

# Inside ABM



Academy of Breastfeeding Medicine Newsletter  
2023

April

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

## Welcome to Inside ABM

We are excited to introduce the rebirth of an ABM Newsletter: **Inside ABM**, as a way of communicating with all of you about exciting things happening in our organization and in the field of Breastfeeding Medicine. And for fun! Please enjoy this first issue, and many thanks goes out to our newsletter Chair, Paula Schreck, MD, IBCLC, FABM, Karen Kathan, our Membership Marketing Manager, and the ABM staff for helping to make this newsletter possible and for all of the creative ideas. If you have ideas for items to include in future issues and/or are interested in helping with this effort in any way, please reach out to [abm@bfmed.org](mailto:abm@bfmed.org).

Thank you and enjoy!

**Ann**

Ann Kellams, MD, IBCLC, FAAP, FABM  
President, Academy of Breastfeeding Medicine

## ABM President's Column



### President's Column

#### **Health Care: Learning How Important Our Work Is... The Hard Way**

Ann Kellams, 15 Mar 2023

It was Christmas Day, and unlike many of the past several years, I was not working, and instead, had a leisurely day with family. The kids are old enough now that we can all agree on a time that is not at the crack of dawn to awaken, open presents, and have a special breakfast. I was particularly proud of the job I had done preparing and selecting meaningful gifts for everyone—it was a delightful time. [Read more.](#) (member-only access)

## Protocol Updates



## ABM Clinical Protocol #37: Physiological Infant Care—Managing Nighttime Breastfeeding in Young Infants

The latest protocol released by the Academy of Breastfeeding Medicine and is available [online](#). It will also be found in the *Breastfeeding Medicine* Journal In Volume 18, Issue 3: March 2023.

Zimmerman, D., Bartick, M., Feldman-Winter, L., Ball, H. L., Stehel, E., Noble, L., Bartick, M. C., Bettinelli, M. E., Feldman-Winter, L., & Kair, L. (2023). ABM Clinical Protocol #37: Physiological Infant Care—Managing Nighttime Breastfeeding in Young Infants. *Breastfeeding Medicine*, 18(3), 159–168. <https://doi.org/10.1089/bfm.2023.29236.abm>

**Background:** Academy of Breastfeeding Medicine (ABM) Clinical Protocols and Statements are a central part of ABM’s clinical education mission, used by clinicians globally in caring for breastfeeding dyads and supporting human milk feeding. The ABM protocols are accessed daily by professionals working to promote, support, and protect breastfeeding.

This latest protocol provides the evidence for putting the infant’s needs first, a message that is needed to cut through the misguided media and social narrative on infant behavior that has lead to the popularity of scheduled feeds and early sleep training. For greater insight we connected with the lead author Deana Zimmerman, MD. (Jerusalem, Israel)

Protocol #37

### In the author's own words...

#### How would you summarize this protocol in 1-2 sentences?

*The new protocol is about parenting and the breastfeeding infant, keeping in mind what physiology expects from the breastfeeding dyad. It describes how to approach the night time frequent feeding with the understanding of why this is happening and without the need for technological intervention like pumping.*

#### Why did you choose this protocol to work on?

*The need for such explanation spoke to me.*

#### If you could have one cohort or group to read this protocol who would it be? Who were you speaking to through this protocol?

*ALL those who counsel breastfeeding dyads about what to expect from breastfeeding.*

#### What future research do you think needs to be done before this protocol is updated in 5 years?

*More studies on infant and maternal sleep patterns.*

#### Getting to know the author:

What book are you reading right now?

Three cozy mysteries simultaneously.

What do you prefer? Printed book, audio book or e-book?

Definitely printed.

## New Parent Handout: Physiologic Infant Care: Supporting Breastfeeding, Sleep, and Well-being

The Academy of Breastfeeding Medicine is proud to provide a parent handout with essential, evidence-based information about managing nighttime breastfeeding in young infants written from our Physiological Infant Care--Managing Nighttime Breastfeeding in Young Infants Protocol. A free downloadable [PDF](#) is available in English.

**Physiologic Infant Care:**  
**Supporting breastfeeding, sleep, and well-being**

Welcoming a new baby can be challenging. Breastfeeding at night stimulates milk production. Night breastfeeding helps your baby grow.

**At night-time:**

**Sleep near your baby.** You and your baby will fall asleep more easily. Consider using a co-sleeper attached to your bed (also called a cotlet). Breastfeed while lying on your side.

**Avoid getting up at night.** Sitting up and getting out of bed will disrupt your sleep. Skip most diaper changes at night. Protect your baby's bottom with a barrier cream. Breastfed babies don't usually require burping.

**Keep the lights off at night.** Turning on lights disrupts your family's sleep. Avoid nighttime activities that require lighting or use a dim nightlight. Close electronic devices.

**Breastfeed at night rather than pump or use bottles, if you can.** Your night-time milk contains melatonin. Melatonin helps your baby sleep. Pumping and bottle feeding disrupt sleep.

**Avoid feeding solids or formula to improve sleep.** Parents of formula-fed babies may experience more sleep disruption than parents of breastfed babies. Giving solids or formula before 6 months may decrease milk production.

**Do not sleep train in the first 6 months.** It is not recommended in the first year. Instead, a co-sleeper program for infant sleep can help parents cope.

**Bedsharing safety is very important.** Bedsharing is often unregulated. Everyone should make their bed safe for baby. See ABM's Bedsharing and Breastfeeding Handout.

This information is a general guide to discuss with your health care professional. It may not apply to your family or situation.

**In the daytime:**

**Wear your baby in a baby-wrap or baby-carrier.** Wearing your baby keeps baby calm. Your hands will be free to get things done. Make sure your baby's back is supported and your baby is held firmly to your body. Your baby's face should be free.

**Daytime activity may help your baby sleep better at night.** Expose your baby to normal daytime light and noise. Include some open-ended playtime.

**Nap when your baby naps, if you can.**

**Focus on your baby's behavior cues.** Tracking apps are not needed.

**Ask for help.** Other caregivers can change, bathe, and dress your baby. They can help with cooking, cleaning, and other children.

Feeding from the top breast means you do not have to let your baby finish both sides.



Which of the following parenting/feeding practices can contribute over time to the development of the functioning infant circadian clock?

- Sleep training (also known as “graduated extinction”)
- Providing dark quiet place for infants to sleep during the day and night
- Directly breastfeeding the infant at night to access maternal melatonin in the breastmilk
- Provide nighttime bottle of pumped milk or formula to assure satiation and deeper sleep

**Answer at bottom of newsletter**



## Protocol Committee News!

There are now 34 individual protocols, with ten new protocols currently in development. Over the past 2.5 years the Protocol Committee, under the leadership of outgoing chair, **Kaili Stehel MD** (top left), has worked to expand to patient handouts and continuing medical education questions for protocols – both new initiatives under Dr. Stehel’s leadership. In March 2023 Dr. Stehel ended her term as Chair of the Protocol Committee. Thank you for your leadership, Dr. Stehel!

**Katherine Standish, MD** (bottom left) of Boston University/Boston Medical Center, steps into this role. Dr. Standish is a family physician and practices breastfeeding medicine as well as outpatient women’s health, prenatal, and postpartum dyad care. She is co-founder of the Breastfeeding Equity Center at Boston Medical Center. She brings a strong research and academic background. She participated in the first class of the ABM Leadership Academy, and currently is a fellow in the University of



Rochester LILAC Breastfeeding and Lactation Medicine Fellowship.  
Welcome, Dr. Standish!

Dr. Standish will oversee a restructuring of the committee to help it best complete the ever-expanding work as new protocols and statements are added annually. First and foremost, this includes bringing in new protocol authors and reviewers – particularly people from outside of the U.S. and those who may be early in their career and are interested in gaining skills in clinical guideline writing. The Protocol Committee is increasing the mentorship and training provided to authors and reviewers to help new volunteers gain the necessary skills. Many of the current protocols are currently in need of authors to write and revise, and new topics are in development. If you are interested in a particular breastfeeding medicine topic – whether there is a current protocol or not – please reach out to [abm@bfmed.org](mailto:abm@bfmed.org) to learn more about opportunities.

## ABM Updates

### **NEW MEMBER BENEFIT! ABM Special Interest Groups**

ABM's Special Interest Groups serve to create a community of members and provide access to subject-specific information, opportunities for education, leadership, and networking among like-minded members who share a passion for a particular topic or field of breastfeeding medicine.

**Watch your inbox next week for more information and instructions on how to join a SIG(s).**

**Not a member?** Learn more about ABM membership [here](#).

### **Relaunch of the ABM Blog**

The Academy of Breastfeeding Medicine (ABM) is excited to relaunch its blog in a new home! From this new platform, members of ABM will share breastfeeding-related stories in the news, recent research studies, papers in Breastfeeding Medicine, professional experience managing breastfeeding issues, and other topics. View the new blog [here](#). An archive of posts published between 2010 and 2020 can be found [here](#).

Are you an ABM member interested in writing and/or translating for the blog? Email [abm@bfmed.org](mailto:abm@bfmed.org) for more information on how to get involved.

## Back Together at the 2022 Annual International Meeting!



How good it was to see each other face-to-face at the 27th Annual International Meeting in Baltimore, MD, last year! **Plan to meet us in Schaumburg, IL, USA, November 9-12, 2023.**

## Have You Seen This?

## Read on for a review of a recent article in the literature written by an ABM member(s):

Bartick M, Young M, Louis-Jacques A, McKenna JJ, Ball HL. Bedsharing may partially explain the reduced risk of sleep-related death in breastfed infants. *Front Pediatr.* 2022 Dec 13;10:1081028. doi: 10.3389/fped.2022.1081028. PMID: 36582509; PMCID: PMC9792691. [Read more.](#)

The authors begin with the premise that there is a positive association between breastfeeding and reduced risk of SIDS and SUID- with SUID encompassing SIDS, accidental suffocation and “ill-defined” death. They point out that, due to the evidence, the American Academy of Pediatrics (AAP) includes human-milk feeding as a protective factor against SIDS in their 2022 guidelines. However, in these same guidelines, the AAP states they do not recommend bed-sharing under any circumstances based on a criticized 2013 study by Carpenter et al. This is despite the fact that bedsharing has been proven to extend the duration of any breastfeeding and increase the rate of exclusivity.

The article gives a historical perspective, featuring evidence on the low rate of sleep-related deaths in populations that traditionally bedshare along with studies that show co-sleeping as a significant risk only when coupled with hazardous circumstances with parental smoking being the greatest risk factor. The article points out that this evidence has led authorities in Spain, the UK and Norway to discontinue advising against bed-sharing when hazardous circumstances do not exist.

The authors review several physiologic features of bedsharing that may protect breastfed infants from sleep-related death. The evidence shows these infants rarely sleep prone, they roll onto their backs after feeding, and their heads remain at the mother’s chest level-- rather than at her face or near the pillows as most formula-fed infants do. Breastfeeding bed-sharing dyads are both more arousable, feed more frequently than those that sleep separately and have increased sleep synchrony. That information, coupled with the fact that over 60% of mothers admit to co-sleeping with their infants, is grounds for ensuring all parents of infants receive education on safer co-sleeping and ways to reduce excess risk, regardless of feeding type. (Reviewed by Tameka Jackson-Dyer, BASc, IBCLC, CHW, CLE, CLS, IBCLC, new ABM affiliate member.)

### Question of the Month Answer:

Which of the following parenting/feeding practices can contribute over time to the development of the functioning infant circadian clock? **ANSWER: c.** Directly breastfeeding the infant at night to access maternal melatonin in the breastmilk.



ABM Insider

Newsletter Chair: Paula K. Schreck, MD, IBCLC, FABM

Questions: Email ABM Staff at [abm@bfmed.org](mailto:abm@bfmed.org)

Academy of Breastfeeding Medicine  
8735 W. Higgins Road, Suite 300  
Chicago, IL 60631  
(800) 990.4ABM (USA toll free) | (847)  
375.4726 (phone) | (847)  
375.4713 Attn: ABM (fax)  
[abm@bfmed.org](mailto:abm@bfmed.org) | [www.bfmed.org](http://www.bfmed.org)

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