

# Human Milk Insights

January 2020

*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 Ethics
- Human Milk and the NICU
- Human Milk in the Hospital
- Human Milk and Pediatric Health
- Breastfeeding and Maternal Health

### HUMAN MILK EDUCATION

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

### CLINICAL PEARLS IN LACTATION

- When Best Practices Aren't Practiced, What Then?

### TOOLS YOU CAN USE

- Resources for Healthcare- American College of Obstetricians and Gynecologist

### SPOTLIGHT ON PRACTICE

- Kandi Bloss, RN, IBCLC

## NEWS YOU CAN USE

### HUMAN MILK AND DISPARITIES

#### **Disparities in Donor Human Milk Supplementation Among Well Newborns**

Laura R. Kair, MD, MAS.../November 2019  
With increased donor milk supplementation for healthy newborns, this investigates use of donor milk in this population and racial disparities

[/0890334419888163](https://doi.org/10.1177/0890334419888163)

#### **Disparities in Breastfeeding Among Military Veterans**

Shimrit Keddem, PhD, MPH, MUSA.../November 2019  
Examines barriers to breastfeeding for women veterans, including military experience and its impact on breastfeeding rates.

<https://journals.sagepub.com/doi/10.1177/0890334419888200>

### HUMAN MILK AND ETHICS

Lisa H. Amir, MBBS, MMed, PhD, IBCLC.../November 2019  
The decision to expose an unborn baby to maternal medication is often considered unavoidable and ethically defensible. This same decision during lactation raises often complex decision making. This article highlights ethical issues of maternal medication recommendation during lactation.

<https://journals.sagepub.com/doi/10.1177/0890334419888156>

### HUMAN MILK AND THE NICU

#### **Preventing Disease in the 21<sup>st</sup> Century: Early Breast Milk Exposure and Later Cardiovascular Health in Premature Infants**

Afif El-Khuffash.../ October 2019

There is a unique cardiac profile of premature infants reaching early adulthood. Evidence suggests early exposure to breast milk in this population slows or arrests effects of premature birth on cardiac health.  
[https://www.nature.com/articles/s41390-019-0648-5?fbclid=IwAR2hO-AlmwH7YM9gLrnS2QI2nJ0qBRHiWeg9xJmFBJQnhyHDFaZQopqX\\_kA#citeas](https://www.nature.com/articles/s41390-019-0648-5?fbclid=IwAR2hO-AlmwH7YM9gLrnS2QI2nJ0qBRHiWeg9xJmFBJQnhyHDFaZQopqX_kA#citeas)

#### **Effects of Domperidone in Increasing Milk Production in Mothers with Insufficient Lactation for Infants in the Neonatal Intensive Care Unit**

Yuka Wada.../ December 2019  
Separation of mother and infant during the NICU stay is one of many barriers to milk secretion in the NICU population. This study examines the safety of domperidone for galactagogue use.

<https://doi.org/10.1089/bfm.2019.0111>

### HUMAN MILK IN THE HOSPITAL

#### **Two Prenatal Breastfeeding Intervention Apps in Promoting Postpartum In-Hospital Exclusive Breastfeeding**

Rebecca S. Farr.../December 2019  
Exclusive breastfeeding intention and other factors followed with interventions for expectant minority women who intended exclusive breastfeeding during pregnancy  
<https://doi.org/10.1089/bfm.2019.0053>

### HUMAN MILK AND PEDIATRIC HEALTH

#### **Ankyloglossia Identification, Diagnosis and Frenotomy: A Qualitative Study of Community Referral Pathways**

Crystal Unger, MA.../December 2019  
Pilot study qualitatively evaluating referral pathways with suspected tongue-tie.  
<https://doi.org/10.1177/0890334419887368>

## BREASTFEEDING AND MATERNAL HEALTH

### Breastfeeding and Multiple Sclerosis

Review of 16 studies reveals breastfeeding women with MS have significantly decreased rate of relapse within a year of giving birth

December 2019

[https://consumer.healthday.com/women-s-health-information-34/breast-feeding-news-82/breastfeeding-may-bring-added-bonus-for-women-with-ms-752942.html?fbclid=IwAR1Zn0ajRFMMYjXSBBb-xhgc077U\\_daAY\\_TyxeKbNp18P1MOS7QIG-i86ig](https://consumer.healthday.com/women-s-health-information-34/breast-feeding-news-82/breastfeeding-may-bring-added-bonus-for-women-with-ms-752942.html?fbclid=IwAR1Zn0ajRFMMYjXSBBb-xhgc077U_daAY_TyxeKbNp18P1MOS7QIG-i86ig)

## HUMAN MILK EDUCATION

On Wednesday, January 22<sup>nd</sup>, [Jennifer Ustianov, MS, BSN, RN, IBCLC](#) and [James Rost, MD](#) will be presenting [Preserving and Protecting Breastfeeding Using Teamwork, Tools & Strategies](#). Complimentary registration is now open! For more information or to register, visit [www.MedelaEducation.com](http://www.MedelaEducation.com).

Our 2020 webinar schedule is now available! Email [education@medela.com](mailto:education@medela.com) to receive a copy.

### Neonatal Perspectives

This is a blog for NICU professionals that features clinical information from neonatal consultants, as well as 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!

## 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.*

### **When Best Practices Aren't Followed, What Then?**

In most issues of Human Milk Insights we discuss new information on human milk research, best practices in managing breastfeeding, and helpful hints. In this issue, let's look at what to do when best practices aren't being followed. What then?

We often hear from healthcare providers – nurses, lactation consultants, physicians, midwives, doulas – who work with women in hospital and home settings and are struggling to help them reach their breastfeeding goals, despite having been given poor lactation management advice. Often this advice comes from a well-intentioned healthcare professional who doesn't have updated evidence-based information and unfortunately makes an off-hand comment or gives instruction that sabotages a mother's attempt to breastfeeding successfully.

In the early days of breastfeeding, we know how important it is for a mother to get off to the best start possible in order to initiate and build her milk supply. However, it's not uncommon to hear of outdated hospital practices, such as early mother-baby separation, early bathing, formula supplementation for normal infant weight loss and treatment for jaundice. In some birthing facilities, mothers are still being told that they don't have milk for the first few days.

Frustrating as it may be, there's not a lot that one person can immediately do to change a system, a hospital policy, or individual providers' outdated practices. However, there is much that can be done to help support a mother and her infant – one couplet at a time. Sometimes it involves looking at an imperfect situation and finding strategies to make it work despite the challenges.

When situations occur that are less than ideal, an individual practitioner must do what he or she can to support the mother's milk supply until the baby is able to feed unrestricted at the breast.

1. When hospital practices involve early separation, etc., it's extremely important to support the mother by doing everything to help her initiate and build her milk supply. Research supports that if baby cannot breastfeed immediately after birth, beginning milk expression in the first hour after birth results in earlier lactogenesis II. Show the mother how to express her milk and encourage her to do so on a regular basis until her baby is breastfeeding frequently and effectively.
2. Help mothers and their partners understand the importance of holding their baby skin to skin while caring for the newborn and establishing a plentiful supply.

3. If the baby is being supplemented with formula, help the mother to pump in addition to breastfeeding – ideally using the Symphony PLUS® breast pump with Initiation Technology™ – to increase her milk volume. Encourage the baby’s pediatric provider to use her milk as the supplement.
4. Encourage and support the mother through difficulties she may experience in the hospital and educate her and her family on proper lactation management for after she goes home.
5. Be sure the mother has resources for assistance and support after going home.

## TOOLS YOU CAN USE

### Resources for Health Professionals – American College of Obstetricians and Gynecologists

Research has continuously shown that support from a woman's prenatal healthcare provider is one of the most important predictors as to whether she'll choose to breastfeed.

In the last few issues of Human Milk Insights, we have listed various professional groups and their breastfeeding resources. In this issue, we'll look at what the American College of Obstetricians and Gynecologists has to guide OB-GYNs and other maternal health providers on how they can best help mothers make informed decisions to breastfeed and help them throughout their breastfeeding journeys. ACOG states, "As reproductive health experts and women's health advocates who work with a variety of obstetric and pediatric healthcare providers, OB-GYNs are uniquely positioned to enable women to achieve their infant feeding goals."

ACOG has put together a Breastfeeding Toolkit to help women's healthcare providers do just that. Included in the Toolkit:

- ACOG Committee Opinion #756: "Optimizing Support for Breastfeeding as Part of Obstetrics Practice" – makes education and policy recommendations
- Physician Conversation Guide on Support for Breastfeeding: This can help providers initiate conversations in early pregnancy and during prenatal care visits
- Breastfeeding Coding: Convenient list of ICD-10 codes
- Breastfeeding FAQs - available in both English and Spanish; has information on benefits of breastfeeding and common questions that mothers may ask.
- Breastfeeding Infographic: Basic education (English and Spanish)
- (For Members) Patient Education Pamphlets, "Breastfeeding Your Baby" – addresses common breastfeeding issues (English and Spanish)
- For Continuing Medical Education (CME Credit) E-Modules: Breastfeeding Support Tool for the Obstetrics Provider – educates the OBGYN clinician to identify ways to include breastfeeding support into daily practice. By the end of the module, the clinician should be able to incorporate breastfeeding support into prenatal care, demonstrate how to implement breastfeeding supportive maternity practices into hospital and birth settings, provider support in the days and months after birth, and explain supportive care of postpartum issues in lactating women. For more info on the breastfeeding module contact: Anne Arnold, MD, Director of ACOG Education Programs at: [aarnold@acog.org](mailto:aarnold@acog.org).

Not only are OBGYNs important during the decision-making process and early weeks of breastfeeding, as women's health providers they also play a critical role throughout a woman's lifespan. ACOG's Committee Opinion #756, "*Optimizing Support for Breastfeeding as Part of Obstetric Practice*", published online on September 24, 2018 recommends obstetric providers receive education on clinical management of lactation and develop and maintain skills related to anticipatory guidance, support for basic lactation physiology and management of common problems and complications during lactation. In addition, women's health providers should understand and respect that many health-related decisions (exclusive breastfeeding, breast

surgery, medications, etc.) affect breastfeeding outcomes and influence maternal health for many years to come.

The Committee Opinion suggests that obstetrician–gynecologists can play an active role in breastfeeding support by helping to ensure that their office practice settings align with these goals. Implementing these evidence-based options can optimize the office setting: having “a written breastfeeding policy to facilitate support for breastfeeding patients and employees, providing information to patients about infant feeding that is free of artificial infant formula advertising, displaying posters and pamphlets with images of women breastfeeding that reflect the diversity of the population, and partnering with regional breastfeeding support services where patients can be referred for additional breastfeeding support after delivery.”

For more information on ACOG’s helpful breastfeeding tools:

[www.acog.org/More-Info/ObBreastfeedingSupport](http://www.acog.org/More-Info/ObBreastfeedingSupport)

\* Erratum (*or Correction*): Please note that the Academy of Breastfeeding Medicine’s monthly publication is Breastfeeding Medicine. In the December 2019 issue of the Human Milk Insights publication, we inadvertently printed that it was The Journal of Human Lactation, which is published by the International Lactation Consultant Association. We apologize for any confusion or inconvenience this may have caused.

## 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 Kandi Bloss, RN, IBCLC  
Lihue, HI*

How would you like to live and work in paradise? For the last sixteen years, that's exactly what Kandi Bloss has done.

Born and raised in Colorado, Kandi and her husband honeymooned on the island of Kauai and fell in love with the beautiful small island, its rural lifestyle, and the Hawaiian culture. It wasn't until 2003, however, when they relocated to Kauai and settled into their tropical home.

As a young girl, Kandi knew she wanted to become a nurse. After graduating from the Community College of Denver, Kandi worked on a medical-surgical unit for over twelve years. She found her true passion for nursing when she began to work part-time on a perinatal unit. She enjoyed establishing trusting relationships with families during labor and delivery and providing parenting guidance to new families. She especially enjoyed providing breastfeeding support.

"Penguins who hated the cold", Kandi said a move to Kauai seemed like a perfect solution to raising a family in a small, culturally diverse, and idyllic community. Their plan was to live on Kauai for two years. Sixteen years later, they can't imagine living anywhere else.

In 2014, Kandi realized her true calling in becoming certified as a Lactation Consultant at Wilcox Medical Center, where the annual birth rate is 500 births and the exclusive breastfeeding rate upon discharge is between 75 – 85%. In her role as the facility's Lactation Consultant, Kandi performs daily hospital rounds in the perinatal inpatient and outpatient settings, provides prenatal breastfeeding and newborn care education, and manages a breastfeeding support group that meets twice per month. Kandi has developed a library of policies on breastfeeding practices and implemented over 100 individual breastfeeding plans for staff reference.

Kandi will accomplish her long-time goal of completing her BSN this spring. Her senior capstone project will be working with the local WIC and Public Health Departments to develop an awareness of safe sleep practices for families.

Kandi, her husband Greg, and their two adult sons enjoy the majestic landscape of Kauai. They spend a lot of time outdoors hiking and running. Kandi has a vegetable garden where, although tomatoes are difficult to grow, kale grows like a weed; it is a plentiful island crop. As a family that shares Christian beliefs, their church friends have become their extended family.

Kandi loves her Hawaiian home, embracing the island culture and lifestyle. She is passionate about assisting breastfeeding families and has witnessed a significant increase in the breastfeeding initiation and duration rates among local families. She has established herself as a compassionate, caring, and enthusiastic supporter of breastfeeding and loves seeing families

have their second, third, and even fourth babies. Kandi's work will have a lasting, positive outcome for the families on this island paradise.