

Human Milk Insights

October 2021

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.

Kim Colburn, BPC
Education & Program Coordinator
Medela LLC

FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

- Breastfeeding and Hospitalization
- Breastfeeding and COVID-19
- Organizational Statements and Resources Regarding COVID-19
- Breastfeeding and Infant Health

HUMAN MILK EDUCATION

- Medela's 15th Global Breastfeeding and Lactation Symposium – On-Demand Now Available!
- Human Milk Monthly Webinar Series
- Neonatal Perspectives Blog
- Professional Resources
- We Want to Hear From You!

CLINICAL PEARLS IN LACTATION

- COVID-19 Vaccination and Breastfeeding

TOOLS YOU CAN USE

- AWHONN – Practice Brief #15 Provision of Human Milk in the Context of Gender Diversity

SPOTLIGHT ON PRACTICE

- Maria Sienkiewicz Lennon, MSN, CNM, IBCLC

NEWS YOU CAN USE

BREASTFEEDING AND HOSPITALIZATION

[ABM Clinical Protocol #35: Supporting Breastfeeding During Maternal or Child Hospitalization](#)

Melissa Bartick...The Academy of Breastfeeding Medicine/Sept 2021
Evidence- based recommendations for lactation care during hospitalization of a breastfeeding mother. Addresses mother-infant separation, type of pumps, and other considerations to preserve and protect the breastfeeding dyad through the challenge of maternal hospitalization.

BREASTFEEDING AND COVID-19

[Breastfeeding Experiences During the COVID-19 Lockdown in the United Kingdom: An Exploratory Study into Maternal Opinions and Emotional States](#)

Cristina Costantini BSc,MSc,ClinPsyD, PhD.../Sept 2021
Exploration of COVID-19 lockdown and effects on breastfeeding mothers. Focus on emotional state and duration of breastfeeding during COVID-19 lockdown.

[Detection of SARS-CoV-2-Specific IgA in the Human Milk of COVID-19 Vaccinated Lactating Health Care Workers](#)

Vivian Valcarce.../August 2021
Prospective observational study examining presence of SARS-CoV-2-specific IgA and IgG in human milk and in plasma after vaccination.

ORGANIZATIONAL STATEMENTS AND RESOURCES REGARDING COVID-19

[USBC: The U.S. Breastfeeding Committee](#)

Released, “ How to Make Breastfeeding Easier for Future Patients”.

[GBC: The Global Breastfeeding Collective](#)

Released, “Implementation Guidance on Counselling Women to Improve Breastfeeding Practices”. Publication aimed at ensuring breastfeeding programs are meeting needs.

BREASTFEEDING AND INFANT HEALTH

[Cardiac Performance in the First Year of Age Among Preterm Infants Fed Maternal Breast Milk](#)

Afif El-Khuffash, MD.../August 2021
Cross- sectional study examining human breast milk exposure and cardiac performance of preterm infants during the first year of life.

HUMAN MILK EDUCATION

Symposium



Our live Symposium was a great success, with over 1,400 registered attendees from all over the world. If you were not able to join the live event, no worries! Until June 2022, you can still get full access to all the great content. Click [here](#) for more information and to register for the on-demand event.

Webinars

On Wednesday, October 20th, [Sandra](#)

[Sundquist Bauman, MSN, RNC-NIC](#) will present her topic [Protecting the Feeding Experience of the Neonate](#). Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

Neonatal Perspectives Blog



[National Neonatal Nurses Week – A Time to Celebrate!](#)

Nursing is a calling and it's not for the faint of heart. This year, Neonatal Nurses were celebrated not only during the days of [September 13- September 19](#), but they were also celebrated during the month of September for [NICU Awareness Month](#). This blog talks about the importance of this annual recognition.



[ENFit® and Medication Administration in Pediatric and PICU Populations](#)

This blog will discuss ENFit, medication administration and accuracy.

Professional Resources

Crib Card Update

We are happy to announce that we have updated our Crib Cards. These crib cards show that baby is a breast milk only baby. On the back of the card nurses will find

great information to help mom initiate her milk supply. These can be added to your order by using item number 1547581 Boy Card and 1547582 Girl Card.

I ♥ Breast Milk It's a girl!

My Name _____

My Birthdate _____ Time: ____ : ____ AM/PM

Weight ____ lbs. ____ oz. Length ____ in.

My Mom _____ Room # _____

My Doctor _____

I ♥ Breast Milk It's a boy!

My Name _____

My Birthdate _____ Time: ____ : ____ AM/PM

Weight ____ lbs. ____ oz. Length ____ in.

My Mom _____ Room # _____

My Doctor _____

Supporting Mom with Breast Milk Initiation

 To support exclusive breastfeeding of the healthy term infant:

- Breastfeed within the first hour after birth¹
- Frequently breastfeed, every two to three hours^{1,2}
- Anticipate three or more yellow stools in 24 hours after day four³

 To support an exclusive human milk diet when breastfeeding is not possible:

- Pump with in the first hour after birth^{4,5,6,7,8}
- Frequently use a breast pump with Initiation Technology^{9,10}
- Anticipate pumping ≥ 20 mL in each of three consecutive sessions⁴



Scan for more information about breast milk initiation or visit InitiateBuildMaintain.com

References: 1. Academy of Breastfeeding Medicine Protocol Committee. ABM Clinical Protocol #7: Breastfeeding Policy Review 2010. Breastfeeding Medicine 2010;1(4): 2. Lawrence RA et al. Breast Milk: 2011. 3. Buh A, Lawrence, Robert M, Lawrence. Breastfeeding: A Guide for the Medical Professional, 8th Philadelphia Pa. Elsevier 2016. 4. Meier PP et al. Pediatrics 2012;129(2):317-9. 5. Tomasek D et al. Breastfeed Med 2012;1(2):57-7. 6. Ruel ID et al. Pediatrics 2016;138(4):7-11. 7. Parker LA et al. Breastfeed Med 2015;1(8):44-7. 8. Crane L. Spans Using the Consecutive Paradigm as an Opportunity to Address the Gap of Human Milk and Breastfeeding in Low- and Middle-Income Countries. PLOS ONE 2020; 15(8): e0234910. 9. Perez DK et al. Breastfeed Med 2012;1(4):44-60. 10. HIRSH et al. J Hum Lact 2001;17(1):1-13. Initiation Technology and Human Build/Maintain are trademarks of Medela. 1547581 D-0027 ©2021 Medela

We Want to Hear From You!

We would love to hear from you as we plan 2022 educational webinars! Is there a topic that you are interested in learning more about? Please email education@medela.com with your suggestions.

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.

COVID-19 Vaccination and Breastfeeding

Various professional organizations strongly recommend the COVID-19 vaccination for breastfeeding women. However, in recent weeks, there have been some social media reports of adverse effects from the COVID-19 vaccine as found in the VAERS database. As these stories have circulated, many people are confused and wondering what this means in terms of safety of the vaccine for breastfeeding women and their babies.

So, what exactly is the VAERS database and what information can be gleaned from it?

The Vaccine Adverse Effects Reporting System (VAERS) is one of several safety monitoring systems in the United States that the CDC and the US Food and Drug Administration (FDA) use to help ensure that vaccines, including the COVID-19 vaccines, are closely monitored for safety. VAERS is a passive surveillance system, meaning it relies on people sending in reports of their experiences after vaccination.

If a health problem is reported to VAERS, that doesn't mean that the vaccine caused the problem. Anyone can submit a VAERS report – patients, family members, healthcare providers and vaccine manufacturers. These reports help public health officials follow up on possible safety issues.

According to the CDC, there are limitations to the use of these data. “When evaluating data from VAERS, it is important to note that for any reported event, no cause-and-effect relationship has been established. Some reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. VAERS collects data on any adverse event following vaccination, be it coincidental or truly caused by a vaccine. The report of an adverse event to VAERS is not documentation that a vaccine caused the event.”

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vaers.html>

<https://vaers.hhs.gov/data/dataguide.html>

So, what does the evidence say?

On September 8, 2021, a press release from the journal, *Breastfeeding Medicine*, reports that two studies were published that support the claim that COVID-19 vaccination results in minimal disruption of lactation and that vaccination has no adverse impact on the breastfed child.

From the press release:

Skyler McLaurin-Jiang, MD, MPH, and coauthors from Texas Tech University Health Sciences Center, School of Medicine, surveyed 4,455 breastfeeding mothers who underwent COVID-19 vaccination. They reported that 1.7% of respondents reported a negative impact on breastfeeding post-vaccination. Those mothers were more likely to have experienced symptoms associated with the vaccine. “Even among mothers who reported an adverse impact on breastfeeding, maternal opinion about vaccination and confidence in their decision to receive the COVID-19 vaccine were high,” said the authors.

Kerri Bertrand, MPH, and coauthors from the University of California San Diego, enrolled 180 women in the Mommy’s Milk Human Milk Research Biorepository. Few events were reported for children following maternal vaccination with either the first or second dose of vaccine. The most common child events following dose two were irritability, poor sleep, and drowsiness. “These data are reassuring regarding the safety of vaccination in breastfeeding women and their breastfed children with either of the mRNA COVID-19 vaccines,” said the authors in their article.

“These studies reinforce the conclusion that breastfeeding mothers should be vaccinated while continuing to nurse their infants without concern,” says Arthur I. Eidelman, MD, Editor-in-Chief of *Breastfeeding Medicine*.

Bertrand K, Honerkamp-Smith G, and Chambers CG. (2021). Maternal and Child Outcomes Reported by Breastfeeding Women Following Messenger RNA COVID-19 Vaccination. Breastfeeding Medicine 2021 16:9, 697-701.

McLaurin-Jiang S, Garner C., Krutsch K, and Hale TW. (2021). Maternal and Child Symptoms Following COVID-19 Vaccination Among Breastfeeding Mothers. Breastfeeding Medicine 16:9, 702-709.

TOOLS YOU CAN USE

AWHONN – Practice Brief #15 Provision of Human Milk in the Context of Gender Diversity

The Association of Women’s Health, Obstetrics and Neonatal Nurses (AWHONN) periodically publishes practice briefs on topics that are pertinent to the care of women and newborns. AWHONN has recently published Practice Brief Number 15, “Provision of Human Milk in the Context of Gender Diversity”. The information in these practice briefs “is designed to aid nurses in providing evidence-based care to women and newborns. These recommendations should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.”

Now that a more diverse group of patients are presenting for care, more inclusive terminology is needed. While pregnancy, childbirth and breastfeeding have traditionally been attributed to women who were assigned the female gender at birth and continue to identify as female (cisgender), it is important to acknowledge that not all individuals who give birth and desire to breastfeed identify as woman, female, and/or mother. Nurses and lactation consultants should ask family members for their identified pronouns and make sure to document the preferred pronouns in the medical record.

In several social media threads, hospitals are now reviewing the names of their OB units. They are looking to make their units more welcoming and inclusive of gender diverse families. Some are abandoning the term, “Mother/Baby Unit” for more inclusive terms such as “Family Birthplace” or even the generic “postpartum unit”.

It’s important for nurses, lactation consultants and all healthcare professionals to recognize the existence of diverse gender identities and family structures and to provide the best care for all. Educating all families about human milk science and the physiology of lactation, supporting the informed choices of parents and teaching options for milk expression and breast/chest feeding specifically individualizes care to the needs of diverse families.

This practice brief lists recommendations for educating nurses regarding the lactation needs of diverse families. Incorporating human milk and breastfeeding content into schools of nursing curricula, and lactation education and competency assessment in clinical nursing orientation would help support the feeding choices of parents and “increase collaboration between diverse families and the healthcare team.” Individualizing care helps promote, protect, and support the lactation goals for all families.

Reference:

<https://www.jognn.org/action/showPdf?pii=S0884-2175%2821%2900127-1>.

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 Maria Sienkiewicz Lennon, MSN, CNM, IBCLC
Sedona, AZ.*



Maria Sienkiewicz Lennon is a Certified Nurse Midwife and IBCLC with the Tuba City Regional Healthcare Corporation in Tuba City, Arizona. Originally from North Carolina where she raised her family and began her career as a perinatal nurse, Maria eventually became an IBCLC and then a midwife before relocating to Arizona. There, she splits her time between the desert area in Phoenix and the high country in northern Arizona on the Navajo Nation.

Maria credits having her first child at a young age as a catalyst for wanting to become professionally involved in the birth process; encouraging and helping other women become empowered through physiological birth and breastfeeding. When she first began working in OB nursing and lactation, she discovered that many mothers who began breastfeeding often quit before 6 weeks post-birth. This sparked her passion for providing new mothers with accurate, consistent, evidence-based information and support to help them through early lactation challenges while supporting their breastfeeding goals. She also understood the importance of educating her fellow healthcare professionals around lactation physiology and breastfeeding management, so they could help mothers make the most informed decisions and properly support them through challenges. As a result, Maria started an inpatient and outpatient lactation center and developed a 5-day breastfeeding educator program through the community hospital she worked at in North Carolina.

As someone who worked in the lactation field as an inpatient OB nurse and La Leche League leader before there were lactation consultants, Maria sat for the first IBCLC exam in 1985 to help bring professional recognition and status to the highly specialized work she and her colleagues were doing. She notes that, for many years, helping mothers with breastfeeding issues was a totally volunteer experience and not viewed as the specialized allied profession that it is now. She has remained continuously and proudly board-certified since!

Her current hospital, Tuba City Regional Health Care, is a Baby-Friendly facility located on the Western Navajo Nation. To become Baby-Friendly, Maria developed an educational program for her hospital's healthcare staff to help achieve this goal. She estimates that 99% of their patients are Native American and credits an excellent staff of OG-GYN physicians, Certified Nurse Midwives, nurses, and IBCLCs for helping make TCRHCC an incredible place to work, due to their skill, support of breastfeeding, and commitment to the families they serve. Maria notes that her biggest challenge for families is access to care for breastfeeding follow-up and availability of breast pumps to new mothers. Though they have a very high initiation rate of about 98%, the

duration rates are lower than desired as many mothers in the communities they serve must return to work soon, work very far away from home, don't have access to quality electric breast pumps to maintain their milk supply, and/or live very far from the hospital, requiring a great deal of travel if their baby is in the NICU.

As a result, Maria understands the importance of strong postpartum support and ongoing breastfeeding assistance for mothers and babies, particularly through inpatient and outpatient care that allows for more one-on-one support.

Professionally, Maria says that she's doing what she's always dreamed of doing – working with women through childbirth and beyond through prenatal care, birth attendance, breastfeeding initiation and support, and providing well-woman care. She is a member of Sigma Theta Tau (Nursing Honor Society) and was named one of the Great 100 Nurses in North Carolina. She also received a WIC award for service to the women and children of North Carolina, published several papers in industry journals, wrote an educational booklet for the North Carolina WIC program, and even worked as an associate editor for the Journal of Human Lactation years ago.

Today, Maria remains very involved in educating health professionals on lactation issues and assisting families through their birth experience. She loves reading, spending time with her large family – a total of 9 children and 13 grandchildren altogether! – and traveling around the beautiful and majestic state of Arizona. Thank you, Maria, for a lifetime of dedication to the many, many families you've touched throughout your storied career!