

# IOWA BREASTFEEDING HEALTH

Iowa Breastfeeding Coalition Newsletter

Developed for Health Professionals to Support Breastfeeding

## Mission Statement

Providing, promoting, and coordinating breastfeeding education, support, and evaluation through local coalitions, health care providers, educational institutions, and other interested individuals.

## IBC Goals

1. Assure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children, and families.
2. Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.
3. Ensure that all state and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.
4. Increase protection, promotion, and support for breastfeeding mothers in the work force.

Information provided and distributed by the Iowa Breastfeeding Coalition.



## Identify the Issue

Written by Angela E. Bigler Swieter, RN, BSN, IBCLC, ICCE, owner of Basking Babies LLC

Challenge yourself and review your assessment skills by reading the clues and seeing if you can identify the issue most likely being described.

Your breastfeeding client is four days postpartum. She presents with:

- Temperature of 99.2 degrees F
- Swollen, tender, uncomfortable breasts.
- Both breasts are warm to the touch.
- Pain described as throbbing or tingling.
- The nipples appear flatter.
- Baby is struggling to latch.

Can you identify the issue?

The most likely answer is on Page 9.



## **IBC Board Members**

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*Co-Chair:*

Marieta Boberg,  
MS, RD, LD, IBCLC

*Co-Chair:*

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DNP, ARNP, FNP-C

*Secretary:*

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*Treasurer:*

Madelyn Brunow,  
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*Member Outreach:*

Leslie Dooley,  
PhD, IBCLC

*Web Admin:*

Currently Open

*Board Liaison:*

Nicole Newman,  
RD, LD, CLC

## **Call for Photos!**

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If you are interested in submitting a breastfeeding photo for our next IBC calendar, please send them to us at [iowabreastfeedingcoalition@gmail.com](mailto:iowabreastfeedingcoalition@gmail.com).

## **Iowa Breastfeeding Coalition Gear**

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Check out our IBC merchandise! We have a variety of t-shirts and sweatshirts available to show your support of the coalition. <http://iabreastfeeding.org/store>

## **Invitation for Input!**

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Have a topic you would like to see in the newsletter? Submit it through the Contact Us section of the website. We'd love to spotlight some successes and accomplishments of our members.

## **Get Involved!**

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Interested in becoming more involved in the coalition? Want to work on a breastfeeding project? Contact us for more details.

[iowabreastfeedingcoalition@gmail.com](mailto:iowabreastfeedingcoalition@gmail.com)

## **Join the Coalition**

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Join the coalition to connect with other breastfeeding advocates across the state of Iowa! Membership runs from May to May. The coalition is a group of lactation consultants, counselors, educators and specialists, dietitians, nurses, health professionals, peer counselors, mothers and other interested individuals who are passionate about breastfeeding and want to promote and protect the rights of breastfeeding families in Iowa.

## **Mother's Milk Bank of Iowa And Insurance Coverage of Pasteurized Donor Human Milk**

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Jean M. Drulis, B.A.  
Director and Co-founder, Mother's Milk Bank of Iowa

The Mother's Milk Bank of Iowa was launched on August 1, 2002. We provide pasteurized donor human milk to infants who are hospitalized and at home across the nation. The primary recipient is the premature infant. Human milk has strong trophic effects on the infant gut which allows full enteral feedings to be achieved sooner for the premature infant.<sup>1</sup> And it protects these fragile and vulnerable infants from necrotizing enterocolitis and sepsis.<sup>1</sup> In 2020, we dispensed 181,739 ounces of milk, 86% to hospitals and 14% to outpatients. We served 56 hospital (19 Iowa hospitals) in 12 states in 2019.

Over the last year we have received an outpouring of donor milk and milk donors. We attribute this, in part, to the recent upsurge to Covid-19. This increase in donated milk has taken the Mother's Milk Bank of Iowa to the next level. We are poised to serve more hospitals and home recipients thanks to the generosity of milk donors.

### **Human Milk Banking Association of North America (HMBANA) Standards**

The Mother's Milk Bank of Iowa adheres to HMBANA's mandatory, and essential screening and safety standards.<sup>2</sup> The Standards contain evidence-based instructions for screening milk donors and serologic testing. They state how to pasteurize donor milk using the Holder method, followed by microbial testing. They also layout appropriate handling, freezing, defrosting, pooling, labeling and dispensing milk by prescription, or hospital order and how to ship it. We are assessed for compliance and accredited by HMBANA. Our accreditation certificate is attached.

### **Charitable Human Milk Donations**

Healthy, lactating women are screened by the Mother's Milk Bank of Iowa according to HMBANA Standards. The majority of women who

become milk donors have surplus milk; however, there are also bereaved, surrogate and gestational carrier donors. Most of our donors are from the heartland. Our milk donors are not paid. Voluntary non-remunerated milk donors are the foundation of a safe, sustainable human milk supply. Donors are screened serologically for hepatitis B and C, HIV, HTLV and syphilis by a certified laboratory. The health care provider for the mother and infant are informed and are sent forms to complete/sign. If either has a concern, the bank is notified.

### **Milk Collection Depots**

A milk collection depot is an agency affiliated with a milk bank that collects and stores donor milk from approved milk donors. They enhance donor milk delivery and are instrumental for increasing donor participation and donations. They promote, support, and protect breastfeeding, and the use of donor human milk. They volunteer their time and efforts, are a vital and important community resource for families.

The Mother's Milk Bank of Iowa has 38 depots (see attached) and counting that are located in Iowa, Minnesota, Nebraska, South Dakota and Wisconsin. The majority are within hospitals.

### **Pasteurization**

The milk of several donors (usually 3-5) is pooled and pasteurized. Pasteurization destroys bacteria and viruses. A sample from each batch pasteurized is tested by the State Hygienic Laboratory for bacteria. Only milk with <1 CFU/100 mL (colony forming unit) is approved for dispensing to infants.

### **Safety of Donor Milk**

Pasteurized donor human milk is dispensed by prescription to outpatient infants. Hospitals can have an inventory of it and dispense it to their inpatients.

In the 35 years of HMBANA Standards, there is not a single documented case of disease transmission through feeding banked donor milk.

Donors sign a statement that being a milk donor for the Mother's Milk Bank of Iowa is not an indication that her milk is safe to share peer-to-peer. Milk banks take several additional steps to assure the safety of donor milk.

Donor milk has at least 4 layers of recipient protection from disease transmission:

- Donor screening for medical and lifestyle risk factors
- Serum screening
- Pasteurization
- Post-pasteurization microbial testing

### **Processing Fee**

A processing fee of \$15/100 ml bottle of pasteurized donor human milk is charged by the Mother's Milk Bank of Iowa to recover the expenses of donor screening, pasteurization, blood testing, equipment, supplies, depot expenses, personnel, transporting milk, etc. Hospitals cover the cost of donor human milk fed to their patients. For infants at home, parents pay the fee.

### **Insurance Coverage**

Sufficient insurance coverage (including Medicaid) for lactation support and counseling for women who need it to provide their own milk to their infants is vital. When mother's own milk is suppressed, for whatever reason, her infant can be fed donor human milk. By feeding donor milk, her infant continues to receive human milk while she is working with specialists to meet her breastfeeding goals.

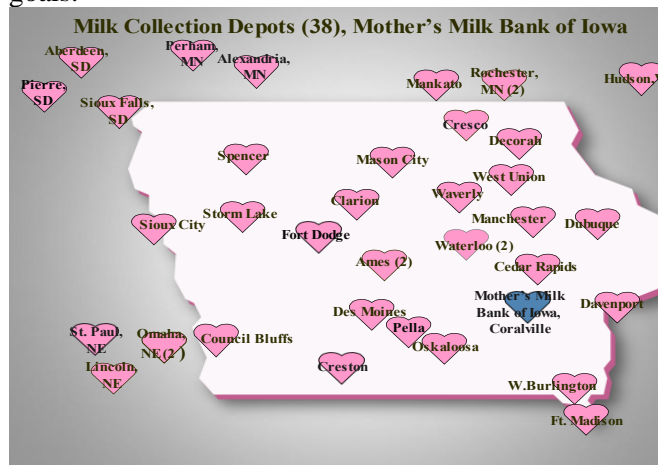
Several states have Medicaid coverage of donor human milk in some form, but it varies from state to state.

The Mother's Milk Bank of Iowa has an NPI number (1194035436); however, Iowa Medicaid does not cover donor human milk. We are designated as a medical supply dealer by Iowa Medicaid. A health care provider can file an exception to policy requesting coverage for a specific outpatient infant, but that takes weeks if not months for a decision by IA Medicaid. An infant in need of donor milk needs it immediately. Since privatization of IA Medicaid, no outpatient infant has been approved to receive donor human milk from the Mother's Milk Bank of Iowa. Prior to privatization, 1 or 2 outpatient infants were approved for donor human milk in some but not every year. Code T2101 is our billing code.

Iowa insurance should promote and support breastfeeding for all infants by covering lactation support and counseling including the provision of pasteurized donor human milk from a HMBANA accredited milk bank when prescribed by a health care provider. The Mother's Milk Bank of Iowa is the sole HMBANA accredited milk bank in Iowa.

### **References**

- <sup>1</sup> Haiden, N. and Ziegler, E.E.: Human Milk Banking. *Ann. Nutr. Metab.* 69(suppl. 2):8, 2016.
- <sup>2</sup> Human Milk Banking Association of North America. HMBANA Standards for Human Milk Banking (internet). 202



## Breastfeeding Friendly Provider Offices

In February 2021, The Academy of Breastfeeding Medicine (ABM) released a new protocol with guidance on developing breastfeeding-friendly healthcare provider offices. A short summary follows, and you can find the full article [HERE](#)

Family members and health care providers all play a role in influencing parental choices about infant feeding. Having the knowledge and resources to support families in their breastfeeding journeys is crucial to meeting goals of the World Health Organization's (WHO) and Healthy People 2030. The WHO has set a goal of increasing exclusive breastfeeding among 6-month-old infants to 50% by 2025 (WHO, 2014). Healthy People 2030 intends to increase the amount of exclusively breastfed infants at 6-months-old to 42.4% and at 1-year to 54.1%. This is up from 24.9% and 35.9% in 2015, respectively (HHS, n.d.).

Some suggestions in the updated protocol include:

1. Establish a written breastfeeding-friendly office policy.
2. Educate *all* office and nursing staff in breastfeeding support skills. This may include but is not limited to: how to initiate breastfeeding, troubleshooting common breastfeeding issues, supporting responsive infant feeding, knowing risks of artificial feeding, and understanding the physiology of lactation.
3. Healthcare providers should discuss and assess breastfeeding at all visits during the perinatal period up through 6 months of age. This discussion should include factual, evidence-based information about the importance of breastfeeding and the risks of artificial feeding. It may also promote benefits of skin-to-skin, recognizing infant nursing cues, importance of rooming in, how to hand express breastmilk, how to obtain a breast pump, how to store breastmilk and how to breastfeed while returning to work. We know that many women decide if they will breastfeed before they become pregnant, so supporting breastfeeding early and often may be beneficial. Primary Care Providers and Pediatricians who are not providing care for the prenatal mother should consider scheduling a prenatal visit to establish care for the unborn child and begin developing a relationship with the family. Both parents should be encouraged to attend antenatal visits so they may optimally support each other after the baby arrives.
4. Healthcare Providers should be able to:
  1. Identify lactation risk factors including inverted nipples, history of breast surgery and previous unsuccessful breastfeeding experiences.
  2. Understand the *few* contraindications to breastfeeding.
  3. Understand the safety of prescribing medications to the breastfeeding mother.
5. Create a breastfeeding-friendly outpatient clinic.
  1. Do not publicly display information promoting artificial feeding and/or formula.
  2. Display signs stating the office is breastfeeding friendly.
  3. Display posters of breastfeeding dyads depicting the breasts as functional organs and promoting inclusivity of all sexual orientation and gender identities.
  4. Have a breastfeeding-friendly space that includes a breast pump and a refrigerator for storing breastmilk.
  5. Either employ or have an established professional relationship with an International Board-Certified Lactation Consultant (IBCLC) to refer patients. If possible, have the IBCLC available to observe a feeding during each clinic visit.
6. Know about local and national breastfeeding laws.
  1. [Iowa Code 607A.5 \(1994\)](#): a woman who is the mother of a breastfed child and is providing daily care for said child may be excused from jury duty.
  2. [Iowa Code 135.30A \(2006\)](#): a woman may breastfeed her own child in any public space where her presence is otherwise authorized.
7. Know local and national maternity leave policies.

1. *Federal:* The Family and Medical Leave Act (FMLA) allows eligible employees 12-weeks of unpaid leave annually for various circumstances, including childbirth. Only companies employing more than 50 individuals are required to offer FMLA and the employee must have worked at least 1,250 hours in the previous year.
2. *Iowa:* The Iowa Civil Rights Commission requires employers to allow 8-weeks of unpaid leave for “disability” due to childbirth.

US Department of Health and Human Services (n.d.) *Infants*. Healthy People 2030.  
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants>

World Health Organization (2014). *Global Nutrition Targets: 2025*.  
[https://apps.who.int/iris/bitstream/handle/10665/149022/WHO\\_NMH\\_NHD\\_14.7\\_eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/149022/WHO_NMH_NHD_14.7_eng.pdf?ua=1)

## Milestone Minutes

The first years of a child’s life are the most important period of development physically, emotionally, cognitively, and socially. The ways infants and children play, learn, speak, act, and move provide important clues about their development. Developmental milestones are things most children can do by a certain age and play an important role in infant feeding. The milestones are different for each age range and there is a normal range in which a child may reach each milestone. For more information about developmental milestones visit <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

CDC’s Milestone Tracker App tracks children’s milestones from age 2 months to 5 years. Download it free on iOS and Android devices in English and Spanish!

### 2 Months

<b>Movement Milestones</b>	<ul style="list-style-type: none"> <li>• Can hold head up 45-degrees when lying on tummy</li> <li>• Makes smoother movements with arms and legs</li> <li>• Muscles relax and twitch less often</li> <li>• Hands start to unfold</li> <li>• May reach and grasp an object for a short time</li> <li>• Eyes move in unison and can track close moving object</li> <li>• Holds objects</li> </ul>
<b>Visual and Hearing Milestones</b>	<ul style="list-style-type: none"> <li>• Turns head towards sounds and talking</li> <li>• Begins to follow things with eyes and recognize people at a distance</li> <li>• Begins to be able to see an object as one image</li> <li>• Looks at hands</li> <li>• Follows light, faces, and objects</li> </ul>
<b>Cognitive Milestones</b>	<ul style="list-style-type: none"> <li>• Begins to act bored (cries, fussy) if activity doesn’t change</li> <li>• Studies faces</li> <li>• Enjoys visual stimulation</li> <li>• Responds to familiar voices</li> <li>• Reacts or startles to loud sounds</li> </ul>
<b>Emotional Milestones</b>	<ul style="list-style-type: none"> <li>• Can briefly self-calm by sucking on hands</li> <li>• Cries when needing attention</li> <li>• Different moods are more noticeable</li> </ul>
<b>Social Milestones</b>	<ul style="list-style-type: none"> <li>• Begins to smile at people and in response to being smiled at</li> <li>• Looks at parents/ caregivers</li> <li>• Personality becomes more obvious</li> </ul>
<b>Communication Milestones</b>	<ul style="list-style-type: none"> <li>• Babbles, coos, makes gurgling sounds</li> <li>• Discovers own voice</li> <li>• Looks at parents face when they are talking</li> <li>• Has a special way of crying for different needs</li> </ul>
<b>Feeding Milestones</b>	<ul style="list-style-type: none"> <li>• When feeding, starts or stops sucking in response to sound</li> <li>• Opens mouth in response to adult open mouth</li> <li>• Moves tongue in and out, up and down</li> <li>• Gag response to food/ objects put in mouth</li> <li>• Improved regulation of intake according to internal cues</li> </ul>



## Upcoming Events

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### **In Person Trainings:**

**Tethered Oral Tissue course by Autumn Henning**

July 9<sup>th</sup> & 10<sup>th</sup>

Cedar Rapids, Iowa

<http://www.chrysalisorofacial.com/schedule>

### **Online Conferences & Webinars:**

**31<sup>st</sup> Iowa Breastfeeding Conference**

Wednesday, May 19<sup>th</sup> & Thursday, May 20<sup>th</sup>

<https://events.unitypoint.org/en/31st-annual-virtual-iowa-breastfeeding-conference-5a2j6f1Js8R/overview>

**Gold Learning Online Continuing Education**

Lecture Library with individual lectures or bundles

<https://www.goldlearning.com/ce-library/all-lectures>

**Great Lakes Breastfeeding Webinars**

Michigan Breastfeeding Network, Free

<https://www.mibreastfeeding.org/webinars/>

**USBC “Power Tools” Webinars**

United States Breastfeeding Committee

Bimonthly webinars, Free

<http://www.usbreastfeeding.org/power-tools>

**Online Lactation Education: 45-90 Hour Courses**

**Online Certified Lactation Specialist (CLS) Course**

Online:

June 7-11, September 20-24

October 6-8 & 11-12

46 hours

<https://lactationeducation.com/clsc>

**Lactation Education Counselor (LEC) Course**

UC San Diego Extension

Online 45 hour course offered every quarter

<https://extension.ucsd.edu/courses-and-programs/lactation-education-counselor>

**Online Certified Lactation Counselor (CLC) Course**

Online, 52 hours course, self-paced- have 6 months to complete

[https://centerforbreastfeeding.org/register\\_lctc/](https://centerforbreastfeeding.org/register_lctc/)

**Lactation Education Program**

Arizona State University

Online, 90 hours, self-paced

<https://courses.cpe.asu.edu/browse/nursing-health-innovation/courses/cpe-lac-101>



## Identify the Issue Answer:

We are not making any diagnoses, but it presents like engorgement.

What is engorgement?

Engorgement is a result of an increase of milk in the breasts. Extra blood and lymph fluids preparing the breasts for milk production also contribute to engorgement.

Moms' breasts become heavier, larger, and tender. It usually occurs between the second and sixth days after birth or when the milk is coming in. Painful engorgement can be treated with comfort measures. When engorgement is treated properly breastfeeding success is highly likely. Engorgement will usually last no more than 48 hours.

Symptoms:

- Both breasts are swollen, firm/hard, and tender. Engorgement typically affects both breasts vs. other issues that may affect only one.
- Breasts are warm and pink/red.
- Mom complains of throbbing pain.
- Low grade fever. Higher fever can indicate other issues.
- Flattened nipple.
- Firm/hard areola.

Treating engorgement:

1. The number one treatment for engorgement is for the baby to breastfeed frequently – eight to twelve times a day. Nursing often and without

restriction will help prevent painful engorgement. (Keep in mind though that some moms may still encounter painful engorgement when their babies nurse frequently.)

2. The old home remedy of cabbage leaves applied to the breasts gives many moms relief. This should be used with some caution for moms who are allergic to sulfa. A small bit of cabbage can be cut up and placed on her arm and then observed for any development of a skin reaction. Doing this in a small area before applying whole leaves to the breast is recommended.

3. An anti-inflammatory medication approved by mom's healthcare provider may also help with the swelling and discomfort.

\*Here are some ideas to help the baby latch if the breasts are too full:

- Pump and/or hand express a little milk.
- Reverse pressure softening: this technique moves the swelling backward and upward into the breast.
- Massage the breasts before the feeding and use breast compression during the feeding.
- Apply heat for a few minutes, right as the baby is latching and beginning the feeding.
- Apply ice packs to the breasts before and/or after feeding (or pumping).

These suggestions are remedies that work for some moms, but they are not meant as a treatment plan for every situation. Care and support from an International Board Certified Lactation Consultant and/or mom's Healthcare Provider is always recommended.