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## Raising Awareness About the Vermont Donor Milk Center

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# Raising Awareness About the Vermont Donor Milk Center

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VERMONT DONOR  
MILK CENTER  
AT EVOLUTION PRENATAL & FAMILY

August 2020  
Mentors: Amy Wenger, RN, CLC, & Rachel Foxx, RN, IBCLC,  
David Reisman, MD  
Jose Abad, MD

# Problem Identification and Description of Need

Many parents are unable to meet the nutritional needs of their newborns with their breast milk during the first year of life. In such cases, formula is most commonly used to supplement milk supply. However, studies suggest that in comparison to formula, breast milk provides many non-nutrient advantages and is better for promoting gut development in infants(1).

The VT Donor Milk Center (VDMC) is an emerging community resource that provides donated, pasteurized breast milk to new parents. Upon questioning, we identified that many providers did not know about the VDMC or how to prescribe milk.

In addition, VDMC expressed that they have not been able to complete the community outreach they had initially hoped for. We chose to dedicate our project to disseminating information about VDMC to many perinatal care providers in Vermont.

# Public health cost and unique cost considerations in host community

Research published in the Journal of the American Academy of Pediatrics found that “In the first year of life, after adjusting for confounders, there were **2033 excess office visits, 212 excess days of hospitalization, and 609 excess prescriptions for these three illnesses per 1000 never-breastfed infants** compared with 1000 infants exclusively breastfed for at least 3 months. These additional health care services cost the managed care health system between **\$331 and \$475 per never-breastfed infant** during the first year of life.” (2)

Pasteurized donor human milk (PDHM) supplementation is considered exclusive breastfeeding by the WHO and AAP

“Health care plans will likely realize substantial savings, as well as providing improved care, by supporting and promoting exclusive breastfeeding.” (2)

# Public health cost and unique cost considerations in host community



Vermont Department of Health's (VTDOH) most recent comprehensive needs assessment of maternal and child health programming, services, resources and priorities, identified increasing breastfeeding support as a goal.

The "Vermont Breastfeeding Strategic Plan: 2020 to 2022" was created to outline specific priorities and action steps, including:

ACTION STEPS	LOCUS	PARTNERS
Conduct quality improvement training and targeted learning collaboratives for health care providers/ practices, IBCLCs, and others	Statewide	Vermont Child Health Improvement Program, Health Department, health care organizations
Conduct public health detailing visits in pediatrics, obstetrics, and community health teams to educate providers on best practice and available resources and supports	Community	Local Health Offices, IBCLCs

Distributing materials to local health offices and IBCLCs to inform providers that Vermont Donor Milk Center is a valuable community resource directly aligns with the above steps of the VTDOH Breastfeeding Strategic Plan.

# Community Perspectives

“We needed to have donor breast milk on hand because our newborn was having **trouble with his blood sugar** and I had not been producing enough milk yet to keep his numbers up.”

“We had reached out to them while still in the hospital and the woman we spoke with **went above and beyond to get us the milk**. She went as far as delivering it to our apartment!”

“I would just like to reiterate how thankful we are that this option was available to us and **I would 100% recommend them** to anyone seeking any sort of help with breast milk”

- **patient and client of VDMC**

“Donor breast milk is an **optimal short term or long term solution** for families who want the best nutrition for their baby. For those choosing to use exclusively donor breast milk and for those needing to bridge the gap between baby’s needs and available supply.. donor breast milk is an optimal solution.”

-**Kristen Bird, FNP, IBCLC**

**Baby Bird Lactation Services; Timberlane Pediatrics**

# Community Perspectives

“Some providers might feel unsure of the **safety** of donor milk. The donors are **prescreened** prior to donation for health, medications-including vitamins, history, and lifestyle. They are given a blood test for HIV-0,1&2; HTLV 1&2, Hepatitis B&C and Syphilis. These donors are **checked** in at regular intervals and during donation drop offs for changes in status.”

“With PDHM, there are **less gut issues, spit up, reflux, and constipation** as is seen with those children who are supplemented with multiple types of formula “

“Some barriers to patients getting donor milk are **patient and provider knowledge**. There aren't many insurance companies in the nation that cover PDHM, including Vermont **Medicaid**. This makes the process difficult for those that need long term supplementation that **cannot afford** it such, as those in Foster Care or DCF custody.”

“We have streamlined the process for clients as we know **babies need to be fed, when they need it!** We offer **financial aid** via a sliding scale, which is currently funded by our generous donors. Our goals are to **expand** VDMC to every county in Vermont and have **medicaid cover** for donor milk. “

- Amy Wenger, RN, CLC, & Rachel Foxx, RN, IBCLC, VT Donor Milk Center Executive Directors

# Intervention and Methodology- Disseminating Information

We set out to inform perinatal\* health care providers of the services that Vermont Donor Milk Center provides, and to educate them on how to prescribe donor breast milk.

We accomplished this by compiling an **email directory** of perinatal care providers in Vermont, then creating an **electronic resource** to disseminate as broadly as possible.

Additionally, we brought rack cards to South Burlington Family Medicine and CVMC Berlin Family Medicine to be available for patients and providers.

\*We identified perinatal care providers as OB-GYN physicians, Family Medicine physicians, midwives, lactation consultants and Pediatricians that are licensed in the state of Vermont

# Intervention and Methodology- Methods

## Compile VT Perinatal Provider Directory

1. Searched UVM Health Network (UVMHN) Global Address Book by keyword, department and title for:
  - a. Pediatrics
  - b. OBGYN
  - c. Women's Health
  - d. Family Medicine
  - e. Midwife
2. Web searched and added contact information of Non-UVMHN providers of the same professions as above (a-e)
3. Referred to the Vermont Department of Health's Children, Youth and Family resources

## Email as Electronic Resource

Created an email in conjunction with and in support of VDMC, that aimed to:

1. Inform providers of VDMC services
2. Include a sample prescription for donor breast milk
3. Attach VDMC's official letter to providers
4. Share the VDMC Info Card
5. Provide VDMC contact information to potential prescribers

# Results

The informational email was sent to 350 perinatal care providers in Vermont and Northern New York.

The results we would hope to see are increased awareness and utilization of the Vermont Donor Milk Center. As a result of our interventions, there may be increased number of exclusively breast fed infants in Vermont.

We hope that utilizing the VDMC relieves stress in parents; particularly those having difficulty with milk supply, LGBTQ parents, and/or those with infants who are adopted or carried by surrogacy. We also hope to improve health outcomes in the first year of life by decreasing instances of failure to thrive, weight loss, hypoglycemia, and other GI complications.

# Evaluation of Effectiveness and Limitations



To measure the outcome of disseminating information to providers, we would track the total monthly breast milk prescriptions being filled at the VDMC to see if a significant increase occurs after our intervention.

To better understand our limitations, a more thorough review of the prenatal care providers in the state of VT should be analyzed to identify regions or professional groups that were underrepresented in our provider directory.

# Recommendations for future interventions

The Vermont Donor Milk Bank would be an excellent community partner for future community projects.

The following questions could be explored to improve the utilization of VDMC and to develop interventions:

1. Which providers are writing donor milk prescriptions?
2. Has the number of prescriptions changed following community outreach?
3. How can eligible patients be directly reached to educate on the possibility of donor milk vs formula?
4. What are financial barriers to receiving donor breast milk, and how can they be overcome?

# References

- (1) Henderson G, Anthony MY, McGuire W. Formula milk versus maternal breast milk for feeding preterm or low birth weight infants. *Cochrane Database of Systematic Reviews* 2007, Issue 4. Art. No.: CD002972. DOI: 10.1002/14651858.CD002972.pub2.
- (2) Ball, Thomas M, and Anne L Wright. “Health Care Costs of Formula-Feeding in the First Year of Life.” *Official Journal of the American Academy of Pediatrics*, vol. 103, no. 1, 1 Apr. 1999, pp. 870–876.
- (3) “Vermont Breastfeeding Strategic Plan: 2020 to 2022.” Vermont Department of Health, 2020.

# Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented: Yes

Name: Amy Wenger, RN, CLC

Name: Rachel Foxx, RN, IBCLC

Name: Kristen Bird, FNP, IBCLC

Name: Samantha Poirier