

Human Milk Insights

January 2022

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

- Breastfeeding and Research
- Breastfeeding and COVID-19
- Breastfeeding and Inpatient Practices
- Human Milk and Maternal 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

CLINICAL PEARLS IN LACTATION

- The Incredible Breastfeeding Health Benefits for Mothers – Part 1 Diabetes

TOOLS YOU CAN USE

- Planning Breastfeeding Awareness in the New Year

SPOTLIGHT ON PRACTICE

- Lisa Conroy, RN, BSN, IBCLC

NEWS YOU CAN USE

BREASTFEEDING AND RESEARCH

Research Challenges and Considerations in Investigating Rare Exposures Using Breast Hypoplasia as an Example <https://bit.ly/3pTyvvi>

Renee L. Kam.../August 2021
Discussion of challenges of rare breast conditions contributing to insufficient milk supply.

BREASTFEEDING AND COVID-19

Breastfeeding Experiences During the COVID-19 Lockdown in the United Kingdom: An Exploratory Study Into Maternal Opinions and Emotional States <https://bit.ly/3f6FR8F>

Cristina Costantini, BSc, MSc, ClinPsyD, PhD.../Sept 2021
Exploration of sources of support available to breastfeeding mothers, maternal emotional states, and influence of duration of breastfeeding during the COVID-19 pandemic.

The Impact of COVID-19 on Breastfeeding Rates in a Low-Income Population <https://bit.ly/3eWYBHf>

Maria Koleilat, DrPH, MPH.../December 2021
Exploration of several factors influencing breastfeeding outcomes in the WIC recipient population prior to and during the pandemic.

BREASTFEEDING AND INPATIENT PRACTICES

Postnatal Unit Experiences Associated With Exclusive Breastfeeding During the Inpatient Stay: A Cross-Sectional Online Survey <https://bit.ly/3mZgz0j>

Kristin P. Tully PhD.../November 2021
This prospective cross-sectional survey study explored maternal experiences following delivery and correlation with outcomes in early infant feeding.

HUMAN MILK AND MATERNAL HEALTH

Fecal Bacterial Communities Differ by Lactation Status in Post-Partum Women and Their Infants <https://bit.ly/3mYjYfP>

Eliot N. Haddad.../December 2021
With an understanding that lactation impacts maternal health, this investigates whether lactation impacts maternal gut microbiota.

HUMAN MILK EDUCATION

Symposium On-Demand Available



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! Through 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, January 19th [Bonnie DiPietro, RN, MS, NEA-BC, FACHE](#) and [Dr. Blair Eig](#) will present their topic [Racial Disparities in Maternal Health Outcomes: Strategies to Narrow the Gap](#). Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

Neonatal Perspectives Blog



[A History of Safe Enteral Feeding: Where Did It All Begin?](#)

Healthcare facilities across the country are evaluating their current practice for enteral feeding and modifying it accordingly to improve the practice and safety of enteral feeding. In this blog, we will take a look at how far we have come with improving practice and safety for enteral practice and products. Inadvertent enteral feeding misconnections between enteral feeding systems and non-enteral feeding products, such as in intravascular line, have been reported over the past 50 years.



[Our Friends Up North: NICU Medicine & Enteral Feeding Guidelines in Canada](#)

This blog is an interview with Annie Duchemin, RN. She will talk about how things are done in her country of Canada and where Canadians are with the enteral safety product of ENFit.



[Medela's 2021 Symposium, Part 1 : Protecting Human Milk and Breastfeeding in a COVID-19 World](#)

This blog will introduce you to some of the speakers from Medela's 2021 Symposium, the research they presented, and show snippets from their abstracts, as related to our Protecting Human Milk and Breastfeeding in a COVID-19 World topic



[Enteral Tube Placement Confirmation and Risks of Misplacement: What Does the Evidence Say?](#)

When it comes to placement and management of enteral feeding tubes,

practice continues to vary. This blog takes a deeper look into current research-based recommendations on placement practices in the neonatal population and associated risks of tubes being mis- or displaced.

Professional Resources

2022 Human Milk Monthly Clinical Education Webinar Schedule

We are happy to announce that the 2022 webinar schedule is now available. For a copy of this schedule click [here](#).

Recorded Webinars

Perhaps you missed a previous webinar, or you want to listen to a webinar again. To see a list of on-demand webinars, click [here](#). Please note, these on-demand webinars do not offer the Nursing Contact Hour(s).

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.

The Incredible Breastfeeding Health Benefits for Mothers – Part 1: Diabetes

Happy New Year! 2021 is behind us, and, as we begin the new year it's a good idea to focus on the positive. One thing that is very positive is the myriad benefits of breastfeeding for mothers, especially in terms of their long-term health.

Most healthcare professionals, as well as mothers, are aware that breast milk is best for babies, and they agree that breastfeeding has some benefits for mothers. When asked about the benefits of breastfeeding to mothers, most will mention that it's convenient – always ready and at the right temperature, it helps the uterus involute so maybe they can fit in their jeans a little sooner, and that postpartum bleeding is reduced so they are at less risk of developing anemia. Most are unaware of the evidence-based long-term health benefits of breastfeeding to mothers.

Diabetes is a serious chronic health condition that causes higher than normal blood sugar. It occurs when the body cannot make enough or effectively use its own insulin. Insulin works as a “key” to open the cells so that the sugar (glucose) that is made from food can enter. The body then uses the glucose for energy. When there isn't enough insulin in the bloodstream or if cells are resistant to insulin, too much blood sugar remains in the bloodstream. Over time, too much sugar in the bloodstream can cause serious health problems, such as heart disease, stroke, vision loss, and kidney disease.

Gestational Diabetes Mellitus (GDM) is a condition in which a woman without preexisting diabetes develops high blood sugar levels during pregnancy. GDM occurs in about 4% - 10% of pregnancies. Mothers who have GDM are at increased risk for developing Type 2 Diabetes later in life; up to 50% of women with GDM progress to type 2 diabetes mellitus (DM) within 5 years postpartum.

Multiple studies show that breastfeeding reduces a woman's risk of developing Type 2 Diabetes Mellitus (T2DM). Breastfeeding increases insulin sensitivity and improves glucose metabolism. There seems to be a dose-response relationship in that the longer a woman breastfeeds in her lifetime the more her risk of developing T2DM is lowered. For every 12 months of breastfeeding, the risk of developing T2DM is reduced by 4-12%. Breastfeeding for longer than 2 months lowered the risk of type 2 diabetes by almost half. Breastfeeding beyond 5 months lowered the risk by more than half.

The fact that breastfeeding can decrease the chances of developing a serious chronic disease like diabetes is yet another reason that doctors, nurses, and hospitals as well as policymakers should support women and their families to breastfeed as long as possible.

Becoming familiar with the evidence-based long-term health benefits of breastfeeding for mothers and discussing these with both patients and colleagues helps to increase the understanding of the importance of breastfeeding to both babies and mothers.

References:

Bengtson AM, Ramos SZ, Savitz DA, Werner EF. Risk Factors for Progression from Gestational Diabetes to Postpartum Type 2 Diabetes: A Review. *Clin Obstet Gynecol*. 2021 Mar 1;64(1):234-243. doi: 10.1097/GRF.0000000000000585. PMID: 33306495; PMCID: PMC7855576.

Del Ciampo LA, Del Ciampo IRL. Breastfeeding and the Benefits of Lactation for Women's Health. *Rev Bras Ginecol Obstet*. 2018 Jun;40(6):354-359. English. doi: 10.1055/s-0038-1657766. Epub 2018 Jul 6. PMID: 29980160.

Gunderson EP, Lewis CE, Lin Y, et al. Lactation Duration and Progression to Diabetes in Women Across the Childbearing Years: The 30-Year CARDIA Study. *JAMA Intern Med*. 2018;178(3):32.

Gunderson EP, Hurston SR, Ning X, Lo JC, Crites Y, Walton D, Dewey KG, Azevedo RA, Young S, Fox G, Elmasian CC, Salvador N, Lum M, Sternfeld B, Quesenberry CP Jr; Study of Women, Infant Feeding and Type 2 Diabetes After GDM Pregnancy Investigators. Lactation and Progression to Type 2 Diabetes Mellitus After Gestational Diabetes Mellitus: A Prospective Cohort Study. *Ann Intern Med*. 2015 Dec 15;163(12):889-98. doi: 10.7326/M15-0807. Epub 2015 Nov 24. PMID: 26595611; PMCID: PMC5193135.

<https://www.nih.gov/news-events/nih-research-matters/breastfeeding-may-help-prevent-type-2-diabetes-after-gestational-diabetes>

TOOLS YOU CAN USE

Planning Breastfeeding Awareness in the New Year

The new year is upon us and what better time to ponder how to promote breastfeeding in our communities during the coming year. Now is a good time to begin planning to raise awareness of breastfeeding in our hospitals, workplaces, daycares, and among pregnant and new mothers, healthcare professionals and the community in general. Here are a few websites that have toolkits to help create a plan to promote and support breastfeeding in your area.

Social Media:

The FDA Office of Women's Health published a Pregnancy [Social Media Toolkit](#), but it's helpful for breastfeeding promotion also.

For Hospitals:

Kaiser Permanente [Breastfeeding Toolkit](#)

From the Massachusetts Bureau of Family Health and Nutrition, a [toolkit](#) for helping hospitals become Baby Friendly:

Community-Wide Support:

[Improving Lactation Support and Continuity of Care](#) (Illinois Public Health Initiative)

This [toolkit](#) from the CDC is a little older, but still has some excellent suggestions.

Breastfeeding in the Workplace:

Coos County (Oregon) Breastfeeding Friendly Workplace [Toolkit](#)

Breastfeeding in the American Indian Worksite: Policy [Toolkit](#)

Making it Work [Toolkit](#) for North Carolina and [other materials](#)

Healthcare Providers:

California Department of Public Health – [Breastfeeding Resources](#) for Healthcare Providers

From the American Academy of Family Physicians [toolkit](#)

If you use any of these helpful resources, let us know how they worked for you and your community.

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 Lisa Conroy, RN, BSN, IBCLC
Florida*



Lisa Conroy has been a dedicated RN since 1983, starting her career as a NICU nurse, and brings an extensive array of valuable experience to the moms, babies, families, and healthcare colleagues she works alongside every day. Lisa started her career at Grady Memorial Hospital in Atlanta, Georgia, making the 3rd RN on the 3 – 11 shift. Though she is now an RN, BSN, and IBCLC and happily works as a Lactation Consultant at a hospital in Northern Florida, she says it best: “You can imagine the changes and advancements I have seen throughout the years!”

Originally hailing from Miami Beach, Florida, Lisa received her nursing degrees from Miami Dade Community College (where she obtained an ASN) and then from Florida International University (where she obtained her BSN). Lisa notes that she has always wanted to be a nurse and, once in school, realized that she preferred working with infants and children, which led to her lengthy and notable career in the NICU and PICU. As a high school exchange student, she traveled to Japan for a summer program and realized a love of travel. Lisa credits this lifelong love of travel with her decision to become a travel nurse throughout periods of career. In fact, she completed a long stint from 1997 – 2007, which ended with her working in a London NICU. There, breastfeeding and lactation became a focal point of her career. Lisa says this is because “European women are mostly breastfeeding women. Most women travel by tube (train) or bus. It is very hard to carry milk or formula to feed their babies. It is just so much easier to breastfeed. Ready milk that is fresh and warm!”

Once back in the United States, Lisa took a couple of traveling contracts and met a Lactation Consultant who suggested that she become a certified L.C. too. In 2008, Lisa began as a Lactation Educator in the lactation department of a large delivery hospital and then sat for the IBCLC exam.

Lisa currently works in the NICU of a hospital in Northern Florida, which she remarks is quite different from working on the postpartum floor. This is mostly because their goal in the NICU is to help new mothers begin pumping effectively because they are unable to breastfeed. They work closely with these mothers and follow up with them weekly to ensure they’re maintaining their milk supply. Once their baby can begin taking bottles, their focus shifts to working with these moms on breastfeeding. Lisa notes that her

current facility is in a transitory period to become more breastfeeding-friendly, as more mothers are understanding the importance of breastfeeding and voicing their desire to breastfeed to their doctors. Her unit also offers donor breast milk for sick and/or preterm infants.

Lisa says that her location is within a growing community of young couples starting families and these mothers are realizing that breast milk is best for their babies by educating themselves and speaking with their doctors about their desire to breastfeed. She reports that area hospitals are trying to keep up with this demand by hiring Lactation Consultants for their postpartum floors to fill a noticeable gap in consistent lactation help for these new families. Lisa also works closely with a friend who recently opened a lactation company, which allows professional lactation experts to see mothers at their homes, virtually, or by consulting via e-mail. Because insurance now covers outpatient lactation services, mothers have easier access to the breastfeeding help they need in the privacy of their own homes. Lisa notes the importance of having more Lactation Consultants available outside of the hospital setting (such as in pediatrician offices, WIC offices, and private practices) to ensure new moms have the support they need to navigate nursing challenges and more easily meet their breastfeeding goals.

In conclusion, Lisa states that she has greatly enjoyed her work as a Lactation Consultant. She has worked in many different settings, including the NICU and postpartum, private practice, and outpatient environments, and hopes to continue helping new and established breastfeeding parents along their journey to a fulfilling breast milk feeding experience.