Academy of Breastfeeding Medicine Newsletter **June 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 **14th issue** of *Inside ABM*!

Hear from Nancy Wight, MD IBCLC FABM FAAP, an author on ABM's first protocol, and find information to register for ABM's upcoming events, a call-to-action from the U.S. Breastfeeding Committee, and more!

You are receiving this issue of *Inside ABM* as a non-member. Interested in joining? Head to our website to learn more about the benefits of an ABM membership!

Protocol #1: Guidelines for Glucose Monitoring and Treatment of Hypoglycemia in Term and Late Preterm Neonates

This month we are shining a light on ABM Protocol #1 on hypoglycemia. As indicated by its #1 designation, this protocol is the OG — the protocol that started it all. 37 protocols later, we can be proud of the precedent of excellence in evidence-based medicine that the Academy of Breastfeeding Medicine protocols represent.

Indeed, neonatal hypoglycemia is an important topic, as over 1 in 4 infants are considered at-risk, and over 1 in 4 at-risk infants are actually documented in their first hours of life to have a glucose level that is considered low. Despite the tens of thousands of infant glucose levels

processed daily across the globe, much is still not known about how low glucose levels affect term and near preterm infants. We are still speculating, "How low is too low?"

Nancy Wight, MD IBCLC FABM FAAP, and colleagues, completed a comprehensive review of the topic of neonatal hypoglycemia and an update of Protocol #1 in 2021. The protocol expertly navigates the multiple sets of existing recommendations so that the learner can ascertain similarities and places where the various society recommendations differ and why. The protocol also includes a model algorithm helps customize and update policies at home hospitals. As we like to do at *Inside ABM*, we reached out to Dr. Wight to get her insights on the topic. See her answers to our questions below:

It seems like there is a lot of talk about the risk of undertreatment of hypoglycemia during the transitional period. In this protocol, you urge providers to balance this against the risk of overtreatment. Can you give some examples of what you would classify as overtreatment of neonatal hypoglycemia? While we certainly want to prevent possible brain damage due to profound, persistent and symptomatic hypoglycemia, research has yet to determine at what glucose level, for how long, with which co-existing conditions, and in which specific infants this damage will occur. I would consider “overtreatment” to be any policy or procedure that increases the risk to the mother or infant, such as a protocol directing a glucose level for EVERY infant born, unnecessary separation of mother and baby, routine NICU admission for every at-risk infant (with associated prolonged hospital stay and expense), excessive use of IV fluids, medications and formula, hyperglycemia (which also increases the risk of neurologic compromise) and decreased breastfeeding with long-term health consequences.

Most risk and treatment algorithms for hypoglycemia depend on knowing the baby’s weight at birth. Can you explain how hypoglycemia management and uninterrupted skin to skin for 60 minutes AND through the first feed co-exist together? An appropriately-trained newborn caretaker is aware of the maternal history and does not have to weigh an infant to see if he/she is premature, significantly growth-restricted or in distress! Continuous skin-to-skin contact does not preclude appropriate assessment and care of a newborn, including heel sticks, immunizations, and oral medications, such as glucose gel.

A question from the ABM constituency: For asymptomatic infants at risk for hyperinsulinemia, when should the first glucose measurement optimally occur? 60 minutes or 90 minutes of life? In the protocol General Management Recommendations section (B,1,a,b) we recommend that asymptomatic but at-risk infants be screened at a frequency and duration related to the specific risk factors of the individual infant. A large-for-gestational-age infant of a poorly-controlled diabetic mother (therefore at risk for hyperinsulinemia) should be screened by 60 minutes of age. Other at-risk infants can be screened before the 2nd feeding, or 2-4 hours after birth.

Those of us who care for infants on the term service often deal with staff and colleagues who too easily reach for the bottle of formula to address low glucose, citing its convenience and available volume. Can you provide a 1-2 sentence “elevator pitch” for us that addresses the clinical advantage of using breast milk? Using human milk to supplement feedings in hypoglycemic infants reduces the risks of overfeeding, increased intestinal permeability, allergic sensitization, inflammation, an altered gut microbiome, a mother’s feelings of inadequacy, and a loss of breastfeeding, all of which may have long-term health consequences. Using human milk conveys the message to the family that the supplementation is a temporary therapy that leads back to breastfeeding, not a permanent change to routine formula feeding.

Getting to know the author:

If you could live in a different country for a year, which country would you choose? As I grew up as a teenager in Sydney, Australia, I would love to spend a year there visiting old friends and traveling to places I have yet to experience.

What is your summer favorite flavor of ice cream or frozen treat? My favorite flavor of ice cream/gelato is chocolate – at any time of year.

Interested in learning more?

Follow this link to the corresponding parent handout: **Hypoglycemia: Low Blood Sugar in Newborns.** It is free, downloadable, and print-friendly.

Citation for Protocol #1: Wight, N. E., Stehel, E., Noble, L., Bartick, M., Calhoun, S., Kair, L., Lappin, S., Larson, I., & LeFort, Y. (2021). ABM Clinical Protocol #1: Guidelines for Glucose Monitoring and Treatment of Hypoglycemia in Term and Late Preterm Neonates, Revised 2021. *Breastfeeding Medicine*, *16*(5), 353–365. https://doi.org/10.1089/bfm.2021.29178.new

Question of the Month

In the *Sugar Babies* study featured in the ABM protocol on neonatal hypoglycemia, what should be considered the first-line oral treatment of infants with hypoglycemia?

a. Dextrose gel only
b. Dextrose gel and breastfeeding/colostrum
c. Formula only
d. Dextrose gel and formula

Answer at the bottom of the newsletter

ABM Updates & Membership News

Learn More!

ABM Grand Rounds: Paid Maternity Leave & Its Benefit to Society

Thursday, July 25, 2024
11:00 AM CDT (UTC-5)

This Grand Rounds webinar will provide a detailed overview of the **new ABM position statement on paid maternity leave**, which calls for six months of 100% paid leave. Two authors on the statement, Melissa Bartick, MD, and Maria Bettinelli, MD IBCLC FABM, will discuss why this is so important for women, and how it will benefit all of society, not just growing families. Models of maternity leave around the world will also be examined.

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 will be 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!)

Learn More!

REGISTER for ABM's 29th Annual International Meeting!

Did you know **registration** for our 29th Annual International Meeting launched this month? This year, we will host you and your colleagues in Schaumburg, IL, USA, from November 14-17!

If you are not planning on attending preconference sessions, aim to arrive in the evening on Thursday, November 14. Check out our **website** to view our confirmed line-up of speakers and for registration and travel information.

See you in November!

Login to MyABM!

Ask & Answer Questions on ABM's Exclusive Member Community

Join your colleagues on our exclusive member platform! You can **access MyABM** by logging in using your ABM username and password. If you don't know this information, contact Member Services at abm@bfmed.org. Once you're in, make sure to set your email notifications to real-time, daily, or weekly.

There are several ways to post a message or respond to a thread:

- Click on a discussion in your email digest
- Go to the ABM website and log in
- Bookmark the page to have access at any time

Have you breastfed a baby in the last five years? The Global Breastfeeding Collective wants to hear your story.

This World Breastfeeding Week (August 1 - August 7), the Global Breastfeeding Collective is developing a video that highlights the voices of mothers. The GBC has developed a blog post with the

call for videos here. The call for videos is currently available in English. It will be available in Arabic, Chinese, French, Spanish, and Russian shortly.

Help the U.S. Breastfeeding Committee Flood Congress with Messages on Milk Banking

Attendees from the National Breastfeeding Conference & Convening are taking action to close gaps in access to donor milk by calling on Congress to support the bipartisan Access to Donor Milk Act (S.2819/ H.R.5486). **Here are 2 easy ways you can make a difference, right now:**

1. **Email your legislators:**
    - Use the USBC's easy action tool to contact your legislators. The tool includes pre-filled messages to thank the Senators and Representatives who have co-sponsored the bill and urges those who have not yet sponsored to sign on.
2. **Share social media posts:**
    - Ask your network to take action on the ADMA by sharing the USBC Facebook post.
    - Thank the bill sponsors by sharing the USBC posts on X (Twitter):
        - Thank the House sponsors
        - Thank the Senate sponsors

In the United States, there are 30 milk banks located across 26 states that gently pasteurize donated human milk and distribute it to fragile infants in need. This lifesaving liquid gold reduces mortality rates, lowers healthcare costs, and shortens hospital stays, but legislative action is needed to ensure that all babies in need have access to this precious milk. The Access to Donor Milk Act would make strategic federal investments to help bring donor milk to the infants who need it most.

Bolstering the chorus of voices calling on policymakers to do their part to bring lifesaving donor milk to more babies, the USBC is delivering a package to all members of Congress today that includes a joint letter signed by 237 organizations, a bill fact sheet from the USBC and Human Milk Banking Association of North America, and a story compilation highlighting why this bill is so important for babies and families.

Have You Seen This?

"Does the 3C (Counseling, Checking and Certification) Initiative Prevent Hypoglycemia Among At-Risk Stable Late Preterm and Term Neonates? – A Randomized Controlled Trial"

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

As I was searching the hypoglycemia literature universe whilst preparing for this issue, the title of this paper caught my attention: "A Randomized Controlled Trial." In the larger universe of breastfeeding and lactation medicine, RCT's can be rare! So I clicked and read on.

The study, completed in a tertiary care hospital in a region of Southern India between 2021 and 2023, did not disappoint. This simple but elegant non-blinded study focuses on a **post-birth intervention** of breastfeeding promotion in infants at risk for hypoglycemia. A control group of 111 dyads received standard care after delivery which, in this institution, did NOT include skin-to-skin or assistance with

early feeding in the first hour. *Note: Early feeding is less common in India. The paper cites a rate of 41%.*

The study group of the same size received the "3C" intervention:

- COUNSELING: 10 minutes of education on breastfeeding within one hour of birth
- CHECK-IN: Four touchpoints by staff on breastfeeding efficacy and latch within 24 hours of delivery
- CERTIFICATION: Visible documentation that the patient had been educated

The study reported some interesting outcomes. There was an increase in breastfeeding initiation in the study group with the study group initiation swelling to 94% as opposed to 55% in the control group. Hypoglycemia, defined as AC capillary blood glucose levels of <45, was significantly decreased in the study group to 3.6% vs. 15.3% in the study group. Further, there were 3 NICU admissions for escalated treatment of hypoglycemia in the entire study population—all from the control group. The study did not mention the use of dextrose gel.

Infant breastfeeding behavior at 24 hours, as measured by the Infant Breastfeeding Assessment Tool (IBFAT) were also improved in the study group.

However, the researchers found that there was **no significant difference** in the exclusive breastfeeding rates between the two groups at 6 weeks, 10 weeks or 6 months post-birth.
This study illustrated that even 10 minutes of education delivered **after birth** can not only improve short-term breastfeeding outcomes, but also impact incidence of morbidity from hypoglycemia as well, which sets breastfeeding up as an intervention that any neonatologist could love beyond optimal nutrition

...I couldn't help but wonder...is it ever too late to talk about breastfeeding? Perhaps not, although this intervention was not sufficient enough to sustain breastfeeding success. The authors acknowledged—and I agree—that although it's never too late, early is better.

Consider forwarding the link to this study to your surgeon and anesthesia friends and/or leaders in your facilities.

Egala, A., Sivanandan, S., & Bethou, A. (2024). Does the 3C (Counseling, Checking and Certification) Initiative Prevent Hypoglycemia Among At-Risk Stable Late Preterm and Term Neonates? – A Randomized Controlled Trial. Indian J Pediatr. https://doi.org/10.1007/s12098-024-05138-6

Question of the Month Answer:

ANSWER: B.

The answer is B. Dextrose gel and breastfeeding or the provision of colostrum should be considered the first line of treatment for neonatal hypoglycemia. In the *Sugar Babies* study, dextrose gel in combination with breastfeeding was sufficient in increasing blood glucose and was optimal for maintaining blood glucose levels, thereby avoiding repeat glucose gel administration.

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