

Human Milk Insights

January 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.

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Happy New Year!



FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

- Human Milk and COVID-19
- Human Milk and NICU
- Human Milk and Maternal Health

HUMAN MILK EDUCATION

- Human Milk Monthly Webinar Series
- Dedicated Webpage for Healthcare Professionals on the Global Impact of COVID-19 on Breastfeeding.
- Neonatal Perspectives
- Medela YouTube Channel

CLINICAL PEARLS IN LACTATION

- COVID-19 Vaccinations – What are the Recommendations?

TOOLS YOU CAN USE

- A Call to Action for Improving Maternal Mortality: Lactation Providers Can Help

SPOTLIGHT ON PRACTICE

- Rachel Wittig-Oman, RN, BSN, IBCLC

NEWS YOU CAN USE

HUMAN MILK AND NICU

ORIGINAL RESEARCH:

Duration of Breastfeeding in Late Preterm Infants: Maternal and Infant Factors

Kartika Darma Handayani, MD.../December 2020 Examination of infant and maternal factors and impact on breastfeeding duration for late preterm infant population

<https://doi.org/10.1177/0890334420978380>

Organizational Statements and Resources Regarding COVID-19:

CDC: The Centers for Disease Control and Prevention

New Report: Implementation of Hospital Practices Supportive of Breastfeeding in the Context of COVID-19 United States, July 15–August 20, 2020

Examination of changes to breastfeeding support practices during the pandemic Cria G.Perrine, PhD¹;.../ November2020

https://www.cdc.gov/mmwr/volumes/69/wr/mm6947a3.htm?s_cid=mm6947a3_e&ACSTrackingID=USCDC_921-DM43152&ACSTrackingLabel=This%20Week%20in%20MMWR%20-%20Vol.%2069%2C%20November%2027%2C%202020&deliveryName=USCDC_921-DM43152

Timing of Introduction of Complementary Foods — United States, 2016–2018

Exclusive breastfeeding recommendation impacted by early introduction of foods prior to the six month mark

Katelyn V. Chiang, MPH.../November 2020
https://www.cdc.gov/mmwr/volumes/69/wr/mm6947a4.htm?s_cid=mm6947a4_e&ACS

[TrackingID=USCDC_921-DM43152&ACSTrackingLabel=This%20Week%20in%20MMWR%20-%20Vol.%2069%2C%20November%2027%2C%202020&deliveryName=USCDC_921-DM43152](https://www.cdc.gov/mmwr/volumes/69/wr/mm6947a3.htm?s_cid=mm6947a3_e&ACSTrackingID=USCDC_921-DM43152&ACSTrackingLabel=This%20Week%20in%20MMWR%20-%20Vol.%2069%2C%20November%2027%2C%202020&deliveryName=USCDC_921-DM43152)

USBC: The United States Breastfeeding Committee

Updated website resource for breastfeeding and COVID-19

<http://www.usbreastfeeding.org/p/cm/ld/fid=33?eType=EmailBlastContent&eld=328761ab-315e-46da-aabb-4ab3730d2630>

ABM: The Academy of Breastfeeding Medicine

Public statement published highlighting considerations for lactation and COVID-19 vaccination

<https://www.bfmed.org/abm-statement-considerations-for-covid-19-vaccination-in-lactation?eType=EmailBlastContent&eld=328761ab-315e-46da-aabb-4ab3730d2630>

ACOG: The American College of Obstetricians and Gynecologists

Published overview and guidance regarding vaccination for pregnant and lactating patients

<https://www.acog.org/en/Clinical/Clinical%20Guidance/Practice%20Advisory/Articles/2020/12/Vaccinating%20Pregnant%20and%20Lactating%20Patients%20Against%20COVID%2019?eType=EmailBlastContent&eld=328761ab-315e-46da-aabb-4ab3730d2630>

INFANT RISK CENTER:

Published information and guidance regarding COVID-19 vaccination during pregnancy and breastfeeding

<https://www.infantrisk.com/covid-19-vaccine-pregnancy-and-breastfeeding?eType=EmailBlastContent&eId=328761ab-315e-46da-aabb-4ab3730d2630>

HUMAN MILK AND COVID-19**JHL: The Journal of Human Lactation**

Universal Screening for SARS-CoV-2 of all Human Milk Bank Samples [Guglielmo Salvatori](#), MD...September 2020

Breastfeeding and donor milk safety examination for COVID- positive mothers

<https://doi.org/10.1177/0890334420962074>

HUMAN MILK AND MATERNAL HEALTH**HHS: The U.S. Dept. of Health and Human Services**

Published an action plan to improve maternal health in the U.S including increasing rates of breastfeeding.

<https://www.hhs.gov/about/news/2020/12/03/hhs-outlines-new-plans-to-reduce-us-pregnancy-related-deaths.html>

The U.S. Surgeon General: Call to Action to Improve Maternal Health

Aims at actions to improve maternal health including breastfeeding support

<https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf?eType=EmailBlastContent&eId=21735a0a-ced6-421b-88a6-ef3f2694f832>

HUMAN MILK EDUCATION

On Wednesday, January 20th, [Terri Major-Kincade, MD, MPH](#) will be presenting [Revisiting Barriers to Breastfeeding in the African American Community: A Health Equity Perspective](#). Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

On Wednesday, February 17th, [Jennifer Payne, MD](#) will be presenting [Maternal Mental Health: What We Know and Where Do We Go From Here?](#) Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

Medela would like to invite you to look at a brand new dedicated webpage for healthcare professionals on the global impact of COVID-19 on breastfeeding. It contains a lot of resources, important facts and figures from research, and educational materials for professionals.

www.medela.com/breastfeedingduringcovid

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.

Medela YouTube Channel

Medela is happy to announce our new YouTube channel for [Lactation Professionals!](#) Professionals can now access Medela in-servicing and instructional videos on YouTube in a format tailored specifically for the healthcare professional. Select patient education, including the newly released breastfeeding series with lactation consultant and midwife,

Katie James, IBCLC, has also been included. Each video includes a short description and relevant links to the product page on medela.us.

<https://www.youtube.com/channel/UCONXFpEp4zbKNZEQHroMHTQ/featured>

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 Vaccinations – What are the Recommendations?

A majority of news stories right now are highlighting the emergency approvals and availability of two vaccines to fight the COVID-19 virus. As soon as the FDA approved the emergency use of both the Pfizer and Moderna vaccines, the trucks began rolling and front-line workers were rolling up their sleeves to get their vaccinations.

However, many questions remain. Lactation providers are asking if they should get the vaccine and breastfeeding women are wondering if it's safe for them to receive the vaccine. To help guide decision-making, several professional organizations have come out with recommendations and guidelines.

The United States Lactation Consultant Association (USLCA) has issued a recommendation that lactation care providers be treated as essential healthcare providers and should be offered the vaccine in the same tier as physicians, midwives, OB and NICU nurses, regardless of the work setting. The Center for Disease Control and Prevention (CDC) states, "During the COVID-19 pandemic, it is critical to ensure that people who are breastfeeding or who desire to breastfeed continue to have access to this support," and that "in-person support may be necessary to effectively support some breastfeeding dyads." Due to the nature of lactation support, close contact with the mother and infant for extended periods may be necessary, therefore lactation care providers are at increased risk.

In December 2020, the American College of Obstetricians and Gynecologists (ACOG) released a Practice Advisory, *Vaccinating Pregnant and Lactating Women Against COVID-19*.

- ACOG recommends that COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on ACIP-recommended priority groups.
- COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals when they meet criteria for receipt of the vaccine based on prioritization groups outlined by the ACIP. There is no need to avoid initiation or discontinue breastfeeding in patients who receive a COVID-19 vaccine ([ABM 2020](#)).
- Individuals considering a COVID-19 vaccine should have access to available information about the safety and efficacy of the vaccine, including information about data that are not currently available.
- While a conversation with a clinician may be helpful, it should not be required prior to vaccination, as this may cause unnecessary barriers to access.
- Pregnant patients who decline vaccination should be supported in their decision. Regardless of their decision to receive or not receive the vaccine, these conversations provide an opportunity to remind patients about the importance of other preventive measures such as hand washing, physical distancing, and wearing a mask.

- Expected side effects should be explained as part of counseling patients, including that they are a normal part of the body's reaction to the vaccine and developing antibodies to protect against COVID-19 illness.
- The mRNA vaccines are not live virus vaccines, nor do they use an adjuvant to enhance vaccine efficacy. These vaccines do not enter the nucleus and do not alter human DNA in vaccine recipients. As a result, mRNA vaccines cannot cause any genetic changes.

ACOG also recommends that pregnant women be informed of the heightened risk for severe disease if they contract the virus and are symptomatic. "Given the growing evidence, CDC has included pregnancy as a factor that leads to increased risk for severe COVID-19 illness ([CDC](#)). Similar to the general population, Black and Hispanic individuals who are pregnant have disproportionately higher rates of COVID-19 infection and death." These disparities are due to a range of social and structural factors including disparities in socioeconomic status, access to care, rates of chronic conditions, occupational exposure, systemic racism, and historic and continued inequities in the healthcare system.

The Practice Advisory is an easy-to-read and understand document that has discussion points and explanations regarding many different aspects about the vaccinations, what women need to know about the risks, benefits, side effects and other considerations. It is a helpful document for everyone to read when trying to decide whether or not to receive the vaccination.

For more information:

<https://www.acog.org/en/Clinical/Clinical%20Guidance/Practice%20Advisory/Articles/2020/12/Vaccinating%20Pregnant%20and%20Lactating%20Patients%20Against%20COVID%2019>

<https://uslca.org/wp-content/uploads/2020/12/Vaccination-for-Lactation-Care-Providers.pdf>

TOOLS YOU CAN USE

A Call to Action for Improving Maternal Mortality: Lactation Providers Can Help

Due to the fact that the United States is one of the most technologically advanced countries in the world, one would think it would deliver the safest, highest-quality maternity care. Unfortunately, our maternal mortality rate is higher than other developed and higher-income countries.

The National Center for Health Statistics (NCHS) defines the official U.S. maternal mortality rate as: deaths of women while pregnant or within 42 days of being pregnant, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. In 2018, the reported maternal mortality rate was 17.4/100,000 live births. In other words, 648 women died in the United States from pregnancy-related causes in 2018. According to the World Health Organization ranking, that ranks the US at 55th in the world, right behind Russia and just ahead of Ukraine.

The Department of Health and Human Services (HHS) has announced a vision of ensuring that the US is one of the safest countries in the world for women to give birth - Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America. This plan aims to achieve three ambitious targets: reduce the maternal mortality rate by 50% in five years, reduce the low-risk cesarean delivery rate by 25% in five years and achieve blood pressure control in 80% of women of reproductive age with hypertension in five years.

The Surgeon General of the United States Jerome Adams, MD, MPH, says, “A woman dies every 12 hours in this country from pregnancy-related complications . . . and two thirds of these deaths are preventable.” He reports that black women are two to three times more likely to die from pregnancy-related complications compared with many other racial and ethnic groups, regardless of educational status. Dr. Adams stresses that unless we act immediately, maternal health could worsen during the COVID-19 pandemic. He says the time to act is now; our nation and our mothers deserve better.

Additionally, the Surgeon General is releasing a Call to Action to Improve Maternal Health simultaneously with the release of the HHS Action Plan, calling on all of our public and private sector partners to join forces in making the U.S. one of the safest countries in the world for women to give birth.

About 1/3 of all maternal deaths occur in the postpartum period from one week to one year postpartum. Lactation providers have a unique role in improving maternal healthcare in the US. We develop close, strong relationships with our clients and spend a lot of quality time, sometimes over several visits, observing, assessing and communicating. In addition to solving breastfeeding problems, these visits are opportune times to:

- Talk with a mother about her physical health and assess her to see if she has any postpartum danger signs, such as fever, abdominal pain, excessive bleeding, severe headache, or visual disturbances. If she experiences any of these symptoms, she should contact her maternity healthcare provider.
- This is the time to discuss ways to prevent COVID-19 – to socially distance, avoid crowds, wear a mask, wash hands frequently and disinfect household items, countertops, and other surfaces that are touched frequently. Review the signs and

symptoms of COVID-19 and encourage testing if symptoms develop or if persons in the household are sick.

- Assess your client's mental health status. How is she feeling now that the baby has been born? Isolation from others, especially now with the coronavirus crisis, has increased the risk of mothers suffering from Postpartum Depression. Refer them to their healthcare providers, local agencies and also to Postpartum Support International at 1-800-944-4773 and online at: <https://www.postpartum.net>.
- In talking with mothers about future pregnancies, the topics of breast health, spacing pregnancies, and overall women's wellness can be discussed.

All members of the healthcare team must work together to improve maternal health in the United States. Lactation professionals are often the most consistent healthcare professionals in contact with new mothers throughout the postpartum period. By providing support, identifying postpartum problems early in the process and appropriately referring mothers to other healthcare providers, lactation care providers play an important role in reducing maternal mortality and will help save lives.

References:

https://aspe.hhs.gov/system/files/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf

<https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.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 Rachel Wittig-Oman, RN,BSN,IBCLC
New Berlin, WI*

For the last twenty-two years, Rachel Wittig-Oman has called Ascension St. Joseph-Milwaukee, her place of employment. Rachel currently works as a lactation consultant in their level III NICU, providing lactation support to NICU families.

Rachel was born and raised in New Berlin, a suburban community located southwest of Milwaukee. She grew up listening to many of her mother's nursing accounts of caring for emergency room patients. Rachel was intrigued by these stories and credits her mother for pursuing a career in nursing. She knew from a young age that she wanted to work with children, even after babysitting her three younger brothers while her mom worked second shift in the ER. After one year of working on an orthopedic unit, she was recommended for a staff nurse position in the NICU at St. Joseph's Hospital, the same hospital in which she was born.

As a NICU clinician and a breastfeeding mother herself, Rachel gravitated toward assisting mothers with pumping milk and breastfeeding their NICU babies. After 15 years of NICU bedside nursing, she pursued the education needed to become a lactation consultant. She was hired as a permanent lactation consultant for the NICU three days per week, while maintaining her staff position as a bedside NICU nurse one day per week. Recently, she let go of the NICU bedside nursing care for an additional day working as an LC on the family birth unit with her other two colleagues.

St. Joseph's Hospital is an inner city hospital that serves low income as well as suburban families. There is a talented and reputable group of perinatologists, neonatologists, and obstetricians that work at this hospital and bring patients from all over the greater Milwaukee area. The patient population is a culturally diverse group with different religious beliefs, ethnic backgrounds, and sometimes non-English speaking languages. The cultural influences, language and transportation barriers can pose a challenge for education and lactation support. The hospital has been supportive of the development of programs to meet the needs of their community. This includes programs such as the lactation support group called 'Breastfeeding and Beyond', run by Rachel and her colleague Nikki, and offering up space for other programs like 'Blanket of Love'. The lactation department also runs a breast pump rental program and outpatient lactation services. Since the onset of the coronavirus pandemic, the lactation support group has been on hold. Rachel and her colleague Nikki creatively use a private Facebook platform to reach lactating moms through the 'Breastfeeding and Beyond' Facebook group. Rachel and Nikki often answer moms' questions on their own personal time, even late at night while watching TV. They also developed a plan to safely conduct individual outpatient lactation consults by escorting mothers from the front door of the hospital to a cozy, breastfeeding friendly room in the hospital away from patient care areas. Rachel also teaches breastfeeding classes to pregnant moms in the hospital on the Women's Outpatient Center.

One of Rachel's first tasks as a NICU lactation consultant was to establish a donor milk program, which she did and continues to manage, order, and track the use and progress of donor milk in the NICU. Recently, she facilitated a Zoom meeting with the Director of the Western Great Lakes Milk Bank, the lead neonatologist, NICU dietician, and NICU supervisors. She has a strong passion for patient advocacy as evidenced by implementing best practice recommendations and utilizing the most current education.

COVID-19 has caused significant stressors for NICU families. Rachel has seen many moms experiencing increased anxiety about breastfeeding, visitation and their infants' hospitalization. Rachel's goal as a NICU lactation consultant is to let parents know that when it comes to pumping and breastfeeding, they are not alone. Rachel is there to assist them from the very first drops of pumped colostrum to full breastfeeding sessions. She recognizes the barriers that her NICU families often face and strives to meet them at their level of commitment so they will feel a sense of pride and accomplishment when providing a true 'labor of love'...breast milk.

Rachel, her husband Scott, and their three children continue to reside in New Berlin. They look forward to the summer months as they enjoy outdoor waterparks, swimming, hiking, and camping. During Wisconsin's cold winters, they are either sledding or ice skating or warming up next to their fireplace watching a movie or playing games. Rachel cherishes her family time, as her children are quickly growing and becoming more independent with friends and lives of their own. Her oldest daughter will soon be pursuing her own career in nursing.