

## Truth Be Told

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I often hear people use the phrase “truth be told” (TBT) when stating important truths that otherwise might not be known. That’s the perfect way to describe this topic – it’s full of TBTs about delivering the highest quality of care for preterm infants.

Health care professionals across the US acknowledge November as Prematurity Awareness Month. The Centers for Disease Control and Prevention (CDC) report that the incidence of preterm birth in the US has increased for the second straight year since 2016, affecting approximately 1 of every 10 infants born in the US.<sup>1</sup>

And TBT...there has been a veritable increase in clinical evidence and research supporting the use of human milk and the exclusive human milk diet (EHMD) for premature, low-birth-weight, and critically ill newborns. While the use of human milk feeding for the neonatal intensive care unit (NICU) population has increased, there has been significant variance in practice recommendations, clinical safety of milk, and procedural guidelines across the US.

It has been my privilege over the past two years to play a small role in supporting the efforts of the Academy of Nutrition and Dietetics (AND) to review and revise guidelines regarding clinical use of human milk. I am pleased to announce the recent release of *Infant and Pediatric Feedings: Guidelines for Preparation of Human Milk and Formula in Health Care Facilities*, third edition, published by Academy of Nutrition and Dietetics (AND). (2)

The editors – Caroline Steele, MS, RD, CSP, IBCLC, FAND, Director of Clinical Nutrition and Lactation Services at Children’s Hospital of Orange County, California; and Emily A. Collins, MHA, RD, CNSC, Nutrition Services Manager, Michigan Medicine, University of Michigan, Ann Arbor, Michigan – have done an exceptional job of bringing clinical experts together to review the literature and describe standards of best practice in the use of human milk and human milk products in the health care setting.

The revised text has been significantly expanded in size and scope and includes some of the following areas of clinical practice in the use of human milk:

- Physical Facilities
- Equipment and Supplies
- Staffing and Workflow
- Expressed Human Milk Preparation and Handling
- Lactoengineering
- Donor Human Milk, Human Milk Products, and Milk Sharing
- Delivery and Bedside Management of Feedings

- Microbiology and Infection Prevention
- Quality Assurance, Monitoring, and Emergency Preparedness

As a former national patient safety fellow with the Health Research and Educational Trust of the American Hospital Association and the National Patient Safety Fellowship, I am interested in patient safety and quality improvement strategies around the preparation and utilization of human milk. Another area of interest has been the increase in informal milk-sharing practices by families in the NICU setting. These practices include such things as milk sharing between family members and purchasing unscreened milk from unidentified donors on unregulated websites.

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I found the chapter describing the quality assurance continuum to be of value and interest in light of complex, overlapping recommendations. The Joint Commission has determined that quality indicators should focus on problem-prone, high-risk, high-volume areas, or some combination of those three. Chapter 13 reviews methods of data collection for risk analysis and ongoing system evaluation. In particular, the Hazard Analysis Critical Control Point (HACCP) system is a multi-step, proactive, science-based approach that can be applied to human milk feeding processes via the plan-do-check-act process. The HACCP plan should include measurable indicators to monitor the most important aspects of human milk preparation, storage, delivery, and bedside administration. This analysis strategy can be integrated into any facility’s existing performance improvement strategy, and it can drive evaluation of safety, efficiency, and cost-effectiveness while guiding ongoing clinical practice.

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TBT...there are tremendous short and long-term benefits for the infant who receives a human milk diet, especially for preterm and low-birth-weight infants. Benefits supported by strong evidence include prevention of sepsis, necrotizing enterocolitis, decreased days of total parenteral nutrition, decreased days of interrupted feedings, and reduction in retinopathy of prematurity.

Please read on to hear from the members of the Nursing Practice Advisory Council (NPAC). NPAC is an advisory group of neonatal nursing leaders and clinicians who are passionate about human milk science and nutrition. They endorse the practice of using mother's own milk, donor milk, and human milk-based nutrition. Their mission is to impact clinical practice, education, and outcomes in the NICU population by sharing clinical expertise and emerging research in the use of an EHMD. If you have questions about implementing or supporting the clinical use of an EHMD, please email our team at [NPAC@prolacta.com](mailto:NPAC@prolacta.com).

References:

1. *Centers for Disease Control and Prevention, Division of Reproductive Health. Preterm Birth webpage. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>. Last modified April 24, 2018. Accessed November 13, 2018.*
2. *Pediatric Nutrition Practice Group; Steele C, Collins EA, eds. Infant and Pediatric Feedings: Guidelines for Preparation of Human Milk and Formula in Health Care Facilities. 3rd ed. Chicago, IL: Academy of Nutrition and Dietetics; 2018.*

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*Disclosure: Terry Johnson is an employee of Prolacta Bioscience, Inc.*

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