

Human Milk Insights

February 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
Medela LLC.
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.



Babies *love* breast milk
Happy Valentine's Day

FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

- Human Milk and Breastfeeding
- Human Milk and Organizations
- Human Milk and Economics
- Human Milk and the NICU
- Human Milk and Health Outcomes
- Human Milk and Disparities

HUMAN MILK EDUCATION

- Human Milk Monthly Clinical Education Webinar Series
- Neonatal Perspectives
- Initiation of Lactation Online Course
- Education Tools on Initiation

CLINICAL PEARLS IN LACTATION

- Bedsharing and Breastfeeding...New Perspectives on an Old Practice

TOOLS YOU CAN USE

- The NEWT Tool – Newborn Weight Change Tool for the First Month of Life

SPOTLIGHT ON PRACTICE

- Donna Sinnott, BBA, IBCLC

NEWS YOU CAN USE

HUMAN MILK AND BREASTFEEDING

Factors Affecting the Behavior and Duration of Breastfeeding Among Physician Mothers

Factors influencing physician mothers' breastfeeding duration and subsequent influences on ability to counsel breastfeeding mothers.
<https://journals.sagepub.com/doi/abs/10.1177/0890334419892257>

Association of Assisted Reproductive Techniques with Infant Feeding Practices: A Community-Based Study in China

Breastfeeding Medicine Vol. 14, No. 9
 Clinical Research
 The study suggests that women who conceived through assisted reproductive techniques tended to have shorter breastfeeding durations at 6 months postpartum and discusses strategies and support that may be needed for this population.
<https://doi.org/10.1089/bfm.2019.0061>

HUMAN MILK AND ORGANIZATIONS

The Academy of Breastfeeding Medicine: New Protocol

New Recommendations Released on Bedsharing to Promote Breastfeeding
 New evidence-based recommendations regarding breastfeeding and bed sharing for in-home settings support education and planning for safe bedsharing.
https://www.liebertpub.com/doi/pdf/10.1089/bfm.2019.29144.psb?utm_source=sfmc&utm_medium=email&utm_campaign=BFM%20Briefings%20January%2017%202020&d=1/17/2020&mcid=846095816

HUMAN MILK AND ECONOMICS

Cost Analysis of Operating a Human Milk Bank in China

Human donor milk expenses require governmental and societal support for funding. Advocacy and lowering costs are among the greatest needs for human donor milk bank success.
<https://journals.sagepub.com/doi/abs/10.1177/0890334419894551>

HUMAN MILK AND THE NICU

The Influence of Donor Milk Supplementation on Duration of Parenteral Nutrition in Preterm Infants

Use of donor human milk in the absence of mother's own milk and improvements in feeding tolerance. No reduction in number of days of parenteral nutrition found.
<https://journals.sagepub.com/doi/abs/10.1177/0890334419892908>

HUMAN MILK AND HEALTH OUTCOMES

Respiratory Drugs During Breastfeeding

Especially during winter months, safety concerns regarding respiratory medications for various conditions in breastfeeding mothers often cause concern for impact both on infant health and milk supply.
<https://doi.org/10.1089/bfm.2019.0194>

Management of Cannabis Use in Breastfeeding Women: The Untapped Potential of International Board Lactation Consultants

The authors encourage MDs to partner with IBCLCs to provide accurate education regarding cannabis use during lactation.
https://www.liebertpub.com/doi/10.1089/bfm.2019.0272?utm_source=sfmc&utm_medium=email&utm_campaign=BFM%20PR%20January%2015%202020&d=1/15/2020&mcid=846095816

Made to Feel Like Less of a Woman: The Experience of Stigma for Mothers Who Do Not Breastfeed

Breastfeeding Medicine Vol. 15, No. 1
Clinical Research. Examination of maternal feelings of self-worth with lactation failure.
<https://doi.org/10.1089/bfm.2019.0171>

HUMAN MILK AND DISPARITIES**Disparities in Donor Human Milk Supplementation Among Well Newborns**

Donor human milk supplementation for healthy newborns has increased. This study aims to identify characteristics associated with the option to choose to use donor human milk.

<https://journals.sagepub.com/doi/10.1177/0890334419888163>

HUMAN MILK EDUCATION**Human Milk Webinar**

On Wednesday, February 19th, [Leslie A. Parker, PhD, APRN, NNP-BC, FAAN](#) will be presenting [Routine Evaluation of Gastric Residuals: A Clinical Necessity or a Nuisance?](#) Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

Our 2020 webinar schedule is now available! Email education@medela.com to receive a copy.

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.

Initiation of Lactation Online Course

Successful initiation is essential for building and maintaining milk supply during mom's breastfeeding journey. The Initiation of Lactation: At Risk Mothers and Proactive Interventions course explains how mothers' milk volumes are initiated, built and maintained throughout the breastfeeding

journey and more. For more information click [here](#). To register for this complimentary course, visit www.MedelaEducation.com and enter promo code HR6QMA.

Education Tools on Initiation

Medela offers a variety of tools that focus on initiation that are geared towards healthcare professionals. Click [here](#) to learn more.

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.

Bedsharing and Breastfeeding. . . New Perspectives on an Old Practice

Although it's been somewhat of a taboo subject, it's a practice that's been around for hundreds and even thousands of years. Many mothers have shared a bed with their babies and breastfed throughout the night. In last month's journal, Breastfeeding Medicine published the updated clinical protocol from the Academy of Breastfeeding Medicine, *ABM Clinical Protocol #6: Guideline on Co-Sleeping and Breastfeeding*, which addresses how this practice can be done safely.

The abstract states "A central goal of the Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient."

According to many research studies, a mother sharing a bed with her newborn promotes breastfeeding initiation, duration and exclusivity. This has been a widespread practice throughout the world for many generations. Bedsharing, sometimes known as "breastsleeping", is a practice that evolved from innate biological and behavioral mechanisms. This allows the baby to feed frequently during the night while lying in bed with the mother. However, in some countries, bedsharing is not recommended by medical and public health authorities due to concerns over an increased risk of sudden infant death syndrome (SIDS).

The protocol presents a discussion on bedsharing and SIDS and they examine the epidemiological and observational evidence. Existing evidence does not support the premise that bedsharing with breastfeeding infants causes sudden infant death syndrome in the absence of known hazards.

Circumstances when it would be hazardous to bedshare include:

- Sleeping with an adult on a sofa or armchair
- Sleeping next to an adult impaired by alcohol, medications or illicit drugs
- Any exposure to tobacco
- Preterm birth
- Never having initiated breastfeeding

Breastfeeding is an important consideration in safe bedsharing. Very interesting epidemiologic studies show differences in sleep patterns and the protective positioning of breastfeeding mothers and babies. Artificial feedings have been associated with higher rates of sudden infant death.

The protocol recommends that providers and other healthcare professionals should bring up the subject of how to bedshare safely with all patients, especially since the practice is so widespread. Lori Feldman-Winter, MD, states that “having conversations about safe bedsharing is important for removing stigma around the topic and facilitating open and honest dialogue between parents and providers.” If not brought up in a discussion, some parents may not disclose that they choose to bedshare and they may not be doing so safely. Some parents, by trying not to bedshare because they’ve been told it’s dangerous, may unintentionally fall asleep with their infants in hazardous situations – like in an armchair or on a sofa.

The authors stress that the recommendations in this protocol apply to mother-infant dyads who have initiated breastfeeding and are in home settings. They are not intended to be used in hospital and birth center settings.

For more information, you can read the protocol at:

<https://www.liebertpub.com/doi/abs/10.1089/bfm.2007.9979>

TOOLS YOU CAN USE

The NEWT Tool – Newborn Weight Change Tool for the First Month of Life

Those of us who work with mothers and newborns know that most infants – both breastfed and formula fed - lose weight after birth. It's physiologically normal. Expected weight loss is somewhat debatable and the time it takes to regain birth weight is also somewhat in question. Few well-designed studies exist that have examined how much weight healthy term newborns normally lose after birth and how quickly (or slowly) they gain back that weight.

Every day, decisions are made based on the amount of weight that newborns have lost and whether they've regained their birth weights at 7 days of age, 10 days, 14 days or even longer. These can include decisions to supplement a baby's diet with formula or inferring that a mother has an insufficient milk supply – decisions which can adversely affect a woman's feelings of success in breastfeeding.

Three years ago, *Pediatrics* published a study of healthy newborns with a sample size of over 100,000 infants born over a four-year period in 14 Kaiser Permanente Northern California hospitals which provided data on weight changes in the first 30 days of life. This study, conducted by the Schools of Medicine at Penn State University and the University of California at San Francisco, is the most detailed assessment to date and this data can be used to provide anticipatory guidance for many aspects of newborn care which, until now, lacked sufficient evidence. Using the nomograms developed from this data can help providers make evidence-based practice decisions.

New findings from this study include the fact that most newborns take longer than a week to regain birth weight, sometimes weeks longer. Infants born by cesarean usually take longer to regain birth weight than those born vaginally. Once the weight nadir is reached, weight gain then averages 35 to 40 g daily. The study concludes that "it is not uncommon for newborns to be below birth weight 10 to 14 days after birth."

The Newborn Weight Tool (NEWT) is a web-based application that provides clinicians with newborn weight loss nomograms that can be used from birth through the first month to assist in early identification of those on a trajectory for adverse outcomes. Use of the nomograms can help providers better understand normal newborn weight trends and may reduce the need for formula supplementation in some breastfed infants. It may also provide reassurance to both clinicians and parents who may be concerned if an infant has not yet regained birth weight by 10 – 14 days. Of course, an important part of well newborn care will always be adequate feeding and weight gain, and now advice regarding infant weight change can be based on hard evidence.

For more information and how to access the NEWT – Newborn Weight Loss Tool go to: <https://www.newbornweight.org>.

Reference:

Paul IM, Schaefer EW, Miller JR, et. al. (2016). Weight change nomograms for the first month after birth. *Pediatrics*;138; DOI: 10:1542/peds.2016-2625 originally published online November 9, 2016.

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 Donna Sinnott, BBA, IBCLC, Wayne, Pennsylvania

Donna Sinnott, a passionate lactation consultant with a vivacious and engaging personality, is the full-time lactation consultant of Paoli Hospital's Maternity Unit, a division of Pennsylvania's Main Line Health (MLH) system. She has garnered the respect from her colleagues at Paoli and the local community, as well as the multitude of families she has helped. A woman with boundless energy, she is well recognized among her lactation colleagues as a seasoned lactation consultant and content expert in insurance coding and billing.

Donna grew up in the Asbury Park area of New Jersey. Interested in pursuing a degree in business, she enrolled at the University of Rhode Island and found she had an interest in international business; she was accepted to a six-month internship program at American University in Paris, France. Returning from Paris, Donna followed her then high-school sweetheart to the Atlanta area where he was completing his studies in Chiropractic Medicine. After finishing her Bachelor of Science in Business Administration from Kennesaw University in Georgia, Donna married the love of her life, and settled into life in the south—a cultural shock for the New Jersey girl. After an amazing first birth experience supported by certified nurse midwives, Donna experienced many challenges breastfeeding. After struggling for days and on the advice of her husband, she connected with a lactation consultant for help. Donna recalls the enlightening education and empowering support she received from her LC. She knew during her daughter's first year of life that this was the work she was yearning to do.

After a second baby and a subsequent move to Pennsylvania, Donna became a Certified Breastfeeding Counselor (CBC) which then led her to become an instructor for the Nursing Mothers Alliance Breastfeeding Training Class for a decade. This volunteerism then fueled her desire to become an IBCLC herself. She acquired a lactation internship at a hospital in Philadelphia, spent countless hours training under the skillful mentorship of respected lactation consultants, took the IBCLC exam, and has been employed since 2005 at Paoli Hospital as a Lactation Consultant. In addition to delivering direct patient breastfeeding support and care, Donna teaches prenatal breastfeeding classes for Main Line Health and at a local studio for new moms called Main Line Family Education. Over the years at Paoli Hospital, Donna has been a clinical mentor to several IBCLC candidates and, since 2007, Donna has served as Chair of the Main Line Health Lactation Committee, which includes the Paoli, Bryn Mawr, Lankenau and Riddle Hospital Maternity Units.

At one time, the Paoli Maternity Unit employed three different nurses and one lactation consultant, all named Donna. The staff devised a creative title description to help patients decipher who was who. Donna Sinnott then became known locally as 'Boob Donna,' a title she proudly shares and proclaims. In 2016, Donna received the 5-Star Care Award from the MLH-Paoli facility, given to only 1 hospital employee each year.

A self-taught expert on insurance coding and billing for professional lactation care, Donna has conducted a series of webinars to the USLCA membership understanding the process of insurance billing and presented this topic at the 2017 and 2019 USLCA national conferences.

She authored the first and second editions of 'Crash Course for Reimbursement for IBCLCs' and is the co-author of the third publication, an eBook, available at paperlesslactation.com.

Two years ago, Donna joined the faculty of the International Breastfeeding Institute, the lactation school of the International Doula Institute (IDI), as an instructor. She joined at the request of her colleague, Aliza Bancoff, who founded and directs the entire IDI program. In her 'spare time,' Donna authored a web-based breastfeeding course for the Institute's doula students and any aspiring IBCLCs looking for a web-based educational program.

Donna and her husband Paul have been sweethearts since high school and, in June, will celebrate 30 years of marriage. They are avid Eagles fans and true foodies. Their two fabulous adult children live locally, and Donna credits the loving support of her husband and children as being the energy behind her work.

She is extremely proud to be a board-certified lactation consultant with over 20 years of teaching and guiding families. Donna absolutely loves what she does and she excels in the ability to connect with families and her colleagues. In her serene 'office', a converted closet, hangs a newly acquired, beautifully crafted collage from a recent mentee. It contains snippets and phrases frequently used by Donna to relay breastfeeding guiding principles – what she refers to as 'Donna-isms'. Donna's career in lactation is thrilling work for her; the mothers and babies she meets are thrilled to experience her talents and energy. Kudos to 'Boob Donna' for establishing herself as a respected lactation advisor, teacher, and counselor striving to build amazing breastfeeding experiences for families.