

Human Milk Insights

August 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.

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FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

- Organizational Statements and Resources Regarding COVID-19
- Human Milk and NICU

HUMAN MILK EDUCATION

- Human Milk Monthly Webinar Series
- Neonatal Perspectives
- Back to School

CLINICAL PEARLS IN LACTATION

- Study Supports Keeping Mothers and Babies Together During COVID-19

TOOLS YOU CAN USE

- How to List Your Credentials – AKA “Alphabet Soup”

SPOTLIGHT ON PRACTICE

- Darlene N. Silver, MSN, RN, IBCLC

NEWS YOU CAN USE

ORGANIZATIONAL STATEMENTS AND RESOURCES REGARDING COVID-19

AAP: The American Academy of Pediatrics

Published updated answers to frequently asked questions for the management of infants born to mothers with confirmed and suspected COVID-19

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/faqs-management-of-infants-born-to-covid-19-mothers/?eType=EmailBlastContent&eld=6a5bcd5-7a88-4e7c-bab7-d92ad66f899f>

Updated suggestions regarding caring for mother and baby together despite suspected COVID- 19

<https://services.aap.org/en/news-room/news-releases/aap/2020/the-american-academy-of-pediatrics-updates-guidance-on-care-of-newborns-to-mothers-with-covid-19/?eType=EmailBlastContent&eld=6a5bcd5-7a88-4e7c-bab7-d92ad66f899f>

Updated the information sheet, “Infant Feeding in Disasters and Emergencies: Breastfeeding and other Options” to guide support breastfeeding during a disaster or emergency

<https://downloads.aap.org/AAP/PDF/DisasterFactSheet6-2020.pdf?eType=EmailBlastContent&eld=6a5bcd5-7a88-4e7c-bab7-d92ad66f899f>

HUMAN MILK AND NICU

Reduction in preterm birth during pandemic lockdown.

<https://www.medrxiv.org/content/10.1101/2020.06.03.20121442v1>

This article reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

HUMAN MILK EDUCATION

On Wednesday, August 5th, [Danielle Prime, PhD](#), will be presenting [The PersonalFit™ PLUS/FLEX 105° Oval Breast Shield: Research review and sizing/fitting guidelines](#). Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

We are hosting a webinar to unveil the New Medela Pump in Style with MaxFlow™ Technology. There are 3 different dates to choose from (content will be the same each day, so choose the date that fits your schedule). **Contact your local sales rep to obtain a special promo code to register!**

On Wednesday, August 19th, [Khadija Garrison Adams](#) will be presenting [Best Practices in Facilitating Community for Positive Breastfeeding Outcomes for Black Mothers](#). Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

Medela has compiled information about COVID-19. Visit the site by locating the orange banner on the top of the Medela.US website. Click [here](#) to view.

Miss any of our special Thursday COVID-19 webinars? Click [here](#) to listen now. Please note, these recorded webinars do **not** offer Nursing Contact Hours.

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.

Back to School

August is back to school time! We would like to offer a “back to school” special on our online education courses. Visit www.MedelaEducation.com and click the 24/7 Online Courses icon to view the list of online courses we offer. At checkout use promo code **20CX73QK** and receive \$15 off each course you register for!

Interested in learning more about initiation of breast milk? Click [here](#) to see what education tools we have available. We also have promo codes for the following online courses.

[Initiation of Lactation: At Risk Mothers and Proactive Interventions](#) Promo code XS6TSP

[Initiate, Build and Maintain Milk Supply](#)
Promo code GQ6NET

[Connecting the Dots Between Increasing Lactation Risk Factors and Suboptimal Breastfeeding Outcomes: A Proactive Approach to Clinical Practice](#) Promo code KS6TKC

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.

Study Supports Keeping Mothers and Babies Together During COVID-19

Exciting news! There's a new study, recently published online by Lancet Child and Adolescent Health that gives guidance to what many maternity healthcare providers have been wrestling with since the coronavirus pandemic hit the US – management of mothers and neonates after birth in the face of COVID-19. Until now, little was known about the consequences of SARS-CoV-2 in pregnant women and fetuses, and information regarding the optimal management of the mother and neonate was unknown. Now, researchers at Weill Cornell Medicine and three New York Presbyterian Hospitals have published a study with the largest cohort of neonates born to SARS-CoV-2 positive mothers at time of delivery, with prospective follow-up data up to one month of life.

Guidelines for the care of neonates born to COVID-19 positive mothers have been published by various medical societies, the US Centers for Disease Control and Prevention, and the Chinese expert consensus but were based on opinions and not on data. COVID positive mothers were routinely being separated from their newborns immediately after delivery and not allowed to directly breastfeed, while these babies were fed either formula or expressed breast milk and often were not allowed contact for either 14 days or 7 days from symptom onset. These guidelines contrasted with recommendations by the WHO, UK Royal College of Obstetricians and Gynecologists and the Italian Society of Neonatology which advocated for promotion of breastfeeding and the importance of mother-infant togetherness after birth.

The authors of this observational cohort study were interested in finding out the best practices regarding infection control in mother-infant dyads and identifying potential risk factors associated with transmission of the virus. The researchers identified all neonates born to mothers who tested positive for SARS-CoV-2 at delivery at three New York Presbyterian hospitals in New York City between March 22 and May 17, 2020. Babies were placed skin-to-skin with their mothers and could breastfeed immediately after birth. Babies roomed-in with their mothers but were kept in a closed isolette 6 feet away from their mothers except when breastfeeding. Before holding their babies, mothers had to put on a surgical mask, use appropriate hand hygiene and cleanse their breasts before feeding. Neonates were tested for SARS CoV-2 by PCR testing at 24 hours of age, 5-7 days and 14 days of life, and then were evaluated clinically by telemedicine at one month of age.

One hundred twenty neonates were born to 116 mothers who tested positive. All neonates were tested at 24 hours of life and none were positive; none tested positive at the 5-7 day follow up visit, none were positive at 14 days and, in the telemedicine evaluation, no babies had shown symptoms of COVID-19.

These findings suggest that if careful attention is paid to correct hygienic precautions, perinatal transmission of COVID-19 is unlikely. Rooming in and breastfeeding are

safe if associated with adequate parental education of infection control measures, such as the use of surgical masks always and frequent hand hygiene.

Reference:

Salvatore CM, Han J-Y, Acker KP, et al. (2020), Neonatal management and outcomes during the COVID-19 pandemic: an observation cohort study. *Lancet Child and Adolescent Health* 2020. Published online July 23, 2020. [https://doi.org/10.1016/52352-4642\(20\)30235-2](https://doi.org/10.1016/52352-4642(20)30235-2).

TOOLS YOU CAN USE

You've worked hard to earn your credentials and your degrees, but have you ever wondered how to list them after your name in the correct order? As a healthcare practitioner, it's important to display them proudly; however it's equally as important to list them correctly. A bunch of letters following names can be confusing to people; that's why it's often called "alphabet soup".

Think of listing your credentials as a form of communication – you want to communicate some general knowledge about yourself to others. There is a standardized way of listing credentials that allows colleagues, providers, third party payers, government agencies and consumers to understand your education, your level of expertise, whether you are licensed and the scope of your abilities. Using the string of initials after your name may even help you secure employment in your desired field.

After your name, list your degree, licensure, state designations, national certifications, awards and honors, and if desired, other skills relevant to your work. Here are the basics of displaying your credentials:

1. Degree: list your highest degree first. Your educational background is "fixed" or permanent. You earned it and will always carry it with you. For example:
Doctoral degree: M.D., Ph.D., Ed.D., D.Ph., DNP, DNS, D.O.
Master's degree: MSN, MBA, MPH, MS, MA
Bachelor's degree: BA, BS, BSN
Associate's degree: AD, ADN
2. Licensure: A state licensure credential is generally awarded based on completion of a specified educational program and the successful passing of a national licensure or certification exam. The licensure credential allows the person to practice in the issuing state. Ex.: Registered Nurse (RN), Licensed Practical Nurse (LPN), Licensed Dietitian (LD), Licensed Massage Therapist (LMT), etc.
3. State Designations: Recognize authority to practice at a more advanced level, such as Advanced Practice Registered Nurse (APRN), Clinical Nurse Specialist (CNS), Nurse Practitioner (NP), Certified Nurse Midwife (CNM), etc.
4. National/Professional Certification: Usually awarded by a nationally (or internationally) recognized certifying body and are linked to validated knowledge, skills and competencies for a particular profession. Ex.: International Board Certified Lactation Consultant (IBCLC), Family Nurse Practitioner – Board Certified (FNP-BC), Certified Pediatric Nurse Practitioner (CPNP).

5. Awards and Honors: Contribution to the profession fellowship in an organization may be listed – Fellow of the American Academy of Nursing (FAAN), Fellow of the International Lactation Consultant Association (FILCA), etc.
6. Other certifications: Skills related to your work, certificates of completion of coursework – Certified Childbirth Educator (CCCE), Certified Lactation Counselor (CLC), Certified Breastfeeding Educator (CBE), Certified Labor Doula (CLD), etc.

You don't have to include all your certifications and degrees and have a long string of initials after your name. Remember, sometimes *less is more*. Just use the ones that are most relevant to the work you are doing right now. You can always list the other items in your curriculum vitae or resume.

Here are a couple of examples of how some professionals may choose to list their credentials:

Miran Moore received her ADN, BSN, and MSN degrees. She is an RN, a CNM, and an IBCLC. Her credentials are listed as MSN, CNM, IBCLC. (When signing legal records/medical notes, the only requirement is your name and state requirements, so she would sign: Miran Moore, CNM).

Sue Wright graduated with an BS degree in Chemistry and obtained her IBCLC certification. She lists her credentials as BS, IBCLC and signs her records as Sue Wright, IBCLC.

Michelle Boorman has an ADN degree, is an RN, took a course and received a certificate as a Certified Lactation Educator. She chooses to list her credentials as RN, CLE and usually signs medical notes as Michelle Boorman, RN.

Nicole Dreamweaver has a BA, MSN, DNP and is a CNM, FNP-BC and a Fellow of the American Academy of Nurses. She chooses to list her initials as: Nicole Dreamweaver, DNP, CNM, FNP-BC, FAAN. Her highest degree is listed first, next are her state requirements – she doesn't need to list the RN because she is practicing in two Advanced Practice roles. When she charts, she may sign Nicole Dreamweaver, CNM, FNP-BC, (using both credentials or just one, depending on the role she is working in for the day).

If giving an important presentation, promoting your practice or applying for a job, displaying your degrees and credentials properly will provide an essential professional touch to all communications and documents. Wear your initials proudly and educate the public on what your credentials stand for.

References:

American Nurses Association Position Statement (2009). Determining a standard order of credentials for the professional nurse. Accessed online: 07/23/2020.

Mensik, J. (2020). What's the right way to list nursing credentials? Accessed online: 07/24/2020,

<https://www.nurse.com/blog/2020/04/21/whats-the-right-way-to-list-nursing-credentials/>

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 Darlene L. Silver, MSN, RN, IBCLC
Upper Marlboro, MD.*

Darlene N. Silver's wide-ranging, successful professional career has focused on Women's and Children's Health, particularly with vulnerable and disenfranchised populations. Currently, she is the lead Lactation Consultant for Women's Services at George Washington University Hospital (GWUH) located in Washington, DC.

Darlene was raised on the east coast, moving from New Jersey to Maryland with her family when her parents were transferred. As a child, she was hospitalized and witnessed first hand the compassionate care delivered by nurses. It was this experience that led her to pursue a career in nursing in spite of her parents' wish for her to study medicine. She viewed the actions of the nurses as a vital component to her physical care and healing.

Darlene enrolled in a baccalaureate nursing program at the University of Texas while she and her Air Force husband were stationed in San Antonio, Texas. Just before her senior year of nursing school she became a young mother while successfully completing her degree. Her husband encouraged her to enlist in the Air Force after graduation; she was commissioned a Second Lieutenant, selected for the Obstetrical Nursing Internship Program and stationed at Wright Patterson Air Force Base in Ohio where she actually 'out-ranked' her husband.

After her Air Force separation, Darlene moved to the Washington, DC area where she has remained, and continued to work with families in Pediatrics and Obstetrics. While working with breastfeeding families, she came to realize she needed to increase her knowledge about lactation and sought to become an IBCLC in 2002. She earned a Master's of Science in Nursing, taught community based, obstetrical and pediatric nursing at area colleges, and has worked as a lactation consultant at several area hospitals. In her role as lead Lactation Consultant at GWUH, Darlene oversees a team of 3 other LCs with seven-day lactation coverage for an extremely active Perinatal Service Unit. The demographic of their families is diverse, ranging from teen moms to first-time mothers in their late thirties and early forties. Located near the Capitol and Embassy Row, many families work for the federal government and some families are diplomats from other countries. Being fluent in Spanish has been extremely helpful for Darlene, as is having another LC fluent in French and Spanish.

The Coronavirus Pandemic has brought significant challenges for birthing families. Darlene has witnessed families dealing with increased anxiety and stress about their hospitalization and about breastfeeding. They are requesting to be discharged as early as possible, often resulting in only one lactation visit. Darlene says the visits are more in-depth, initially spending 20 to 30 minutes reassuring families how important breastfeeding is for their infant's overall health. A lot of teaching and support is fit into one visit, which Darlene admits is difficult for first time parents but acknowledges families appear to be more committed to breastfeeding.

Darlene is the founder of Silver Lactation Services, an outpatient lactation consultant business where she now finds virtual lactation services for families are a necessity.

Darlene resides in Maryland with her two adult '*amazing*' sons. Her eldest son is disabled and has accounting and math tutoring businesses he manages from home. Her youngest son is a full-time computer science college student who provides care to his brother when Darlene is working. Darlene enjoys gardening, reading and spending time with her friends and family. She engages in self-help and wellness practices, making sure she walks 2.5 miles several times a week.

As a perinatal nurse and lactation consultant, Darlene has committed herself to assisting families in having a positive birth and breastfeeding experience. She has been recognized as an honoree of the 100 most extraordinary nurses by Sigma Theta Tau Chapter of Howard University and by Prince George's County Rehabilitation Systems, Inc. for her work with community-based mental health. Darlene is a real hero to the many families she has supported and to her two wonderful sons. Kudos to Darlene for her nurturing, compassionate, and genuine kindness towards others.