

Lactation Support News

Spring/Summer 2020

Lactation Classes

All classes will be held online through July and open to people from both campuses

- **Preparing for Breastfeeding:** May 28 [RSVP](#), July 16 [RSVP](#), July 23 [RSVP](#)
- **Continuing to Breastfeed/Return to Work/School:** June 18, [RSVP](#) & June 25 [RSVP](#)
- **Feeding Transitions:** May 21, [RSVP](#)

Lactation Support Groups

Virtual Support Group Meetings: May 15, June 19, July 17, 12:00-1:00

Email sagerman@ucdavis.edu if you would like to attend.

Good Reads

[The Loneliness of Early Parenthood](#), Feb 2020 The Atlantic *It's common to feel socially isolated after having a baby, but estrangement from friends doesn't have to last forever.*

[8 Ways to Set Boundaries Between Work and Kids](#) NYT *Communication, flexibility and a bit of grace are key to blocking out time for child care while logging in at home.*

[All I Want for Mother's Day Is an Equitable Division of Labor](#) May 2020 Greater Good Institute, UCB *Here's how to renegotiate the unfair burdens created by the coronavirus lockdown.*

Helpful CDC PDFs & Info:

- [How to Keep Your Breast Pump Kit Clean](#)
- [Storage and Preparation of Breast Milk](#)
- [FAQs for Storing of Breast Milk](#)

Annual Program Evaluation

This is our annual ask for a few minutes of your time to evaluate the UC Davis Lactation Support Program. Please complete the annual survey (link below), it should only take a few minutes, by May 22 so we can identify where we are hitting the mark as well as areas for improvement or adaptations.

[Lactation Support Program 2019-2020 Evaluation](#)

News and Bits

- Please **do not share keypad codes** with unregistered persons—this is to ensure against inappropriate use of the rooms. Keypads are installed for this very reason and we are charged a significant fee to get codes changed. It is also an inconvenience for our moms when we change the codes.
- Use [this link](#) to get a copy of the most up-to-date site list and Google map.
- For those at Health, if you are having trouble electronically accessing an area to reach a lactation room, please contact worklife@ucdavis.edu

Virtual Supports

- Join the [Fit4Mom](#) Community. There are regional groups in Davis, Woodland, Sacramento, Natomas, and more. Currently offering online workouts as well as activities and play dates for kids.
- Join the [Peanut App](#) to chat with other moms in your area.
- [Postpartum Support International](#) for assistance with postpartum depression

Lactation Support News is published by UC Davis WorkLife

Contact us at: worklife@ucdavis.edu To remove your name for our mailing list [click here](#).



We are “Here” for You

While we are currently excluded from the hospital, we are still working hard to make sure we can meet your lactation needs as best we can. Please let us know if you have any issues with the pumps or rooms and we can contact the appropriate units to rectify. Unfortunately we do not have nor can deliver wipes so we are asking they you please bring your own and wipe down the pump and surfaces to ensure hygiene. The new person to reach out to...our new Health WorkLife Coordinator, Julie Zech can be reached at jzech@ucdavis.edu or through the worklife email, worklife@ucdavis.edu

Welcome to our New WorkLife Coordinator at Health

Julie Zech: WorkLife Coordinator, UC Davis Health

Hi everyone, my name is Julie Zech and I am the new WorkLife Program Coordinator at UC Davis Health. A little about myself - I’m originally from Irvine, CA, but came to Northern CA to get my degree in Clinical Nutrition at UCD. I also played NCAA Volleyball for the Aggies. My career experience mostly surrounds helping students in higher ed achieve their goals. I became a mom in 2018, and my whole world view shifted in the very best way. I decided to redirect my career in to a profession that would help my fellow UCD Employees better integrate their work and life responsibilities. The UC Davis Lactation Support Program helped me achieve my personal breastfeeding goals, so I have strong appreciation for this program. Without it, I would not have made the successful transition back to work to continue my career and continue breastfeeding. I love being a part of a department that strives to help other moms achieve this

goal, too. It’s more than possible!

In my spare time, you’ll find me running around the American River Trail or spending time with my husband and daughter Molly (18 months). We enjoy cooking, crafting and lots of long walks around the neighborhood. Please feel free to reach out if you need anything!



Welcome to our New Lactation Consultant at Health

Alicia Cukjati, IBCLC: Department of Obstetrics and Gynecology outpatient Lactation Consultant, UC Davis Health

Alicia is here to support parents by providing breastfeeding education and feeding assessments during the pre and post-natal period. For clinic visit availability, please contact the clinic by calling the OB/GYN clinic at 916-734-6900 or contact the lactation consultant directly at 916-734-6921



UC Davis Health Receives Baby Friendly Certification

UC Davis Medical Center proudly announces achieving the highly prestigious international Baby-Friendly designation. After a rigorous review process, [Baby-Friendly USA](#) bestowed this certification to the Sacramento region’s nationally ranked medical center.

This distinguished honor demonstrates that UC Davis Medical Center adheres to the highest standards of care for breastfeeding mothers and their babies. These standards are built on the *Ten Steps to Successful Breastfeeding*, a set of evidence-based practices recommended by the [World Health Organization \(WHO\)](#) and the [United Nations International Children's Emergency Fund \(UNICEF\)](#) for optimal infant feeding support in the precious first days of a newborn’s life.

UC Davis Medical Center joins a growing list of more than 20,000 Baby-Friendly hospitals and birth centers throughout the world, 604 of which are in the United States. These facilities provide an environment that supports breastfeeding while respecting every woman’s right to make the best decision for herself and her family.

Congratulations to our Medical Center and thank you for all the hard work of our colleagues to make this happen!

Best Practices for Pregnancy and Breastfeeding During COVID-19

According to the most recent information from the CDC: COVID-19 is a new disease and we are still learning how it spreads, the severity of illness it causes, and to what extent it may spread (in the US).

During pregnancy

Pregnant people seem to have the same risk as adults who are not pregnant. It is recommended that if you are pregnant, you talk with your health care provider about how your pregnancy care and childbirth may be affected while COVID-19 is spreading:

- Protect yourself by practicing the [CDC COVID-19 healthcare guidelines](#) as well as the usual recommendations of a typical pregnancy.
- Ask how your prenatal care and visits might change - you may have fewer in-person visits and/or your visits may be spaced out more. Virtual visits can be an effective way to get the care you need while still practicing the prevention of spreading this disease. Discuss care with your provider before going into their office.
- Check with your hospital or provider about your birth plan. They may be adjusting their policies such as what support will be available/allowed during delivery, how long you'll be staying in the hospital, and what visitors may be allowed. Be sure to mention if you are planning to have a **doula** with you during childbirth and, as always, be flexible with your plan.
- If you are not at risk of having contracted the virus, ask your healthcare team if you can practice skin-to-skin and rooming in.
- Have support in place when you get home – consider a 72-hour emergency plan that includes food/meals; diapers; wipes; breast pump; access to alternative feeding sources. This is good advice for any newborn family despite the present health conditions.

If you are at risk of having contracted the virus, your health care team may discuss a temporary separation from your infant following birth, to reduce the risk of infection for your baby. Talk with your team about what options are available to you.

Coming Home

At this time, there is limited data regarding whether the virus will pass through a mother's milk. So far, the virus has not been found in breast milk, amniotic fluid, or other maternal samples. What we do know is that breast milk is protective against respiratory infections in general, and, respiratory infections do not typically pass through milk. If you do not have or have not been exposed to the virus:

- Plan to breastfeed as exclusively and for as long as possible
- Get breastfeeding off to the best start using the support of the hospital personnel
- Delay formula feedings as long as medically possible
- Make an infant feeding plan in collaboration with your pediatrician
- Follow up with a lactation consultant

According to the CDC, mother-to-child transmission of coronavirus during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread. If you have or have been exposed to COVID-19, to avoid passing the virus to your baby:

- [Wash your hands](#) before touching your baby
Wear a face mask while breastfeeding or pump and have someone who is not sick feed your breast milk to baby (See <https://www.askdrsears.com/topics/feeding-eating/breastfeeding/faqs/alternatives-bottles> for alternative methods of feeding a newborn to avoid the risk of nipple confusion often associated with bottle feeding.)
- [Wash](#) all breast pump or bottle parts after using

Resources

- For Families not exclusively breastfeeding: Follow [best practices](#) for preparing formula and sterilizing equipment
- [Coronavirus, Pregnancy, and Breastfeeding: A Message for Patients](#) Am. College of Obstetricians and Gynecologists
- [Coronavirus Disease and Breastfeeding](#) Maternal or Infant Illness, CDC
- [Baby-led Bottle Feeding](#) Nurtured Child
- [Current COVID-19 Recommendations at a Glance](#) Kelly Mom

Patient Awareness of Lactation Services Survey Results

Existing knowledge validates that mothers who receive supportive practices in the hospital and beyond are more likely to meet globally recommended breastfeeding guidelines by breastfeeding more exclusively and for a longer duration.

While UC Davis Medical Center exceeds state and countywide rates of mothers at discharge who are exclusively breastfeeding, these rates drop significantly in the six months and more following hospital discharge despite extensive breastfeeding education and management services available to the affiliates and patients of UC Davis.

With this in mind, the UC Davis Patient Awareness of Lactation Services (PALS) survey was developed and distributed to the Breastfeeding Support Program (now Lactation Support Program); the UC Davis Medical Group, Davis; and, the UC Davis Medical Center. The survey was to document:

- who is using UC Davis lactation &/or breastfeeding support services;
- why families are or are not using these available UC Davis support services; and,
- how best to promote and utilize UC Davis lactation &/or breastfeeding support services in an effort to assist mothers to meet recommended breastfeeding guidelines.

A total of 270 people, having given birth within one identified year, answered questions regarding how long and how exclusively they breastfed during that year; their knowledge of and/or use of any UC Davis lactation/breastfeeding services; and, how they learned about UC Davis services available to them.

The results of the survey indicate that the majority of respondents received their prenatal care within UC Davis Health, and more than half attended some form of UC Davis prenatal class. Medical healthcare providers were the best resource for learning about classes; and, social media or UC Davis websites were recommended as the best methods to promote them. The biggest reason quoted for respondents not taking a UC Davis prenatal class, even if they were aware of the class, was that they had breastfed another child successfully.

While the collection of data was screened to eliminate complications that can typically have a medical effect on the exclusive initiation of breastfeeding, almost half of the respondents still had some form of unexpected complication around delivery; a medical problem preventing breastfeeding within the first 72 hours of birth; and/or trouble breastfeeding within 72 hours. As expected, 90% of all mothers received breastfeeding support during their hospital stays, listing Lactation Consultants as their greatest resource.

Just over half of respondents attended some form of UC Davis support service following discharge. These respondents learned about the support services from lactation consultants, medical healthcare providers, and/or office staff/other medical personnel. Personal referral, UC Davis web searches and clinical office displays also played a strong role in alerting respondents to services from the Lactation Support Program and the UC Davis Medical Group, Davis.

The most valuable aspects of all UC Davis services were found to be the knowledge and support of the Lactation Consultants as well as the opportunity to meet with other moms. While almost half of the respondents feel the UC Davis services met their expectations, some of the more challenging features of these services are location, timing, scheduling of classes and groups; and, providing more options for private consultations.

In addition to this collection of breastfeeding services knowledge and usage data, the survey plotted the age of introduction of formula, during the first 6 months of life, against similar data across California. California data shows a steady, increasing use of formula over the first 6 months of life. Data from UC Davis support services indicate a steadily decreasing or significantly lower consistent use of formula throughout the same time frame.

Conclusions:

- There remains about half of the UC Davis breastfeeding families that are not using any UC Davis lactation and/or breastfeeding support services.
- Families typically aren't using the services once they've experienced successful breastfeeding.
- Usage might improve if families had more options for services regarding schedule, location and options for consultations.
- The best way to increase the promotion of available support services would be social media, more office signage, and UC Davis websites.
- UC Davis affiliates and patients are better meeting global breastfeeding guidelines by breastfeeding more exclusively and for longer duration than their California contemporaries.

Thank you to all who participated in the survey. This information helps guide our services and programming in addition to providing data for leadership regarding the health benefits of providing lactation support.

Lactation Room Etiquette

All Rooms:

- To ensure the security of our lactation rooms, there is no published list of rooms. We request instead that anyone wishing to use our assigned sites register with the Lactation Support Program (LSP). To register, please go to: <https://hr.ucdavis.edu/departments/worklife-wellness/breastfeeding>
- Lactation rooms should be used only for the purpose of expressing, storing and collecting breast milk. Please limit the use of these spaces to these activities. **Twenty minutes is considered a reasonable time to use the room.**
- The LSP provides a hospital-grade pump for your convenience and efficiency in collecting your milk. If you use the pump provided, you are responsible for obtaining the appropriate collection kit as used by the campus on which you are located. You can find more information about this on our website.
- You are welcome to bring your own pump to use in the lactation rooms. If you do so, please remember to plug in the room pump again when you finish.
- For health and safety reasons, refrigerators are not provided by the LSP. If there is a fridge in the room, it has been provided by one of the departments in the building and is the responsibility of that department to maintain and to secure your milk. *We do not recommend leaving milk unsecured. Additionally, small, general-use (not commercial-grade) refrigerators are not able to maintain a safe temperature for human milk.*
- Always knock prior to entering any lactation site. Sometimes, the signage left on the door is inaccurate; users may have forgotten to place the available “occupied” sign on the door, or, leave it accidentally listed as “occupied” in their rush to return to work. If no one answers upon your knock, confirm with a verbal check and then feel free to enter. If you are the user within the lactation room and do not respond to the knock or verbal check, please expect to be interrupted.
- In single occupancy rooms, if you receive a verbal response to a knock or a verbal check, you may wish to converse with the occupant to determine a reasonable time estimate that they will need to finish. Twenty minutes is considered a reasonable time to need the room to express milk and clean up.
- Many of our lactation sites can be heavily impacted when several mothers from the same or overlapping departments are returning to work. The LSP does not have the resources to schedule and monitor the use of the rooms on a daily basis. Be aware of alternative spaces and visit them prior to returning to work to establish their use impact and/or how to get there. Talk with your supervisor or manager about alternative arrangements, as they are ultimately responsible for providing the space needed for your milk expression needs.
- One can arrange with one’s pump companions to make the most efficient and equitable use of the space provided by communicating and meeting with each other, in person or virtually. Some ideas that mothers have arranged – a notepad or white board in the room to leave messages, an app-based schedule, time-in/out sheet, etc. At all times, one should consider that these rooms are also to be available for our transient population (i.e., students who find themselves in that region of campus for a quarter, affiliated visitors to the campus, etc.).

Multiple User Rooms: If you are the first to enter a multiple user room, consider using the pump/station furthest from the door. Until curtains are installed, you may want to bring a small blanket or cover-up if you desire privacy when doors are opened. Following the guidelines as listed above regarding appropriate etiquette upon arrival at a lactation site, it would be helpful to verbally identify if there is another station available, or, that all stations are in use.