



Academy of Breastfeeding Medicine Newsletter

May 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 lucky **13th issue** of *Inside ABM*!

In this issue, you will find a deep dive into ABM's 34th clinical protocol on breast cancer and breastfeeding, registration information for this month's Grand Rounds webinar, important ABM deadlines, and a feature on a podcast discussing lactation management for anesthesia and surgery providers.

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!



ABM Clinical Protocol #34: Breast Cancer & Breastfeeding

The diagnosis of breast cancer under the age of 50 is increasing, and at the same time, detection and treatment are advancing. More and more, breastfeeding medicine and breast cancer will collide. **Protocol #34** is a must-read for all. We reached out to one of the protocol's authors, Katrina Mitchell, MD IBCLC MPH-C, to get her insights on the topic:

1) You recently coined the term "oncolactation." Can you define this term for Inside ABM readers and tell us about your inspiration to create the word. Oncofertility (maximizing the reproductive capacity of cancer patients) is a well-established field in oncology, but there has been no formal recommendations created for the intersection of lactation and cancer care. If

there's support for creating a baby, then we also need to provide support and education around feeding that baby.

2) The protocol describes the many potential scenarios that can occur in lactating people with breast cancer. Yet, double mastectomies (contralateral prophylactic total mastectomies) are much more common than in the past. Can you comment on this trend?

The bilateral mastectomy trend is extremely unfortunate. We have very clear data showing worse psychosocial, sexuality, and overall quality of life outcomes with bilateral mastectomy compared to other breast procedures. We also have more and more data showing a survival benefit with breast conservation compared to mastectomy. However, patient fear is understandably high, and it's our job as surgeons to counsel patients well and "first do no harm."

3) How can breastfeeding and lactation medicine providers best support prevention and early detection of breast cancer? Patients should undergo screening as indicated during pregnancy and lactation, with the exception of no MRI during pregnancy. They should bring their pump or baby to the imaging suite and remove milk prior to the exams.

4) What do you think should be the top priority for future research in oncolactation? We need really good quality prospective studies on breastfeeding and breast cancer prevention. The retrospective studies have so many confounding variables that it's hard to ascertain for different patient populations what their true risk reduction is.

Getting to know the author:

1) Which do you prefer? Biking or hiking? Both! We spend all our time outdoors!

2) What is your favorite summer berry? Blueberries — we have an awesome blueberry farm near Santa Barbara where we go and pick each year.

Interested in learning more?

You can see more of Dr. Mitchell's work on her website "[Physician Guide to Breastfeeding.](#)" Search the term [oncolactation](#) to access some amazing graphics on the intersection of lactation and breast cancer. Also, [read Dr. Mitchell's Op Ed](#) on Double Mastectomy.

Related ABM protocol on breast masses:

Mitchell, K. B., Johnson, H. M., & Eglash, A. (2022). ABM Clinical Protocol #30: Breast Masses, Breast Complaints, and Diagnostic Breast Imaging in the Lactating Woman. 1010–1016.

<https://doi.org/10.1016/b978-0-323-68013-4.00067-5>



Question of the Month

Which of the following breast surgeries for breast cancer contraindicates breastfeeding?

- a. Double mastectomy
- b. One-sided mastectomy (unilateral)
- c. Lumpectomy
- d. Unilateral breast reconstruction

Answer at the bottom of the newsletter

ABM Updates & Membership News

ABM ACADEMY OF Breastfeeding Medicine

GRAND ROUNDS
WEBINAR SERIES

3:00 PM CDT

TUESDAY, JUNE 25

MATERNAL SLEEP AND WELL-BEING WITHIN THE CONTEXT OF PHYSIOLOGIC INFANT CARE

LORI FELDMAN-WINTER, MD

UP TO 1 AMA PRA CATEGORY 1 CREDITS

[Learn More!](#)

ABM Grand Rounds: Maternal Sleep and Well-being within the Context of Physiologic Infant Care

Tuesday, June 25, 2024 | 3:00 PM CDT

This Grand Rounds webinar will provide a description of the evidence supporting the ABM Clinical Protocol #37, "Physiological Infant Care," and promote the concept of proximate sleep behavior to facilitate breastfeeding. Risk mitigation regarding the prevention of Sudden Unexpected Infant Death (SUID) is an important consideration for certain individuals and a culturally sensitive approach to counseling will be discussed.

Share [this flyer](#) with your colleagues!

Attention to wellness and maternal risk factors for mood disorders will also be addressed, given the prevalence of maternal mental health disorders and the vulnerable period while breastfeeding is getting started.

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.

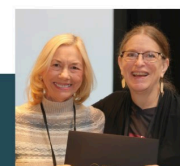
Missed other Grand Rounds? Access the on-demand recordings [here!](#) (And don't forget to fill out your evaluations to get credit!)

Apply for your FABM before June 1!

The 2024 window of applications for ABM's fellowship designation closes on Saturday, June 1. Still on the fence? Hear from your colleagues about what being an FABM means to them.

[Learn More!](#)

What positive impact has the FABM designation had on your personal & professional development?





Have you booked your trip to Schaumburg, IL, USA yet?

Don't wait to book your flights and hotel rooms! The 29th Annual International Meeting will be held in Schaumburg, IL, USA, from November 14-17, 2024. If you are not planning on attending preconference sessions, aim to arrive in the evening on Thursday, November 14.

Check out our [website](#) for hotel and travel information. Conference registration will open in early June. [Mark your calendar](#) so you don't miss it!

[Learn More!](#)

See you in November!



Take ABM's education needs assessment!

For more than 25 years, ABM has provided essential education and training in breastfeeding medicine. We're asking for your input so that we can continue offering educational programming that best meets your needs! [This survey](#) will take approximately 15 minutes to complete. The feedback provided is essential to help us understand your educational needs and ensure your patients' success in their breastfeeding journeys. The survey will be open for responses through **Wednesday, June 12**.

[Learn More!](#)



Have You Heard This?

**"Beyond the Knife" Podcast:
*Is "Pump and Dump" Outdated?
An Update on Lactating Patients***

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

Last month, Dr. Katrina Mitchell was featured in a popular surgical podcast called "Beyond the Knife." Click [here](#) to listen.

This 25-minute podcast is a great overview for anesthesia and surgery providers on lactation management. The podcast has several nuggets for the non-surgeon and breastfeeding medicine specialist as well. Here are a couple that stood out:

Dr. Mitchell and her colleagues promote direct breastfeeding as soon as possible before and after surgery. Direct breastfeeding before surgery not only decreases the risk of breast engorgement and discomfort but also stabilizes maternal vital signs and decreases maternal and infant stress. It's great to have a pump in pre-op and post-op, but it's even better to have the baby!

A case was presented on the podcast of a lactating patient who decided to pump and discard after counseling on the risk of exposure. The surgeon host asked, "What's so bad about 24 hours of pump and dump?" It is known that the risk is minimal, but does our word choice and delivery of informed consent still default our patients to the established norm of precautionary "pumping and dumping?" This is a catchphrase that rolls off the tongue of so many medical professionals from medical techs to pharmacists, to providers, and even parents. We must be careful that we don't cause medical trauma with our informed content. Even short interruptions in breastfeeding are indeed a risk for mother and infant that needs to be factored into the equation.

Consider forwarding the [link to this episode](#) to your surgeon and anesthesia friends and/or leaders in your facilities.

Question of the Month Answer:

ANSWER: A.

A single breast can produce enough milk for healthy infant growth, although close monitoring of the dyad is recommended and upregulation of the spared breast will be required in most cases. A double mastectomy removes 95% of all breast tissue and therefore precludes any breastfeeding.



Inside ABM

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