

Human Milk Insights

March 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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FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

- Breastfeeding and COVID-19
- Human Milk in the NICU
- Breastfeeding Duration
- Human Milk and Maternal Health
- Organizational Statements and Resources

HUMAN MILK EDUCATION

- Medela's 15th Global Breastfeeding and Lactation Symposium – On-Demand Available
- Human Milk Monthly Webinar Series
- Neonatal Perspectives Blog
- Professional Resources

CLINICAL PEARLS IN LACTATION

- The Incredible Breastfeeding Health Benefits for Mothers – Part 3 Reduces the Risk of Cancer

TOOLS YOU CAN USE

- Toolkit for Breastfeeding and Lactation Advocacy

SPOTLIGHT ON PRACTICE

- Jenny Murray, RN, BSN, IBCLC

NEWS YOU CAN USE

BREASTFEEDING AND COVID-19

Breastfeeding Mother and Child Clinical Outcomes After COVID-19 Vaccination

Jia Ming Low, MRCPCH.../October 2021 Investigation regarding vaccination effects and outcomes of breastfeeding mother and child dyads. [Article](#)

HUMAN MILK IN THE NICU

Changes in Antisecretory Factor in Human Milk During the Postpartum and Length of Gestation

Anna Gustafsson, RNM MSc.../June 2021 Preterm infants are vulnerable to complications of inflammation. This is an examination into bioactive components of human milk protecting preterm infants from inflammatory processes. [Article](#)

BREASTFEEDING DURATION

The Association Between Maternal Employment and Breastfeeding Duration with Household Income in Mexico

Ana Paola Campos.../February 2022 Investigation of the association between employment and household income as a factor in breastfeeding duration. [Article](#)

The Use of an Incentive to Improve Breastfeeding Outcomes: The Effectiveness of Offering a Free Family YMCA Membership to Increase Support Group Participation

Lisa Russell Miller, MA IBCLC.../February 2022 Examination of impact of YMCA membership incentive to increase exclusivity and duration of

breastfeeding and attendance at a breastfeeding support program. [Article](#)

HUMAN MILK AND MATERNAL HEALTH

Body Image Dissatisfaction, Breastfeeding Experiences, and Self-Efficacy in Postpartum Women with and Without Eating Disorder Symptoms

Hillary M. Kapa.../February 2022 Investigation into breastfeeding experiences and body image in postpartum women. [Article](#)

An Evaluation of the Signs of Nipple Trauma Associated With Breastfeeding: A Delphi Study

Maya Nakamura, MA.../February 2022 Study aimed at defining signs of nipple trauma to increase objectivity in documentation and communication. [Article](#)

Reliability of an Ion-Selective Electrode as a Simple Diagnostic Tool for Mastitis

Kazuna Furukawa, MD.../February 2022 Determination regarding reliable tool for mastitis diagnosis. [Article](#)

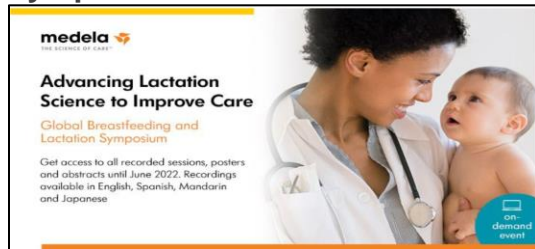
ORGANIZATIONAL STATEMENTS AND RESOURCES

USBC: The U.S. Breastfeeding Committee

Released an informational web page highlighting materials and resources for Black families and support providers for use during Black History Month and beyond. [Article](#)

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, March 16th [Dr. Paula Meier](#) will present her topic [Evidence and Best Practices to Increase the Use of Mothers' Own Milk in the NICU: Focus on Secretory Activation and Coming to Volume](#). Complimentary registration is now open! For more information or to register, visit www.MedelaEducation.com.

Neonatal Perspectives Blog



[Medela Pump in Style® with MaxFlow™: Important Connection and Safety Tips](#)

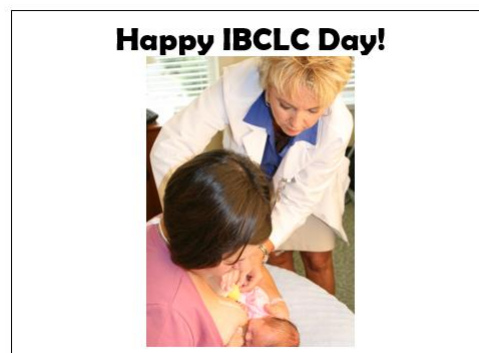
This blog talks about some important things to keep in mind while supporting

moms who are learning how to use their Pump in Style with MaxFlow breastpump.

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](#).



March 2nd was IBCLC Day. As you already know, this is an annual day highlighting the services IBCLCs provide to expectant parents, new mothers and the healthcare team who form their circle of care. We thank you for all you do to support moms and babies!

Important Product Update

Last month, we shared with you the recent tubing adaptor change to Pump in Style® with MaxFlow™. You will start to notice the new tubing in the market this month. This change ensures that the tubing works great with the PersonalFit Flex™ Connector used with Pump in Style with MaxFlow, but will no longer work with the PersonalFit™ connector used with Symphony®. For more information, please refer to this [video](#) or reference the [FAQ](#) document.

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 3: Reduces the Risk of Cancer

Every time we speak to mothers, our colleagues, our friends and families and our communities about the benefits of breastfeeding, it's important to stress that it's not only beneficial to babies and children, but it's just as important for a woman's health throughout her lifetime. In Part 3 of the Incredible Health Benefits for Mothers, we'll look at the wealth of evidence that supports that breastfeeding and/or pumping reduces a woman's risk of developing several types of cancer.

Breast cancer is the most common cancer in US women, behind only skin cancers. The overall risk for a woman developing breast cancer is about 13% - that's a 1 in 8 chance. The major risk factors for developing breast cancer are, 1. being a woman and 2. growing older. Other risk factors include having a first-degree relative having breast cancer and having a gene mutation. Compared to white women, Black women in the US have lower rates of breastfeeding, and nearly twice the incidence of triple-negative breast cancer (an aggressive subtype).

There isn't much that can be done to modify those risks, but breastfeeding is of special interest to the prevention of breast cancer because it IS a modifiable risk factor.

Numerous studies have been done which link breastfeeding with reduced breast cancer risk. A classic meta-analysis published in 2002 found that **for every 12 months of lifetime breastfeeding, the relative risk for breast cancer was reduced by 4.3%! The longer a woman breastfeeds in her lifetime, the more protection she receives.**

There are several explanations for how breastfeeding can reduce the risk of breast cancer. One reason is that lactation often delays the return of the menstrual cycle after giving birth which reduces the lifetime exposure to estrogen which is linked to increased risk of breast cancer. Also, after lactation and during the process of involution, the breasts gradually shed tissue and cells, some of which may have damaged DNA. Research continues as to how breastfeeding affords protection from breast cancer, but the overall consensus is that it is a very important component of modifying risk.

Breastfeeding significantly reduces the risk of developing ovarian cancer, including the deadliest of subtypes – high-grade serous tumors according to a large-scale study published in JAMA Oncology in 2020. Breastfeeding was associated with a 24% reduced risk of invasive epithelial ovarian cancer. This study also found that the longer a woman has breastfed decreases risk even further. For women who breastfed less than 3 months per live birth, risk reduction was 18% and for those who breastfed 12 months or longer per live birth, there was a 34% risk reduction.

Even though a longer duration of breastfeeding provides more protection from ovarian cancer, this study showed there was a statistically significant risk reduction associated with a mean

breastfeeding duration of less than 3 months per episode. This suggests that even a short duration of breastfeeding is beneficial.

Endometrial cancer is the fourth most common cancer in women in high income countries such as the USA, Canada, and Australia. A meta-analysis from three cohort and 14 case-control studies found that ever breastfeeding was associated with an 11% reduced risk of endometrial cancer. Again, longer breastfeeding duration per child was associated with even lower risk, although there appeared to be some leveling off of protection around 6 to 9 months.

Breastfeeding is a well-documented protection for the development of several cancers affecting millions of women throughout the world. However, studies show that most people are unaware of this fact - only about 1 in 4 people have heard that breastfeeding reduces the risk of developing cancer. More people need to be educated about these important health benefits for women, and more work is needed to provide the support and protection to help mothers achieve their breastfeeding goals.

References:

Anstey, E., Shoemaker, M., Barrera, C. et.al. (2017). Breastfeeding and Breast Cancer Risk Reduction: Implications for Black Mothers. *American Journal of Preventive Medicine* 53(3 Suppl 1): S40-S46. Doi: 10.1016/j.amepre.2017.04.024.

Babic, A., Sasamoto, N., Rosner, B., Tworoger, S (2020). Association Between Breastfeeding and Ovarian Cancer Risk. *JAMA oncology*, 6(6), e200421. <https://doi.org/10.1001/jamaoncol.2020.0421>

Collaborative Group on Hormonal Factors in Breast Cancer. (2002). Breast cancer and breastfeeding: collaborative re-analysis of individual data from 47 epidemiologic studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease. *Lancet* 360(9328): 187-195. Doi: 10.1016/S0140-6736(02)09454-0

Jordan, Susan J. MBBS, PhD; Na, Renhua PhD; Johnatty, Sharon E. PhD, et. al. (2017). Breastfeeding and Endometrial Cancer Risk, *Obstetrics & Gynecology*. 129(6). 1059-1067 doi: 10.1097/AOG.0000000000002057

www.breastcancer.org

www.cancer.org

TOOLS YOU CAN USE

Toolkit for Breastfeeding and Lactation Advocacy

For 2021 World Breastfeeding Month, BreastfeedLA, the local breastfeeding task force for Los Angeles, developed a 53-page Toolkit to help with breastfeeding and lactation advocacy. Though much of the toolkit is focused on resources in California and the Los Angeles area specifically, it provides a great framework for what should be included in any toolkit meant to help “anyone who wants to advocate for themselves or others.”

The first section of the toolkit lists resources for legal assistance, advocacy organizations, government agencies and breastfeeding support.

Other sections address issues such as: Background and Overview of Laws, both federal and California Laws that are important for protecting breastfeeding rights. California has strong protections which include workplace accommodation, housing and employment discrimination, pregnancy discrimination, breastfeeding in public and The Baby Friendly Hospital Initiative. The toolkit explains five federal laws that provide protections for breastfeeding, which are Title VII, Title IX, The Family Leave Medical Leave Act (FMLA), The Affordable Care Act (ACA), and the Right to Breastfeed Act.

Specific sections go into detail and give helpful suggestions when faced with issues regarding workers’ rights, students’ rights, citizens’ rights, and parental rights:

- Breastfeeding at Work
- Breastfeeding in the Education System
- Jury Duty: Breastfeeding and Lactation Accommodations
- Breastfeeding and Divorce and Custody Cases

The toolkit further addresses lactation rights in certain circumstances, such as

- Lactation Rights during Incarceration or in Immigrant Detention
- Adoptive and Foster Parents
- Surrogacy
- LGBTQAI+ families

Other sections of the toolkit address specifics regarding:

- Breastfeeding and Traveling
- Breastfeeding in Public
- Breastfeeding Rights and Medical Care

The final sections give specific action items for individuals to advocate for themselves or others and how everyone can help change the culture of our country by legislative advocacy and working at the local, state, and federal level.

It is evident that a lot of hard work went into this project and many volunteers, community members and organizations contributed to developing this comprehensive resource. For more information on BreastfeedLA’s Advocacy Training, please download a copy of the [toolkit](#).

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 Jenny Murray, RN, BSN, IBCLC
Melissa, TX.*



This month, we are excited to highlight one of our very own as our March Spotlight on Practice! Jenny Murray, RN, BSN, IBCLC, is also a valued Clinical Education Specialist for Medela, where she is responsible for clinical expertise on the delivery of neonatal and newborn nutrition, as well as maternal lactation. In her role, Jenny presents the latest scientific evidence and information to both clinical audiences and new parents in an engaging, easily understandable manner to effectively relay the importance and benefits of human milk. As part of the Medela family, she regularly shares her expertise through everything from monthly articles written for our clinical audience to supporting our hospitals and sales teams across all Americas regions.

Originally from Melissa, Texas, Jenny was introduced to the healthcare profession by her mom, who worked as a pediatric nurse. Jenny volunteered as a “candy striper” at the hospital where her mom worked and quickly fell in love with volunteering in the newborn nursery. She then worked part-time as an office manager for a pediatrician, where she found her love of working with moms, babies, and children grew. In college, Jenny first declared her major as accounting but quickly changed her mind after recognizing her desire to pursue nursing as a career. She says “I changed my major to nursing and never looked back!” Prior to nursing school, she worked as a tech in the newborn nursery and then transitioned to a tech in the NICU. Upon graduating from nursing school, she realized her passion was all things NICU and immediately began an internship at Parkland Hospital’s NICU in Dallas, Texas.

Jenny decided to become an IBCLC after working in the NICU setting for about 20 years helping moms and babies breastfeed. During this time, she also welcomed her own two children who she breastfed. Her daughter, Kate, was born full-term and fed exceptionally well at first. Jenny recalls that, from day one, her daughter had small emesis – which then progressed at about 4 weeks, changing her respiratory status and making her very fussy and miserable during feedings. Trusting her own mom intuition, Jenny visited a pediatrician because she knew “something wasn’t right.” There, her daughter tested negative for RSV multiple times and the doctor suggested trying formula feedings instead. Unfortunately, Kate’s respiratory status became increasingly compromised and she was rushed to the ER and placed on oxygen. When a neonatal nurse friend visited them at the hospital, she said that she felt Kate was aspirating and, sure enough, it was determined that she was aspirating and refluxing.

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Jenny says it began to make sense then; that because breast milk is more readily absorbed in the lungs, it would make sense that her daughter's respiratory status worsened after starting on formula. Unfortunately, Jenny says that her milk had dried up by then and Kate had to instead take thickened formula feedings until she was a year old. Because of her personal experience with her daughter, her passion for NICU patients, and her desire to see moms achieve their breastfeeding goals, Jenny became an IBCLC to do her part to help babies grow, thrive, and improve their health while helping new moms meet their goals and provide nutrition for their little ones.

While noting that current professional challenges include ensuring parents are given the most informed consent and support to appropriately initiate and sustain lactation for as long as desired, Jenny shares that her love for all things human milk only grew after joining Medela as a Clinical NICU Specialist. She finds the research fascinating and says that the extent of what she knew about the benefits of human milk has increased significantly, particularly when it comes to the long-term health impact on moms and babies.

Jenny was inducted into Tenet's Hero Hall of Fame in 2015, received the Excellence in Nursing award from D Magazine in 2016, and was awarded the High Impact Award at Medela in 2021. Additionally, she has been featured in the American Hospital Association publication for leadership, clinical expertise, and the connection she enjoys developing with families during and after their hospital stay. Outside of work, she enjoys traveling, spending time with family, watching football and baseball, reading, and volunteering at her church.

Jenny puts it best: "There aren't many jobs where you get to witness miracles every day. The NICU is one of those few jobs." Thank you for all you do and for being such a valued part of the Medela team!