

Leading Lactation Insights

September 2023

The Leading Lactation 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/WRITERS

Katie McGee, RN, BSN, IBCLC
Education Consultant
Westchester, IL.

Maria Sienkiewicz Lennon, MSN,
CNM, IBCLC
Nurse-Midwife, Perinatal Education
Consultant
Sedona, AZ.

Kimberly Colburn, BPC
Medical Education Specialist US
Medela LLC
McHenry, IL

Megan Quinn
Corporate Communication Specialist
Medela LLC
McHenry, IL

FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

Katie McGee - Contributor

- Breastfeeding and Infant Health
- Breastfeeding Disparities
- Breastfeeding Exclusivity
- Human Milk in the NICU

HUMAN MILK EDUCATION

Kimberly Colburn - Contributor

- Human Milk Monthly Webinars
- Professional Resources
- Did You Know?
- Meet The Team

CLINICAL PEARLS IN LACTATION

Maria Sienkiewicz Lennon - Writer

Breastfeeding with HIV in the US?
Update to Clinical Guidelines

TOOLS YOU CAN USE

Maria Sienkiewicz Lennon – Writer

Perinatal Transmission of HIV: Update
to HHS Guidelines

SPOTLIGHT ON PRACTICE CHANGE

Megan Quinn - Writer

Sino George, DNP, APRN, RNC-OB,
WHNP-BC

NEWS YOU CAN USE

BREASTFEEDING AND INFANT HEALTH

Opioid Use Disorder During Breastfeeding

Philip O. Anderson/June 2023
Update regarding breastfeeding following buprenorphine or methadone maintenance during pregnancy. [Article](#)

New Information on Antivirals and Breastfeeding

Philip O. Anderson/June 2023
Examination of case studies of prophylaxis antiviral therapy during pregnancy and breastfeeding for HIV, Hepatitis C, and COVID-19. [Article](#)

Associations Between Breastfeeding and Post-perinatal Infant Deaths in the U.S.

Julie L. Ware, MD, MPH.../May 2023
This large, prospective cohort study linking U.S. national birth and post-perinatal infant death. Results include a strong association between initiation of breastfeeding and lower post-perinatal U.S. infant mortality. [Article](#)

Promotion, Protection, and Support of Breastfeeding as a Human Right: A Narrative Review

Trina Van MD.../August 2023
Examination of societal barriers to breastfeeding care. Twelve weeks or more of maternity leave among factors associated with higher breastfeeding rates. [Article](#)

BREASTFEEDING DISPARITIES

Breastfeeding Disparities During the COVID-19 Pandemic: Race/Ethnicity, Age, Education, and Insurance Payor

Kiran McCloskey.../July 2023

Shorter duration of breastfeeding was associated with younger maternal age, non-Hispanic Black and residing in a lower area income zip code. These findings were not found to significantly change during the pandemic. [Article](#)

U.S. Breastfeeding Outcomes at the Intersection: Differences in Duration Among Racial and Ethnic Groups with Varying Educational Attainment in a Nationally Representative Sample

Margaret S. Butler, MA.../July 2023
Examination of educational background as well as race/ethnicity in breastfeeding outcomes in order to provide targeted interventions. [Article](#)

BREASTFEEDING EXCLUSIVITY

A Technological Approach to Improved Breastfeeding Rates and Self-Efficacy: A Randomized Controlled Pilot Study

Areli Saucedo Baza.../August 2023
Educational program included use of a smartphone application, on breastfeeding self-efficacy. Those who received a smartphone demonstrated increased breastfeeding rates. [Article](#)

HUMAN MILK IN THE NICU

Skin to Skin Contact Correlated with Improved Production and Consumption of Mother's Own Milk

practice change initiative

Felicia Daniels.../June 2023

Duration of skin to skin contact demonstrated a positive correlation with ingestion of mother's own milk. [Article](#)

HUMAN MILK EDUCATION

Webinars

On Wednesday, September 20th [Jenny Thomas, MD, MPH, IBCLC, FAAP, FABM](#) will present her topic [Breastfeeding Promotion, Protection, and Support: Why We Do It and Why It's So Hard to Do.](#)

On Wednesday, October 18th [Donna Geddes, Professor, DMU, PostGrad DIP \(Sci\), Ph.D.](#), will present [Is Hands-Free In-Bra Pumping Effective?](#)

On Wednesday, December 6th [Jessica Brumley, CNM, Ph.D.](#) will present her topic [Consensus Statement/Early Effective Initiation for Mothers with Risk Factors](#)

Starting January 2024, we will be moving our live webinars to Tuesdays.

On Tuesday, January 9th [Rebecca Hoban, MD, MPH](#) will present her topic [Prematurity Awareness/Neonatology.](#)

Complimentary registration is now open. For more information or to register, visit www.MedelaEducation.com.

PROFESSIONAL RESOURCES

Leading Lactation Insights

As you know, Leading Lactation Insights is a newsletter we distribute monthly. It features factual and scientific information with no product promotion. It covers cutting-edge breastfeeding &

lactation research, clinical news, and expert insights for IBCLCs, lactation consultants, and maternal health professionals. Did you know that you can subscribe to this valuable newsletter and have it sent to your inbox? Click [here](#) to subscribe today!

Did You Know

As the healthcare choice for more than 6 million hospitals and homes across the globe, Medela provides leading research-based breast milk feeding and baby products, healthcare solutions for hospitals, and clinical education.

As your trusted partner, Medela is committed to supporting, promoting and providing the latest breastfeeding research through comprehensive education. Our **free** evidence-based [online courses](#) and live [monthly webinars](#) are designed to impact and improve practice. These education courses and live monthly webinars offer Nursing Contact Hours.

We recently released three **free eLearning courses**. This series aims to develop an understanding of the anatomy and physiology of the lactating breast to drive timely and effective secretory activation to establish a copious milk supply through lactation best practices.

As a special offer to **Medela customers**, we are offering these courses in the universal SCORM format that can be loaded into your hospital's learning management system to help document breastfeeding competencies and manage breastfeeding education compliance. These three courses are the first of many we will offer in this format over the coming months. Contact

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your local sales representative today for more details and find out how your facility can save money providing this free, evidence-based education!

Meet Our Education & Clinical Services Team

Medela has been providing our customers with evidence-based education since 2006. We would like you to meet our team!



Our team is led by Angela Lang, DNP-CNS, RN, C-ONQS, CNL, IBCLC. Angela Lang serves as Director of Medical Affairs and Lactation Science for Medela LLC, overseeing education program development and all clinical training for healthcare providers. In this role, she directs a team of clinical healthcare professionals in representing Medela in lactation, baby nutrition and clinical practice affairs.

Through her career, Angela has been an advocate for improving breastfeeding to better maternal and infant health outcomes. She has served as the clinical nurse manager for labor and delivery at Rush Copley Medical Center in Aurora, Illinois, as well as the Manager of Nursing Education, Professional Development & Magnet Program at Advocate Aurora Health in West Allis, Wisconsin. She was a state-level leader for AWHONN and the Wisconsin Association of Lactation Consultants, and has supported clinicians with breastfeeding and maternal HIV education on four medical trips to Africa.

Angela received both her Doctor of Nursing Practice-Clinical Nurse Specialist Maternal Infant and Bachelor of Science in Nursing from University of Wisconsin and received a secondary Bachelor of Science in Maternal Child Health-Lactation Consulting from Union Institute and University.



Kathleen Quellen, RN, BSN, CBC is the Clinical Education Manager for Medela supporting the Western United States. Kathleen has been a Registered Nurse working in Neonatal and Pediatric Intensive Care since 1981. Kathy started her career in New Jersey at NJ United Children's Hospital but spent most of her career at Georgetown University Medical Center specializing in Pediatric and Neonatal CCU and critical care transport. Kathy was also a traveling nurse working all across the United States in NICU and PICU care.

In the late 90's Kathy transitioned into education working for Abbott Laboratories as a Clinical Educator for their hospital products division, teaching medication management systems with smart IV pumps. After transitioning into hospital sales for Abbott and covering Washington DC area for several years, she moved into the role of Clinical Project Management for the implementation of IT based smart pump systems for hospitals throughout the United States.

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Kathy joined the Medela team 9 years ago as a Clinical NICU Specialist/Educator covering the Western United States and supporting customers in their journey with all things human milk.



Jenny Murray, BSN, RN, IBCLC is the Clinical Education Manager supporting North America. Responsible for providing clinical expertise on the delivery of neonatal, newborn and pediatric nutrition, as well as maternal lactation, Jenny presents the science to both clinical audiences and new parents.

With more than 20 years' experience as a neonatal nurse, Jenny has served in a variety of nursing leadership roles within the NICU. These experiences fostered her love for education and research, with a special interest in supporting clinicians to advance the innovative world of neonatology.

Jenny holds a Bachelor of Science degree in Nursing from Baylor University. She was inducted into Tenet's Hero Hall of Fame in 2015 and featured in the American Hospital Association publication for her leadership, clinical expertise and deep connections with family during and after their infants' stay. She received the Excellence in Nursing Award from D Magazine in 2016.

Jenny lives in Melissa, TX, with her husband and two children. She enjoys spending time with her family, traveling, reading, and volunteering at her church.



Jess Sember, MSN, RN, IBCLC, CPLC, CCE, SBD is the Clinical Education Manager supporting across the Americas. In her current role, she provides clinical insight, evidence-based research, and education to guide best practice for Medela, as well as healthcare professionals and families to assist with meeting their human milk goals.

Before joining Medela, Jess spent more than 15 years in healthcare, starting her nursing career as a labor and delivery nurse. Throughout her career she has worked as a lactation consultant for NICU, postpartum and post discharge patients, served as a childbirth educator, research coordinator, and also as a nurse leader coordinating Perinatal Education and Perinatal Bereavement programs. Education and perinatal bereavement are areas of special interest to Jess; who is passionate about helping patients in their time of need.

Jess is an International Board Certified Lactation Consultant (IBCLC) and holds certifications as a Childbirth Educator, Perinatal Loss Care Provider, and Still Birthday Doula. She received her BSN from Mansfield University of Pennsylvania and MSN from American Sentinel University.

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Kimberly Colburn, BPC serves as Medela's Medical Education Specialist. She oversees the Education website, as well as our monthly Leading Lactation Insights newsletter. Additionally, Kimberly manages Medela's attendance at conferences and exhibits throughout the Americas region for the Human Milk and Wound Care business units. She also enjoys hosting the monthly Education and Clinical Services webinars, where she interacts with a range of healthcare professionals, lactation experts, and industry thought leaders.

Kimberly began her Medela career as a temporary employee in 1991 and was then officially hired in March 1992. She has since worked in our Production, Shipping, Customer Service, Reception, Training, and Education departments and has greatly enjoyed her vast experience with Medela through the years.

In 1994, Kimberly received her Emergency Medical Technician certification. She also completed Breastfeeding Peer Counselor Training through Rush University Medical Center in 2014 and graduated with an Associate's in Applied Science Business Management through McHenry County College in 2015.

Kimberly resides in Lake in the Hills with her husband. In her free time, she enjoys spending time with her family, traveling the world, and being an auntie to two adorable nephews!

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, email education@medela.com. If your submission is selected for publication in a future issue of Human Milk Insights, you will receive a \$25.00 VISA gift card.

Breastfeeding with HIV in the US? Update to Clinical Guidelines

Maria Sienkiewicz Lennon, MSN, CNM, IBCLC

In January of 2023, the US Department of Health and Human Services made a significant change to the perinatal HIV clinical guidelines which now reflect the current evidence of the transmission of HIV from mother to child through breastfeeding. Until then, the recommendation in the US was to not breast/chestfeed if a person was HIV positive. Today, these guidelines now incorporate options for breastfeeding when a person with HIV has sustained undetectable levels of virus in their blood and is on antiretroviral therapy.

The new guidelines recommend that healthcare providers engage in shared decision-making and discuss infant feeding options with women and other birthing parents living with HIV.

Counseling should begin before conception, if possible, or early in pregnancy and should include the following key information:

- If using pasteurized donor milk from a milk bank or infant formula, the risk of postnatal transmission of HIV through infant feeding is zero.
- If, during pregnancy and postpartum, the birthing parent achieves and maintains viral suppression through antiretroviral suppression therapy (ART), the risk of postnatal transmission of HIV is reduced to less than 1%, but not zero.
- Individuals with HIV who have an undetectable viral load and are on ART and choose to breastfeed should be supported in this decision.
- When people with HIV are not on ART and/or do not have a suppressed viral load during pregnancy (minimally throughout the third trimester as well as at delivery), it is recommended that infant feeding with either banked pasteurized donor milk or infant formula be used to eliminate the risk of HIV transmission through breastfeeding.
- Individuals who choose to formula feed should be supported in their decision also.
- Notifying Child Protective Services or other similar agencies regarding a person with HIV's infant feeding choices is not an appropriate response.

If clinicians have questions about infant feeding choices for a person living with HIV, they can consult the Perinatal HIV/AIDS hotline at: 1-888-448-8765.

Reference:

Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. Department of Health and Human Services. 2023. Available at <https://clinicalinfo.hiv.gov/en/guidelines/perinatal>. Accessed 08/18/2023.

TOOLS YOU CAN USE

Perinatal Transmission of HIV: Update to HHS Guidelines

Maria Sienkiewicz Lennon, MSN, CNM, IBCLC

There is a great deal of updated information from *The Panel on Treatment of HIV in Pregnancy and Prevention of Perinatal Transmission*. The Panel has updated text and references throughout the guidelines to include new data and publications.

Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to reduce Perinatal HIV Transmission in the United States:

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states>.

What's New in the Guidelines:

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/whats-new>.

General Principles Regarding the Use of Antiretroviral Drugs During Pregnancy: Teratogenicity

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/recommendations-arv-drugs-pregnancy-teratogenicity>.

Recommendations for the Use of Antiretroviral Drugs During Pregnancy: Overview

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/recommendations-arv-drugs-pregnancy-overview>

Intrapartum Care for Women with HIV

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/intrapartum-care>

Management of Infants Born to Women with HIV Infection: Antiretroviral Management of Newborns with Perinatal HIV Exposure or HIV Infection

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/management-infants-arv-hiv-exposure-infection>

Fact Sheet:

<https://oar.nih.gov/news-and-updates/oar-updates/update-clinical-guidelines-infant-feeding-supports-shared-decision-making>.

Infographic:

<https://hivinfo.nih.gov/understanding-hiv/infographics/protecting-baby-hiv>.

The Well Project is a non-profit organization whose mission is to change the course of the HIV/AIDS pandemic by focusing on women and girls across the gender spectrum. This resource is designed specifically for women and provides tools so they can **thrive**

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while living with HIV. This project presents the HIV Treatment Guidelines for Pregnant Women and Their Infants in an easily readable and understandable format and even has a downloadable slide presentation on the topic. The website contains fact sheets from both the United States and United Kingdom and lists a number of resources that all women may find helpful.

<https://www.thewellproject.org/hiv-information/hiv-treatment-guidelines-pregnant-people-and-their-infants>.

SPOTLIGHT ON PRACTICE CHANGE

Megan Quinn

In this column we “spotlight” a clinician by sharing their unique story and bio – how they came to be in the healthcare field, their role, challenges they encounter, and something they have done to change practice at their facility (such as a QI project implemented to improve breastfeeding rates). 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 Sino George, DNP, APRN, RNC-OB, WHNP-BC



Sino George, DNP, APRN, RNC-OB, WHNP-BC, recently retired as a Clinical Nurse Specialist after 21 years of helping new and expectant parents as they navigated the journey of expanding their families. Hailing from Atlanta, Georgia, Sino says she became involved with healthcare because, from a very young age, she had a passion for helping others and decided to pursue nursing as her profession.

Prior to retiring, Sino worked as part of a large health system in Georgia, where her hospital was designated as Baby Friendly in early 2015. During her time as part of this health system, Sino strove to change practice at her facility and implement evidence-based quality improvement projects to benefit both patients and clinical staff. “In my APRN role, I brought evidence-based practice to the bedside nurses,” Sino says. “If there is no current evidence, we created it through research. Our breastfeeding exclusivity rates were going in the wrong direction, so I implemented the role of Neonatal Assessment Nurse in Labor and Delivery for immediate skin-to-skin care and was thus able to increase breastfeeding exclusivity.”

The above-mentioned quality improvement project used evidence-based guidelines to implement this new role of Neonatal Assessment Nurse. Participants for this project were Registered Nurses from the Women’s Health division employed in the LDR, Mother-Baby and NICU units. Implemented to promote immediate skin-to-skin care for the stable newborn after vaginal and cesarean delivery, the outcome was measured by breastfeeding exclusivity at the time of hospital discharge.

25 bedside RNs participated in this quality improvement project, with competency evaluated at the beginning and end of the education session through a pre- and post-test and skills validation to affirm their understanding and readiness for their new role. “There was a statistically significant difference in the pre-test and post-test scores, which indicates a knowledge increase,” Sino notes. “All nurses who participated met the skills validation criteria and I am proud to share that the rate of skin-to-skin contact immediately after vaginal delivery increased from 49% to 82%. With cesarean delivery, the rate of skin-to-skin contact increased from 33% to 63%.” With skin-to-skin rates drastically increased, this quality improvement project also resulted in breastfeeding

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exclusivity at the time of discharge spiking from 50% to 86% - Thus achieving this project's goal and helping families across Georgia begin breastfeeding effectively.

In addition to taking a proactive stance when it comes to breastfeeding initiation and the importance of skin-to-skin contact immediately following birth, Sino enjoys a variety of activities outside of work. She cites traveling, reading and spending time with family and friends as some of her favorite pastimes. Thank you for sharing your story, dedication and quality improvement project details with our readers so they may find ways to implement similar projects and best practices at their facilities while helping moms and babies have strong starts!

[George S, Showalter D, Graham K. Implementing the Role of Neonatal Assessment Nurse to Improve Skin-to-Skin Care and Breastfeeding Exclusivity. Nurs Womens Health. 2023 Apr;27\(2\):79-89. doi: 10.1016/j.nwh.2023.01.005. Epub 2023 Feb 8. PMID: 36773627.](#)