pearls for working with pumping mothers in a future newsletter: education@medela.com.

TOOLS YOU CAN USE

Resources for Health Professionals – American Academy of Pediatrics

Maria Lennon, MSN, CNM, IBCLC

In trying to create more Breastfeeding-Friendly facilities – hospitals, outpatient clinics and private offices – it helps to have already-vetted educational tools that can be used to promote best practices when caring for mothers and babies. Over the next several columns, we'll highlight a few organizations' toolkits put together for Healthcare Professionals' Organizations.

This month, we'll start with the American Academy of Pediatrics and the wealth of breastfeeding resources they have on their page <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/default.aspx>

Here are a few items they offer on their *Breastfeeding Resources* page:

BiliTool™: Bilitool is designed to help clinicians assess the risks toward the development of hyperbilirubinemia or “jaundice” in newborns over 35 weeks' gestational age. <https://bilitool.org/>.

Breastfeeding and Lactation: Pediatrician's Guide to Coding - Coding fact sheets to help providers get paid for their breastfeeding and lactation support.

How to Have a Breastfeeding Friendly Practice - As breastfeeding rates in the US increase, there is now, more than ever, a need for health professionals who can care for and support breastfeeding families in their practice. This guideline provides suggestions on how to have a breastfeeding friendly practice.

National Library of Medicine Drugs and Lactation Database (LactMed®): A quick reference for anyone looking for information on medications for the lactating mother. It is helpful for physicians in making decisions pertaining to medication use.

Safe and Healthy Beginnings Toolkit - This toolkit was developed in partnership with the Center for Health Care Quality at Cincinnati Children's Hospital Medical Center as a resource to assist clinicians in implementing the ABCs of improving care for newborns and to help implement the American Academy of Pediatrics (AAP) clinical practice guideline, *Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation*. This compendium brings together a wide array of ready-to-use resources, assessment and documentation tools, inventories, checklists, sample letters, coding aids, parent handouts, and more.

Sample Hospital Breastfeeding Policy for Newborns - Many hospitals have practices that are detrimental to breastfeeding including the routine use of formula supplementation and free samples, pacifier use, and the separation of mother and infant. The AAP Section on Breastfeeding and the Section on Perinatal Pediatrics have written a sample breastfeeding hospital policy that outlines the policies and procedures that hospitals should take to support breastfeeding.

Ten Steps to Support Parents' Choice to Breastfeed Their Infant - Information developed by the AAP Section on Breastfeeding to help physicians make their practice breastfeeding friendly and better support parents' choice to breastfeed their baby.

Speakers Kit – The Breastfeeding Support and Promotion Speaker's Kit was developed by the American Academy of Pediatrics' Section on Breastfeeding to be used as a tool for education on the topic of breastfeeding. With detailed speaker's notes, this presentation is easily presented by a wide range of professionals.

Breastfeeding Rates in the US - This CDC administered National Immunization Survey includes questions pertaining to duration of breastfeeding. This Web site details the results of this survey on an annual basis.

AAP Section on Neonatal and Perinatal Medicine - Information specifically geared toward the neonatologist, the trainee, the pediatrician and families of premature babies.

The AAP writes, “You can make a difference! Positive breastfeeding support from physicians, nurses, and other health professionals has been shown to increase the initiation and duration of breastfeeding. Mothers care what their doctors and nurses think about breastfeeding and communicating a positive message can make all the difference in how they choose to feed their children. The American Academy of Pediatrics works diligently to ensure that health professionals are educated about breastfeeding and able to support breastfeeding families.”

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 Mary Marshall-Crim, MSN, FNP-BC, IBCLC
Hartford, CT*

Known for her compassionate and skilled lactation care, Mary Marshall-Crim has been a mentor to many colleagues at Hartford Hospital and a consummate supporter to all breastfeeding families. Her story is far reaching from southern California to Connecticut.

Although Mary was born in the Brooklyn section of New York, her family later moved to Connecticut. The oldest girl in a family of 10 children, Mary had lots of experience caring and nurturing her siblings and loved the role she played in the family.

Mary began studying at Middlesex Community College after high school but was conflicted about becoming a nurse or a teacher. She began working at a local restaurant where a lifelong relationship with her husband John started. Shortly after meeting, John was transferred to California; Mary began, once again, considering pursuing a nursing career. The decision to enter the University of San Francisco was made easier because not only was John living nearby, the university had a famed reputation for their nursing program.

In 1979, California sought to test the strength of undergraduate nursing programs and offered enrolled students a chance to take the NCLEX exam. Mary seized this opportunity, passed the exam, and became licensed as a registered nurse in California before completing her undergraduate degree. She later located to San Diego to be closer to John where she graduated from Point Loma College.

After marrying, Mary began her nursing care in adult cardiac units. When John's employment brought him back to Connecticut, Mary continued to work part-time, raising her young family. She became certified as an ASPO-Lamaze instructor, and for years taught childbirth classes in her home. She enjoyed teaching and connecting with young families where mothers expressed concerns about how to feed their infants.

Relocating became a norm for the young family and once again, they moved to San Diego. Mary continued to teach childbirth classes as her interest in lactation grew stronger. Breastfeeding her fourth child was the reason she pursued becoming a lactation consultant as she experienced challenges she hadn't encountered breastfeeding her other children. Mary enrolled at UC San Diego's Extension Program in lactation and became IBCLC certified in 1995. "I know the anguish of tears when breastfeeding doesn't go well. I never wanted a mother to go through what I did, physically or emotionally."

Again, Connecticut loomed as home for Mary and John where Mary was employed for many years spearheading the lactation program at Middlesex Hospital and its efforts to become the 2nd Connecticut hospital to achieve Baby-Friendly certification. Mary became a Family Nurse Practitioner to better treat the breastfeeding families she worked with.

As the current Lactation Program Manager at Hartford Hospital, Mary manages a team of six lactation consultants who see in-patient breastfeeding families seven days a week, offer six prenatal education sessions to each family delivering at the hospital, conduct a weekly breastfeeding support group, and operate a breastfeeding warm line. Mary co-coordinates the Breastfeeding Heritage and Pride Program which educates peer counselors to provide hands-on in-patient clinical support, moderates the hospital's closed Facebook page for breastfeeding families experiencing challenges, and is helping organize a virtual lactation consultant visit beginning at the end of the month in conjunction with Hartford HealthCare. Additionally, Mary headed the hospital's re-designation efforts as a Baby-Friendly facility, has nurtured 10 professional nursing staff in earning their IBCLC credential, and 37 clinical staff in pursuing becoming Certified Lactation Counselors, authored a poster titled, "Early Pumping of NICU Breastfeeding Dyads" at an AWHONN conference. She co-authored a poster titled, "Use of the Lean Process to Increase the Number of Mothers Who Pump Breast Milk Within 6 Hours of Birth for Newborns Who Require NICU Care" at the 2019 AWHONN conference and actively engaged in research projects conducted by the University of Connecticut Schools of Nursing and Medicine.

Mary and John recently celebrated their fortieth wedding anniversary. After raising their four children on both coasts, they are finally settled in Connecticut. Their two sons still live in California while their daughters are close by in New England. Mary describes her children's accomplishments with great pride and joy and hopes one day she and John will be grandparents. Mary is an avid tennis player, loves being outdoors, and enjoys long evening walks with John along the Connecticut coast watching the sunset, but admits the Newport, CA area is their favorite place to visit.

Mary has worked tirelessly for breastfeeding families and supporting lactation education for many bedside clinicians. Her talents, energy, and compassion are well known in the Connecticut community. The families and clinicians who have been influenced by Mary's compassion and lactation care are forever grateful to her. The Connecticut community is grateful she now calls the state her home.