

Leading Lactation Insights

January 2024

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.

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FEATURED STORIES THIS MONTH

NEWS YOU CAN USE

Katie McGee - Contributor

- Bridge to the baby, a true story

HUMAN MILK EDUCATION

Jess Sember - Contributor

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CLINICAL PEARLS IN LACTATION

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- Importance of Immediate Skin-to-Skin for the Term Newborn

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Leading Lactation **Insights**

NEWS YOU CAN USE

*A Bridge to Baby, a true story
written by Katie McGee BSN, RN, IBCLC*

It was cold. I was shaking violently on the operating table. They had just been taken. I could feel my body in shock and tears falling across my cheeks. I felt angry. An unexpected emotion for me anytime, but especially today, the day of my babies' birth. Nothing had gone as I hoped. I did not feel like celebrating. I was not a participant in my own babies' birth. It was a C-section, the delivery method I most dreaded. They came way too early, months before their due date. A quick kiss for my son and I didn't even get to see a glimpse of my daughter. Other people had them now.

There was no possibility of starting out straight on my chest, or for beautiful delivery room photos together. They are not in me anymore. They've been whisked away, in the hands of people I have never met. They are probably being poked and they must be so scared. My most precious and cherished babies that I prayed for, sacrificed caffeine/sleep and comfort for, sang and talked to, and deeply loved. I miss them. I miss being pregnant. They are somewhere in this hospital but not with my eyes on them, and no longer under my protection. I am helpless. Heartbroken at their early arrival and need for a NICU stay. I wonder about all of the weeks of suffering they will endure because I could not find a way to keep them in me longer. What could I have done better to make it to term? I'm mad at myself combined with vomiting each time I receive morphine, feeling my abdomen pulling and stabbing. My repeated requests to "please take me to my babies" are not being answered as quickly as I wish. I am told I have to physically recover first. I feel emotionally unrecoverable. My husband is comforting me and making calls to share the news. I am miserable.

Then, a sweet and professional woman in a white coat appears. She tells me she is going to help me set up and hold the breast pump. She talks to me about how my milk is now a special composition to meet their unique needs, all because I delivered early. She celebrates the tiny drops already visible in the breast shields. She is going to take the 1 ml we collected together, and give half to each of my babies. I listen as she explains it will coat and protect their intestines, continuing what would have taken place in the womb. It is the best they can possibly receive now, and only I can provide it. I hang on to her every word. She shows me the teeny syringe of my colostrum then returns soon after to report each baby received half. I am not crying or angry now. I am starting to feel very different. I am empowered. I am the only one who can do this, and I will do it for them.



For the NICU mother in separation, early colostrum collection forms a bridge to the baby

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Facilitating Colostrum Removal

So often we think of what colostrum is doing for the baby. (Truly, it is doing a lot!) What is it doing for the NICU mother? The mother who likely just had a very traumatic life experience - the untimely and unexpected (likely surgical) delivery of her baby. The mother who felt “along for the ride” as she gave birth. The mother who now, after so many months of togetherness, is alone and separated from her precious baby. Colostrum is irreplaceable for the NICU baby, but collection and delivery of colostrum can be the start of healing for the NICU mother, too.

How can staff facilitate building this bridge?

1. Provide a few short but powerful statements shortly after birth

Choose a script with which you are comfortable

“We need this very special milk to start feeding your baby.”

“What you have in your breasts right now is superior to any formula or protection we have.”

“This is not just milk; it is also a medicine for your baby.”

“The medical team has other options, but they are waiting for YOUR milk because it is so much better for your baby than anything else we have to offer.”

3. Delivery and report

•Ensure colostrum is not left in a fridge but quickly delivered to the baby’s care team to be used as soon as possible for oral immune therapy or trophic feeding

•Be sure to stop back briefly and report back to the mother to complete the circle.

•“___ (baby’s name) just received a swab in both cheeks. This coated his oral cavity. He swallowed a little. I think he loved it. It is starting to protect and mature his digestive tract.”

•Or “There was enough to start feeding. This is great news. Your colostrum was given fresh as I delivered it. It is just what he would have received if he was at your breast”

2. Help with early pumping, celebrate and collect colostrum

•Hold the breast shields if needed during recovery

•Take that opportunity to talk about pumping to help establish milk supply

•Review the critical time frame of the first weeks which set the tone for how much milk will be made long term

•Celebrate any amount seen or collected

•Provide reassurance - it can take time, especially with an early delivery and it is okay if nothing is seen yet

•Show her the container, assist with the labeling process together

•Choose information carefully- avoid overwhelming in these early hours



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Kick-starting a cascade of changes

The nurse or lactation professional is in a unique position to help kick start a cascade of changes for NICU mothers (both in milk establishment and emotional healing) and babies (Colostrum is almost all immune protection) that will last a lifetime.

The help I received with early collection and delivery of my colostrum to my babies built an invisible bridge during our physical separation. I suddenly feel we are connected though we are buildings apart. I am the only one who can provide this tailor- made- milk- and- medicine to them. I am physically and emotionally recovering. Now, please, take me to my babies.

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HUMAN MILK EDUCATION

Webinars

Our live webinars have moved to Tuesdays.

On Tuesday, February 13th, Dr. Danielle Prime will present a [webinar](#) on breast shield sizing.

On Tuesday, March 12th, Dr. Sino George will present the [webinar](#), Improve Skin-to-Skin Care and Breastfeeding Exclusivity Through Quality Improvement.

Complimentary registration is now open, click on link provided above.

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

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.

Continuing 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.

These three courses are the first of many we will offer in the universal SCORM format that can be loaded into your hospital's learning management system. Contact your local sales representative today for more details and find out how your facility can save money providing this free, evidence-based education!

Medela University

We are pleased to announce that we are transitioning to a new and improved learning platform, Medela University, on January 31st 2024 to serve all your Breastfeeding and Lactation learning needs. You can register by clicking the link below to continue your educational journey with us. You can use the same email-address and password to register with the new platform. All of the courses that are available on our existing platform are also available on Medela University with many more to come!

Please Register here: [Medela University Breastfeeding & Lactation - global online education](#)

Can we kindly ask you to complete all open course(s) on the existing platform and remember to download your existing certificates in case you want to keep the proof of your finished courses. Please note that **after Jan 31st, you will no longer** have access to the existing system and we can no longer provide copies of the certificates you have obtained in the past.

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.

Importance of Immediate Skin-to-Skin for the Term Newborn

Maria Sienkiewicz Lennon, MSN, CNM, IBCLC

At birth, mothers often instinctively reach for their babies and bring them close to their bodies. Helping to place an infant skin-to-skin on his/her mother's chest immediately after birth is the most beneficial way to welcome a baby into the world. There is ample evidence that this best practice helps the newborn transition from intrauterine life to life outside the uterus.

Immediate skin-to-skin contact provides thermal regulation for the infant, as the mother's chest quickly adjusts to the newborn's temperature. Thermography has shown that a mother's chest will increase by a few degrees to warm an infant who is too cool or will cool an infant that is too warm. Immediate skin-to-skin care enhances cardio-respiratory stability - including oxygen saturation levels, helps stabilize blood glucose levels, and allows for colonization of the newborn to the mother's normal flora helping prevent infection and promoting infant intestinal health.

Due to the release of oxytocin, also known as the "love hormone", mothers are calmer, more relaxed, and exhibit increased maternal attachment behaviors. Additionally, the infant cries less and is not subjected to the increased stress hormones released when separated from its mother. This initial connection and communication is critically important for the well-being of both mothers and babies.

Early initiation of breastfeeding is key to establishing a plentiful milk supply. Immediate skin-to-skin contact encourages babies to use their instinctive skill and motivation to find the breast, self-attach and begin breastfeeding. However, in some US hospitals, routine birth practices continue to involve separating infants from their mothers immediately after birth to be suctioned, weighed, placed on a warmer, diapered, given injections and eye ointment. Separation for these infants is highly stressful; they release cortisol and other stress hormones, and cry as if they are in despair. For these infants, maternal-infant attachment is interrupted, which can lead to behavioral disorganization and make breastfeeding more difficult.

Mothers who have cesarean births often express such joy at being able to hold their babies while in the operating room. One mother said it helped her heal from mourning the loss of the normal vaginal birth she had so wished for. If a mother is unstable or not feeling up to it, then the infant's other parent can begin skin-to-skin care while still in the OR and can continue skin-to-skin care until the mother is able to do so.

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Importance of Immediate Skin-to-Skin for the Term Newborn

Hospital practices can be modified to support skin-to-skin care immediately after birth in both vaginal and many cesarean deliveries. An abundance of evidence exists for the documented benefits of immediate skin-to-skin care for stable mothers and babies. However, for success of any new clinical practice change, education of all staff and providers is key to success.

The correct procedure for skin-to-skin care is to place the naked baby on the mother's chest immediately after being dried off and the umbilical cord is cut. The baby should be allowed uninterrupted skin-to-skin contact for 60-90 minutes and not removed until after the first breastfeed.

Lactation science tells us that early initiation and frequent milk removal is key to getting breastfeeding off to the best possible start. Appropriate management is critical for developing optimal milk production. In term infants, earlier initiation of breastfeeding is associated with earlier secretory activation (lactogenesis stage II), increased milk volume on Day 5 and extended duration of breastfeeding. It should become the standard of care in Labor and Delivery Units in which the mother and baby are stable after birth.



Resources:

Bergman, N. J., Linley, L. L., & Fawcus, S. R. (2004). Randomized controlled trial of skin-to-skin contact from birth versus conventional incubator for physiological stabilization in 1200- to 2199-gram newborns. *Acta Paediatrica* (Oslo, Norway: 1992), 93(6), 779– 785.

Deys L, Wilson PV, Meedy DS. (2021) What are women's experiences of immediate skin-to-skin contact at caesarean section birth? An integrative literature review. *Midwifery*. Oct;101:103063. Doi: 10.1016/i.midw.2021..103063. Epub 2021 Jun 10. PMID: 34157585.

Li Z, Mannava P, Murray, JCS Western Pacific Region Early Essential Newborn Care Working Group, et al. Association between early newborn care and breastfeeding outcomes in eight countries in Asia and the Pacific: A cross-sectional observational study. *BMJ Global Health* 2020; 5:e002581.

Moore ER, Bergman N, Anderson GC, Medley N. (2016). Early skin to skin contact for mothers and their healthy newborn infants. *Cochrane Database Syst Rev*. 2016 Nov 25; 11(11); CD003519. Doi: 10.1002/14651858.CD003519.pub4. PMID: 27885658; PMCID: PMC6464366.

TOOLS YOU CAN USE

Oropharyngeal Administration of Colostrum

Maria Sienkiewicz Lennon, MSN, CNM, IBCLC

RESOURCES FOR ORAPHARYNGEAL ADMINISTRATION OF COLOSTRUM

[Lactahub](#) is an “emerging open access knowledge platform, providing scientific and evidence-based information for health professionals, decision makers and researchers working in the field of breastfeeding and breastmilk”. It is a partnership project of The Global Health Network (University of Oxford) and the Family Larsson-Rosenquist Foundation where scientific and evidence-based knowledge about breastfeeding and breastmilk will be brought together and made freely available in a structured, practice-oriented manner. This is an excellent resource for videos, information sheets, and breastfeeding materials.

Care of the NICU Infant:

[Here](#) you will find step-by-step training videos for NICU staff and information sheets that NICU staff can share with families, which offer guidance on fundamental NICU practices such as skin-to-skin and mouth care:

- VIDEO: Mouth Care with MOM: Benefits and practical steps
- VIDEO: Skin-to-Skin (kangaroo) care: Introduction for NICU families
- VIDEO: Skin to Skin (kangaroo) care: Training guide for NICU staff
- INFORMATION SHEET: Skin-to-skin (kangaroo) care benefits for NICU infants
- INFORMATION SHEET: Mouth care with MOM to fight infection

Colostrum White Paper

This 2024 publication by Dr. Sarah Reyes in partnership with Medela will enhance what you already knew about colostrum! If you didn't join the January webinar live to download this new publication, speak with your local sales representative to receive your copy!

TOOLS YOU CAN USE

Immediate Skin to Skin Contact After Birth

Maria Sienkiewicz Lennon, MSN, CNM, IBCLC

What is skin-to-skin contact? Skin-to-skin contact is the practice where an infant is dried and placed directly on the mother's bare chest after birth, both of them covered in a warm blanket and left for at least 60-90 minutes or until after the first breastfeeding.

The following list is just a small sampling of various articles and items available for more information on the science of skin-to-skin and how to assist with its implementation.

Articles:

Here is one classic study by Dr. Nils Bergman. There are many excellent evidence-based articles by Dr. Bergman, one of the most prolific writers on the subject of skin-to-skin and kangaroo care.

Bergman, N. J., Linley, L. L., & Fawcus, S. R. (2004). Randomized controlled trial of skin-to-skin contact from birth versus conventional incubator for physiological stabilization in 1200- to 2199-gram newborns. *Acta Paediatrica* (Oslo, Norway: 1992), 93(6), 779– 785.

Cochrane review on the scientific evidence of early skin-to-skin contact

Moore ER, Bergman N, Anderson GC, Medley N. Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews* 2016, Issue 11. Art. No.: CD003519. DOI: 10.1002/14651858.CD003519.pub4

Although a little older, this is an excellent evidence-based review of the importance of skin-to-skin care after birth.

Crenshaw JT. (2014). Healthy Birth Practice #6: Keep Mother and Baby Together- It's Best for Mother, Baby, and Breastfeeding. *J Perinat Educ.* Fall;23(4):211-7. doi: 10.1891/1058-1243.23.4.211. PMID: 25411542; PMCID: PMC4235060.

This article describes the remarkable behaviors of the healthy, alert, full - term infant placed skin - to - skin with the mother during the first hour after birth following a spontaneous vaginal birth.

Widström AM, Brimdyr K, Svensson K, Cadwell K, Nissen E. Skin-to-skin contact the first hour after birth, underlying implications and clinical practice. *Acta Paediatr.* 2019 Jul;108(7):1192-1204. doi: 10.1111/apa.14754. Epub 2019 Mar 13. PMID: 30762247; PMCID: PMC6949952.

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Resources for Further Research on Skin-to-Skin

From Unicef UK:

<https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/research-supporting-breastfeeding/skin-to-skin-contact/>

Additional Info and Items:

Another resource from Unicef UK. Has good information on implementation and safety standards.

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/>

Handout for staff from the Carolina Global Breastfeeding Institute: Skin to Skin Care A Guide for Health Professionals

<https://sph.unc.edu/wp-content/uploads/sites/112/2019/08/CGBI-4-Skin-to-Skin-Care-2019.pdf>

Video from Unicef UK on Skin-to-Skin Contact and Meeting Baby for the First Time:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/relationship-building-resources/meeting-baby-for-the-first-time-video/>