Lactation consultants and pediatric providers are noticing a growing number of new mothers who make the choice to exclusively pump breast milk for their babies (also referred to as “EPing”). A national survey in 2008 found that about five percent of all breastfeeding mothers pump exclusively. Their babies are fed mother’s milk by bottle, cup or other means, rather than at the breast. Although negative judgments are often made about EPing, it is a viable option for some mothers and babies. Health care providers are called upon to learn how to support mothers who chose to provide their breast milk without direct breastfeeding.

Common Reasons Mothers Choose Exclusive Pumping
- Prematurity of baby
- Latch problems for reasons such as breast refusal, shallow latch, painful latch, baby too sleepy, anatomical difficulty (clefts or inverted nipples)
- Illness of mother or baby
- Separation of mother and baby
- Maternal choice - dislike of breastfeeding, history of sexual abuse, ability to schedule feedings, greater freedom, and ability to have others help feed baby
- Stress

Positive Features of Exclusive Pumping
- Value of providing optimal nutrition for baby
- Cost savings over formula purchase
- Feelings of pride and accomplishment
- Respect of others for mother’s dedication and efforts
- Others can help feed the baby
- Health and cognitive benefits for baby
- Health benefits for mother

Potential Negative Features of Exclusive Pumping
- Time commitment
- Sore breasts and nipples
- Comments from misinformed people about mother not breastfeeding
- Resentment of the pump
- Juggling baby’s needs and rigorous pump schedule
- Overwhelming desire to quit pumping

Lactation consultants and medical providers may be concerned that mothers will not be able to establish a full milk supply with “EPing” or they will discontinue breastfeeding sooner than the mothers who nurse their babies at the breast. Many mothers are proving these concerns are unwarranted.

Many “EPing” mothers actually produce more milk than their baby needs and donate to milk banks.

Books, articles, Web sites and blogs on EPing are frequented by thousands of mothers to support their choice to exclusively pump and help them succeed. The many electric breast pumps currently available for rental and purchase provide convincing evidence of the huge market for these products. The newer hands-free pumps and pumping bras are very popular with mothers who chose “EPing.” Health care providers must provide accurate information and support to help these mothers establish and maintain a full milk supply as long as possible. Mothers also need advice and support to increase their milk supply if they are struggling to provide all the milk their babies need.

Fundamentals to Share with Mothers about Exclusive Pumping:
- Use a good quality double electric breast pump
- Adhere to a pumping schedule. Scheduling and timing of pumping is very important. Pump at least 120 minutes in a 24 hour period. Recommend pumping every 2 hours and not to exceed 3 hours between daytime pumping sessions. Pump at least once between 1:00 – 4:00 am when prolactin levels are highest.
- Keep a rigorous pump schedule for the first 2-3 months; then slowly drop pumping sessions while monitoring milk volumes. Do no drop more than one pumping session per day per month.
- Engage in skin-to-skin contact with baby before pumping.
- Relax and get comfortable. Have a consistent place to pump. Encourage mother to think about her baby.
- Suggest ways to distract mother to occupy her mind while pumping, such as, books, television, movies, knitting.
- Assist milk ejection reflex. Apply warm compresses, take a warm shower, and massage breasts prior to pumping.
- Ensure correct fit of pump flanges; use proper suction levels.
- Follow appropriate nipple care.
- Use hands-free devices if desired.

The same advice and guidance that providers offer nursing mothers apply to “EPing” mothers in terms of maintaining and increasing their milk supplies. Babies and mothers can receive the amazing health benefits of breast milk/breastfeeding whether it comes from a breast or a bottle.

Please support and encourage mothers, whatever their choice, and refer them to these great resources:
- Book: Exclusive Pumping Breast Milk by Stephanie Casemore, @2004, Gray Lion Publishing

Dear Reader:
Your Action Is Required for Future Newsletters! see page 4
Healthy People 2020 Objectives Released!
Breastfeeding Objectives Detail Support!

The new public health breastfeeding objectives (targets), released in December, address maternity care and workplace accommodations for nursing mothers! Furthermore, the previous Healthy People (HP) objectives related to breastfeeding initiation, exclusivity, and duration rates for 2010 have been raised! The American Academy of Pediatrics recommends infants be fed only breast milk for the first 6 months of life, and yet fewer than 1 out of 4 Colorado babies meet this breastfeeding ideal. The table below describes the changes and new objectives.

The goals target formula supplementation of healthy newborn infants during the maternity hospital stay. The 2010 CDC breastfeeding report card for Colorado reported that 16.5% of healthy breastfed newborns were fed formula in the hospital. The aim is to cut this rate to 15% by 2020. Colorado can do this! Many Colorado hospitals are already implementing policies and practices to reduce medically unnecessary supplementation of healthy newborns. Data from the Colorado Department of Public Health and Environment Pregnancy Risk Assessment Monitoring System, which surveys mothers’ responses about their hospital experience, shows the percent of all babies (healthy and “at risk”) fed only breast milk in the hospital has increased over recent years, from 43.5% in 2002 to 54.6% in 2008.

The goals target workplace support, which further demonstrates that systems in communities must change to enable mothers to achieve optimal feeding for their infants. Colorado can meet this objective too! Colorado’s Workplace Accommodation for Nursing Mothers Act, coupled with the large number of resources available to employers (such as on the internet and from local organizations), means that nursing employees should be able to access support while at work.

Breastfeeding champions, health care providers, employers, and community groups around the state must join together to create dialogue and implement programs in order to meet the new targets!

<table>
<thead>
<tr>
<th>Maternal, Infant and Child Health Breastfeeding Objectives</th>
<th>HP2020</th>
<th>HP2010</th>
<th>Colorado 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 21: Increase the proportion of infants who are breastfed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Data Source the CDC National Immunization Survey)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.1 Ever</td>
<td>81.9%</td>
<td>75%</td>
<td>88.7%</td>
</tr>
<tr>
<td>21.2 At 6 months</td>
<td>60.5%</td>
<td>50%</td>
<td>57.7% *</td>
</tr>
<tr>
<td>21.3 At 1 year</td>
<td>34.1%</td>
<td>25%</td>
<td>29.3% *</td>
</tr>
<tr>
<td>21.4 Exclusively through 3 months</td>
<td>44.3%</td>
<td>40%</td>
<td>46.8%</td>
</tr>
<tr>
<td>21.5 Exclusively through 6 months</td>
<td>23.7%</td>
<td>17%</td>
<td>22.5% *</td>
</tr>
<tr>
<td>Objective 22: Increase the proportion of employers that have worksite lactation support programs. (Data source: Employee Benefits Survey, Society for Human Resource Management)</td>
<td>38.0%</td>
<td>Data not available</td>
<td></td>
</tr>
<tr>
<td>Objective 23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life. (Data sources: National Immunization Survey (NIS), CDC, NCIRD, and NCHS)</td>
<td>15.6%</td>
<td>16.5% *</td>
<td></td>
</tr>
<tr>
<td>Objective 24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies. (Data source: Breastfeeding Report Card, CDC, NCDD)</td>
<td>8.1%</td>
<td>6.62% *</td>
<td></td>
</tr>
</tbody>
</table>

*Areas where Colorado is not meeting the HP2020 objectives

Tool Kit Available:
Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding

This Spring The Joint Commission’s previous Pregnancy and Related Conditions core measure set was replaced with the new Perinatal Care core measure set. Effective April 1, 2010, the new Perinatal Care core measure set became available for selection by hospitals. The United States Breastfeeding Committee has just re-released its January 2010 tool kit with additional information. The new release contains two parts: Part 1 Guidelines for Data Collection and Part 2 Implementing Practices That Improve Exclusive Breast Milk Feeding. To download the toolkit, go to the Health Care System link at: www.usbreastfeeding.org

Denver Milk Bank Needs Human Milk!

The Denver based Mothers’ Milk Bank is very low on milk, and the flu and cold season has arrived. The milk bank needs donors now more than ever! Donors must be in good health, non-smokers, and not taking medications or herbs. Refer mothers to: 303-869-1888 or toll free: 877-458-5503. For more information visit: http://milkbankcolorado.org/how-to-donate-milk/
U.S. Breastfeeding Committee Presents
Breastfeeding: A Vision for the Future

The guidance offered in the document, Breastfeeding: A Vision for the Future, is aimed to increase awareness of the importance of breastfeeding and the support needed from all sectors of society to achieve these healthy people goals. The USBC explains, “The Vision draws attention to the gaps in U.S. policy and outlines nine crucial objectives that must be met to fully address the barriers faced by mothers.”

These objectives include:
1. Meet and exceed the Healthy People objectives to increase the proportion of mothers who breastfeed.
2. Implement maternity care practices that foster normal birth and breastfeeding in every facility that cares for childbearing women.
3. Ensure that health care providers provide evidence-based, culturally competent birth and breastfeeding care.
4. Create and foster work environments that support breastfeeding mothers.
5. Ensure that all federal, state, and local laws relating to child welfare and family law recognize the importance of breastfeeding and support its practice.
6. Implement curricula that teach students of all ages that breastfeeding is the normal and preferred method of feeding infants and young children.
7. Reduce the barriers to breastfeeding imposed by the marketing of human milk substitutes.
8. Protect a woman’s right to breastfeed in public.
9. Encourage greater social support for breastfeeding as a vital public health strategy.

To view the document in its entirety, or sign on and add your support, visit www.usbreastfeeding.org.

Quarterly Kudos!
The Colorado Special Supplementary Nutrition Program for Women, Infants, and Children (WIC) is helping more mothers than ever with exclusive breastfeeding! In fact three agencies have over 85% of their breastfeeding infants exclusively breastfeeding (i.e., no formula is received from WIC) for their first month of life. Kudos to the Denver County WIC Program, the San Juan Basin Health Department WIC Program and the Summit County WIC Program!

CDC Recommends Use of WHO Growth Charts for Infants and Children ages 0 to 2 in the U.S.

Growth charts have long been used as a key tool to monitor the health of individual children. They are used to assess nutritional status, screen for adverse health conditions and for reporting population growth data and trends. Health care providers use one of two different growth charts to guide their health recommendations – the Centers for Disease Control (CDC) growth charts or the World Health Organization (WHO) growth standards. The CDC recommends health care providers in the US use the WHO international growth standards to monitor growth for infants and children 0 to 2 years of age.

There are several reasons the CDC makes this recommendation:
- The WHO growth standards, released in 2006, establish breastfeeding as the norm. The healthy breastfed infant is the standard against which all other infants are compared. The WHO standards were created using a sample of approximately 8,500 babies from selected communities worldwide who were breastfed for 12 months and predominantly breastfed for at least four months.
- The CDC growth charts, released in 2000, are frequently used as standards for how young children should grow. The CDC charts however are a growth reference and describe how certain children, both breastfed and formula fed, grew in a particular time and place. These typical growth patterns may not be ideal growth patterns. The WHO growth charts are standards and describe the growth of healthy children in optimal conditions.
- The WHO standards are based on a study designed expressly for creating growth charts. Length and weight were measured at frequent intervals, unlike the CDC growth charts, for which weight data were not available between birth and 3 months of age and used small sample sizes for sex and age groups during the first six months of life.

The CDC recommends health care providers use the CDC growth charts for children aged 2 years and older in the US because the charts extend up to age 20 years and can be used continuously. The WHO growth charts follow children up to 5 years of age. The methods used to create the CDC growth charts and the WHO growth charts are similar for children 2-5 years.

For more information and copies of the growth charts, go to www.cdc.gov/growthcharts/who_charts.htm or view the Morbidity and Mortality Weekly Report (Sept. 10, 2010/ Vol. 59) at www.cdc.gov/mmwr.
The Colorado Breastfeeding Coalition is a volunteer organization whose mission is to ensure optimal infant health and development of mother-infant bonding by increasing Colorado breastfeeding rates, particularly among underserved populations.

Dear Reader:

Your Action Is Required for Future Newsletters!

The Colorado Breastfeeding Update will be converting to an electronic newsletter! Beginning with the spring issue, the newsletter will be sent by email to those recipients we have email addresses for. If you would like to be added to that list, or confirm your listing, please email Katie Roby with the request at katie.roby@state.co.us.

If you must continue receiving the newsletter, as a black and white print copy, you will need to contact Katie by email or mail to provide your current mailing address.

Colorado Dept of Public Health and Environment
WIC Program
4300 Cherry Creek Drive South
Denver, CO 80246

WIC—The Special Supplemental Nutrition Program for Women, Infants, and Children provides nutrition education; breastfeeding promotion, education, and support; supplemental foods; and encourages regular health care. If you have patients who may qualify to receive WIC services, we appreciate your referral. Please check your directory or the WIC website www.cdphe.state.co.us/ps/wic/wichom.asp for the WIC Program in your community or call 303-692-2400 or 1-800-688-7777.

Colorado Breastfeeding Coalition
P.O. Box 201445
Denver, CO 80220

Breast Milk Food From the Heart