

# Human Milk Insights

January 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 Medication/Food Interactions
- Human Milk and Organizations
- Human Milk and Child Care Facilities
- Human Milk and Premature Births
- Human Milk as Human Milk Tissue

### HUMAN MILK EDUCATION

- Human Milk Monthly Clinical Education Webinar Series
- Initiation of Lactation: At Risk Mothers and Proactive Interventions Course
- Neonatal Perspectives
- Resource for Moms

### CLINICAL PEARLS IN LACTATION

- The Fourth Trimester: When Mothers Need Us Most

### TOOLS YOU CAN USE

- The Fourth Trimester Resources

### SPOTLIGHT ON PRACTICE

- Sheila Janakos, MPH, IBCLC, LE, RLC

## NEWS YOU CAN USE

### HUMAN MILK AND MEDICATIONS/FOOD INTERACTIONS

#### Medication Transfer into Breast Milk

Sandy Sundquist Beauman, MSN, RNC-NIC

Sandy Beauman discusses the factors to consider when making decisions about medication transfer into mother's milk.

<https://blog.neonatalperspectives.com/2018/12/17/medication-transfer-into-breast-milk/>

#### Human Milk Expression After Domperidone Treatment in Postpartum Women: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

This meta-analysis reports a significant improvement in expressed human milk volume per day with the use of domperidone in mothers experiencing insufficient human milk production.

<https://journals.sagepub.com/doi/full/10.1177/0890334418812069>

#### Effects of Fenugreek, Ginger, and Turmeric Supplementation on Human Milk Volume and Nutrient Content in Breastfeeding Mothers: A Randomized Double-Blind Controlled Trial

Mixed herbal supplementation that contained fenugreek, ginger and turmeric increased mother's milk volume by 49% at week two and 103% at week four with no adverse effects observed.

[https://www.liebertpub.com/doi/abs/10.1089/bfm.2018.0159#utm\\_source=ETOC&utm\\_medium=email&utm\\_campaign=bfm](https://www.liebertpub.com/doi/abs/10.1089/bfm.2018.0159#utm_source=ETOC&utm_medium=email&utm_campaign=bfm)

#### Potentially Toxic Foods While Breastfeeding: Garlic, Caffeine, Mushrooms, and More

Philip Anderson discusses infant exposure to maternal foods that might cause immediate adverse reactions in the infant.

[https://www.liebertpub.com/doi/abs/10.1089/bfm.2018.0192#utm\\_source=ETOC&utm\\_medium=email&utm\\_campaign=bfm](https://www.liebertpub.com/doi/abs/10.1089/bfm.2018.0192#utm_source=ETOC&utm_medium=email&utm_campaign=bfm)

[/bfm.2018.0192#utm\\_source=ETOC&utm\\_medium=email&utm\\_campaign=bfm](https://www.liebertpub.com/doi/abs/10.1089/bfm.2018.0192#utm_source=ETOC&utm_medium=email&utm_campaign=bfm)

### HUMAN MILK AND ORGANIZATIONS

#### IBCLC Scope of Practice and Clinical Competencies

IBLCE releases revised Scope of Practice and Clinical Competencies for IBCLC.

<https://iblce.org/resources/professional-standards/>

#### ACOG's Revised Committee Opinion on Breastfeeding Support

ACOG has revised their Committee Opinion, "Optimizing Support for Breastfeeding as Part of Obstetric Practice."

<https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co756.pdf?dmc=1>

### HUMAN MILK AND CHILD CARE FACILITIES

#### "Breastfed Babies Welcome Here" Resource

The U.S. Department of Agriculture, Food and Nutrition Service has published a resource kit titled "Breastfed Babies Welcome Here!" Child and Adult Care Food Program operators can use the kit to inform families that breastfeeding is welcome at their child care site.

<https://www.fns.usda.gov/tn/breastfed-babies-welcome-here>

### HUMAN MILK AND PREMATURE BIRTHS

#### Premature Birth is On the Rise: How the PREEMIE Act Can Improve the Odds

Jenny Murray, BSN, RN

Jenny Murray discusses the PREEMIE Reauthorization Act of 2018 and the impact it will have on supporting the health of mothers and premature babies.

<https://blog.neonatalperspectives.com/2018/12/11/premature-birth-is-on-the-rise-how-the-preemie-act-can-improve-the-odds/>

## HUMAN MILK AS HUMAN MILK TISSUE

### All in the Name of Human Milk Tissue

Jae Kim, MD, PhD

Dr. Jae Kim shares his thoughts regarding the reference to human milk as “human milk tissue.” Identifying human milk as a tissue may help to raise the status of human milk and impact policies and procedures regarding the use of human milk.

<https://blog.neonatalperspectives.com/2018/12/04/all-in-the-name-of-human-milk-tissue/>

## HUMAN MILK EDUCATION

### Human Milk Webinar

On January 23rd, we will kick off our Human Milk Monthly Clinical Education Webinar series! *The Fourth Trimester: Redefining Care for Breastfeeding Mothers* will be presented by Maria Sienkiewicz Lennon, MSN, CNM, IBCLC. Complimentary registration is now open! For more information or to register, visit [www.MedelaEducation.com](http://www.MedelaEducation.com).

Feel free to email [education@medela.com](mailto: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.

### Neonatal Perspectives

Neonatal perspectives is a blog for NICU professional that 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.*

Most everyone is familiar with the fact that a term 40-week pregnancy is divided into three trimesters, each lasting about three months. In a healthy pregnancy, mothers have approximately 13 prenatal visits. After giving birth, mothers stay in the hospital about 24 to 48 hours and then are discharged home with their newborn. After a normal spontaneous vaginal delivery, the next time a new mother sees her doctor or midwife is usually at the six weeks' postpartum visit. At one of the most important times in a woman's life, as she is recovering from childbirth, transitioning into her role as a mother and learning to feed and care for her newborn, she is expected to know what to do and handle the challenges, all by herself for the most part.

New mothers are often battling with sleep deprivation, overwhelming fatigue, pain, breastfeeding difficulties, increased stress, hormonal and mood changes, body image issues and sometimes even a lack of sexual desire. Women may also have preexisting health and social situations, such as financial issues, substance use or abuse, intimate partner violence and other concerns. Through all this, women's healthcare is fragmented between maternal and child health providers and the postpartum visit is six weeks away. Is it any wonder that more American women are dying from pregnancy-related complications than in any other developed country? Over 60% of maternal deaths occur in the postpartum period.

The **fourth trimester** is a lesser known term; definitions of what it is and how long it lasts vary. Some say it refers to the baby's adjustment to extrauterine life and others say it's the time it takes for the mother's body to return to its pre-pregnancy state after giving birth. Some say it takes six weeks, some say three months, and other sources say 12 months. Obviously, there is a need for some agreement as far as what is going on with a woman and her baby after birth and how health providers can support her through this incredibly complex process.

Mothers and mom-baby advocacy groups have long known that this period of transition takes much longer than six weeks for a mother to adjust physically, psychologically and emotionally. The current practice of one office visit at six weeks after birth is insufficient to address the many issues facing new mothers. The American College of Obstetricians and Gynecologists (ACOG) has now accepted the fourth trimester as a transition period of great change and development for both mothers and babies. Infants are adjusting to life outside the womb and mothers are adjusting to significant biological, psychological, and social changes of new parenthood.

In May of 2018, ACOG published their revised Committee Opinion, *Optimizing Postpartum Care*. In it, they recommend that postpartum care become an ongoing process, not just a single visit. An assessment visit should occur by three weeks postpartum and an individualized plan

should then be made for follow-up care. A comprehensive visit should be made no later than twelve weeks postpartum and should include a full assessment of physical, social, and psychological well-being, including but not limited to mood and emotional state, infant care and feeding, sexuality, contraception, birth spacing, sleep and fatigue, physical recovery from birth, chronic disease management and health maintenance.

The Committee Opinion lists recommendations to improve postpartum care for all women. However, there are many important topics that cannot be covered in one or two office visits. Healthcare providers must be creative in coming up with ways to incorporate postpartum education into prenatal contacts. Policy changes need to occur and payers need to see postpartum care as a process to realize the goal of appropriate fourth trimester care and support. Only then can the care women receive in the critical postpartum period lead to improved health outcomes for mothers and their babies.

## TOOLS YOU CAN USE

### The Fourth Trimester: Resources

Many resources are available to guide caregivers and providers providing postpartum care.

#### From the American College of Obstetricians and Gynecologists (ACOG):

##### Committee Opinion: Optimizing Postpartum Care:

This Committee Opinion, issued by ACOG in May 2018, introduces a new paradigm for postpartum care and calls on obstetrician-gynecologists to support women in the “fourth trimester” to enable them to recover from birth and nurture their infants.

##### ACOG Breastfeeding Toolkit

The materials in this toolkit are designed to help ob-gyns and other women’s healthcare providers to enable women to achieve their infant feeding goals.

##### ACOG Postpartum Toolkit

This toolkit includes resources on the key components of postpartum care, including long-term weight management, pregnancy complications, reproductive life-planning, reimbursement guidance, and a sample postpartum checklist for patients to complete before their visit.

#### Other Resources:

##### The 4<sup>th</sup> Trimester Project:

Our goal is to bring together mothers, healthcare providers, and other stakeholders to define what families need most during the 4th Trimester.

Website: <http://4thtrimester.web.unc.edu/>. Facebook page: The 4<sup>th</sup> Trimester Project

##### Bedsider

This online birth control support network for women is a resource page for providers. Loaded with information on different methods and info that really helps educate the provider as well as patients. <https://www.bedsider.org/>

##### Postpartum Care Basics for Maternal Safety (+AIM)

These patient safety bundles, developed by the Council on Patient Safety in Women’s Health Care, provides information on birth to the comprehensive postpartum visit and the transition from maternity to well-woman care.

##### PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care

These best practices, developed by Community Care of North Carolina, promote evidence-based elements to provide optimal postpartum care, with an emphasis on care transitions. Downloadable handouts help individualize postpartum care for each woman’s special circumstances.

**A Forward-Thinking NICU Where Moms and Babies Are Cared for Together**

Look at the single room NICU care given to mothers and babies at the British Columbia Women's Hospital and Health Centre. In the Teck Acute Care Centre, mothers receive postpartum care and their babies receive NICU care in the same room after birth. (They even get mothers expressing milk within one hour after birth if separated from their infants!)

<https://www.youtube.com/watch?v=qPYkdTOKjuQ>

## 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](mailto:education@medela.com).

*This month we are spotlighting Sheila Janakos, MPH, IBCLC, LE, RLC  
Burlingame, California*

Welcome to 2019 and the newest addition to Spotlight on Practice, Sheila Janakos.

Sheila Janakos, mother, corporate lactation expert, international breastfeeding guru, radio show host, columnist, and invited speaker on breastfeeding and lactation around the world, is the CEO and founder of Healthy Horizons Breastfeeding Centers, Inc. This full-service lactation center is located on the San Francisco Peninsula. Her professional accomplishments are vast, but she has never lost sight of her mission to empower nursing women to have the resources and tools they need to care for themselves and their infants and to make breastfeeding accessible to all mothers everywhere and at every workplace. A pioneer in corporate lactation program development, Sheila is a woman of remarkable intellect, resilience, kindheartedness, and sincerity.

A native Californian, Sheila started studying to become a nurse but changed her major to include a more concentrated focus on health education and prevention. After graduating from San Francisco State University, she worked as a health educator concentrating on AIDS and HIV awareness programs. It wasn't until she experienced multiple challenges breastfeeding her first child that her interest in human lactation began. Her breastfeeding experience inspired her to create a community resource where breastfeeding women could receive support from experts. She joined a local Nursing Mothers' Council, increased her knowledge about breastfeeding and began the lengthy process to become IBCLC certified.

Over the past 30 years, Sheila has realized her mission. In addition to starting her highly successful company, Sheila co-founded the Lucille Packard Children's Hospital, the Stanford breast pump rental program, and was the CEO for the lactation program at Mills-Peninsula Hospital for over 20 years. She also founded the Peninsula Birthing center and the Silicon Valley Breastfeeding Center. Additionally, she hosted the Voice of America radio show, 'Babies and Beyond', for three years, was the regional breastfeeding liaison for the California WIC Association from 2010 to 2014, served as an expert advisor to both the Nursing Mothers' Council and La Leche League, and was an invited speaker at over 32 conferences, trainings and summits.

In 2014, Sheila and her daughter, Cassi, started a corporate lactation program, 'Healthy Horizons Corporate Lactation', placing over 2,000 breast pumps in lactation rooms in Fortune 100-500 companies across the country, and became the largest corporate lactation provider in the US. Sheila has held leadership roles in multiple community lactation programs in the San Francisco area, published an article in the Academy of Breastfeeding Medicine Newsletter on prolonging breastfeeding duration through lactation education and support, and has been the recipient of several awards recognizing her contributions to lactation and families from local government and the US House of Representatives. She was recently recognized by the Silicon Valley Business Journal as a 'Member of the Class of 2018's Most Influential Business Women.' Sheila also holds a Master's Degree in Public Health from San Jose State University.

Sheila resides near her three children and two grandbabies in Burlingame, CA. Sheila draws strength from her family and is grateful that they have all been part of her success; they have all worked in the 'family' business. Her daughter is Healthy Horizon's COO, one son helps with corporate events, and even her lactation consultant daughter-in-law manages one of the storefronts. Sheila enjoys cooking and attending Broadway show when she is in NY for business, but mostly enjoys being with her family.

She is highly respected for her work with breastfeeding families within the lactation and local communities. When the storefront experienced a flood several years ago and a total loss of inventory, the community volunteered in clean-up efforts and support for her to quickly re-open.

Sheila is grateful to have made a positive impact in the breastfeeding experiences of so many families. She says that "It's been a crazy journey, but when you positively impact over 100,000 families, you know your life's work is in the right direction." Sheila's many successes have truly been in the right direction. Wishing you continued success, Sheila, throughout 2019 and many years to come!