

## **Veteran's Health Equity Podcast Transcript**

### **How VA Supports Lactating Veterans In their Homes and in Clinic**

>> I want to welcome everyone and thank you all for joining. My name is Lauren Korshak, and I lead translation activities for VA's Office of Health Equity. The Office of Health Equity champions the advancement of health equity and reducing health disparities in veterans.

Today, on the Health Equity and Veterans podcast series, we'll discuss how VAs use telehealth technology to advocate for the lactating families that receive care at the VA, focusing on preventing, recognizing, and solving lactation difficulties.

But before we begin, I want to go ahead and introduce our speakers. Cody Giovannetti has been practicing as a dietician at the Memphis VA for 11 years. When she had her son, Cody became passionate about lactation and experienced challenges in her own lactation journey.

She started lactation service at the Memphis VA in 2016. She quickly understood that these vital services were not available within the Veterans Health Administration and were not readily accessible in the community either for women veterans.

She really enjoys connecting with her patients via Telehealth to help keep mom and baby at home as much as possible. For over five years, Ashley Laurie has been working for the VA Medical Center in Erie, Pennsylvania. She works as a registered dietician, maternity care coordinator, and lactation consultant. She currently serves as a lactation consultant and other various sites within the VA. She has a Master of Arts degree in Health and Wellness with a specific focus on lactation consulting.

Before working at the VA Medical Center, she worked with the women, infants, and children in the WIC program for six years. She served as their breastfeeding coordinator for two years. She is a member of the United States Lactation Consulting Association. She participates locally and on the Board of the Western PA Lactation Consultant Association. She is a member of the Pennsylvania Breastfeeding Coalition. So I wanted to first ask you all why lactation is essential? What are the benefits?

>> This is a great question. Frequently we talk about the benefits to the baby, which are to decrease the risk of ear infections, diarrhea, necrotizing enterocolitis, asthma, obesity, type I, type II diabetes, childhood leukemia, and SIDS. But frequently, we don't talk about the benefits to mom. So there's also a great benefit to the parent. So it lowers the risk of breast and ovarian cancer, type II diabetes, rheumatoid arthritis, high blood pressure, and cardiovascular health improvement, and it helps reduce the uterus back to a standard size more quickly. We know that human milk is constantly changing based on every baby's individual needs. So that can even happen just with a single feeding. So, the child is sick, and those antibodies are transferred through the milk to the baby. And so just really really kind of incredible how it just changes based on those individual needs of that baby. It's also essential to save a lactating family about \$2,000 to \$4,000 annually. So it really has excellent benefits.

>> So, why is it important for the VA to provide lactation services?

>> Well, like the many health care systems, lactation is vital, as Cody discussed. It delivers so many benefits. However, the number one reason within the VA is to support our veterans in every aspect of their life, all the way around the life cycle. So from preconception, conception, pregnancy, postpartum,

and beyond, offering the services within the VA increases patient access, and it does prevent their barriers to care. We often find limited community resources, more specifically in rural communities. And just a little statistic and background, there are nearly four million births in the United States each year. More than five million women live in what we call maternity care deserts. That's where there's no hospital offering obstetrics care or no OB providers in their area. So, providing care within the VA at all locations, especially if telehealth platforms are significant. I mean, we can really reach all these outliers. There are other reasons too, of course. Economic benefits.

Every dollar invested in lactation generates \$35 in economic return. Not to mention for individuals who don't offer human milk, it's associated with economic offers of about \$302 billion annually. Like Cody had said, it also saves a significant amount of money just for the families involved. So ultimately, what is looking to improve overall healthcare?

We just want to improve the health and well-being of our patients. It improves patient trust, so we want them to trust the VA. We want our veterans to come to the VA for care. So really, offering services such as lactation helps show that we can reach them, and hopefully. As a result, it'll also improve the lactation rates of the veteran population beyond. And in a nutshell, I guess that's about it.

>> So, you are passionate about ensuring veterans access lactation support. Can you share a bit of the history of how this program came about?

>> Sure. I just want to first mention that VA does cover maternity care. It does provide maternity benefits to veterans. There are maternity care coordinators at every site. They work to coordinate the respect between the community providers and then the VA and ensure that every veteran is basically getting anything they need, anything covered under maternity. So lab tests, medications, extra testing, and any above.

The maternity care benefits veterans receive to cover their entire pregnancy too. So even from the day, we find out all the way through the postpartum period and beyond sometimes in certain circumstances, especially specifically lactation, and sometimes that's beyond that first "postpartum window." But they even provide veterans with breast pumps.

We do other essential items that will help them be successful, and it's a covered benefit, except it's often challenging to find the resources within the community or providers that participate within the VA. So often, the veteran must pay upfront and then get reimbursed. Lactation benefits in the community can be costly.

It depends on where they're located and who the provider is. But I know I've seen anywhere between \$100 and \$500 per visit for the community-based lactation consultants. And that could be a barrier and often a hardship for our veterans. So, with that said, in 2016, Cody and I recognized that our veterans were not utilizing the benefits. They weren't taking advantage of the VA and maternity care's lactation services.

So I don't know personally. I have some struggles with raising my son. It was challenging to get a hold of the lactation professional in the community. So often, it was just seeing these veterans who stopped because of a lack of support. They didn't have an adequate education from the beginning. So, it's minimal when we look at the relationship between the number of infants delivered daily and the number of lactation consultants available. So we can understand why that in itself is a hardship, but

then again, the reason why the program came. I don't know, Cody. Do you have anything you'd like to share about your experiences at your site?

>> Yeah, similar to Ashley, my vision for the VA lactation services was also driven by my son's personal difficulties with lactation. And you know, surprisingly enough, Ashley and I were both kinds of simultaneously doing the same thing in two different states. And so, you know, we've known each other for a while, and this is really just kind of where these services kind of started, and where our vision took off. But when we were learning about the need, we learned that one of the fastest-growing populations within the VA, which is pretty shocking for many, approximately 43% of female veterans are between the ages of 18 and 44 years old, which is considered that child-bearing age.

So those large volumes of patients could actually utilize these services. And then, we found over the years that providing these services that 90% of our patients have initiated lactation for an average duration of six months, and 85% have expressed interest in lactation. So of all of those pregnant patients, 85% of them have expressed interest. And then medicine correlation between the contact with us, the lactation consultants, and the duration. So just having access to those services within the VA is extremely valuable to support that lactation journey.

>> Can you provide more detail about the kinds of services you offer through your programs?

>> Sure. So it often varies per patient depending on what their needs are, what their desires are, what their wishes are, and how they would want their lactation journey to look like. But we find it very beneficial to offer that preconception and those prenatal interactions with these patients within the VA. In contrast, services are often more often provided in the postpartum period in the community. So, providing prenatal education we feel it's exceptionally beneficial to mitigate some lactation issues in the postpartum period.

But we also provide lactation support for the first year and beyond as long as they lactate and feel like they need our help. We provide medication safety and lactation education. Often we're making referrals in-house to a pharmacy to kind of support the veteran that's planning to lactate but also needs some medication during that time. So really finding what's needed during lactation. And then returning to work or school.

So frequently, it's challenging to reestablish a routine or what that looks like to be able to continue to lactate while working or going to school. And so we kind of assist with that. Sometimes our moms or parents are exclusively pumping, and they need assistance with when to pump, how much, how often, those types of things.

So assistance with that, assistance with weaning, troubleshoot challenges, maybe a parent has milk come in, and they don't want to lactate. So we can support them there and how to discontinue lactation at that point. We do provide support services and support groups as well. So lots of different types of education that we provide throughout the VA. And Ashley, if there's anything else you can think of, please add.

>> Sure, yeah, So there are just a few others, actually. You addressed most of them absolutely. It's just a re-lactation that we don't see as often. Re-lactation, there are many circumstances where this can apply. So even just using the pandemic as an example. We have a lot of veterans who are interested in re-lactating. So they've previously stopped and are interested in starting to lactate again to provide their

infants with the antibodies and protection. And there was just a study actually from the University of Massachusetts, Amherst, published in Obstetrics and

In gynecology, they found parents who received the COVID vaccine can transfer those protective antibodies to their babies through their milk. So again, it's potentially giving them that passive immunity. So we can see the benefit of why individuals would want to re-lactate. Something else is inducing lactation. So inducing lactation is essentially lactation without a pregnancy. We've helped veterans who are disabled and unable to carry their infant, transgender individuals, same-sex couples, veterans who want to adopt an infant or use a surrogate because of infertility, and the list goes on and on.

But the critical factor here is knowing that there are other options and that inducing lactation is even an option. It even exists because sometimes that is another benefit that individuals don't even know that they are capable or able to do. So us discussing these various options with the other factors and offering the support can really help support our veterans and really show them that, you know, we're here for them. There's a lot involved too with inducing lactation and being able to assist them with meeting their personal lactation goals. It's just something I know we both really focus on, having them set their goals. But it's gratifying, not just for the patient but for us. So that is just something else I'd like to contribute.

>> This sounds amazing. Now with the pandemic that, unfortunately, we're still living through. Cody had mentioned this; she really enjoys being able to connect with her patients via Telehealth to keep everyone at home as much as possible these days. Can you provide a little bit of information about the telehealth services that may be available?

>> Sure. So we've been providing telehealth services since 2016, so thankfully, we were already well prepared despite knowing that we would be in a pandemic. These services would need to be wholly somewhat pushed into that telehealth field. But there are various ways to support our patients through Telehealth, from us in our clinic to another clinic in the area or another area. So we have little areas that are not clinics called CBOC. So a patient might be in a rural area, and the CBOC is closer to them than that main facility, so they could be there, and we see them from our site. And then there's also where we can connect with them anywhere they desire to be.

So patients have gone to a library, they stay at home, they can be at another appointment and still kind of meet with us as long as they're in a secure area. So it's really been beneficial, again, like you mentioned in the pandemic, to provide these services via Telehealth.

>> Just to kind of go off of that too. As lactation within the VA is growing, as Cody and I've said, back in 2016, we started it. However, we're really trying to expand so that every VA has options. But right now, because it's limited and we're growing, we're getting individuals trained and all of that and above. Still, we can access people around the country. We can see patients in California. I'm in Pennsylvania. So I mean, Telehealth really opens the doors to many opportunities even than visual assessment. And then, if there is an additional need for more hands-on help, we can find community resources for them within their area and work with their VA to support them that way.

>> That's amazing. It sounds like veterans who participate in these programs really get a lot of support. It sounds like it's personalized to their needs. Who is eligible for lactation services through the VA?

>> So this can vary. It is determined by local leadership at each site as of now. So right now, it's at the discretion of each leader. Still, they can decide whether or not they will just serve any enrolled veteran

or offer services to enrolled veterans and the significant other spouse and partner of a veteran. So the standard answer would be any veteran enrolled in VA healthcare is eligible if they are interested in lactating ideally.

But again, it depends on what we're looking at, whether or not it's the spouse or partner of the veteran or if it's the veteran that is the actual one who is lactating. In conclusion, many factors to consider or think about may influence leadership decisions. Sometimes it's strictly just a patient load. Some sites have 200 pregnant women at one time or pregnant individuals, and then, you know, we're looking at one person, trying to expand that, it would be too much. Sometimes, it's the availability of trained staff, like I was just saying. We are working on developing and preparing other individuals or getting other individuals training to become lactation professionals.

Some staff work collateral duties, so sometimes they're working as, you know, in primary care and then have to switch over to their lactation hat when they have the time or the availability built in their schedule. So I mention this to be inclusive with everyone, so every enrolled veteran has access to lactation services.

>> Finally, if a veteran is interested in learning more about these services, what can they do?

>> So most sites have maternity care coordinators. So I would encourage the veteran to reach out to the maternity care coordinator in their areas. There are veteran call centers that are also beneficial resources. Or you can call 855-829-6626 for information about lactation services, VA programs, resources, etc. So those would probably be the best places to start.

>> Fabulous.

I want to thank you both for coming and speaking about all of your work. I want to thank everyone who came to listen for joining us, and I hope you all will join us again next time. Take care.

>> Thank you.

>> Thank you for having us.