

MythBusters



1

The Experts

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 - Rhianna Britton, MS, RNC-OB, C-EFM, NPD-BC
 - Lori Dorn, BSN, RNC-OB, C-EFM, CNML
 - Becky Gams, MS, APRN, BC-WHNP, C-EFM, FAWHONN
 - Nicole Stecker, MN, RN, C-EFM, IBCLC
 - Marika Vukomanovich, DNP, RNC-OB, C-ONQS, C-OBE
- Moderator: Nanette Vogel, MS, RNC-OB, C-EFM, NPD-BC, FAWHONN



2

CONFLICT OF INTEREST STATEMENT

- The presenters have no conflicts of interest to disclose.



3

OBJECTIVE

- Discuss the importance of separating evidence-based practice from "how we've always done it".
- Review current discrepancies in online/social media trends versus science-backed recommendations.
- Express ideas and resources to care for your patient and elevate your ability to help your team stay up to date.



4

Breastfeeding/chest feeding is contraindicated for individuals with HIV infection- Becky

- True
- False
- It depends

5

IT DEPENDS Breast/chest feeding is recommended:

- After discussion of risk/benefit w/ pediatric provider & after consultation with the Perinatal and Pediatric HIV Care Plan.
 - If achieving and maintaining viral suppression (undetectable) through ART during pregnancy, delivery, and after birth. This decreases the risk of transmission through breastfeeding to less than 1%, but not zero.
 - If feeding maternal human milk is chosen, exclusive breast milk feeding up to 6 months of age is recommended over mixed feeding (i.e., breast milk and formula), acknowledging that there may be intermittent need to give formula (e.g., infant weight loss, milk supply not yet established, mother not having enough stored milk).
- Other recommendations include:
- Solids should be introduced as recommended at 6 months of age, but not before.
 - Parents who choose to feed their own human milk are provided patient-centered, evidence-based counseling on infant feeding options to allow for shared decision-making. Counseling should allow parents and health care providers to work together to make infant feeding decisions.

Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the US. What's New: Perinatal HIV Clinical Guidelines - NIH

6

Exclusive pumping, especially with a wireless pump, is as effective as directly feeding at the breast. - Jill

- True
- False
- It depends

7

IT DEPENDS

- It's true for many, or even most couples, that direct breastfeeding is generally more effective at removing milk and maintaining supply due to direct hormonal responses to the infant. Infants remove about 67%–80% of milk, while pumps remove roughly 55%–75%.
- A revolution is taking place in the way infants in the United States are fed human milk. The development of efficient and effective double electric breast pumps has made it possible for many women to express their milk. For couples where medical conditions interfere with milk transfer, such as prematurity or Tongue Tie; pumping, even exclusively, results in a net increase in milk production over direct breastfeeding due to the medical condition.

Rasmussen KM, Geraghty SR. The quiet revolution: breastfeeding transformed with the use of breast pumps. Am J Public Health. 2011 Aug;101(8):1356-9. doi: 10.2105/AJPH.2011.300136

8

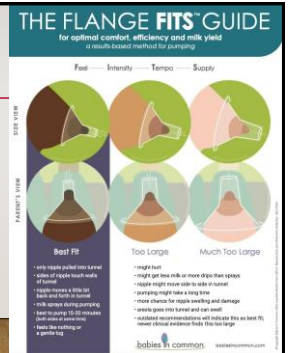
Benefits of flange sizes that fit closely to the nipple tip size include higher milk production, greater comfort and shorter pumping time. - Jill

- True
- False

9

TRUE

Reference: Anders, L. Frem, J. & McCoy, T. (2024). Flange size matters: A comparative pilot study of the flange FITS Guide versus traditional sizing methods. Journal of Human Lactation. Doi:10.1177/08903344241296036
Thomas



10

Oral Vitamin K is as effective as IM Vitamin K – Rhianna

- True
- False

11

FALSE

- PO Vitamin K drops are not regulated in dosage by the FDA
- Not absorbed well due to lack of gut microbiome
- Higher incidence of late-onset Vitamin K Deficiency Bleeding in newborns receiving PO Vitamin K drops rather than IM Vitamin K

Hand, I., Noble, L., & Abrams, S. A. (2022). Vitamin K and the Newborn Infant. Pediatrics, 149(3), e2021056036. <https://doi.org/10.1542/peds.2021-056036>

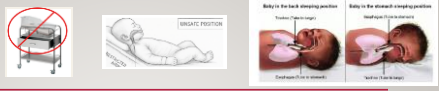
12

Propping the bassinette is recommended for 'spitty' newborns – Rhianna

- True
- False

13

FALSE

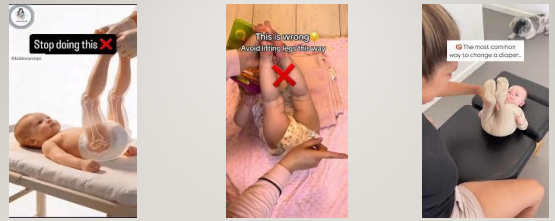


- Propping the bassinette can lead to compression of the newborn's airway and impact air exchange.
- A provider order and documented indication is recommended.
- Newborn neck muscles are weak and propping can lead to airway collapse. Car seat and swing sleeping is also NOT considered safe sleep.
- If the newborn is spitty, turn their head to the side with the newborn on their back. Putting the newborn on their stomach, puts the esophagus above the trachea and increases risk of aspiration. Side positioning can too easily become stomach sleeping.
- See One-Do-One-Teach-One – evidence demonstrates that parents will do what was role-modeled in the hospital. Role model a flat sleep surface!

Moon, R. Y., Carlin, R. F., Hand, I., & TASK FORCE ON SUDDEN INFANT DEATH SYNDROME AND THE COMMITTEE ON FETUS AND NEWBORN (2022). Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics, 150(1), e2022057990. <https://doi.org/10.1542/peds.2022-057990>

14


Viral Tiktok Advice



15

Holding a newborn's ankles to lift them during diaper changes is dangerous.

- Yes
- No
- It depends



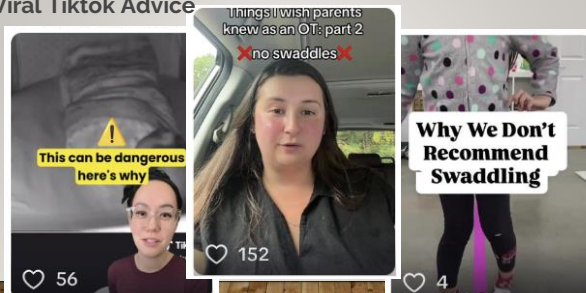
16

IT DEPENDS - But mostly NO, it is not dangerous

- For most healthy babies the answer is NO. Many pediatric surgeons and specialists state that gently lifting a baby's legs is well within their natural range of motion. They emphasize that for a baby with healthy hips, this movement will not damage the spine or nerves.
- However for some infants who may have spinal concerns, a more gentler option is recommended. Social media is perpetuating the notion that this is Dangerous for ALL Babies.
- **No randomized trials or cohort studies demonstrate increased rates of spinal injury, hip dysplasia, or neurologic harm from routine ankle-lifting during diaper changes in healthy term infants. Major pediatric bodies (AAP, CDC) include ankle lifting in diaper-change instructions**

17

Viral Tiktok Advice



18

Swaddling newborns is not recommended because it inhibits the newborn's natural reflexes (i.e. Moro reflex) and is bad for their development.

- True
- False

19

FALSE

Swaddling is evidence-based and safe for calming infants and improving sleep. It is supported by the AAP when Safe Sleep is followed.

Swaddling results in

- Fewer wake ups
- Better rest
- More regulation



20



Place your baby to sleep safely

Your baby needs only a few things to have a safe, cozy and happy sleep. With just a few minutes in a crib or bassinet, you can create a safe space for your baby to sleep.

- Babies should always be placed on their backs for sleep. Research shows this is the safest.
- Babies should sleep on a firm sleep surface that does not recline.
- Remove all toys, pillows, blankets and bumpers from the crib.
- It can be acceptable to baby-proof stroller or car seat, while wearing or in their car seat, once they reach the proper age.
- If the baby falls asleep in a car seat, vehicle moving or their car seat, never leave them alone in the car.
- It is dangerous to babies to sleep in a stroller, stroller or nursing chair.
- The sleeping baby is a toddler or older than and walking.
- Never smoke, drink or take medication or alcohol in your bedroom for at least the first 3 months.

Swaddle until they start to roll.

- Swaddling significantly reduces a baby's startle response or startle. This can be more helpful if:
 - The baby is younger than 12 weeks.
 - The baby has been fussy or still has not gained weight.
 - It is a person in the bed is under 100 pounds.
 - Someone in the bed does not sit up.
 - Someone in the bed does not walk.
 - The surface is soft is mattress, cot, crib, playpen, crib, or armchair.
 - Pillows or blankets are on the bed.

Room share, don't bed share.

- A person in the bed is under 100 pounds.
- Someone in the bed does not sit up.
- Someone in the bed does not walk.
- The surface is soft is mattress, cot, crib, playpen, crib, or armchair.
- Pillows or blankets are on the bed.

No pillows, blankets or toys

21

Swaddling Safety – The Evidence

- Moon, Dr. R., & Glassy, Dr. D. (2022, July 15). Swaddling: Is it safe for your baby? *HealthyChildren.org*. <https://www.healthychildren.org/English/ages-stages/baby/diapers-clothing/Pages/Swaddling-Is-it-Safe.aspx>
- Manaseki-Holland, S., Spier, E., Bavuusuren, B., Bayandorj, T., Sprachman, S., & Marshall, T. (2010). Effects of traditional swaddling on development: A randomized controlled trial. *Pediatrics*, 126(6), e1485–e1492. <https://doi.org/10.1542/peds.2009-1531>

22

Is an NST reactive even if there was a variable?

Rhianna & Nanette

- Yes
- No
- It depends

23

YES

- Variables occur with around 30-50% of NSTs (Meis et al., 1986)
- Notify the provider if there was a variable
- A reactive NST accompanied by intermittent variable decels (<30 sec) is not typically indicative of fetal compromise and usually requires no intervention in the absence of other conditions or cause for concern (AAP & ACOG, 2017)

Meis, P., Ureda, J., Swain, M, et al. (1986). Variable decelerations during a non-stress test. Obstetrics & Gynecology, 57(2), 228-232.

American Academy of Pediatrics & American College of Obstetricians and Gynecologists. (2017). Guidelines for Perinatal Care (8th ed.).

24

15 by 15 accelerations must be at the peak for 15 seconds to count - Rhianna & Nanette

- True
- False

25

FALSE

- An acceleration is a visually apparent abrupt increase in FHR. An abrupt increase is defined as an increase from the onset of acceleration to the peak in <30 seconds.
- To be called an acceleration, the peak must be ≥ 15 bpm, and the acceleration must last ≥ 15 seconds from the onset to return.

Macones et al. (2008). The 2008 National Institute of Child Health and Human Development workshop report on electronic fetal monitoring: Update on definitions, interpretation, and research guidelines. Obstetrics & Gynecology, 112(3).

26

I am required to perform a full uterine assessment (including palpation) every time I complete a fetal assessment. - Rhianna & Nanette

- True
- False

27

TRUE

- A uterine assessment must include intensity and resting tone. Toco, IUPC, and Pod/Patch readings require verification through palpation.
- Best practice is contemporaneous documentation instead of end-of-shift notations.
- While evaluation of the FHR and uterine activity (*including palpation*) may occur every 15 minutes with EFM, a summary of findings of fetal status may be documented in the medical record less frequently such as every 30 minutes (AWHONN, 2024; Miller, et al., 2022).

AWHONN (2024). Fetal heart monitoring: AWHONN Position Statement, JOGNN, 53(3), 874-877. <https://doi.org/10.1016/j.jogn.2024.03.001>

Miller, L., Miller, D., & Cypher R. (2022). Mosby's pocket guide to fetal monitoring: A multidisciplinary approach (9th ed.). Elsevier

28

A provider is not responding to a patient safety concern and not coming to the bedside. Documenting the situation in the medical record will protect me from litigation. Rhianna & Nanette

- True
- False

29

FALSE

- Common allegations that are frequently cited in malpractice claims related to EFM include: Failure to use the chain of command when required.
- Documenting that you requested a bedside consult does not protect you if the consult did not happen. If you think a provider needs to come to the bedside and you do not escalate your concern up the Chain of Command, you are not protected from litigation.
- Do not use the medical record as a weapon.
- Prompt recognition of EFM changes reduces liability as long as there is evidence that interpretation and clinical management is conducted in a collaborative environment (Miller, et al. 2022).

Miller, L., Miller, D., & Cypher R. (2022). Mosby's pocket guide to fetal monitoring: A multidisciplinary approach (9th ed.). Elsevier

30

There is strong evidence to support vaginal seeding - Marika

- True
- False

31

FALSE

- Vaginal seeding may cause modest and selective changes in gut microbiome of C/S born newborns
- No high-quality evidence demonstrating improved clinical outcomes
- No evidence of a clear increase in severe adverse events (limited data)
- Vaginal seeding should not be offered as standard care
- Breastfeeding is the most effective, safest, and well supported strategy for shaping a healthy newborn gut microbiome
- **Conclusion** – Early gut microbiome is influenced by mode of delivery and postnatal feeding. While vaginal seeding may partially alter the early microbiome in cesarean-born infants, it lacks robust evidence for long-term health benefits and carries unresolved safety concerns.

32

Vaginal Seeding Evidence

- Hourigan, S. K., Mueller, N. T., & Dominguez-Bello, M. G. (2025). Can vaginal seeding improve health outcomes of infants born by cesarean delivery? *JAMA Pediatrics*, 179(9), 361–362. <https://doi.org/10.1001/jamapediatrics.2024.6893>
- Jurgiel, J., Gromowski, T., Krol, J., Bombas-Opon, D., Kosciolok, T., & Wnielgos, M. (2026). The impact of maternal microbial transfer on the infant gut microbiome after cesarean delivery: A systematic review. *American Journal of Obstetrics and Gynecology*, 233(6), 5541–5556. <https://doi.org/10.1016/j.ajog.2025.09.001>
- Ma, G., Chen, Z., Li, Z., & Xiao, X. (2024). Unveiling the neonatal gut microbiota: Exploring the influence of delivery mode on early microbial colonization and intervention strategies. *Archives of Gynecology and Obstetrics*, 310(6), 2853–2861. <https://doi.org/10.1007/s00404-024-07945-1>
- Wang, X., Cui, H., Li, N., Liu, B., Zhang, X., Yang, J., Zheng, J.-S., Qiao, C., Liu, H.-X., Hu, J., & Wen, D. (2024). Impact of vaginal seeding on the gut microbiome of infants born via cesarean section: A systematic review. *The Journal of Infection*, 87(6), Article 106348. <https://doi.org/10.1016/j.jinf.2024.106348>

33

I don't want to be a preceptor for students or new hires. If they mess up, I could lose my license. Marika

- True
- False

34

FALSE

Precepting: Key Facts

- Students do NOT practice under your license
- Registered nurses in orientation practice under their OWN license
- You are accountable only for your own nursing judgment
- Student/orientee errors alone are not grounds for discipline

Minnesota BON Expectations

- Supervise based on the student's/orientee's education & competence
- Intervene immediately when patient safety is at risk
- Delegate only tasks appropriate for students/orientees
- Follow facility and/or school policies

35

Minnesota Statutes – Plain Language

- §148.171: Nurses remain responsible for their decisions
- §148.261: Discipline only when the nurse's own conduct is unsafe
- §148.263: Nurses have due process rights in BON investigations

36

What are the best ways to decrease your risk of litigation as a bedside nurse? Lori

- Open ended question

37

Limiting Liability Mistakes in Electronic Fetal Monitoring

- Establish a patient relationship that allows for open communication
- Keep current on EBP
- Know and use published standards (hospital and national)
- Maintain adequate interpretable FHR and UA – manage gaps in tracing
- Recognize Cat 2 and Cat 3 tracings
- Attend interdisciplinary FHM education
- Join your professional organizations
- Maintain licensure and certifications, including fetal monitoring

Miller, L., Miller, D., & Cypher R. (2022). Mosby's pocket guide to fetal monitoring: A multidisciplinary approach (3rd ed.). Elsevier

38

Where do you go to access reliable, evidence-based information? (Hint: Not Labor & Delivery Nurses Rock!) Lori

- Open ended question

39

RESOURCES (The Truth)


- American Academy of Pediatrics (AAP) www.aap.org
- American College of Nurse-Midwives (ACNM) www.nmna.org
- American College of Obstetricians and Gynecologists (ACOG) www.acog.org
- American Society of Perinatal Nurses (ASPN) www.aspn.org
- Association of Perinatal Registered Nurses (APRN) www.aprn.org
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) www.awhonn.org
- California Maternal Quality Care Collaborative (CMQCC) www.cmqcc.org
- International Board-Certified Lactation Consultants (IBCLC) www.ibclc.com/ibclc.html
- Minnesota Association of Women's Health, Obstetric, and Neonatal Nurses (MN AWHONN) www.mnawhonn.org
- Minnesota Breastfeeding Coalition www.mnbc.org
- Minnesota Perinatal Quality Collaborative (MNPQC) www.mnperinatal.org
- National Certification Corporation (NCC) www.nccco.org



40

Time to Stump the Chump!

- Questions?
- Comments?
- Observations?



41