

Human Milk Insights

September 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 Legislation
- Human Milk and Economics
- Human Milk and Medications
- Human Milk Protocol
- Human Milk and Organizations
- Human Milk and NICU
- Human Milk and Infant Health
- Human Milk and Maternal Health

HUMAN MILK EDUCATION

- Human Milk Monthly Webinar Series
- Neonatal Perspectives
- Talking Points Flashcards
- Welcome

CLINICAL PEARLS IN LACTATION

- A Serious Topic: A Mother's Mental Health

TOOLS YOU CAN USE

- Resources for Perinatal Mental Health

SPOTLIGHT ON PRACTICE

- Amy K. Spangler, MN, RN, IBCLC, FILCA

NEWS YOU CAN USE

HUMAN MILK AND LEGISLATION

Law requiring accommodations for breastfeeding families

On July 25, 2019, the Fairness of Breastfeeding Mothers Act of 2019 was signed into law (Public Law No. 116-30).

This Act requires that certain public buildings that contain a public restroom also provide a lactation room available for use by a member of the public.

<http://www.usbreastfeeding.org/fairness-act>

HUMAN MILK AND ECONOMICS

Breastfeeding Savings Calculator

Disease prevention through breastfeeding or providing breast milk saves critical health care dollars. Learn about the cost savings of optimal breastfeeding:

<http://www.usbreastfeeding.org/p/cm/ld/fid=438>

Breastfeeding Savings Tool

Alive & Thrive, a project of FHI 360, has published an interactive tool titled "The Cost of Not Breastfeeding." The tool was created to help determine the future economic losses of low- and middle-income countries due to not breastfeeding according to recommendations.

<https://doi.org/10.1093/heapol/czz050>

HUMAN MILK AND MEDICATIONS

Study on Herbal Galactagogue Tea Safety for the Breastfed Infant

New from the Journal of Human Lactation: This study looks specifically at an herbal tea galactagogue not previously studied for safety to infants exposed via maternal tea consumption. <http://bit.ly/2VELQ8f>

HUMAN MILK PROTOCOL

ABM Clinical Protocol #17

The Academy of Breastfeeding Medicine released a new protocol for breastfeeding infants with cleft lip, cleft palate, or cleft lip and palate.

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

HUMAN MILK AND ORGANIZATIONS

USBC

The USBC – Affiliated Continuity of Care Constellation has launched a survey titled “Continuity of Care in Breastfeeding Support – Summer 2019 Survey.” The survey is aimed to develop a framework of what continuity of care in breastfeeding support means, as well as identifying barriers and opportunities for improvement. Target dates:

- By December 31, 2019: outline completion of continuity of care in breastfeeding support.
- By June 30, 2020: a blueprint for action will be complete with a framework to better define various areas of continuity of care of breastfeeding support.

CDC: Updated Breastfeeding Rates Released, summarized from CDC

The CDC has released updated breastfeeding rates, “Breastfeeding Among U.S. Children Born 2009-2016. CDC National Immunization Survey.” Based on 2016 births categorized by state and socio-demographics.

- 83.8% of infants were ever breastfed
- 47.5% of infants are exclusively breastfeeding at 3 months
- 25.4% of infants are exclusively breastfeeding at 6 months

HUMAN MILK AND NICU

Transitioning to Breastfeeding in the NICU

Irene Zoppi, RN, MSN, IBCLC/August 2019

Irene Zoppi details research-based interventions to assist with transitioning to breastfeeding despite the challenges of a NICU stay.

<https://blog.neonatalperspectives.com/>

A World Without NEC

Jae Kim, MD, PhD/ August 2019

Dr. Jae Kim highlights the deadliest complication known to the NICU and shares his vision for a NEC free world.

<https://blog.neonatalperspectives.com/2019/08/01/a-world-without-nec/>

HUMAN MILK AND INFANT HEALTH

Eye Exams on Children

Eye exams on children reveal feeding type has significant impact on both allergic conjunctivitis and retinal nerve thickness.

<https://doi.org/10.1089/bfm.2018.0263>

HUMAN MILK AND MATERNAL HEALTH

Breastfeeding for Cancer Prevention

The health outcomes for women who breastfeed are significant, yet not as widely recognized as outcomes for infants who are breastfed.

<https://blogs.cdc.gov/cancer/2019/08/01/breastfeeding-for-cancer-prevention/?eType=EmailBlastContent&eld=ec339c32-3a51-42d6-b038-67f689a88e05>

HUMAN MILK EDUCATION

Human Milk Webinar

On Wednesday, September 18 [Tricia](#)

[Johnson, PhD](#) will be presenting [Own](#)

[Mother's Milk Economic Calculator:](#)

[Quantifying the Value of Own Mother's Milk for Very Low Birth Weight Infants.](#)

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 blog for NICU professionals 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 Mothers' 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!

Welcome

On behalf of the Education Team, we would like to welcome [Katie McGee, RN, BSN, IBCLC](#). Katie is in private practice in the Chicago suburbs and is the project manager for the Rush Mothers' Milk Club, Chicago. Katie is providing content for the News You Can Use section of Human Milk Insights. Welcome Katie!

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.

A Serious Topic: A Mother's Mental Health

Maria Lennon, MSN, CNM, IBCLC

Research and experience tell us that during pregnancy and after birth, new mothers often struggle both physically and emotionally to restore balance to their lives. It's often difficult for them to find the help they need. Once they do, they may also struggle with the decisions they must make regarding treatment.

Mothers who serve in the military have myriad stressors that affect their day-to-day lives. We'd like to share the following article and shed light on the serious topic of perinatal mental health and to honor the dedication of mothers who serve.

The following article [Breastfeeding With PTSD: An Airman Resiliency Story](#), was posted in the [Colorado Springs Military Newspaper Group](#) (UMV: Unavailable). Technical Sergeant Erica Picariello shares her experience of being diagnosed with PTSD, the guilt she felt and her journey to restoring her mental health.

August 9, 2019

PETERSON AIR FORCE BASE, Colo. — I remember sitting in a government-style room inside of the mental health office on Maxwell Air Force Base, Alabama. I was still on maternity leave with my now three-year-old, Luciano. It was a miracle, because that day he was sleeping in a bucket seat on the floor next to the chair I was sitting in, while I was able to have an adult conversation with a psychiatrist. This psychiatrist felt, based on my psychologist's notes and treatment history, that I would benefit from taking an anti-anxiety medication. Those words hit me like an ocean wave; they tumbled over me and engulfed me with guilt.

I was stone-cold adamant that I wouldn't take any psychotropic medications while breastfeeding. I had done limited research and I knew that the research within the medical community was limited on what transfers through breastmilk and how much. I was struggling through what would eventually become a post-traumatic stress disorder diagnosis, but I felt that taking medication would put my son in too much risk. I felt that my mental illness shouldn't negatively affect his development. Thus, I declined and told the psychiatrist I'd be fine.

The next year was an emotional blur. Luciano had colic and would scream at me for hours at a time, almost all day long, unless he was breastfeeding. I remember texting my husband at some

point and telling him to, “Come get this child before I launch him like a football.” A few minutes later, my husband came home and held the baby so that I could nap. Shortly after that, my best friend detected the urgency and sadness in my voice. She is active duty too, but she pulled-chalks on her boss and family for a week to help me manage my new baby. I knew that I was frazzled and worn thin because the baby was upset all the time; it couldn’t have been anything else.

There were nights that I felt so alone that I would cry into my pillow while nursing my son as my husband slept soundly next to me. I didn’t want anyone to see my tears because I thought they were silly. I just knew I was so sad because I was extremely sleep deprived.

I remember feeling so empty when I said goodbye to a boss and family that I loved in Alabama after making the decision to move to Colorado. The move was necessary to further my husband’s career and my own, but I felt like an anvil was being dropped on my chest, and it stayed that way for weeks. I would think too hard for too long about moving, and I would have to fight back ugly, sobbing tears. I told myself this was just how people felt sacrificing for their family. It was a loss and this was normal, I told myself.

We moved to Colorado in the midst of my one-year breastfeeding goal with Luciano. In December 2017, soon after getting settled, we weaned from breastfeeding and I started taking anti-anxiety medication and medication for attention deficit hyperactivity disorder. I was amazed at the clarity I felt while performing my duties! I was able to complete my tasks with ease, juggling being a mom to three boys and a wife to my amazing husband. I was flying high! Life was good.

Five short months later, we found out we were expecting our fourth child. I was terrified. I had been taking so much medication, and I was worried that the baby would be affected. I remember having a very candid conversation with a midwife at the Evans Army Community Hospital on Fort Carson, Colorado, about the stress I felt. I’d been off all of my medications for a month or so, and I was experiencing severe anxiety, nightmares and insomnia. This wonderful nurse explained to me that, based on research from the National Center for Biotechnology Information, there were medications out there that I could take while pregnant and breastfeeding. Based on this research, the amount that would transfer through breastmilk was undetectable in the newborn’s body. She explained that it was like “a drop of medication in a gallon bucket.” I took this advice to heart and started a medication regimen that was appropriate for my body and pregnancy timeline.

During and after the pregnancy with our fourth son, Franco, I reflected on the differences between that pregnancy and newborn phase and compared it to my experience with Luciano. Because I continued treatment through this last pregnancy, I was able to see that I had allowed myself to suffer, and that affected almost every relationship in my life. I wasn’t the best version of myself for my kids, my teammates or my husband. Not only that, but I did not enjoy being a new mother. I felt distant from my son and extremely stressed out.

I know how intuitive babies are, and I’m sure this affected his disposition and development. I had been so worried that my “selfish decision” to take medication while pregnant or

breastfeeding would negatively affect my baby's development that I didn't see that the medication was the thing that would allow us both to flourish. Through that reflection, I realized that continuing treatment was the best choice, not only for myself and immediate family, but for my Air Force family as well. I wasn't able to give 100 percent of my attention or effort to my job in the mental state I was in before, which put my mission at risk.

I'm not here to tell you that four kids are easier than three (it most certainly is not) or that there is a magic pill out there that will fix everything (it won't), but I hope to lift the stigma that exists on prenatal and postnatal mental health care and taking medications while breastfeeding.

I wanted to share this story on the heels of National Breastfeeding Week, which runs from August 1 through August 7, but also in light of Chief Master Sergeant of the Air Force Kaleth O. Wright's viral social media video on Air Force suicides and resiliency. Wright stated that this year alone, we've already lost 78 Airmen, that's 28 more than all of last year.

Even though I've never experienced suicidal ideations, I was falling apart at the seams and barely able to function. I know there are other mothers out there who may be struggling with the same dilemma I was facing, and I'm here to tell you that it's not the breast feeding or bottle feeding that best takes care of your baby, it's taking proper care of your own mental health as a mother.

For more information and resources on how to help new mothers, see this month's Tools You Can Use.

TOOLS YOU CAN USE

Resources for Perinatal Mental Health

Maria Lennon, MSN, CNM, IBCLC

Perinatal mental health is one of the most important aspects of care for pregnant and postpartum women. It refers to a woman's mental health during pregnancy and the postpartum period. Approximately 15% of all women will experience postpartum depression after the birth of a child. About 10% will experience depression or anxiety during pregnancy. Most often, mental illness during this period is not assessed, it's underestimated and not diagnosed. Therefore, it goes untreated.

The consequences of maternal depression and the negative impact on infant and child health are well known and well documented in the literature. Preterm delivery, low birth weight, inadequate postnatal weight gain, impaired mother-infant attachments and suboptimal breastfeeding practices are all associated with perinatal mental health issues.

Health care professionals who work with breastfeeding women are in a unique position to identify risk factors, screen new mothers and develop culturally appropriate interventions and referrals so that women experiencing perinatal mental health issues can be diagnosed and receive appropriate treatment. Early intervention can make a difference in improving the short- and long-term health for both mothers and infants.

There are many local and national resources available to both professionals and mothers. Take the time to become familiar with your community and how new mothers can access the care they need.

Here are some excellent resources of screening tools and algorithms- some to help professionals and others to give to mothers:

For Mothers:

1-800-944-4773 Postpartum Support International www.postpartum.net/

The purpose of Postpartum Support International is to increase awareness among public and professional communities about the emotional changes that women experience during pregnancy and postpartum. They have a LOT of information and support services for women. It's a resource all new mothers (and the health professionals who serve them) should have!

Caring Baby Nurses

<http://caringbabynurses.com/postpartum-depression-guide.html>.

For Professionals:**The Maternal Health Task Force**

The Maternal Health Task Force (MHTF) at the Center of Excellence in Maternal and Child Health at Harvard University is dedicated to ensuring that front-line maternal health workers, policymakers, researchers, and advocates across the world have access to the most current and reliable evidence in the field. The Maternal Health Task Force Resources page provides a searchable collection of maternal health research, and a collection of toolkits, courses, and other resources for maternal health practitioners. www.mhtf.org

The American Academy of Family Physicians – Postpartum Depression Toolkit

Included are educational slides that explain screening and follow-up of postpartum depression; tools for screening, diagnosis, and selecting therapy; tools to facilitate nurse follow-up calls and patient self-care; and recommendations for monitoring the progression of depressive symptoms.

<https://www.aafp.org/patient-care/nrn/nrn/studies/all/tripppd/ppd-toolkit.html>

The Association for Women’s Health, Obstetric and Neonatal Nurses (AWHONN)

AWHONN’s section on postpartum depression includes information on legislative advocacy as well as practice resources and a link to the organization’s position paper, “The Role of the Nurse in Postpartum Mood & Anxiety Disorders.” www.awhonn.org

For more information on treatment with medications for women who are breastfeeding:

Infant Risk: The world’s leading research center for medication safety during pregnancy and breastfeeding

Mother Risk: Motherisk provides evidence-based information and guidance about the safety or risk to the developing fetus or infant, of maternal exposure to drugs, chemicals, diseases, radiation and environmental agents. This is a link to information about medication taken during pregnancy and while breastfeeding and how it may impact the baby.

Academy of Breastfeeding Medicine: Protocol #18: Use of Antidepressants

<https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/18-use-of-antidepressants-protocol-english.pdf>

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 Amy K. Spangler, MN, RN, IBCLC, FILCA
Atlanta, Georgia*

An inspiration to the Lactation Community, Amy Spangler's accomplishments within the field of lactation are vast. The author of many highly-regarded publications and international speaker on the health of breastfeeding families, she is the founder, president and CEO of baby gooroo, Inc.

A graduate of The Ohio University School of Nursing, Amy began her career in perinatal nursing as a staff nurse in labor and delivery in the Cincinnati area where she grew up. Four of her 5 siblings still live in Cincinnati where her father began a printing business, still in operation today. After earning a master's degree in maternal-child health from the University of Florida, Amy discovered her interest in educating expectant and new parents about pregnancy, birth, and parenting. For nearly 17 years, Amy served as a perinatal education coordinator for an OB/GYN clinic after relocating to Atlanta, Georgia.

In 1987, Amy founded baby gooroo, Inc., a resource rich, educational platform for families focusing on health, nutrition and safety with an emphasis on breastfeeding. This is very much a family business; her daughter in law manages the company's website, her brother who continues to operate her father's printing company, overseas all the printing needs and her sister Nancy is employed to assist in marketing. In 2009, baby gooroo expanded its product line to include a variety of baby soft products, such as caps, bibs and burp cloths each imprinted with an important message supporting breastfeeding. Baby gooroo's brochures, handouts, DVDs, and breastfeeding books are well known and acclaimed by lactation colleagues. Amy's well recognized publication, 'Breastfeeding: A Parent's Guide' has sold over half a million copies, and is in its 9th edition.

Amy has authored numerous peer-reviewed articles, served as President of ILCA, Chair of the US Breastfeeding Committee, and worked as a consultant with the US Department of Health and Human Services. She has been a commentator for breastfeeding education and public policy on radio and television including 20/20, Good Morning America and ABC News Now. She continues as an adjunct faculty member at Emory University School of Nursing.

Amy resides in the Atlanta area with Dennis, her husband of 47 years. Meeting in college, they located to Atlanta as Dennis began a Pediatric Allergy practice. Together they raised two, "remarkably talented and independent young men". Although both sons reside in different areas of the country, Amy and Dennis make special efforts to visit them and their one grandson frequently. Amy and Dennis are avid gardeners; Dennis loves his rose garden while Amy's passion is for a variety of green plantings. Together, they share a love of cooking.

As a highly effective business woman, health professional and author, Amy has positively impacted the lives of countless families. The lactation community is grateful for her work, her passion, and business insights. Thank-you, Amy for all that you have done to make a difference in the lives of breastfeeding families.