



Academy of Breastfeeding Medicine Newsletter

July 2024

A newsletter offering for Academy of Breastfeeding Medicine members and colleagues from across the world.

Welcome to Inside ABM! Come on in!

Welcome to the **15th issue** of *Inside ABM*!

Come on in to get a rare preview of the highly anticipated revision of ABM Protocol #19, Breastfeeding Promotion in the Prenatal Period, before its official publication. In this issue, you will also find a look into the feeding outcomes of a marginalized population (transgender parents in China) and where prenatal education factors into the story they have to tell. Also enclosed are exciting ABM updates and educational opportunities!

You are receiving this message as a non-member. Interested in joining? Head to [our website](#) to learn more about the benefits of an ABM membership!



Protocol #19: Breastfeeding Promotion in the Prenatal Period

This month, we are highlighting **Protocol #19: Breastfeeding Promotion in the Prenatal Period**. In the spirit of “pre,” we are giving our readers a rare pre-publication preview of this update, which is **slated to be released this fall**.

The revised protocol will take us through what comprehensive, inclusive, respectful, and concordant prenatal breastfeeding promotion can look like. Even though the protocol focuses on

the early part of the journey, the content can be applied throughout the entire perinatal timeline, making this a high-value reference guideline to share widely with your peers.

We reached out to lead author Anna Jack, MD IBCLC, to provide a deeper perspective. See her answers to our questions below:

There has been much recent research on the power of prenatal education and support to move breastfeeding outcomes. Racial disparities have been the most stubborn needle to move. Can you summarize what you found to be the most effective strategies to close racial gaps in outcomes? Literature on prenatal breastfeeding education and interventions has increased exponentially in the last 5 years (we reviewed over 3,000 NEW articles since the last revision of the protocol), but evidence on interventions to reduce racial/ethnic lactation health disparities is still lacking. From the literature reviewed; peer support, motivational interviewing, Government-supported programs (such as WIC in the United States), and culturally concordant care, ideally provided longitudinally, are areas that may be effective for closing these gaps.

The concept of a prenatal lactation consult is very interesting. From the patient's perspective, who should seek this out? In my opinion, EVERYONE! I believe anyone would benefit from a discussion of goals, evaluation of risks for breastfeeding challenges, and breastfeeding education—even those experienced with breastfeeding as guidelines and information can change (i.e. the mastitis spectrum). I think most of these consults could be done by lactation health workers and/or even conversational agents, with escalation to provider-level care if risks are identified.

Where do you think the Baby-Friendly Hospital Initiative (BFHI) fits into the model for optimal prenatal education? I think the key, per Step 3 of the [Ten Steps to Successful Breastfeeding](#), is to discuss the “importance AND MANAGEMENT of breastfeeding with pregnant women AND THEIR FAMILIES”. We cannot just provide information without discussing the mechanics and logistics of how to breastfeed and laying the groundwork for a support network that includes partners, family, and community.

Many public, private, and government-sponsored entities delay breastfeeding education, citing patients becoming “overwhelmed” with information overload as the justification. When should prenatal education on breastfeeding begin, in your opinion? I think breastfeeding should be discussed and normalized at a very young age, and formal education should be incorporated into elementary school health education and beyond. We found no literature on breastfeeding education in the preconception period, which is an interesting and needed area of research.

Getting to know the author:

If you could time travel for one day, would you choose to go to the past or the future? To the future. The field of Breastfeeding and Lactation Medicine is exploding and is full of inspiring, innovative people. I would love to fast forward 50 years in the future to see the outcomes of all the hard work being done all over the world today to promote and support breastfeeding and lactation for future generations.

What is your favorite summer Olympic event that you hope to watch? Gymnastics! My 7-year-old daughter has become more interested in gymnastics herself this year and has been following the Olympic trials and team closely. It is really fun to watch her be inspired by these hard-working and strong athletes.

Interested in learning more?



Follow this link to ABM Clinical Protocol #19: Breastfeeding Promotion in the Prenatal Question of the Month

Which of the following is NOT a high-impact topic to include in prenatal breastfeeding education?

- a. Hospital practices that support breastfeeding
- b. Global recommendation for breastfeeding duration
- c. Safe preparation of formula in case supplementation is necessary
- d. Benefits of breastfeeding

Answer at the bottom of the newsletter

ABM Updates & Membership News



World Breastfeeding Week

The start of August brings us the opportunity to celebrate [World Breastfeeding Week](#)! This week, held annually on August 1–7, serves as a global campaign to raise awareness and galvanize action on themes related to breastfeeding. ABM is contributing to the global recognition of the importance and benefits of breastfeeding by hosting coffee & tea chats each weekday of the celebration.

Each 30-minute coffee & tea chat will be hosted by a different ABM member who will lead attendees through 10 minutes of discussion, sharing their perspectives and experiences in breastfeeding medicine, with the remaining time a chance to catch up and network.

[Learn More!](#)

[Register](#) to join a variety of session topics. Sessions are offered at a variety of times to provide convenient options for our global community.



Leadership Academy Applications Open

Grow your leadership skills by participating in the next cohort of the [Leadership Academy](#)! The program is designed to provide participants with transferable leadership skills, mentoring from breastfeeding experts, and experience leading a project that advances breastfeeding medicine. **The deadline to apply is August 26, 2024.**

[Learn More!](#)

Nominations for Board of Directors

Nominations are now open for ABM leadership positions, with service beginning in November 2024. All candidates must be prepared to attend one in-person board meeting, five virtual meetings, and additional ad hoc meetings as needed each year. The in-person board meeting is held in conjunction with the Annual International Conference. Physician members will be asked to vote for a Secretary and up to two Directors. [Learn more and apply](#) by **Friday, August 9!**



CALL FOR BOARD OF DIRECTORS NOMINATIONS

[Learn More!](#)

A graphic for the 'Grand Rounds Webinar Series' featuring a central blue circle with the text 'INTERNATIONAL PANEL DISCUSSION ON PAID MATERNITY LEAVE'. To the right, an orange circle says 'UP TO 1 AMA PRA CATEGORY 1 CREDITS'. Below the central circle, a blue circle says 'TUESDAY, AUGUST 27' and an orange circle says '9:00 AM CDT'. To the right of the time circle, a blue circle lists the speakers: 'ZAHARAH SULAIMAN, MBBS IBCLC', 'RAFAEL PÉREZ-ESCAMILLA, PHD', and 'MELISSA BARTICK, MD'. The top left corner has the ABM logo and 'ACADEMY OF Breastfeeding Medicine'. The top right corner has 'GRAND ROUNDS WEBINAR SERIES' in white text on a blue background.

[Learn More!](#)

ABM Grand Rounds: International Panel Discussion on Paid Maternity Leave

Tuesday, August 27, 2024
9:00 AM CDT (UTC-5)

This webinar follows up on the July Grand Rounds webinar on paid maternity leave, featuring an international panel of speakers discussing global perspectives on the importance of paid maternity leave. Two authors on [ABM's position statement on paid maternity leave](#), Melissa Bartick, MD, and Zaharah Sulaiman, MBBS IBCLC, will join the panel. Dr. Sulaiman and Rafael Perez-Escamilla, PhD, will share perspectives on their experiences in Malaysia and Mexico with maternity leave. [Register today](#) and share [the flyer](#) with your colleagues!

The University of Virginia School of Medicine and School of Nursing designates these live activities for a maximum of **1 AMA PRA Category 1 Credits** per webinar to a participant who successfully completes this educational activity.

ABM Grand Rounds is a live webinar program offered each month, addressing current clinical practice guidelines in the care of breastfeeding parents and infants. Webinars are recorded and offered as on-demand content afterward in the ABM Education Center.

Missed other Grand Rounds? Access the on-demand recordings [here!](#) (And don't forget to fill out your evaluations to get credit!)

REGISTER for ABM's 29th Annual International Meeting!

[Registration is open](#) for the ABM 29th Annual International Meeting to be held November 14-17, 2024, in Schaumburg, IL, USA.

The Annual Meeting Planning Committee has created an excellent program of innovative workshops and sessions that address evolving issues in breastfeeding care. The meeting also provides unparalleled opportunities to connect with an international community of clinicians devoted to the promotion, protection, and support of breastfeeding. Registration will include access to educational sessions, posters, exhibits, and CE/CME/CERPS opportunities. [View the program overview.](#)



[Learn More!](#)



Have You Seen This?

Factors affecting breastfeeding success in transgender and gender-diverse populations in China

*Review written by **Paula K. Schreck, MD NABBLM-C IBCLC FABM***

Comprehensive, inclusive, respectful, and concordant prenatal education on breastfeeding seems to be effective in almost any circumstance. Let's travel around the world together to China to look at the factors that affect breastfeeding success in the Chinese transgender and gender-diverse population. First, a question that I asked myself when I came across this article: **What is the state of transgender and gender-diverse acceptance and support in China right now?**

I found a technical report from 2021 out of the Williams Institute of the UCLA School of Law that gave me some insight. The report, cited below, presents data gathered for the 2017 Global Attitudes Toward Transgender People. The survey sample of 1,008 Chinese people included those ages 16 to 64 who had at least a secondary school education and who could complete a survey in Mandarin. 73.7% of participants agreed in some capacity that transgender people should be protected from discrimination, compared to 14.4% who disagreed with this statement. Further, a majority (70.6% vs. 17.0%) of participants agreed that China is becoming more tolerant of transgender people. Also, a majority of survey participants reported that they want China to do more to support and protect transgender people. Other studies mentioned in the report, such as one from the United Nations, claim that the transgender and gender-diverse populations in China still, however, suffer from the "highest degree of discrimination" in society as a whole.

What of the governmental support and protection of this population in China? Chinese law is surprisingly silent on transgender rights but also has little to offer in anti-discrimination protection in general. Transgender people in China do have access to gender-affirming treatments, albeit with many regulations attached.

Let's get back to our article of interest. Yang and co-authors administered an online survey to 742 Chinese transgender and LGBTQ participants, 647 respondents of which were included in the analysis. The purpose was to not only gauge the breastfeeding/chestfeeding outcomes in this emerging population, but also the factors that contributed to better human milk feeding outcomes in the first 6 months postpartum.

The exclusive breastfeeding/chestfeeding rate of the survey population was 33.5% (214). Only 41.3% (244) of infants could be continuously fed human milk until the age of 6 months, as recommended by WHO. Interestingly, these outcomes may be slightly above that of the general Chinese population, which is reported at 29% by the China Development Research Fund.

One of the two factors that was associated with successful and prolonged breastfeeding/chestfeeding was prenatal education on feeding. A significant factor that worked against successful breastfeeding/chestfeeding was the experience of discrimination in the peripartum health care setting.

The data from this Chinese paper supports the recommendations from the revised Protocol #19, which states:

- *"Intentionally discuss breastfeeding at each prenatal visit.*
- *Provide culturally sensitive care and consider cultural differences in discussing feeding practices.*
- *Educate gender-diverse and adopting families about infant feeding options, including induced lactation and co-lactation"* (Protocol #19. Publication pending).

Although the Chinese study does not specify what was included in "feeding education," this review has motivated me to optimize prenatal education in my facility, not at the policy level, but room by room. Readers, are the prenatal education in your facility adaptable enough to be not only comprehensive, but also inclusive, respectful, and concordant... in every room? I leave you with that challenge.

Citations

Luhur, W., N.T. Brown, T., Liu, M., & Shaw, A. (n.d.). Public Opinion of Transgender Rights in China. Williams Institute: UCLA School of Law. Retrieved July 22, 2024, from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Public-Opinion-Trans-China-English-Jun-2021.pdf>

Yang, H., Na, X., Zhang, Y., Xi, M., Yang, Y., Chen, R., & Zhao, A. (2023b). Rates of breastfeeding or chestfeeding and influencing factors among transgender and gender-diverse parents: a cross sectional study. *EClinicalMedicine*, 57, 101847. <https://doi.org/10.1016/j.eclinm.2023.101847>

Question of the Month Answer:

ANSWER: C.

The answer is C. Note that this question was a NEGATIVE STEM. Safe preparation of formula should NOT be part of routine prenatal education. According to the Baby-Friendly Hospital Initiative, education on formula preparation should be reserved for only those who use formula post-delivery and should be provided on an individual basis postnatally.

Inside ABM

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